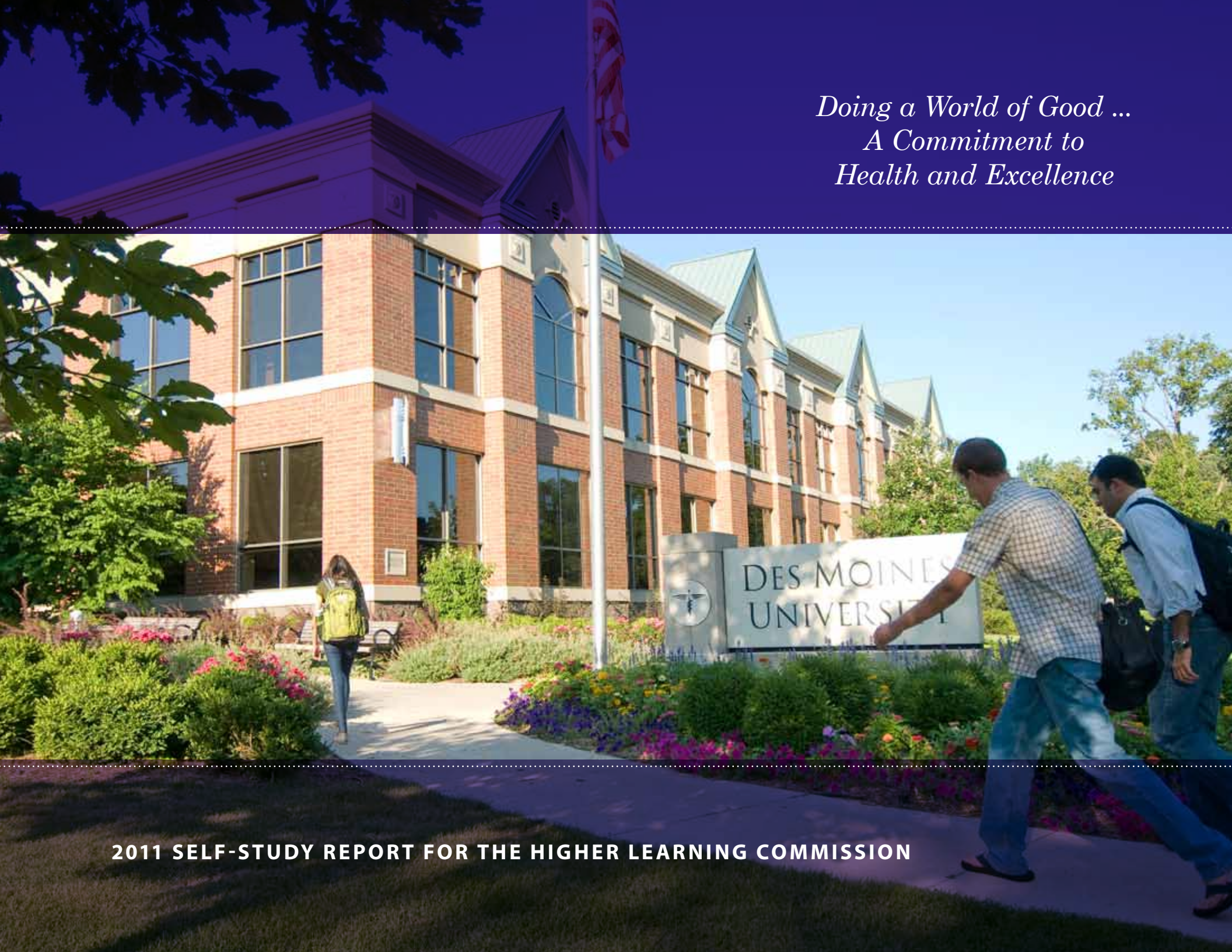
Doing a World of Good ...
A Commitment to
Health and Excellence



2011 SELF-STUDY REPORT FOR THE HIGHER LEARNING COMMISSION

A MESSAGE FROM THE PRESIDENT

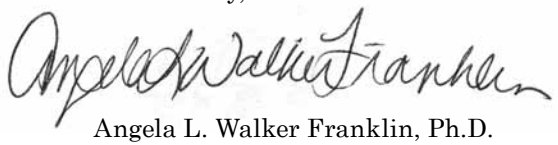
I AM PLEASED TO SHARE with you the reaccreditation self-study report for Des Moines University. Although I only arrived in March 2011, I know that this report reflects the work of a dedicated group of administrators, faculty, staff and students over a three-year period. The inclusive and comprehensive approach taken by our very able steering committee, led by Provost Karen McLean, reflects a strong commitment by the entire campus community to help shape the direction and future of this institution. I thank them for their hard work!

Des Moines University has benefited substantially from this process as we have learned much about ourselves by documenting our greatest strengths and accomplishments while acknowledging areas of challenge that need to be improved. Our own reflections and findings from this self-study, along with the thoughtful feedback we hope to receive from the consultant-evaluator team of higher education leaders assembled by the Higher Learning Commission, will provide a foundation upon which we can build a clearer vision and direction for the future.

The timing could not be more fortuitous, as we have already begun the work of launching the next multi-year strategic planning process. Beginning in July 2011, the Strategic Planning Steering Committee engaged with our Board of Trustees in mission and vision exercises that will culminate in a restated purpose and direction for the future.

We have had a long standing tradition of planning at Des Moines University, as reflected in the very thoughtful and engaged 2010–12 planning process that was under way as the self-study documents were prepared. The outcomes from the current plan, along with the reaccreditation self-study findings, combined with the feedback from this Higher Learning Commission review process, will catapult us into another realm as we begin defining how we can enhance and maintain our distinctive advantage as a unique health sciences university. We are a community of scholars and we value educational excellence, interprofessional collaboration, patient-centered health promotion and disease prevention, the discovery of knowledge, cultural competency, and wellness. These are our hallmarks and we look forward to the opportunity to share with you our story.

Sincerely,



Angela L. Walker Franklin, Ph.D.
President and CEO

TABLE OF CONTENTS

TABLE OF CONTENTS

CONTINUED

ACKNOWLEDGEMENTS

Self-study Committee Members

Criterion One

CO-CHAIR Tim Steele, *Chairperson, Microbiology and Immunology*
CO-CHAIR Robert Yoho, *Dean, CPMS*

Kendall Dillon, *Director, Marketing & Communications*
Josh Kvinlaug, *Director, PA/DPT/PPDPT Admissions*
John Parmeter, *University Counsel*
April Newton, *Director, D.P.T. Clinical Education*
C. Arthur Wittmack, *Vice Chair, Board of Trustees*

Criterion Two

CO-CHAIR Craig Canby, *Director, Masters of Science in Anatomy Program*
CO-CHAIR Mark Peiffer, *Chief Financial Officer*

Margie Gehringer, *Director, Enrollment Management*
S. Juanita Robel, *Associate Professor, D.P.T. Program*
Kevin Smith, *Associate Dean, CPMS Clinical Affairs*
David Strom, *Associate Professor, Physiology and Pharmacology*
Teri Stumbo, *Director, PPDPT Program*

Criterion Three

CO-CHAIR Traci Bush, *Director, D.P.T. Program*
CO-CHAIR Luke Mortensen, *Professor, Physiology and Pharmacology*

Samina Akbar, *Assistant Professor, Microbiology and Immunology*
James Mahoney, *Associate Dean, CPMS Academic Affairs*
Teri Stumbo, *Director, PPDPT Program*
Gretchen Tighe, *Assistant Professor, PA Program*
Ann York, *Associate Professor, M.H.A. Program*

Criterion Four

CO-CHAIR Andrew Brittingham, *Professor, Microbiology and Immunology*
CO-CHAIR Jodi Cahalan, *Dean, CHS*

Edward P. Finnerty, *Professor, Physiology and Pharmacology*
Jeffrey Gray, *Vice President for Research*
Diane Langner, *Human Resources Administrator*
Olivea Mead, *Project Coordinator, CHS*
Kevin Smith, *Associate Dean, CPMS Clinical Affairs*
Joseph P. Weir, *Professor, P.T. Program*
Mary Ann Zug, *Vice President for Student Services*

Criterion Five

CO-CHAIR Cheryl Dahms, *Director, DMU Clinic*
CO-CHAIR Donald Matz, *Chairperson, Anatomy*

Chris Catrenich, *Administrative Assistant, Global Health*
Kendall Dillon, *Director, Marketing & Communications*
Matt Henry, *Chairperson, Physiology and Pharmacology*
Yogesh Shah, *Associate Dean, Global Affairs*
Jessica Sleeth, *Practice Manager, OMM Clinic*
Ronnette Vondrak, *Director, Alumni Relations*
Roberta Wattleworth, *Chairperson, Family Medicine; Faculty President*
Mary Ann Zug, *Vice President for Student Services*

Contributors

Barbara Dietrich Boose, *Publications Director*
Kurt Holt, *D.O.'11*
Susan Huppert, *Vice President for Institutional Advancement*
Larry Marquardt, *Library Director*
Chris Mohr, *Student Services Assistant*
Alanna Phillips, *Web Programmer, Information Technology Services*
Ronnette K. Vondrak, *Director, Alumni Relations*
Melissa Wilder, *Community Relations Manager*
Mary Ann Zug, *Vice President for Student Services*

Researchers

Beth Brosnahan, *Controller, Accounting*
Lyrio Cloma-Read, *Administrative Assistant, Institutional Advancement*
Kay Courtade, *Grants and Contracts Manager, Office of Research*
Diana Culver, *Human Resources Assistant*
Dorothy Eggers, *Accounting/Budget Specialist*
Stacey Green, *Scheduling Coordinator, Registrar*
Kelly Gross, *Senior Administrative Assistant, CPMS*
Diane Hills, *Associate Dean, COM Academic Affairs*
Glenda Jacobsma, *Administrative Supervisor, COM Clinical Affairs*
Linda Kading, *Legal Administrative Assistant*
Shannon Kalsem, *Exercise Instructor*
David McNerney, *Director, Facilities*
April Newton, *Director, D.P.T. Clinical Education*
Alison Noftsger, *Senior Administrative Assistant, COM*
Amanda Radkay, *Administrative Assistant, Office of the Provost*
Karen Render, *Academic Assistant, CHS*
Kathy Scaglione, *Registrar*
Carla Stebbins, *Director, M.H.A. Program*

Reviewers

Wayne Bowker, *Chief Information Officer*
Gage Caudell, *D.P.M.'05*
Marcia Hammers. *M.H.A.'88*
Pam Chambers, *PA'92, M.P.H.'01*
Dan Deavers, *Professor Emeritus*
Stephen Dengle, *Vice President for Administrative Services*
Barbara Dietrich Boose, *Publications Director*
Kendall Dillon, *Director, Marketing & Communications*
Edward P. Finnerty, *Professor, Physiology and Pharmacology*
Michael Hovda, *Consultant, InsideOut Leadership™*
Becky Lade, *Director, Human Resources*
Larry Marquardt, *Library Director*
Karen McLean, *Provost*
Robert Suter, *D.O.'89, M.H.A.'89*
Roberta Wattleworth, *Chairperson, Family Medicine; Faculty President*
C. Arthur Wittmack, *Vice Chair, Board of Trustees*

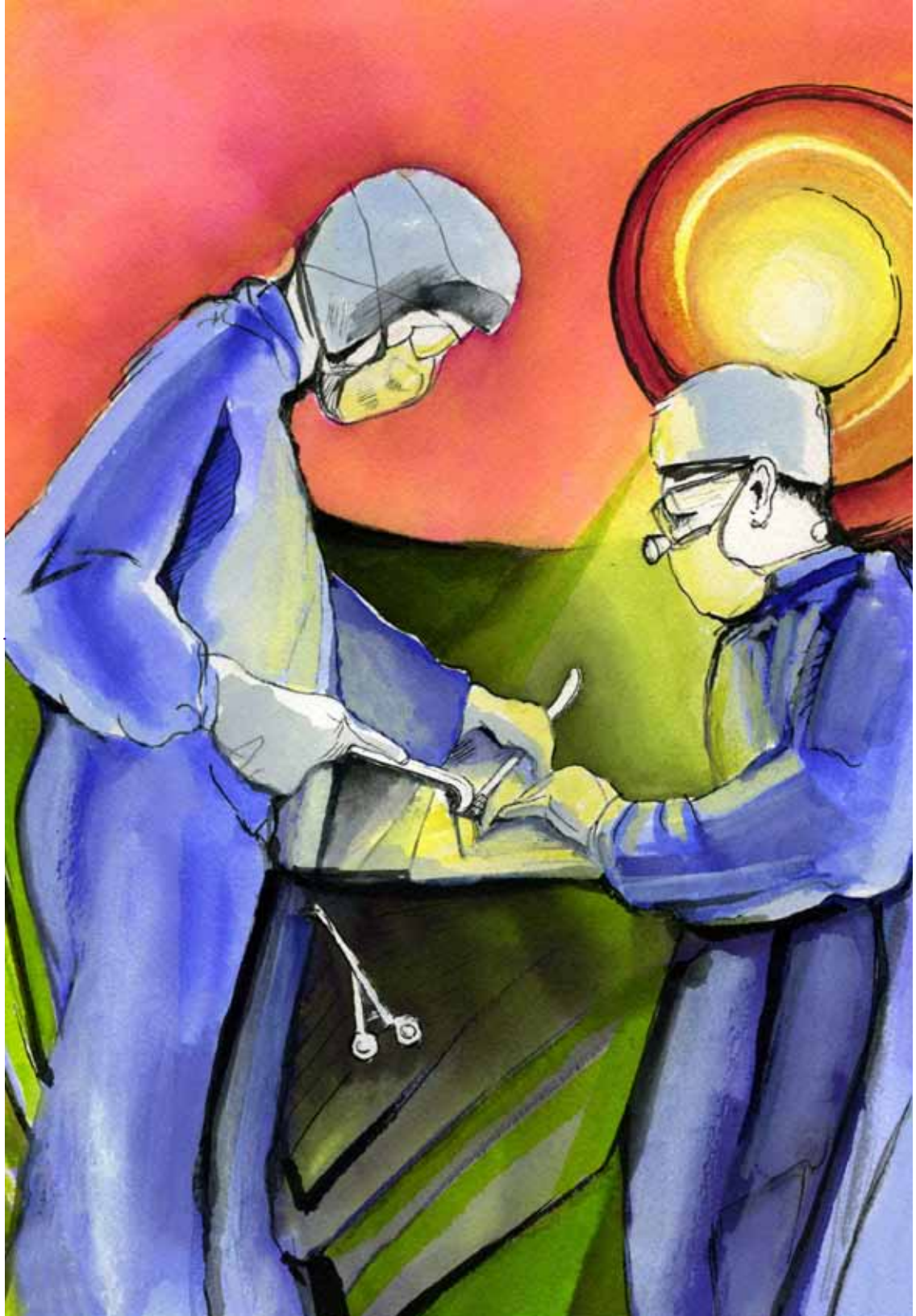
Resource Room Coordinator

Amanda Radkay, *Administrative Assistant, Office of the Provost*

Production Team

SELF-STUDY COORDINATOR Karen McLean, *Provost*
Kendall Dillon, *Director, Marketing & Communications*
Cecelia Munzenmaier, *Writing Project Manager*
Julie Probst, *Art Director*

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 Sciences (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-research-opportunities.

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 DMyoU 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 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.

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%

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 Dengle'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.

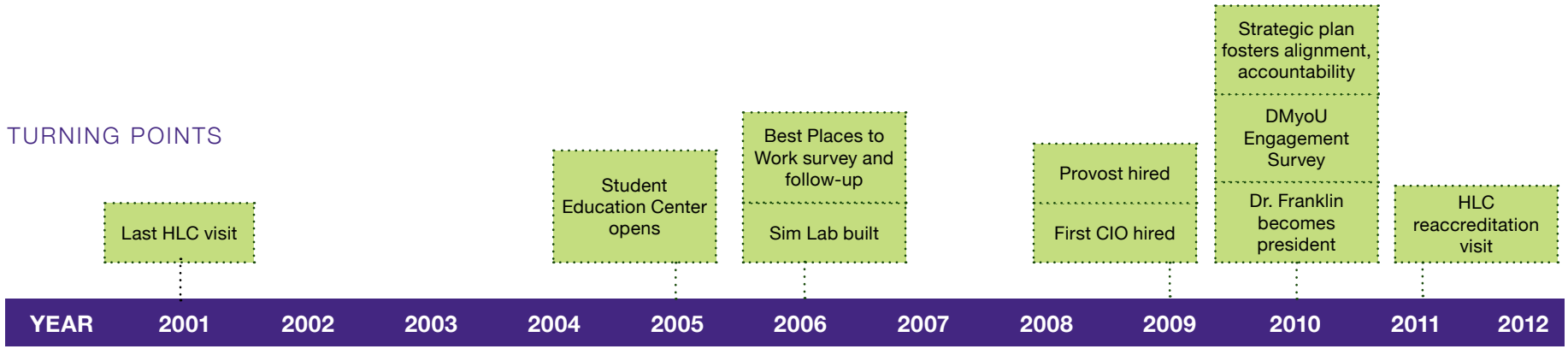
By 2009, the Best Places to Work Comprehensive Survey Results showed some progress: ratings improved in all areas. However, Trust in Senior Leaders (4.76), Feeling Valued (4.82), and Manager Effectiveness (4.2) continue to be the three lowest rated categories at DMU. Loyalty was identified as a key strength: 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.



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.

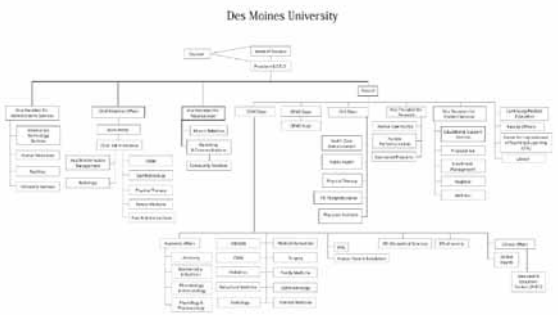
After exploring several possible governance structures, we chose the provost model shown in the Des Moines University organizational chart.

Preliminary results are promising, according to the DMyoU 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,

CLICK FOR FULL-SIZE GRAPHIC



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.

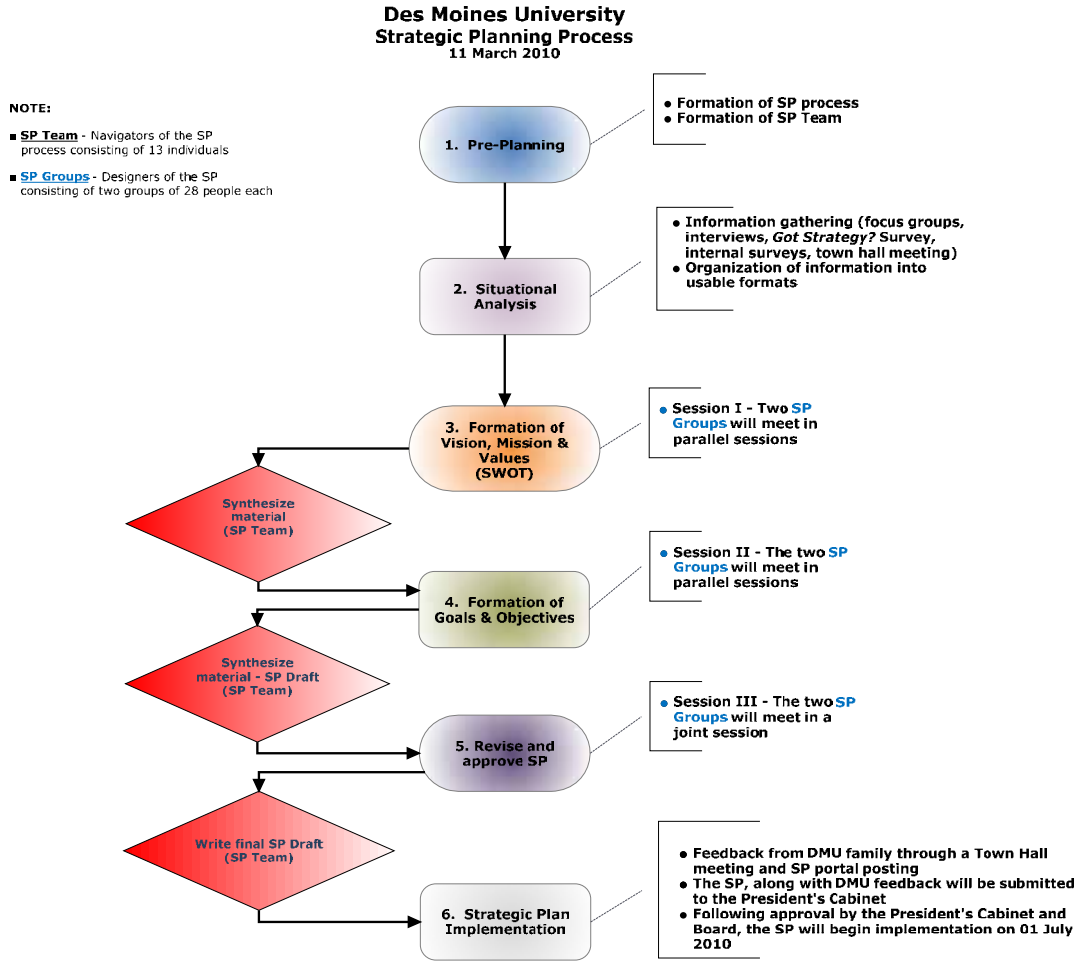
The DMyoU Survey Team was asked to develop an action plan to address the opportunities for improvement shown in the survey. They set these goals to be implemented by the end of 2011:

• **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 validity 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 rotations 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. While this model met the criteria in effect during the 2007 visit, COCA is now asking for greater specificity.

COM's new Faculty Adequacy policy will be framed within the University's faculty workload policy. As called for by SP Objective 1.3, data are currently being collected, and discussions on individual faculty and department workloads will begin in early 2012. 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.

According to legend, a president of the United States visited NASA in the '60s and was struck by a janitor's intense focus on mopping the floor. "What are you doing?" asked the president. "Helping to put a man on the moon" was the proud reply.

This story has never been confirmed. However, it has been retold for over half a century because it captures the ideal of an organization where everyone from the highest- to the lowest-ranking employee has a sense of mission.

Before 2010, Des Moines University would have been an unlikely setting for such a story. While faculty and programs were committed to excellence, the planning process was generally top-down rather than inclusive; communication about our mission and vision was limited; each college's goals and priorities were developed in isolation rather than aligned with DMU's overall mission.

In 2010, senior leaders began working with Michael Hovda of InsideOut Leadership to develop a more inclusive strategic planning process. As the 2010–2012 University Strategic Plan was developed, we recognized the need to better communicate our mission, vision, and values, and to develop a culture of accountability.

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.

Des Moines University's mission documents provide an accurate view of our purpose, our values and our expectations of the entire DMU community.

Mission documents

When the Des Moines University Board of Trustees approved the 2010–2012 Strategic Plan in May 2010, they reaffirmed the mission, vision and values statements below. These core mission documents are being reviewed as part of the new strategic planning process begun by President Franklin in July 2011.

Mission

The University will develop distinctive health professionals committed to health promotion, the discovery of knowledge, and service to the community.

Vision

The University will improve the health of society through its distinctive health professions graduates, focus on health promotion, discovery of knowledge, empowerment of individual responsibility for health, and direct service to the community.

Values

Excellence—Pursue continuous improvement so that outcomes surpass peer performance.

Leadership—Create a vision that ensures progress and accountability while fostering engagement and integrity.

Collaboration—Foster an environment that supports teamwork among internal stakeholders and collaborative partnerships among external stakeholders.

Stewardship—Exercise responsible use of resources.

Professionalism—Engage in interpersonal behavior that demonstrates trustworthiness, honesty, mutual respect and ethical practice.

Humanism—Acknowledge the inherent value of each person through equitable and inclusive treatment of all.

Social Responsibility—Promote community service, wellness, and improvement to public health.

Learning—Promote high performance in all educational practices, foster inquiry, and encourage life-long learning.

The mission statement, vision statement and core values of Des Moines University appear in institutional and college-based documents, including the University Strategic Plan and board books submitted to members of the Board of Trustees prior to quarterly board meetings. They are distributed and communicated to new Board members and new employees as part of the orientation process. Mission documents also appear on web-based forums such as the University portal and public website. While they are readily

available online and in publications, they are not visible around our physical facilities.

Our core mission documents are reviewed by the Strategic Planning Team at least every three years. The committee may recommend changes to the documents. Modifications must be approved by the Board of Trustees.

Sense of mission

Des Moines University has a clear sense of its identity and mission. Our Articles of Incorporation, University Bylaws and Determination Letter identify DMU as a nonprofit graduate health science institution with tax-exempt status. These documents give the University a distinctive identity as an institution committed to educating health professionals.

Des Moines University is continually finding new ways to carry out our mission. We have become a leader in health promotion through unique programs designed to improve the overall health of the University community and external constituencies. The Wellness department's initiatives and outcomes have received national recognition (see Core Component 5a). DMU students, faculty and staff serve the health needs of the Des Moines community through service activities that include special lecture forums on disease prevention and wellness, the Mini Medical School program, Senior Health Fair, Mobile Clinic, Osteopathic Finish Line and school-age student sports history and physicals. We are also recruiting and training primary health care providers to serve in rural areas.

Research has become a priority since the Higher Learning Commission visit in 2001. The Office of Research provides a summary of events and development of the research enterprise at Des Moines University. For more information on research initiatives and opportunities, see Core Component 4b.

Our mission documents express our commitment to maintain high academic standards, advance excellence in higher learning and achieve broad goals for learning. The University's mission is to develop distinctive health professionals committed to health promotion and the discovery of knowledge. Our values include "Excellence—Pursue continuous improvement so that outcomes surpass peer performance" and "Learning—Promote high performance in all educational practices, foster inquiry, and encourage life-long learning."

All clinical programs have a long track record of national board exam results exceeding the national mean. Residency placement for both osteopathic and podiatric students has been equally exceptional, with students typically receiving their first or second choice in residency programs and osteopathic medical students their choice of specialty.

For the past several years, Student Services has conducted an online Graduate Satisfaction Survey of students enrolled in the on-campus clinical programs. The survey is administered before students return to campus for commencement activities. Questions address satisfaction in four main categories: academic support services, administrative services, student support services and quality of education.

Our benchmark for student satisfaction surveys is 80 percent *Good* to *Excellent* responses. Areas falling below the benchmark are to be evaluated with appropriate interventions designed to improve the services provided or the quality of education.

The results of the 2007–2009 Quality of Education Experiences component of the Graduate and Second Year surveys for the D.O., D.P.M., D.P.T. and PA programs consistently achieve the 80 percent benchmark. Results in all clinical programs over the three-year period trend in a positive direction. These results are discussed more fully under Core Components 2a, 3c and 3d.

Bryon Laycock, in the white lab coat, works with faculty member Paul Kimberly, D.O.'40, during an osteopathic technique lab. On the far right, standing, is Harold Dresser, D.O., also a faculty member. (DMU Archives photo, circa 1951–1952.)

Mission documents, review and strategic planning

Prior to the 2010–2012 strategic planning process, the procedure for approval of the mission and vision statements and the University's strategic plan was top-down rather than inclusive.

The vice president for planning was responsible for strategic planning. Once finalized by the vice president, the University's plan would go to the president for approval. The plan was then distributed to the President's Cabinet for informational purposes and to the Board of Trustees for approval. The process did not encourage meaningful dialogue with members of the President's Cabinet or the Trustees.

An even greater concern was the monitoring and oversight process. It was not uncommon for individuals across the campus to learn that they held leadership responsibility for a strategy or objective only when they were asked for a progress report. Reports to the Board of Trustees by

the vice president for planning did not always accurately reflect actual progress on the plan objectives. Frustration with the strategic planning process was consistent across the University community.

As we developed our most recent strategic plan, the feeling across the campus was that previous plans were not fully integrated into University culture, and lack of communication about progress brought less than optimal results. These deficiencies made it difficult for us to work together to achieve our mission and vision.

In the spring of 2010, the University began a new strategic planning process that invited participation from across the entire internal community and external communities of interest. As described in the Introduction, all Board members, employees and students were asked for suggestions and feedback concerning the mission. The suggestions made will be considered for future revisions of the mission statement. During this comprehensive planning process, minor edits to the existing mission documents were suggested. However, the mission statement, vision statement and core values of the University were reaffirmed.

RECOMMENDATIONS FOR CORE COMPONENT 1A:

Our mission documents are clear and articulate publicly our commitment.

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.

Our location in the middle of Iowa presents challenges to developing an ethnically diverse community, but Des Moines University continues to enhance diversity and inclusiveness through its programs and initiatives. We recognize the value and importance of having a workforce and student body with varied backgrounds and experiences to support teaching and learning. Furthermore, we consider it an educational imperative that DMU's students are prepared to serve the needs of all segments of society and to address disparities in the availability of health care services.

Our first policy on diversity appeared in the 1899 catalogue for Still College: "Women are admitted on the same terms as men" with "the same opportunities" and "the same requirements"

The class of 1905 was the first to graduate from the reorganized Still College of Osteopathy, whch offered a third optional year of medical training.

while pursuing "the same studies" with identical lectures, rules, and examinations.

From 1898 to the present, DMU has sought to provide care to under-served populations (as discussed under Criterion Five). Our core value of Humanism recognizes the inherent value of each person through equitable and inclusive treatment of all. This value was made more explicit in the 2011 revision of the Professional Integrity Code, which identifies inclusiveness as one of the basic tenets of integrity:

> **Inclusiveness**–I pledge to support a culture of inclusiveness, respect and understanding of all members of the academic and health care communities. I realize that a diverse and inclusive educational community impacts my ability to serve the health care needs of an increasingly diverse society when I am a practicing professional. Furthermore, I accept my ethical responsibility to work to eliminate health disparities and to contribute to improved medical outcomes for disadvantaged populations. I will not discriminate, nor will I tolerate discrimination, on any basis, but rather, I will strive to promote understanding and acceptance.

Attracting a diverse student body and workforce has proven to be a greater challenge. As we gathered information for the 2010–2012 strategic plan, questions and comments from employees and students indicated a clear desire for a more diverse DMU community. More recently, the campus was engaged in a discussion regarding GLBT issues that brought into sharp focus the need for compassionate dialogue on diversity and inclusiveness. Our challenge now is to develop a diversity plan that defines the framework to achieve the ideals, practices and educational priorities necessary to educate health care professionals for the global challenges of the next decades.

Definition of diversity

Our definition of diversity has expanded far beyond the gender equality practiced in 1898:

> DMU defines diversity as a campus environment shaped by individuals and groups that offer a broad spectrum of cultural differences, life experiences, and distinct characteristics they bring to our institution. These include, but are not limited to, educational background and performance, gender, race, ethnicity, age, socio-economic background, leadership qualities, employment experiences, talents, geographical background and other attributes that affirm the University's commitment to creating an inclusive environment.

This definition is included in admissions publications; documents on the University website; various faculty and staff policies, including Accommodations of Disability in Employment and Discrimination and Harassment Policy; and student handbooks.

Promotion of diversity

Diversity is more comprehensively addressed in the departmental strategic plans, in the Clinic plan, in academic program plans and in annual enrollment plans:

- The DMU Clinic has established a goal "to remain sensitive [to] and appreciative of patients' values, beliefs, ethnic, cultural, psychosocial, spiritual and lifestyle diversities."
- The Public Health program's application for CEPH accreditation states, "It is the goal of the University to cultivate a campus climate that promotes the ideals of human dignity, civility, and mutual appreciation for the uniqueness of each member of the school's community. Diversity is an essential value at DMU because it encourages learning and dialogue among people with different backgrounds, abilities and perspectives. The University's commitment to diversity better enables it to prepare members of its community for productive citizenship."
- The strategic plan for the College of Osteopathic Medicine includes the value of "Diversity: Being respectful of and, in fact, celebrating differences in personality, work style, religion, race, ethnicity, gender, sexual orientation, disability, socio-economic level, educational attainment and general work experience, knowing that collective differences enhance College culture."
- Enrollment plans specific to individual academic programs call for the recruitment of a diverse pool of applicants.

Within the campus environment, Student Services actively promotes diversity and inclusiveness through the extracurricular activities of student organizations and scholarships defined by donors. Student clubs include the Jewish Medical Student Association, the Muslim Student Association, the International Medicine Club, the Women's Medical Alliance, the Student National Medical Association (dedicated to minority students), and the Gay Straight Alliance, which is working to establish gay, lesbian and transgender "Safe Zone" designations throughout the campus. Scholarships include the Glanton scholarship, which provides access to medical and health sciences education for minority students, and the Dorgan Scholarship, which is restricted to African American students.

Educational Support Services (ESS) promotes programming to increase understanding and appreciation of diverse cultures, attempting to reduce prejudice, educate, and promote social justice. This office also helps students interpret policies and regulations regarding visas and other immigration-related documents.

Activities organized by ESS to develop awareness include cultural celebrations such as Diwali, the Hindu Festival of Lights, and a Central Iowa Powwow hosted in recognition of American Indian Heritage Month. Martin Luther King, Jr. Day has been celebrated on campus for the past 12 years, and the 2011 celebration featured Drs. Michael Grey and Michele Devlin from the Iowa Center for Health Disparities at the University of Northern Iowa (UNI). They delivered a presentation on the changing cultural demographics of Iowa and the nation and also offered a faculty workshop on cultural competence in health care.

ESS also offered several diversity activities to facilitate cultural understanding, awareness and competence, including these examples:

- Panel discussions on religious and cultural diversity
- An Oxfam Hunger Banquet in which more than 100 students participated
- Speakers on white privilege and the injustice of medical experimentation on minorities
- Reflections of a Holocaust survivor and a report from the Des Moines Public Library on its collection of Holocaust survivors' testimonies
- Speakers on gay, lesbian and transgender issues

To support diversity as a campus-wide priority, other departments contributed to our diversity initiatives:

DMU's Library hosted several displays, including *Against the Odds: Making a Difference in Global Health; Binding Wounds, Pushing Boundaries: African Americans in Civil War Medicine;* and *Opening Doors: Contemporary African American Surgeons.* These traveling historical displays were organized through the National Library of Medicine.

Global Health has partnered with the Heartland Global Health Consortium to sponsor an annual conference exploring health issues.

In addition to on-campus events that increase our appreciation for diverse cultures and social issues, our community outreach programs offer numerous opportunities to foster a sense of multiculturalism within the student body and throughout the wider community. Students, faculty and staff have the opportunity to work with groups ranging from grade-school students to senior citizens, from native-born Americans to citizens of foreign countries, and from the homeless to the privileged through involvement in the DMU Sports and Physical Fair, Senior Health Fair, Homeless Camp Outreach, Habitat for Humanity, DMU Mobile Clinic, Medical Explorers' Post, multicultural fairs, and other outreach efforts.

Other initiatives take students and faculty farther away from the boundaries of our campus to impact the availability of health care to the under-served in Iowa and international locations:

Gilbert Sangadi and Juliet Babirye, fifth-year medical students from Uganda, learn about the emergency medicine practiced by Thomas Benzoni, D.O. '83. In 2009, DMU and Makerere University launched a partnership to give students from both schools medical experiences in their respective countries. The exchange students got their first exposure to osteopathic manual medicine at the DMU Clinic. "We don't have that in Uganda," Sangadi says. "What I've learned here will give me an additional way of doing things and caring for patients."

- **Health care pipeline**—DMU's Area Health Education Center (AHEC) recruits and trains a health professions workforce committed to the under-served. With classes that address cultural competency, health literacy and the unique issues affecting under-served areas, the AHEC strives to improve access to quality health care in Iowa's rural communities. Providing health care to the rural poor assumes increasing importance as the National Rural Economic Developers Association (NREDA) reports that the rate of poverty has been increasing faster in rural areas than in metropolitan areas since 2003.
- **Medical service trips**—DMU's Global Health program provides students with valuable international experiences in health care. Each year, selected students complete rotations or service trips to international locations that provide a wide range of cultural, social, political and clinical experiences much different from those encountered in the United States. Students report the need to rely on their diagnostic skills to a much greater extent as access to medical care is often limited in developing countries. Also, the health conditions are often the result of malnutrition and unsanitary living conditions. Countries visited include Haiti, Guatemala, Uganda, Honduras and Belize.
- **Research internships**—Through the Global Health department, DMU students secured six World Health Organization (WHO) internships over the past two years, providing valuable experiences with world cultures and health disparities. Nationally, more than 12,000 students apply for 200 WHO internships each year. The Office of Research has established an internship with the Pan American Health Organization (PAHO). Students have opportunities to conduct systematic reviews or create evidence-based educational materials for worldwide distribution.

- **International rotations**—Des Moines University has established a partnership with the University of Makerere in Uganda for the purpose of allowing student exchanges for rotation experiences. Students from Uganda rotate through the DMU Clinic and Mercy Medical Center in Des Moines. In return, DMU students rotate through the largest hospital in Uganda, as well as a small rural hospital.

Cultural competence

In addition to extracurricular efforts to expose students to multicultural programming and provide international rotations, we are exploring ways to integrate cultural competence into the curriculum. In 2006, the College of Osteopathic Medicine received a grant from the American Medical Student Association to analyze its effectiveness in preparing students to provide culturally competent care. At that time, approximately 20 percent of COM courses offered one or more sessions on cultural competency issues. Drs. Michele Yehieli (now Devlin) and Mark Grey, consultants from the Iowa Center on Health Disparities, placed DMU at the cultural *pre-competence* level (beginning to understand and respect other cultures) on the cultural competence continuum developed by Cross, Bazron, Dennis, and Issacs.[1] This model has seven levels: cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence, and cultural proficiency.

Drs. Yehieli and Grey also suggested several guidelines that could be used to assess cultural competencies: the Association of American Medical Colleges (AAMC) Tool for Assessing Cultural Competence Training (TACCT), the Accreditation Council for Graduate Medical Education (ACGME), and the Medical Student Perspective. We are also studying the Liaison Committee on Medical Education (LCME) diversity standards.

Based on this information, as well as comments from students on the strategic planning and student satisfaction surveys, we recognize that cultural competency training needs to be enhanced. This is especially important because our campus does not provide the opportunity to interact informally with people from diverse backgrounds, which Guiton, Chang, and Wilkerson[2] have shown increases medical students' cultural competence. When informal interaction is limited, cultural competency training can have a positive effect on attitudes and skills, according to Crosson, Deng, Brazeau, Boyd and Soto-Greene.[3]

Challenges to diversity

Although we have taken steps to honor our pledge to respect the worth of individuals by attempting to increase the diversity of our student body and employee base, we have found challenges along the way.

We are immediately confronted with the national challenge facing medical and graduate professional schools that has been dubbed the "leaky pipeline." That is, underrepresented minority students tend to lose interest in medical/health careers in their undergraduate years. Moreover, many did not receive adequate preparation in high school. Factors such as lack of preparation, lack of mentors or insufficient motivation to pursue graduate level courses reduce the pool of available, qualified underrepresented minority students, which creates a smaller pipeline than desirable from an admissions standpoint.

Being a health professions school in a state with limited diversity presents its own challenges. Geographic location was the most important factor in D.O. applicants' choice of schools, according to AACOM's survey of 2010 Applicants to U.S. and Offshore Medical Schools. The Iowa/Des Moines/DMU Diversity table shows the relative lack of racial diversity in the state, as well as the county and city, in which we are located.

The student diversity statistics in the Iowa/Des Moines/DMU Diversity table, taken from DMU's 2010–2011 Fall enrollment data, show a current snapshot of the racial diversity (or lack thereof) at the University.

To address this issue, the Commitment to Diversity in Recruiting Task Force was formed in 2007. In 2008 the task force released a proposal with several initiatives aimed at attracting more minority students, including recommendations to develop a summer enrichment program, which became Health PASS, and to hire a full-time diversity coordinator. In 2010, a plan outlining specific procedures for increasing diversity of the student body was implemented. Components include extending personal invitations to students of color who are invited to interview, personal contact by the dean with minority students who are accepted for admission, a survey of students of color about their experience at DMU, and increasing scholarship funding for minority students.

A review of recruiting data shows that DMU is attracting minority students. However, few of these students decide to enroll. For example, of the 89 African American students who applied in 2008–2009, only 27 completed the application

1. Cross, T. L., Bazron, B. J., Dennis, K. W., & Issacs, M. R. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed.* Washington, DC: Georgetown U.

2. Guiton, G., Chang, M. J., & Wilkerson. L. (2007, October supplement). Student body diversity: Relationship to medical students' experiences and attitude. *Academic Medicine, 82*(10): S1–S4 Available at http://gseis.ucla.edu/faculty/chang/Pubs/RIME.pdf

3. Crosson, J. C., Deng, W., Brazeau, C., Boyd, L., & Soto-Greene M. (2004, March). Evaluating the effect of cultural competency training on medical student attitudes. *Family Medicine, 36*(3):199–203. Available at http://www.stfm.org/fmhub/fm2004/March/Jesse199.pdf

process. Seven were invited to interview, five interviewed, three were accepted, and only one matriculated.

One reason for the disappointing yield is that we have very limited scholarship dollars to compete for qualified minority candidates. SP Objective 6.2 calls for increasing scholarship funding by 20 percent annually. Last year, the President's Cabinet recommended awarding fewer, but larger, scholarships to minority students to better leverage limited award dollars. Another opportunity has been created by new graduate assistantships in the Office of Research; the first assistantship was awarded in 2011 to a highly qualified minority candidate who was successfully recruited.

Another barrier is that DMU lacks what AAMC calls a "critical mass" of minority students. Critical mass varies from school to school: "It is a flexible goal that does not compromise quality and is designed to ensure that there are more than token numbers of students from underrepresented racial and ethnic groups," according to *Assessing Medical School Admissions Policies: Implications of the U.S. Supreme Court's Affirmative Action Decisions*.

Critical mass ensures that there is a sufficient number of minority students to impact the character of relationships with non-minority students. At DMU, the numbers of minority students simply have not been significant enough to achieve the level of discussion and interaction necessary to realize the educational benefits of diversity.

Efforts to recruit minority faculty have been more successful. In 2006, the Iowa Department of Public Health funded a grant to increase diversity at DMU by recruiting five new faculty members. The most labor-intensive recruiting strategy, face-to-face meetings with potential lecturers, was also the most effective. As a result of the targeted recruiting campaign, eight African American and Hispanic physicians joined the staff as preceptors or lecturers.

To attract more minority job applicants, we need to cast the net wider than Des Moines and Iowa. Recently Human Resources has broadened its recruitment advertising for faculty and senior administrative positions by targeting more publications aimed at minorities and women. For instance, *Inside Higher Ed's* diversity package was used for the presidential search. The results of that search provide strong evidence of our commitment in this area.

The level of diversity at DMU is 7.6 percent for benefit-eligible employees, which is slightly higher than the 6.1 percent level of diversity in Iowa. Figures are current as of August 2011.

Another challenge was created by the decision to delay filling the vacant diversity coordinator position. In 2008, a diversity coordinator was hired to develop programming and work with Enrollment Management on recruiting a more diverse student body. This dedicated position allowed the implementation of programs such as the Summer Health PASS program, which gives minority students a chance to experience educational opportunities at Des Moines University. The person who held the position also supported minority students as they adapted to a campus with little ethnic diversity. After the diversity coordinator left her position for personal reasons, we decided to postpone hiring a replacement until our needs and expectations for the position could be better defined. From student feedback, we understood that we had to provide a designated support system for our underrepresented minority students. However, after discussions with Dr. Daryl Smith, a nationally known diversity expert, and President Franklin, we decided to elevate the position. A job description for a director of Multicultural Affairs was developed in June 2011. The person hired for this new position will report directly to the vice president for Student Services. In addition, the job description for the

IOWA/DES MOINES/DMU DIVERSITY

	Iowa*	Polk County*	Des Moines*	DMU Students†	DMU Employees✦
White (a)	93.9%	89.1%	82.3%	77.5%	92.4%
Black (a)	2.8%	5.6%	8.1%	1.3%	2.8%
American Indian and Alaska Naive (a)	0.4%	0.5%	0.4%	Z	0
Asian	1.7%	4.1%	3.5%	8.5%	1.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	Z	Z	Z
Two or more races	1.1%	1.5%	2.2%	1.6%	Z
Hispanic or Latino	4.5%	7.0%	6.6%	1.1%	Z
Unknown				9.7%	

(a): includes persons reporting only one race
Z: value greater than zero but less than half unit of measure shown

State, county and city information from U.S. Census Bureau Quick Facts 2009
† Student data is from 2010–2011 Fall enrollment data
✦ Employee data is from August 2011

director of the Center for Teaching and Learning was expanded to include helping faculty address diversity issues and cultural sensitivity in the curriculum.

Our goal: A University-wide diversity plan

Many small pieces of a diversity plan are in place, but we recognize the need for more focused efforts to diversify and develop cultural sensitivity. The diversity issue is seen as having significant importance as we strive to educate health care professionals for the global society in which they will practice and work.

DMU's well-intentioned but inadequate attempts to achieve diversity were discussed as the current strategic plan was developed. Diversity efforts take time, and we did not begin developing the 2010–2012 Strategic Plan until January 2010. Also, diversity goals in the previous plan were dealt with superficially, creating a campus-wide lack of confidence in the University's commitment to diversity. We did not want to set a strategic goal that merely paid lip service to diversity, nor did we want to undermine future diversity efforts by identifying targets we could not meet or tactics that took action merely for the sake of taking action. Instead, we decided to treat diversity as an independent planning initiative until the next strategic planning cycle.

Moving forward, we recognize the need to stop thinking of diversity in terms of numbers achieved by Enrollment Management. Diversity must be envisioned as a holistic concept that is integrated into values, educational outcomes, and institutional character of DMU.

To define the concepts needed for a holistic approach, DMU must develop a diversity mission statement and a specialized plan to further integrate diversity into the culture, mission, and educational goals of the University. We also need to replace a faculty-only Affirmative Education committee. This group disbanded because members realized a committee that monitors diversity should include students and administrators as well as faculty. The entity that replaces them will recommend and monitor all strategies related to diversity issues. This will ensure that focus on diversity continues to be a significant part of the University culture moving forward.

Moving forward

Our first step is to engage in an institutional dialogue on diversity. Dr. Daryl G. Smith, Claremont Graduate University, is a consultant known for developing campus diversity plans that effect meaningful change. She advocates for diversity as a key component of quality and educational success and her book *Diversity's Promise for Higher Education: Making It Work* is considered essential reading for institutions attempting to develop sustainable diversity strategies.

In April 2011, Dr. Smith spent two days on campus. She met with senior leadership, the Faculty Leadership Council, the Gay Straight Alliance, a multicultural student group, and Clinical Affairs. Participating in faculty administrative forums and an open session gave her a feel for significant trends on campus, which she summarized in her Report to Des Moines University:

- DMU should stop addressing diversity as a sporadic issue, but rather look at diversity as we do technology—as absolutely essential to our success.
- At DMU, the vision for diversity is not articulated in our values, our mission or the strategic plan. This causes audiences, including minority applicants in Enrollment Management or Human Resources, to question our commitment.
- Our challenge is to embed diversity as a deep cultural concept. Cultural competency is essential; it is not stereotypical; it is not "added on" but rather must be "embedded in."
- Our campus diversity climate must be linked to health professionalism and excellence.
- To incorporate cultural competency into the curriculum, we need to develop faculty capacity to understand and educate students on the dimensions of culture in health care.
- Multicultural students at DMU face many stresses and therefore need adequate support in place to experience a welcoming and sustaining environment.

Dr. Smith's summary defines our key needs for building capacity to embed diversity in education and services.

RECOMMENDATIONS FOR 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.

We could argue that awareness of our mission is high throughout the University. Core mission documents are widely available, survey results indicate that people feel a connection between their work and the mission, and few substantive changes to the mission and vision statements were suggested during the 2010 strategic planning process. However, on closer examination, we found that people understand the mission in general terms, but have difficulty identifying specific ways that we fulfill it or display a special competence. In addition, the 2010 strategic planning process identified an overlap between our mission (a statement of why we exist) and our vision (our picture of our ideal future). Rather than waiting for the next scheduled review of our mission, vision, and values statements in 2012, we are currently reviewing our core mission documents. Led by President Franklin, a Strategic Planning team organized in July 2011 is preparing recommendations on revising our core documents in preparation for the next strategic planning cycle, as discussed in the Strategic Planning Process section of the Introduction.

Mission documents availability

Mission, vision and values statements are displayed on the University website for external constituents and prospective students and employees. Internally, they are displayed on Board, administrative, faculty and student network portals. Each meeting agenda of the Board and its committees includes the mission statement. New Trustees and employees receive mission as well as vision and values statements during orientation sessions. All employees are encouraged to

display the mission, vision and values of the University in their work areas, although, as noted, these documents are not prominently displayed.

University events that support the mission begin with orientation activities. One of the most memorable for students is the White Coat Ceremony, initiated more than 10 years ago. Students in all clinical programs don their white jackets as a class and are recognized individually by the president, dean and faculty as they walk across the stage. They sign the Professional Integrity Code as another symbol of their willingness to uphold the standards of professionalism, scientific excellence and compassionate health care. Other mission-related initiatives are described throughout this report, including the Personal Wellness Profile program, global health missions, the Mobile Clinic, and the Iowa Center for Simulation and Patient Safety.

General awareness of the mission among members of the Des Moines University community is high. On the 2010 DMyoU Engagement Survey, 91 percent of respondents indicated that they understood how their job contributes to the University's mission. Prior to 2010, the University participated in the Best Places to Work survey. While that survey did not specifically address mission, it did ask participants to respond to the statement, "I understand how my job helps the organization achieve success." Favorable responses were above 90 percent from 2005 through 2009.

However, during our recent strategic planning process we discovered that many of us were unable to broadly identify the content of the mission documents or to articulate a personal connection with these statements. A custom question for Des Moines University was included in our 2010 DMyoU Engagement Survey: "Our institution's mission and values guide decision-making throughout the institution not just in theory but also in our day-to-day actions." The positive response was 55 percent. We consider this very low, our benchmark being 80 percent.

When this survey was completed, a new University strategic planning process was just being implemented. One issue that surfaced was the lack of convergence between University and college mission documents and strategic plans. With the current strategic plan, a mechanism for aligning University- and college-level strategic goals was developed. In addition, two objectives in the 2010–2012 Strategic Plan address this issue:

- Objective 6.4: To establish a process to vet all new, expanded, and existing initiatives requiring a sustained commitment of funding for alignment with the University's mission, vision, values and Goals.
- Objective 6.5: To establish a process to vet all new and vacant positions for alignment with the University's Mission, Vision, Values and Goals.

We hope that this focus on alignment will result in an increasing awareness of how mission drives day-to-day actions. For a more detailed discussion, see Synchronization and Alignment of Strategic Plans later in this section.

The University Strategic Planning Team is committed to highlighting the significance of the mission and vision statements so that every employee of the organization recognizes the value of individual and collective contributions in achieving the principles identified in the mission documents.

Mission-based decisions: A need for new vision

During the information-gathering process for the 2010–2012 strategic plan, employees and students were asked for suggestions and feedback concerning the mission. However, in-depth exploration of the mission and vision did not begin until December 2010. As the outside consultant who facilitated the process, Michael Hovda, explained, "The current plan is transitional. Its focus was on eliminating conflicts between the college and the University plans. For the next strategic plan, we want the visionaries—the dreamers."

Community support of mission: Appreciation of service

Des Moines University is a respected source of health information and a valued collaborator with local medical institutions. However, it needs to raise its visibility and cultivate more financial support.

In March 2007, a follow-up to the Selzer perception survey measured awareness of DMU's accomplishment and contributions to the community. The responses reflected growing awareness of the mission of the University.

Many events sponsored by the University have received overwhelming support from the local community. One notable example is the Senior Health Fair, an event held on campus each November with a focus on health screenings and disease-prevention education activities. This event involves students and clinical faculty from all clinical programs. Attendance from the local community has increased every year.

Another event receiving exceptional support from the local community has been the Glanton Scholarship Dinner, which recognizes two longtime members of our Board of Trustees while raising funds designated for minority students. As one of the 2008 Glanton Scholarship recipients, Theresa Duarte, D.O.'11, said, "By receiving this gift, I have come to understand that not only my family and friends support my education, but so do those in our community. This gives me the encouragement to strive for all that I can achieve, so that one day I may give back to those who believed in me." Over the past five years, the endowed scholarship has grown to over $1 million with students from all programs receiving Glanton Scholarships.

GLANTON SCHOLARSHIP

Year of Glanton Event	2005	2006	2007	2008	2009	2010
Dollars Raised	$ 154,541	$ 211,592	$ 288,950	$ 271,775	$ 230,296	$230,000
Number of Donors	210	241	203	199	204	207
Approx Attendees	409	456	395	405	502	505

The Mini Medical School is an annual event that offers a series of education sessions built around common themes. The program is open to and has received strong support from the University and local community. Over the past five years, evaluations have consistently rated the program as a positive learning experience that offers valuable information about enhancing individual and community health and wellness.

Other examples of community support are discussed under Core Component 5d.

Alumni support of mission: A need for more resources

The financial support of alumni has been a point of frustration for many years. The University has struggled to collectively engage graduates in terms of providing financial support through various giving opportunities. Although Alumni Relations created an alumni board for each college, board member involvement and results were inconsistent; two of these boards fell well below expectations. Recognizing the amount of funding required to manage the three boards and the less than ideal return on these efforts, a Board of Trustees' alumni task force proposed a new structure: a Unified Alumni Board with a council for each college. The unified board was approved in March 2011. Its purpose is "to build lifelong, interprofessional relationships that support the financial stability and future of our University, its mission, and strategic plan initiatives."

The Class Representative program, intended to improve alumni participation in fund raising and alumni events, began in August 2010 and continues to grow. The 2010–2012 University Strategic Plan includes a goal to increase number of alumni contributing annually by 10 percent. In 2010, the average gift from each donor increased by nearly $400. In addition, alumni are showing increased interest in creating endowed scholarships. Membership in the President's Society, which requires a minimum gift of $1,000 per year, continues to grow.

On average, Alumni Relations hosts 25 alumni events across the United States each year. In addition, before the Unified Alumni Reunion was established in 2008, separate reunions for each college were held different weekends throughout the year. To accommodate the growing workload and to increase engagement by developing more alumni programming, an administrative assistant position was budgeted in 2008. An assistant director of Alumni Relations was hired that same year to create the Class Representative program and work on reunion efforts and event coordination.

Recognition of mission: A need for more visibility

Results of the Selzer survey of Des Moines community and health care leaders performed in 2004 and 2007 suggest "DMU retains a relatively low profile among members of the community," demonstrating that either the public has not responded to the marketing efforts undertaken or that marketing efforts have not been substantial enough to affect public opinion. Since 2007, the University has increased public relations efforts across a variety of media forums. The results of these efforts have yet to be formally evaluated.

However, the 2007 survey showed "significant progress in both awareness and status among the group in the survey identified as health care leaders." Health care leaders know DMU and applaud our contributions to increasing the quality of life for Iowans around the state, which suggests that we are fulfilling our mission. Nevertheless, this group lacked familiarity with the various degree programs offered at the University.

There is no question that having a former governor as president of the University brought increased recognition. Having a career politician as president can also influence perceptions both positively and negatively. The second Selzer survey was conducted three years into Governor Branstad's tenure (2003–2009). Its mixed results may reflect the public's awareness of a high-profile leader, but lack of familiarity with DMU's academic programs, our community service, or the distinctive features of osteopathic medicine.

Another factor in the results may be that the Des Moines University Clinic has been a relatively low-profile resource within the community. The health care service arm of a medical school is a way to develop connections with the public. However, the University has struggled to identify the purpose and expectations of the DMU Clinic system. This may explain why there was minimal improvement in the awareness of the name

change of the University in the follow-up survey. Two objectives in the 2010–2012 University Strategic Plan further the goal of fostering a clinical environment that supports our educational mission:

- Objective 2.1: To determine services necessary to meet the needs of all educational programs with emphasis on clinical training requirements and accreditation standards.
- Objective 2.2: To complete a comprehensive review of the Clinic operations, utilizing internal and external resources, including patient and student capacity, services, personnel and clinic structure. The President's Cabinet will develop an action plan based on the recommendations of the review.

While the University does many things to integrate the institution into the local community and to involve the community in various activities of the University, frequently the recognition that should accrue to the University is less than expected. This may be a result of the lack of a coordinated effort on the part of the institution to focus on niche areas tied to institutional mission and vision.

Recent work by Marketing & Communications has focused on increasing awareness of the University, its students, faculty, alumni, Clinic and impact on the community. Regular market testing is used to test messages and gauge public awareness and perception of community impact.

The University may want to consider a follow-up survey of community leaders in the near future to fully assess progress made in the visibility and image of the institution. That would assist President Franklin in establishing a benchmark with respect to community understanding and support for the mission of Des Moines University.

Kyla Carney, D.O., is one of the family medicine practitioners at the DMU Clinic who provides pediatric care.

Synchronization and alignment of strategic plans

Historically, the timing of the development and implementation of college and University strategic plans has not resulted in optimal plan synchronization. Much of this was related to a lack of confidence in previous University strategic planning processes and the plan itself. In addition, there was very little discourse calling for a clear relationship between University and college plans in support of institutional mission and vision. Rather than having these plans work in unison toward a common outcome or goal, a silo effect evolved. As a result, colleges functioned independently of one another. This eroded the spirit of collaboration and, in some instances, the spirit of collegiality.

This lack of alignment was particularly evident in the budgeting process, where competition for funding college-based initiatives not emanating from the University strategic plan frequently became the rule rather than the exception.

The University administration avoided the difficult conversations that leaders must have in order to make mission-based decisions while fostering an intellectual environment that values the ideas and opinions of all. This was a clear theme identified in the feedback provided to the University Strategic Planning Team charged with developing, implementing and monitoring the 2010–2012 University Strategic Plan. This same concern was repeated in nearly every University-wide survey conducted for several years leading up to 2010–2012 strategic planning process.

This raised questions about the understanding and support for the mission across the organization. To address this potential problem, the University Strategic Planning Team developed a process that included a review of the existing University, college, and program strategic plans, and created a new institutional plan to serve as a template, set expectations and establish timelines to align college and University plans in support of institutional mission and vision.

Following Board approval of the 2010–2012 University Strategic Plan in June 2010, the Strategic Planning Team began working with the academic deans and faculty members of each college to align the existing college plans with the institutional strategic plan. A degree of latitude was built into the process, affording deans and college faculty the opportunity to identify a process with the greatest probability of aligning academic subunits' goals with the mission of the organization.

To that end, at the September 2010 Town Hall meeting, the deans outlined the process for aligning college-specific plans with the University strategic plan. This alignment was accomplished by December 31, 2010. From now on, the timing of subsequent University strategic plans will foster continuous congruency with college-based strategic plans. The Board of Trustees has endorsed this concept and expects periodic status reports

from the Strategic Planning Team charged with the responsibility of monitoring the University plan. This is a major improvement in the process to achieve University understanding and support of our mission.

Planning-based budgeting support for mission

Prior to the 2010–2012 University strategic plan, institutional strategic planning processes articulated a focus on mission, vision and values, but did not include measurable objectives. As a result, the prior strategic planning process was aspirational rather than operational in achieving the mission, vision and values through appropriate budgetary and other decision-making processes. Albeit nearly every budget decision can in some manner be tied to institutional mission and vision, the goals and corresponding strategies/objectives in previous strategic plans were not particularly highlighted in the annual budget process. This became a clear theme in the information-gathering phase of the 2010–2012 strategic planning process. To remedy this, two of the five financial stewardship goals in the current strategic plan deal with aligning budget and mission.

Examples include funds reserved for the development of the Center for the Improvement of Teaching and Learning (CITL) and for comprehensive reviews of the Office of Research and the Clinic with a focus on their roles in the educational mission of the University.

RECOMMENDATIONS FOR CORE COMPONENT 1C:

Understanding of and support for our mission pervade our organization.

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 toward 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.

Des Moines University is led by the president, who reports to the Board of Trustees. The vice president for Administrative Services oversees all administrative operations and the provost acts as chief academic officer with oversight of all academic programs, and faculty and student services. The three academic deans report to the provost, and all administrative departments report to the vice president for Administrative Services.

This reporting structure is designed to create a clear line of communication and delineation of responsibility. Senior leaders and department heads meet monthly as the University Council to share information and discuss issues that require collaboration. The meetings in the past consisted of brief reports from each attendee. More recently, the meetings have gone to an agenda-based structure in an effort to focus on time-sensitive and substantive issues.

The President's Cabinet is composed of senior administrators (provost, deans, vice presidents, CFO, CIO, University Counsel, and faculty president), whose role is to provide advice and guidance to the president on matters related to University operations. While the Cabinet may participate in decision-making at the pleasure of the president, it primarily acts as a deliberative and advisory body. Weekly meetings serve as a forum for senior leadership to discuss ideas and concerns about University operations. The President's Cabinet provides broad representation of the DMU community and includes individuals with diverse backgrounds and skill sets.

The organization of the faculty is defined by the constitution and bylaws of the University faculty. Officers are elected by the faculty. Monthly meetings are usually open to all faculty members and officers of the University. Standing committees include the Nominating Committee; Bylaws Committee; Educational Resources Committee; Faculty Grievance Committee; Faculty-Student Committee for Professionalism; the Faculty Welfare Committee; the Graduate Council; the Rank, Promotion and Tenure Committee; the Research and Grant Committee; and the University Facilities Committee. Additionally, the faculty of each college are organized pursuant to faculty bylaws for each respective college.

Communication among colleges has improved since Traci Bush, P.T., OTR/L, D.H.S, proposed a Faculty Leadership Council in 2010. Faculty leaders from each college now meet monthly to facilitate effective and efficient communication; promote discussion, decision making, and dissemination of accurate information across all colleges; and aid in reducing the silo mentality and ease tension between faculty from the three colleges. Under the leadership of the faculty president, the council has participated in the creation of a student grade appeal process, facilitated communication among colleges regarding the new rank, promotion and tenure process, and assisted in presenting the new professional integrity concept to faculty units in each college.

The overall administrative structure, while formal in nature, allows for collaboration across departments and effective delivery of services. A number of departments provide services to the entire University, thereby reducing redundancy and increasing efficiency through consolidation.

Leadership issues

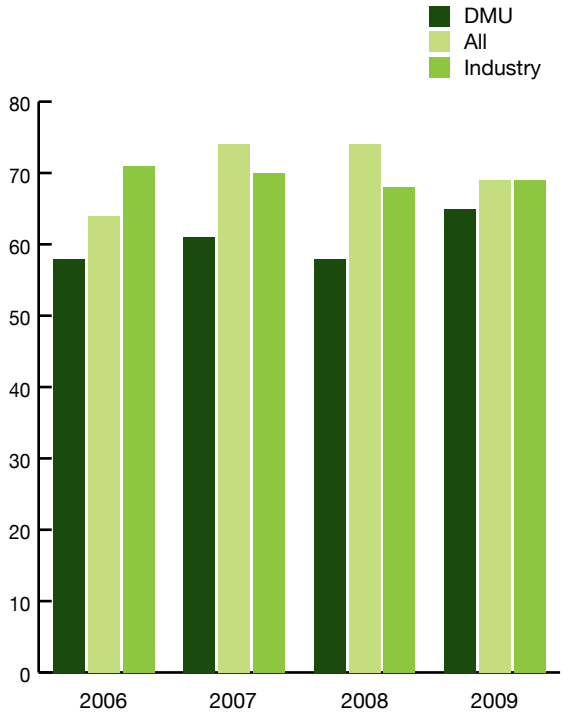
Since 2006, the University has conducted an annual, campus-wide environmental survey designed to identify strengths and areas in need of improvement. The response rate to the surveys has consistently exceeded industry standards. Many of the survey statements have dealt with the effectiveness of senior leadership. While most respondents believe "the organization will be successful in the future," the 2006 survey identified concerns with these areas: trust in senior leaders to set the right course, trust of senior leadership to lead future success, and understanding of plans for future success.

In response, the University engaged an outside consultant to conduct the 2007 Best Places to Work Follow Up Project. Michael Hovda was asked to identify issues and offer recommendations to address them. Through focus groups involving a representative sample of the University community, the project identified the President's Cabinet as the leaders of the institution. Survey results indicated that the Cabinet needed to take these actions: improve communication of key decisions across the University; increase the opportunity for the community to provide input on key decisions, which will lead to greater acceptance and support of decisions; and be consistent in its decision-making process.

In response, we have taken these actions to improve communication between senior leaders and the University community:

- Publishing minutes from President's Cabinet meetings on the University portal
- Establishing an annual State of the University session
- Including the faculty president on President's Cabinet
- Recruiting and hiring a provost to oversee the academic programs (discussed in the Academic Leadership section)

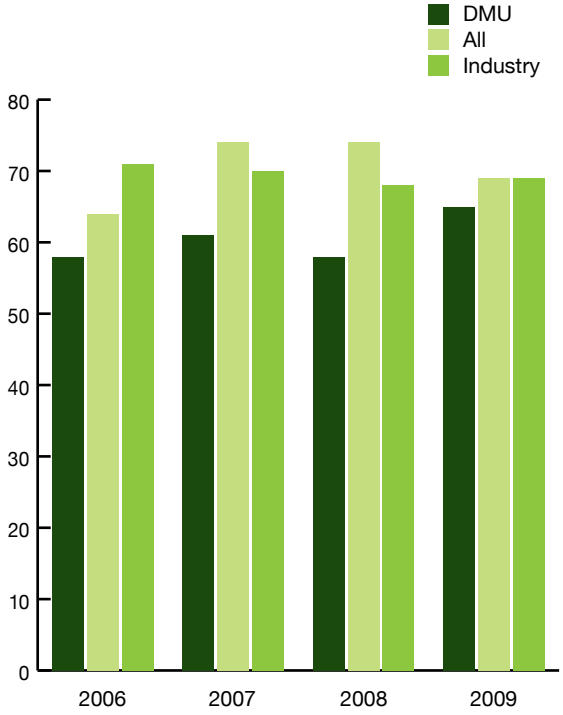
TRUST IN SENIOR LEADERS TO SET THE RIGHT COURSE (FAVORABLE RATING)



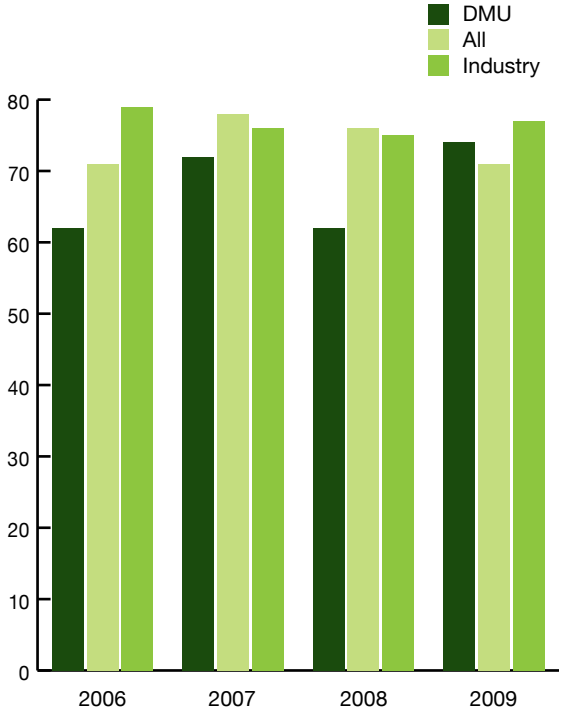
These strategic changes resulted in a substantial improvement in the perception of senior leadership in the 2009 survey data, as shown in the four graphs of favorable ratings.

In 2010, the University participated for the first time in the DMyoU Engagement Survey (a customized version of *The Chronicle of Higher Education*'s Great Colleges to Work For survey). The switch from the Best Places to Work survey was made because the topic areas covered by *The Chronicle*'s survey are more relevant to Des Moines University and include a comparison to peer institutions.

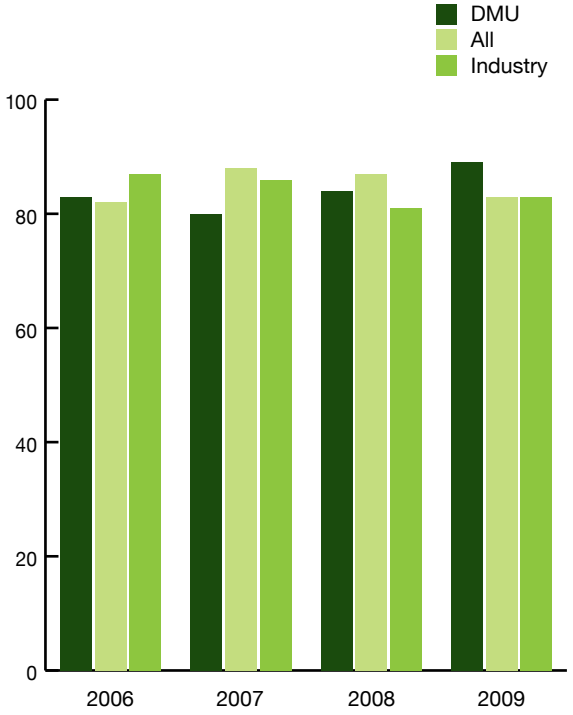
TRUST IN SENIOR LEADERS TO LEAD FUTURE SUCCESS (FAVORABLE RATING)



I UNDERSTAND THE COMPANY'S PLAN FOR FUTURE SUCCESS (FAVORABLE RATING)



I BELIEVE ORGANIZATION WILL BE SUCCESSFUL IN THE FUTURE (FAVORABLE RATING)



Several questions in the new survey are comparable to those in previous surveys, including "senior leadership provides a clear direction for this institution's future" and "senior leadership has the knowledge, skills and experience for institutional success." The results showed that 61 percent of respondents believe the University has a clear direction, which is below the Best in Category (small) positive response rate of 77 percent. Eighty percent judged senior leadership to be knowledgeable, compared to the Best in Category rate of 87 percent.

These survey results, along with information collected from the University's strategic planning process, suggest that our community is confident of future success. Confidence in the talent, experience and decisions of senior leadership has also increased. In addition, widespread support for the current strategic plan has created a climate in which senior leaders can be more effective.

The 2010 DMyoU survey also provided useful data concerning the perception of shared governance at the University. Results showed 59 percent of the respondents believe that the principles of shared governance are clearly stated and publicized, and 76 percent of the respondents believe that the faculty have been appropriately involved in educational programming. In addition, 67 percent of respondents believe there is appropriate employee involvement in institutional planning. Of note, this survey was conducted at the beginning of the development of the 2010–2012 strategic planning process.

Our commitment to shared governance is evidenced by the 2010 strategic planning process and the recently completed presidential search process. The search committee was comprised of four Board members, four faculty members, one exempt staff member, one non-exempt employee, one student and one member of the local community. In contrast, the 2002 Presidential Search Committee included only Board members and one administrator.

Another sign of progress is the description of the revision of the Rank, Promotion and Tenure

(RPT) policy given by the faculty president to the chair of the Board of Trustees. After the first draft was developed, three forums were held to allow faculty to give feedback. A revised second draft was then circulated, and two more forums were held before ballots were cast in February 2011. When reporting the results of the vote, Faculty President Dr. Edward P. Finnerty wrote: "This endeavor has been a joint effort between the RPT committee and the administration led by Dr. McLean. I am pleased to report that it has not been a negotiation—rather a collegial discussion."

Evaluation of leadership effectiveness

Board of Trustees

The University's Articles of Incorporation and bylaws clearly set forth the composition and structure of the Board of Trustees. The Board currently has 28 members.

When their terms are due to be renewed, Board members complete a comprehensive individual self-assessment covering background, knowledge of the University, Board and committee meetings performance, communicating with the public, trustee concerns and personal performance as a Trustee. The self-assessments are reviewed by the Board's Nominating Committee and used to prioritize Board development programs to remedy areas of need or specific interest. The Board feels the process is appropriate and useful in evaluating the leadership effectiveness of individual members.

In March 2010, the Board conducted an inventory of skill sets represented by its members and identified additional skills that would benefit the University. Identifying and meeting these competency needs will broaden the scope of expertise across a variety of professional sectors and lead to greater input into the decision-making process.

During the March 2010 retreat, the Trustees broke into four small groups to discuss potential opportunities for improvement in Board governance. The leaders of these four groups formed an ad hoc committee that met periodically during the year to advance the ideas brought forth in March.

At the December 2010 Trustees' meeting, the ad hoc committee recommended that the Association of Governing Boards (AGB) be engaged to review the functioning of the Board and to identify opportunities which would improve its effectiveness. The recommendation was approved.

Dr. Ellen Chaffee, an AGB senior fellow and consultant, spoke individually with Trustees in the weeks prior to the March 2011 retreat to seek their perspectives, interests and goals for the board. In consultation with Dr. Larry Baker (Vice Chair/Chair-Elect) and President Angela Franklin, Dr. Chaffee then conducted an extremely valuable two-day retreat that focused on Board philosophy, purpose and operations and on establishing a strong base of mutual understanding to launch Dr. Franklin's successful presidency. To help focus the attention of the Trustees and to encourage free expression, Dr. Chaffee asked that most of the other attendees not be in the room during the first day's session. Under her skillful facilitation, the Board candidly and successfully considered sensitive governance issues and identified specific steps to be taken following the retreat to address them. The depth and significance of the issues addressed are best captured in handouts from the sessions, which may be found in the Resource Room.

Following the retreat, Trustee Art Wittmack observed, "I believe we have a better understanding of how the Trustees can better guide and govern. And of similar importance, we discussed constructive steps that can be taken organizationally, and in our communication with each other, when it becomes necessary to investigate or consider something that causes us concern. Collectively, we took a major step forward."

President

The Articles of Incorporation and bylaws also identify the administrative officers of the University and describe their responsibilities.

The Board of Trustees evaluates the performance of the president on an annual basis. The presidential review process outlines the procedures and timelines for this evaluation. The review process requires the president to complete a self-assessment of established goals from the prior year. The executive committee of the Board reviews the self-assessment, evaluates performance against established goals/benchmarks and sets goals for the following fiscal year. The executive committee shares the president's self-assessment with the full Board and their recommendations are presented for approval by the Board.

Board member involvement in the strategic planning process and the knowledge of the results of University-wide surveys will increase members' awareness of the University environment and improve the presidential review process.

Senior leadership

The Best Places to Work Follow Up Project, DMyoU Engagement Survey and information collected in the development of the 2010–2012 University Strategic Plan consistently identified a concern with accountability of senior leaders. Historically, the evaluation process for senior leaders consisted of the deans sending a list of their accomplishments to the president (to whom they reported). The president then wrote a letter summarizing the list of achievements. In 2009, Interim President Stephen Dengle determined this process to be text-dependent, one-directional and overly subjective. The process did not address accountability in a satisfactory manner.

An evaluation process designed to move toward a performance-accountable culture and to identify and measure core competencies that can be used by both the employee and supervisor to identify opportunities for growth was developed by Human Resources Director Becky Lade, Provost Dr. Karen McLean, and external consultant Michael Hovda.

The following steps were taken:

- Identified core leadership/management competencies and provided working definitions.
- Designed a leadership model for DMU serving as the foundation for the performance reviews for all senior leaders.
- Designed a senior leadership performance review template.
- Provided suggestions for developing specific competencies.

The evaluation instrument was presented to the President's Cabinet for feedback. In June 2010, the tool was incorporated into WingSpan, an electronic performance appraisal tool that uses forms developed at DMU, and immediately implemented by the president and provost.

To create an open exchange of ideas and enhance lines of direct communication, the provost implemented weekly Deans' Council meetings in October 2009. Attendees include the three academic deans, the vice president for Research, the vice president for Student Services and the provost. These individuals also review leadership effectiveness in regular individual meetings with the provost. This has proved to be helpful in communicating concerns, solutions and progress on goals.

Strengthening leadership structure

Academic leadership

In 2007, the Des Moines University Quality Committee observed a pattern of downtrending scores in the Best Places to Work survey results. This prompted the President's Cabinet to hire Michael Hovda to identify problematic patterns and develop employee-generated solutions.

One concern that surfaced during the follow-up project was the lack of an experienced full-time senior academic leader to work with deans to foster collaboration and appropriate sharing of resources.

After the departure of Dr. Richard Ryan in December 2002, Des Moines University struggled to find the appropriate organizational structure. During his tenure as president and CEO, Dr. Ryan, an experienced academician and administrator, served as the senior academic administrator. Six months prior to his planned retirement, Dr. Ryan appointed an interim vice president for academic affairs to help with the leadership transition. This individual also served as the dean for the College of Podiatric Medicine and Surgery.

Short-term, this appointment was appropriate. Long-term, however, this new organizational structure had an inherent conflict of interest because the deans of COM, CHS and Research reported to the vice president for academic affairs (VPAA). President Terry Branstad, former and present Governor of Iowa, in 2004 removed the interim title of VPAA and revised the position to be an academic advisor to the president. He chose to keep the dual appointments rather than create a full-time senior academic administrator. In this model, the VPAA and deans reported to the president. Two years later, it became clear to the VPAA that the existing organization model was not effective for the institution, was injurious to the relationships among the academic deans and was clearly not in the best interests of Des Moines University.

Following the resignation of the VPAA, the duties of the position were reassigned to several senior administrators. This proved to be equally ineffective and divisive. Due to a lack of an experienced academic leader, there was a lack of oversight, the deans had no meaningful evaluation or development process, policies were not followed or were applied inconsistently across the academic programs, and due diligence was not a common practice in budgeting for the academic programs.

In 2008 the University engaged in a process to determine the appropriate academic structure for the University. The DMU Administrative Organization Project, led by Michael Hovda, was a three-phase project conducted over a one-year time frame. Several problems with the administrative organization and reporting structure identified in Phase I of the project were identified:

- The existence of an academic void at the senior level
- A need to provide consistency in designing, applying and enforcing processes and policies in regard to the three colleges
- A need to create a more collaborative and unified operation with the three colleges
- A need to create a cohesive and aggressive strategic plan from a senior academic and University-wide position as well as the accompanying path to achievement
- A need to provide an academic faculty champion above the level of dean, who is independent of each college
- A need for structural congruence and the minimization of redundant activities
- The need to increase external credibility among alumni and the community at large, both in function and perception

Phase II of the project involved researching the organizational structure of seven peer institutions. Although these administrative structures varied, a clearer picture of how we compared to our peers began to emerge. In Phase III, the President's Cabinet was presented with three organizational models. The advantages and disadvantages of each model were discussed, with consensus being that the model with the academic deans reporting to a provost would be the most appropriate fit.

Once the decision was made to hire a provost, it was recommended that the president of the University develop a Chief Academic Officer Implementation Plan to increase the likelihood of success. What came to be known as the provost docking process was developed in consultation with Michael Hovda of InsideOut Leadership. Hovda identified cultural issues to be addressed prior to hiring a chief academic officer, including the need for "elevated leadership" from the President's Cabinet and "increased performance accountability for some members" of the Cabinet.

After a search, Dr. Karen McLean was hired as provost in August 2009. She was tasked with several immediate priorities:

- Update the University's strategic plan.
- Spearhead the re-accreditation process by the Higher Learning Commission. A commission site visit is planned for January 2012; preparation typically takes two years.
- Create a sense of equity and accountability across the colleges.
- Evaluate faculty work assignments.
- Work with Human Resources to make DMU more competitive among peer institutions in its faculty/staff hiring processes.
- Serve as principal investigator on a new Mobile Clinic project, a partnership between DMU and Free Clinics of Iowa supported by a grant from the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- Strengthen the Institutional Animal Care and Use Committee.

There were opponents to the creation of this position; to say there were growing pains would be an understatement. However, the benefits of having a senior academic officer are already apparent. From the time the provost assumed her role, the capacity to improve the application of policies, revise Rank, Promotion and Tenure Protocols, enhance academic best practices and prepare the institution for change has been extraordinary.

As an institution we realized that a poorly designed academic structure leads to stagnation and fragmentation. We discovered the injury that occurs to individuals who are put in positions with little chance for success. We now understand the need for a position of convergence for the academic needs for all three colleges and the Office of Research. As Des Moines University continues on its path, we must evaluate the expertise and strengths of the senior leadership and address any areas of need rather than attempt to palliate gaps in leadership.

Technology leadership

An external review of Information Technology Services (ITS) was precipitated by ongoing issues with ITS services on campus, brought to a head by problems associated with the implementation of Microsoft Office 2007. In addition, faculty, students and the administration were concerned about delays in the completion of projects requiring the expertise of ITS. All of this was further emphasized by the results of the University Support Services Department Survey.

In late 2008, the University administration engaged RSM McGladrey to assess the capacity of ITS to meet the needs of the institution, to assess the competencies of the existing staff, and to determine whether ITS had the capacity to address the service requests it received.

The consultants' report indicated that the ITS staff had the skills and expertise necessary to meet the University's needs, but that department leadership needed to be more strategic. In other words, rather than focusing on putting out fires, ITS leadership needed to take a long-term look at how best to meet our computing needs. The report also indicated that the ITS staffing level and annual budget were appropriate to meet institutional needs and that the service requests submitted to ITS were reasonable. The external review identified the need for security assessment and recommended outsourcing certain projects rather than hiring additional full-time personnel.

The consultants offered no recommendation regarding the Chief Information Officer (CIO) position. However, after reviewing their report, it was apparent that a change in leadership was needed. In early 2009, the University decided to reorganize the department and create the position of CIO. Wayne Bowker was hired to fill the position in June 2009. To increase communication, the CIO was appointed to the President's Cabinet. These areas of emphasis were identified as his first priorities:

- Ensure ITS is a "customer-first" organization.
- Continue to improve the way the department communicates to faculty, staff and students.
- Identify project priorities and deliver on the right projects that help the University.
- Ensure that technology at DMU is compliant in all regulatory areas and that its computing environment is secure and agile enough to meet the University's needs.
- Create and implement new processes that will make IT services more efficient and effectively delivered.

Several of these concerns are addressed in Objectives 5.1–5.6 of the current strategic

plan. In addition, classroom instructional technology will be updated and standardized.

Senior leadership qualifications and credentials

Position descriptions

The University maintains clear position descriptions for senior leadership, including the president, provost, vice presidents, deans, University Counsel and chief officers. These descriptions are maintained by Human Resources and are available to the University community. Typically these position descriptions are reviewed by the designated supervisor when there is a vacancy. In 2010, the provost worked with the academic deans and dean of Research to update the duties and responsibilities of these positions. This met Objective 6.5 of the strategic plan.

Presidential search process

The University completed two presidential searches since its last HLC accreditation visit. This process has changed significantly since 2003, due to greater engagement of the University community in the latest search. Academic Search, Inc., assisted with the process, and all members of the University community were invited to provide feedback. The most recent search ended with the hiring of Dr. Angela L. Walker Franklin, who came to campus in March 2011.

Succession planning

The University does not have a formal succession policy for senior leaders. Periodically, the president requests a formal succession strategy from members of the President's Cabinet. It is customary to update the plan when there is a change in personnel. Succession plans require presidential approval. Copies of the approved plans are housed in the University Counsel's office. The presidential succession plan is approved by the Board of Trustees. In the few instances where a sudden change in a leadership position has occurred, the transfer of responsibility in accordance with the succession plan has maintained the continuity of the unit experiencing a change in leadership.

Senior leadership development

The Senior Leadership Evaluation section reviewed the need for a meaningful senior leadership evaluation process and the subsequent development, adoption and implementation of a more comprehensive evaluation process. Included in the evaluation instrument is the opportunity for the senior leader and supervisor to identify specific goals and administrative development needs, and strategies to achieve those goals. This is much improved compared to the cursory process previously used to advance the administrative skills of senior leaders.

Shared responsibility for curriculum and integrity of academic processes

All programs have a curriculum committee charged with reviewing and approving their respective programs of study. The responsibilities of these standing committees are identified in college-specific bylaws. The courses are reviewed by various curriculum committees and represented at those meetings by the course coordinators. When core courses are offered to more than one academic program, the chair(s) of the program curriculum committees are invited to attend the course review conducted by the college that offers the course. In addition, committee minutes and course evaluations are shared with all curriculum committee chairs when the course includes students from various academic programs. Curriculum committee minutes are posted on the faculty portal.

With the hiring of the provost in August 2009, the University established an academic point of convergence for all programs. Previously the role of chief academic officer was distributed across multiple senior administrative positions. The provost now has a bird's-eye view of all academic programs across the institution to ensure appropriate distribution of resources for each program. This change in academic leadership has been met with some conflict due to the reporting structure change and resistance to having a new senior academic administrator not brought up through the Des Moines University system.

Most of our programs receive programmatic accreditation. External reviews are episodic, varying in time and frequency. However, because academic review should be a continuous process, we have attempted to develop an internal review process. Follow-through on recommendations has varied from academic program to program. Under Strategic Plan Objective 4.4, the Graduate Council has been charged with developing an academic program review policy, outlining a calendar, and developing the review template. We believe this will make our process more consistent and make information about program quality available to a wider internal and external audience.

The 2010–2012 University strategic planning process identified the need "to increase the effectiveness and efficiency of the University's clinical curricula." Objectives under Goal 4.0 include developing a clinical education plan, establishing a Center for the Improvement of Teaching and Learning (CITL), instituting processes to define student learning outcomes and to review academic programs, all under the leadership of the provost. This goal and these objectives demonstrate

our commitment to a meaningful and consistent process for academic program advancement.

The 2010 DMyoU survey shows that faculty have a positive baseline opinion about shared responsibility for the curriculum. Sixty-three percent agreed that "faculty are appropriately involved in decisions related to the education program (curriculum development, evaluation…)" and 53 percent agreed that "the role of faculty in shared governance is clearly stated and publicized." Seventy-one percent responded positively to this statement: "Faculty, administration and staff work together to ensure the success for institution programs and initiatives."

With the various objectives and processes in the University strategic plan linked to shared responsibility, it will be interesting to compare the responses to these statements once the strategic plan is implemented and its objectives are completed.

Governance processes and activities

Previously cited surveys indicated that communication is an ongoing issue. The 2009 Best Places to Work survey revealed that only 62 percent of 194 employees who responded to the survey gave a favorable rating to the comment "There is open and honest communication between employees and managers." Thirty-one percent gave the statement a neutral rating, and 7 percent rated the statement unfavorably.

In his review of the 2010 DMyoU survey results, consultant Rich Boyer listed communication as one of the three areas of weakness. In addition, only 56 percent of employees gave a positive rating to the statement "There is regular and open communication among faculty, administration and staff," while 8 percent gave it a negative rating. Boyer stated, "Though progress has been made, administration, faculty and staff express a need for improved communications. There is a desire for greater transparency and involvement and more cross-functional communication."

In response, the DMyoU Engagement Project Team was formed to address items of concern. The communication work group has assembled a list of issues that may be explored through the use of campus focus groups. These include 1) how the campus receives information, 2) communication gaps, 3) methods to enhance communication styles, and 4) ways to facilitate the distribution of information.

Other channels for improving communication at DMU were developed:

- The Faculty Leadership Council facilitates better communication of shared issues among the three colleges.
- Annual State of the University sessions are held.
- Quarterly Town Hall meetings address University issues.
- Minutes of the President's Cabinet and Deans' Council are posted on the portal.
- Continuous updates on progress toward University strategic planning goals are available on the portal.

These initiatives have helped to increase trust in senior leadership, as the 2009 Best Places to Work survey shows.

The DMyoU survey asked a number of questions about collaboration. Sixty-four percent of employees responded favorably to the statement that "I can count on people to cooperate across departments," with only 7 percent responding negatively. Response to the statement "We have opportunities to contribute to important decisions in my department" was 70 percent positive. However, the statement "There's a sense that we're all on the same team at this institution" only received a 48 percent positive response, leaving significant room for improvement in this area.

Ongoing evaluation of structures and processes

Review of the organizational structure is triggered most often by events or initiatives that require either an addition, reduction or realignment of personnel. There is no regular review of the overall reporting structure or organization. Environmental surveys of the campus community, such as the Best Places to Work and DMyoU surveys, and feedback collected during the University strategic planning process stimulate further evaluation into the need for structural or functional modifications to the organization. The hiring of the provost and chief information officer are examples of changes to the organization based on sound due diligence.

Periodic review also occurs when a position becomes vacant. The job description and duties are reviewed by the supervising manager and Human Resources to ensure that the position still meets the needs of the department and the University. Adjustments are made as necessary.

Ongoing review is the responsibility of the Quality Steering Committee (QSC), which includes the provost, vice president for Administrative Services, director of Human Resources, Clinic director, faculty president and two members appointed to a two-year term by the standing members. Improvement issues may come to the QSC in a variety of ways, such as President's Cabinet referrals and presentations during committee meetings. When appropriate, the committee will help secure resources necessary to measure, monitor and improve established quality initiatives.

When the Quality Steering Committee replaced the QIC Committee in 2009, one of its first

projects was a campus-wide survey evaluating the service provided by all administrative departments. The results, available on the Quality and Assessment portal, highlighted a number of departments in need of improvement. The committee requested improvement plans from the service departments identified in the University services survey as having deficiencies. Each of these departments has submitted an improvement plan. The Quality Steering Committee has been monitoring progress on those plans.

Inclusion of all constituencies in planning

Results of the 2010 DMyoU Engagement Survey showed that "although progress has been made, administration, faculty and staff express a need for improved communications" and a desire for more involvement in decisions that affect them. ModernThink consultant Richard Boyer suggested that communication could be improved by creating more interactive processes and holding cross-functional dialogues.

In response, senior leaders have been actively seeking a broader range of input. As discussed in the Introduction, after the 2007 Best Places to Work survey, consultant Michael Hovda began working with senior leaders to develop empathy-driven communications:

> Develop an agenda for Cabinet meetings and write *Who else should be considered?* at the top of each agenda and *Who else needs to know? a*t the bottom of each agenda (Best Places to Work Follow Up Project Summarized Report, p. 13).

When the 2010–2012 University Strategic Plan was developed, the process involved a broad cross-section of the University and aimed to give all DMU constituents an opportunity to provide input. Electronic surveys were distributed to internal (faculty, staff, and students) and external (alumni) constituents; focus groups were conducted; past data—including satisfaction surveys and summaries of University financials, research environment and giving trends—were assembled and posted on the Strategic Planning portal.

In addition to annual student satisfaction surveys, the University is responsive to student initiatives and concerns. Both are discussed in more detail under Student Satisfaction Surveys and Response to Student Initiatives under Core Component 2a.

Senior leaders are developing a new appreciation of the value of asking *Who else should be considered?* Internal constituencies are now more willing to speak up when they feel their voices have not been heard. Students and staff have asked to participate in various planning committees, and those requests have been honored. For example, at the December 2010 Town Hall meeting, members of the Strategic Planning Team observed that staff members had offered a unique and valuable perspective during discussions of an external review of the Clinic and standards for employee conduct. The team now plans to provide more avenues for staff to participate in the strategic planning process. In addition, developing a staff organization is one of the tactics for the Engagement goal of the 2010–2011 DMyoU Action Plan.

RECOMMENDATION FOR 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.

As Stephen Dengle noted during his tenure as interim president, "We've got the right ingredients for an exceptional University. But there's more to the mix than just people, a plan, a mission and money." Shared standards of ethical behavior make it possible to trust that others are acting for the best interest of all. Spelled out in policies and procedures, ethical standards "assure fairness, equity, and orderly conduct of our daily affairs."

Compliance management

Des Moines University and its Board of Trustees exercise responsibility to the public by ensuring the organization operates legally and responsibly and by implementing clear and fair policies regarding the rights and responsibilities of each internal constituency.

The Board actively monitors the integrity of University activities through quarterly written and oral reports received from the president, provost, deans and senior administration to its standing committees:

- Academic Affairs
- Finance
- Institutional Development
- Student/Multicultural Affairs
- Fund Advisory

The chairpersons of these committees, along with their University counterparts, report at each meeting of the Trustees.

In addition, violations may be reported by employees. The home page of the Staff portal includes this statement:

The University encourages employees and students who have concerns about violation of University policies or violations of state and federal laws to report those concerns through the appropriate administrator.

Employees may also use the Compliance Hotline, described in the Accountability section, to report violations anonymously.

With respect to the Board of Trustees itself, the Nominating Committee is tasked with the orientation of all new Board members. During the orientation meeting, expectations of Trustees and the Conflict of Interest Policy are reviewed. A four-page questionnaire designed to identify any relationships, financial or otherwise, that the Trustee and the Trustee's family or business or practice may have with the University is reviewed in detail. This form is completed annually by each Trustee and is reviewed by the Chairman of the Board.

In a case where information indicates noncompliance with applicable laws, University Counsel conducts an initial investigation with appropriate reporting to and consultation with the Executive Committee of the Board and the President's Cabinet. This investigation may include an external review. After the investigation has been completed and appropriate actions have been taken, a full report is made to the Board of Trustees.

Accountability

Accountability was identified as a serious issue in feedback from the Best Places to Work surveys, the DMyoU Follow Up Project, and information gathering processes used in the 2010–2012 strategic planning process. The problem did not appear to be the integrity of the policies; rather, the lack of consistency in the enforcement of existing policies was the greatest concern. The University has responded to this issue in SP Goal 1.0: to create a University culture of accountability.

To meet the accountability goal, we developed these tactics:

- Realign compliance officer duties, including policy review, compliance and fair application of policies.
- Review and communicate processes and procedures to ensure uniform adoption and adherence to policies.
- Create workload equity among faculty.
- Establish consistent employee appraisals that provide clear expectations, performance feedback and development opportunities.
- Develop an employee code of conduct.
- Revise the student Honor Code (now the Professional Integrity Code) and other student codes of conduct to ensure adherence, implementation, equitable enforcement and transparency.

The Board of Trustees approved the revised University Strategic Plan in May 2010, thus supporting this critical change in institutional policy oversight and management. This action formalizes the process for oversight and management of internal policies and external compliance.

Our Policy on Adoption of Policies outlines the process for annual policy review. Our University Counsel maintains a database of University policies and sends a reminder to the designated policy reviewer 60 days prior to the annual review date. If a question about the appropriateness or effectiveness of the policy is raised, the policy will be evaluated with the goal of enhancing the clarity, fairness and purpose of the policy. In early 2010, the University discovered an issue with the use of controlled substances for research purposes, which resulted in modifications to existing policies. This is reviewed in the Compliance with

Key Local, State, and Federal Laws and Regulations section.

The effectiveness of policies is evaluated each time a policy is activated for a specific circumstance. Fortunately, the vast majority of the time, the policy protects the integrity of the institution. An example of this process has been the recent application of the Research Misconduct Policy described in the Research Integrity section.

To further strengthen policies designed to protect the integrity of the University, a comprehensive Retaliation Against Whistleblowers Policy is in place to protect individuals who report potential infractions that may jeopardize the integrity and reputation of the institution. In addition, we have subscribed to Lighthouse, an external ethics hotline, which provides an anonymous reporting channel for employees who might fear retribution. Contact information for the hotline is posted on the home page of the Staff portal.

Financial integrity

The University has processes and procedures in place to uphold financial honesty and integrity. Annual external audits examine the financial records and processes of the University. The auditors report directly to the Finance Committee of the Board of Trustees and to the entire Board. This process includes an executive session between the auditors and Board Finance Committee to discuss any adjustments, internal control or financial management issues.

For the past three years, we have received unqualified opinions on our financial statements, reflecting the auditors' judgment that they give a true and fair view of our fiscal situation. There have been no findings related to the A-133 audit (federal funds) nor has the University received a management letter with recommendations to improve the organization. Following accounting best practices, three-year engagement letters are considered for institutional audit services and the University distributes a request for proposals every six years. A firm may continue working with us beyond the six-year period, but a change in the partner in charge of the audit is required.

Expenses incurred by the Office of the President are reviewed annually by the auditors and also by the Board Treasurer, who then reports to the Finance Committee and Board of Trustees. All expenses and charges submitted by a Trustee for reimbursement must be detailed and are then reviewed for conformity with the Travel and Expense Reimbursement Policy by University Counsel before payment.

It is also the responsibility of the Board of Trustees to annually review IRS Form 990, which details compensation that Trustees may receive through employment or contracts with the University. IRS Form 990 also outlines the finances of the institution and its activities, including development and highest salaried employees. The basis of these relationships is fully disclosed. The Board of Trustees receives quarterly detailed financial statements that are prepared internally and the results of an annual independent audit.

Other controls are in place to protect the financial integrity of the institution:

- A contract policy that requires contract requests to be submitted to the vice president for Administrative Services to verify the contract has a full legal review and considers financial, physical and personnel resources
- Internal controls for developing or changing job descriptions for accounting employees
- Policies defining appropriate University expenditure (travel, meals, etc.)
- A Conflict of Interest Policy and a Conflict of Interest Disclosure Statement that all persons in governance and management positions with the University are required to complete and sign at the beginning of their service and annually thereafter

Compliance with key local, state, and federal laws and regulations

Policies that cover areas of significant legal obligation are reviewed for compliance with state and federal law. Standards of Ethical Conduct are in place and all employees have been educated on these standards. An educational session is held for all new employees in an attempt to create a culture of compliance. All employees and students receive training on the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

When a policy violation is discovered, appropriate corrective action is taken. Policy violations might include research misconduct, violations of confidentiality and HIPAA by employees, failure to follow regulations for handling controlled substance, harassment or discrimination issues, violations of the Professional Integrity Code, or copyright infringement. An example is the way a violation of scheduled drugs policy was handled. When it was discovered that our Controlled Substance Registration (CSR) had been allowed to lapse and a quantity of morphine sulphate was missing, we reported the violations to the Iowa Board of Pharmacy. The case was settled in September 2010, and we have changed our procedures for keeping records, handling scheduled drugs, and supervising those who work with scheduled drugs as requested by the Board.

In addition, SP Tactic 3.1.3 calls for the external review of research team to consider whether we are using best practices in monitoring controlled substances. Because the leader of the external review team felt the team was not on campus long enough to assure compliance, the team recommended an external compliance review. After an internal review of all compliance committees and procedures, we strengthened oversight of compliance, as described in the External Review of Research section of the

Introduction. SNR Denton was hired in August 2011 to conduct an external review of compliance in the Office of Research and the Clinic.

Integrity of senior leaders

An interesting finding in the Best Places to Work survey administered from 2005–2009 is the response to questions designed to evaluate senior leadership, identified as the president, President's Cabinet and Board of Trustees. The survey question addressing "trust in senior leaders" received a 59 percent favorable response in 2006. This result was considerably below the overall average of 77 percent for all organizations and the industry average of 72 percent. In 2009, the favorable response increased to 69 percent, an improvement, but still slightly below the overall and industry averages.

TRUST IN SENIOR LEADERS (FAVORABLE RATING)

	2006	2007	2008	2009
DMU	59%	63%	59%	69%
All	77%	77%	76%	70%
Industry	72%	NA	71%	71%

LEADERS DEMONSTRATE INTEGRITY (FAVORABLE RATING)

	2006	2007	2008	2009
DMU	59%	67%	62%	71%
All	66%	79%	78%	73%
Industry	76%	NA	74%	73%

Improvement was also seen with the "leaders demonstrate integrity" question over the course of the survey. The 2009 favorable response of 71 percent fell only slightly below the overall and industry averages of 73 percent.

Several key events had a significant influence on the decrease in favorable ratings in the 2008 survey and then more positive ratings in 2009. During the 2007–2008 academic year, the University administration initiated a faculty workload process that led to the development of a complex workload policy. This process resulted in conflict across the University, and ultimately the administration discontinued the initiative.

Recommendations in the 2007 Best Places to Work Follow-up Report released in the fall of 2007 appear to have contributed to the rebound seen in the 2009 survey. Those efforts included a focus on enhancing communication across the University, changes in the leadership and organizational structure of Information Technology Services (ITS) and the decision to hire a provost. These initiatives improved positive feelings toward senior leadership.

Research integrity

The University has an established policy for investigating and responding to instances of alleged scientific misconduct. The policy outlines a two-step process of inquiry and investigation. The Inquiry Committee is chaired by an appointed Officer for Research and Scholarly Activity Standards (ORS). The ORS and the standing Inquiry Committee are responsible for addressing the initial allegation and determining if a full investigation is warranted. The ORS has the authority to secure any and all materials and records pertinent to the inquiry and possible investigation. If a full investigation is warranted, a Presidential Investigation Committee is convened and charged with investigating the issue and recommending appropriate sanction. The procedures of both the Inquiry and Investigation committees follow the rules and regulations of 42 CFR Parts 50 and 93 Public Health Service Policies on Research Misconduct. In the past ten years, investigations have been conducted twice. In September 2010, we implemented a new policy requiring training in responsible conduct of research for all faculty, employees, administrators, staff and students who engage in research.

External review findings on compliance

The team that conducted an external review of research in December 2010 found that "in the past year, DMU has identified and appropriately dealt with several challenges to the integrity of its research enterprise." The reviewers concluded that "these problems have been resolved," but recommended "that the institution evaluate the clarity and completeness of the policy environment, the nature and exercise of appropriate oversight and the development of both faculty and student researchers to ensure that consistent standards of research practice are employed both within the institution and in its collaborations at clinical sites." SNR Denton conducted an external compliance audit in August 2011.

Animal Facility accreditation

During the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) accreditation visit in October 2009, accreditation was deferred from February until May 2010 due to deficiencies in oversight by the Institutional Animal Care and Use Committee (IACUC). In response, Des Moines University pared down the IACUC from 19 members to 9; instituted mandatory animal welfare and IACUC training using the Collaborative Institutional Training Initiative (CITI) program; sent the Institutional Official, Chair, Research Administrator and Attending Veterinarian to national

animal welfare meetings; and redesigned the animal care facility. In addition, all DMU IACUC members attended the IACUC 101 cosponsored by DMU and PRIM&R. Ongoing training for IACUC members will be organized, and the vice president for Research is now charged with continuing to develop new policies and procedures to address the identified weaknesses. These actions allowed the AAALAC Council to reinstate Des Moines University to full accreditation status at the May 2010 meeting.

Academic integrity

Awarding of accreditation by the following external agencies validates the idea that DMU has academic integrity.

College of Podiatric Medicine and Surgery accreditation

The College of Podiatric Medicine and Surgery is accredited by the Council on Podiatric Medical Education (CPME). The last comprehensive visit was in October 2006. The college was found to be in compliance with all standards and requirements. Several recommendations made by the evaluators were approved by CPME. The college responded to all recommendations in the 2007 CPME Annual College Report. CPMS was given four years of accreditation, the maximum at that time. In 2009, CPME increased the maximum length of accreditation to eight years. The college was then notified that its accreditation was extended to April 2015, with the next comprehensive visit scheduled in Fall 2014.

College of Health Sciences accreditation

The Doctor of Physical Therapy program in the College of Health Sciences is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). In the spring of 2009, the Physical Therapy program received the maximum years of accreditation with the next self-study and on-site review scheduled for 2016.

The Physician Assistant program in the College of Health Sciences is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The most recent site visit was in 2009. The program received continued accreditation status for a six-year period. The approximate date for the next full review of the program by the ARC-PA will be September 2015.

The Master of Public Health program in the College of Health Sciences is accredited by the Council on Education for Public Health (CEPH). In 2005, site visitors noted the high quality of the M.P.H. curriculum. However, the program was placed on probation because of concerns about high faculty:student ratios and faculty research and service. After the most recent site visit in 2008, the program was reaccredited for seven years, with an interim report submitted in 2010.

The Post-professional Doctor of Physical Therapy program is not accredited by an external accrediting agency. In spring of 2010, an external review of the program was conducted by Dr. Patricia Hageman, P.T., Ph.D., from the University of Nebraska Medical Center. She judged the program to be very strong, especially given the number of students interested in enrollment despite the projected decrease in demand over time.

The Master of Health Care Administration program is seeking accreditation from the Commission on Accreditation of Health Care Management Education (CAHME), as shown on the CAHME Accreditation Timeline.

College of Osteopathic Medicine accreditation

The College of Osteopathic Medicine is accredited by the Commission on Osteopathic College Accreditation (COCA). After the most recent site visit in October 2007, the program's accreditation was extended for seven years, the maximum amount that could be awarded. Several requirements and recommendations were made, including revision of the mission statement to include research, developing a transfer credit and waiver policy consistent with COCA standards, and

CAHME ACCREDITATION TIMELINE

Spring 2011	Summer–Fall 2011	Summer 2011–Summer 2012	Fall 2012	Fall 2012	Fall 2012–Spring 2013	Fall 2012–Spring 2014	Fall 2014	Spring 2015	Fall 2015
Approval to pursue accreditation	Announce program change	Continue building new curriculum	Launch new curriculum/ host first residency	Demonstrate MHA meets eligibility requirements	Program invited to submit application for candidacy	Collect outcomes data on new curriculum	Submit self study	Site visit	Goal: Achieve accreditation

implementing osteopathic manual medicine instruction into the third- and fourth-year student experience. All COCA requirements were met as of April 27, 2008. The next full site visit will occur in late 2014.

In 2010–11, COM admitted four students over its COCA-approved class size. As required by COCA standards, focused site visits will verify that COM has adequate resources, facilities, and faculty to support the additional students until this class has graduated. The first focused visit occurred in October 2011. All standards in finance and facilities were met. However, COCA raised two concerns about adequacy of faculty to which DMU has until next March (or possibly next July) to respond. Documentation from the October visit is available in the Resource Room.

Accuracy of communications to the public

Des Moines University represents itself, its academic programs and Clinic accurately to the public in all its publications, online and in all internal and external communications.

In printed enrollment materials, the University provides detailed information on academic programs, curriculum and accreditation status. Additional information on courses, the academic calendar and policies is available in the academic catalog on the DMU website: http://www.dmu.edu/catalog.

The same information is available to the general public in print or online. In addition to enrollment publications, there is an archive of research publications and presentations; the University's annual report, including financial and scholarship information; news releases and event information; a list of the Board of Trustees; and other detailed information about the University.

In 2009, an internal survey was done to measure satisfaction with the University's service-oriented departments. The survey highlighted concerns over outdated information on the website. As a result, the Marketing & Communications department has begun the process of implementing a content management system that will give departments more responsibility and access for updating content.

To ensure consistency and quality of communications, Marketing & Communications adheres to branding and identity guidelines and carefully oversees the use of the University name and logo. All external news, information and collateral content (blog posts, videos and social media) are reviewed by this office before being distributed. In addition, the office has also implemented regular studies and research of external constituencies.

In 2004, a benchmark community perception study that surveyed the general public and health care leaders was completed by Selzer & Associates. The survey was repeated in 2007. Results of the survey are used to drive marketing messages.

In 2009, Marketing & Communications began working with Harvest Research in Des Moines to test messages on a biannual basis. The research acts as a valuable tool for gauging and responding to community perception of the University.

The department strives to maintain accurate representation and high quality in all its communication work, which has won numerous CASE District VI and AACOM awards for publications, graphic design and writing.

Below are examples of some of the primary communication vehicles, how they are developed and their purpose.

Annual report

Des Moines University's annual report to donors, alumni and friends of the University presents information about the operations of the University including operational updates, scholarship dollars awarded and financials. The annual report is mailed to alumni as part of *DMU Magazine* and is available to the public on the Des Moines University website: http://www.dmu.edu.

Admissions publications

Des Moines University's official admissions publications include the catalog and the website, which has viewbooks for all nine programs. They outline DMU's degree programs and curriculum, admission policies, application details, technical standards, statement of nondiscrimination, definition of diversity and accreditation information. This information is available in both print and online versions.

Special effort is taken to ensure that the admissions publications accurately portray the University's programs and the student experience. Student focus groups specifically address the way in which all recruitment materials depict the University and how that depiction matches the students' experience.

Alumni website

Launched on February 14, 2010, the new and improved alumni site, http://www.dmu.edu/alumni, contains a more concise menu of options and focal points based on results from our Google® Analytics report. Most-visited pages include the calendar of events, class notes and event photos. Each is now easily accessible from the home page, and overall page views are up 9.5 percent from 2009. Visits to the alumni site average around 1,800 per month.

Newsletters

Each year Alumni Relations has made an effort to increase the number of accurate e-mail addresses we have obtained. According to Director Ronnette Vondrak, "To date, we have 5,449 deliverable e-mail addresses for alumni who receive the monthly alumni e-mail newsletter,

DMUpdate. Our emphasis is to analyze how many alumni are actually reading/clicking on the stories. Our primary goal is measuring and increasing the click rate, so we have done research on best subject lines to ensure that the newsletter is not regarded as spam. Additionally, we have mapped the success of each e-newsletter in relation to the time and day it was sent to determine the optimal time to reach our constituents and to increase the click rate."

Other newsletters include a quarterly alumni mentor e-newsletter and a quarterly Global Health e-newsletter.

DMU catalog

The University catalog outlines all policies and procedures that ensure the integrity of the application process and also outlines admission policies, financial aid options, and rights and responsibilities of students. The catalog is developed every two years through a rigorous, collaborative process that involves all academic programs, and the Registrar's, Financial Aid and Deans' offices. The catalog is available on the DMU website.

DMU Magazine

DMU Magazine is published quarterly and highlights students, faculty, and alumni achievements and events. It strives to provide an up-to-date view of the University and is mailed to alumni and friends of the University, is available in hard copy and is posted on the DMU website. The magazine has won numerous AACOM (American Association of Colleges of Osteopathic Medicine) Excellence in Communications Awards (both editorial and overall) as well as many Admissions Marketing Report's Admissions Advertising Awards.

The Spring 2011 issue introduced President Angela Franklin.

DMU website

The University's primary source of news and event information of interest to the general public and the University community is http://www.dmu.edu. Our website includes our mission, vision and values statements; facts about tuition and programs; and information about our administration, Board of Trustees and accreditation process. The website also provides detailed information about faculty, including experience, credentials, research and publications; programs; curriculum; financial aid; and traditions such as the White Coat Ceremony. Visitors can search for information or explore links of special interest to prospective students, community members, alumni, Clinic patients and donors. Contact information is available on the home page, in the faculty and staff directory, and on the pages for departments and programs. Forms, such as a request for service or the body donor form, are also available on the site.

Standards of conduct

Des Moines University has established a student honor code, codes of conduct and grievance policies to maintain high academic and professional expectations across the University community. The University responds to events that compromise these standards in a timely and appropriate manner.

Professional Integrity Code

Des Moines University's student government developed an Honor Code in the late 1990s that was revised and renamed in 2011. The new Professional Integrity Code is based on four key tenets: honesty, accountability, collaboration, and inclusiveness.

These standards of conduct are written into the student handbooks for each academic program. During orientations in June and August, students are required to sign a document indicating that they have read and understood the policies within the handbook—including the Professional Integrity Code. All clinical students sign the code during the White Coat Ceremony during their first term at DMU. When violations of the code occur or are suspected, the vice president of Student Services is notified and begins an investigation. If appropriate, notice of the violation(s) is then sent to the Student Promotion and Evaluation Committee (SPEC) to investigate and make a recommendation of action to the dean of the college. The dean then takes appropriate action.

Student Services distributes the Second-Year Student Satisfaction Survey to osteopathic and podiatric medical students at the completion of Year 2 and a Graduate Satisfaction Survey to all four clinical programs prior to graduation. Results of second-year surveys for the D.O. and D.P.M. class of 2009 raised concerns about the effectiveness of the Honor Code.

In addition, the information-gathering phase of the 2010–2012 strategic planning process

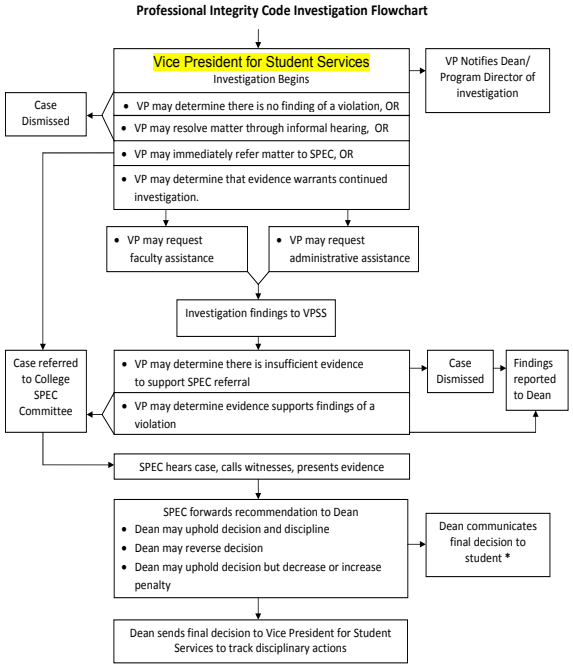
highlighted inconsistencies in the enforcement of the Honor Code. Possible causes included lack of familiarity with the reporting mechanism among students and faculty, inconsistent handling of infractions on a case-by-case and program-by-program basis, and confusion between the Honor Code and Code of Conduct violations.

While most on campus agreed with the spirit of the Honor Code, few would attest that it was well defined or led to a campus culture of honesty and integrity. Student Services initiated a review of the Honor Code with the assistance of the Faculty Student Committee on Professionalism.

The main objective was to review the principles set forth by the Council for Academic Integrity:

- Adopt clear academic integrity statements, policies, and procedures that are consistently implemented.
- Inform and educate the entire community regarding academic integrity policies and procedures.
- Promulgate and rigorously practice these policies and procedures from the top down, and provide support to those who faithfully follow and uphold them.
- Have a clear, accessible, and equitable system to adjudicate suspected violations of the policy.
- Develop programs to promote academic integrity among all segments of the campus community. These programs should go beyond the repudiation of academic dishonesty and include discussions about the importance of academic integrity and its connection to broader ethical issues and concerns.
- Be alert to trends in higher education and technology affecting academic integrity on campus.
- Regularly assess the effectiveness of policies and procedures and take steps to improve and rejuvenate them.

CLICK HERE FOR FULL-SIZE GRAPHIC



*If the case involves students enrolled in different programs, the Deans of each College should meet prior to notifying the students involved to ensure that the discipline is consistent for the same infraction.

Revision of the Honor Code is tied to Objective 1.6 of the current strategic plan: 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 to ensure adherence, consistent implementation, equitable enforcement and transparency.

Data compiled from student and faculty focus groups and a University-wide survey were used as a baseline assessment of the current views and attitudes of the DMU community toward the Honor Code. The Faculty Student Committee on Professionalism developed the Professional Integrity Code in May 2011 and began working to develop acceptance and understanding of the new standards. A plan to educate students at four seminars throughout the year is being developed. The new code and information about how violations are handled can be found in student handbooks for all programs. The committee is also evaluating the impact of technology on academic integrity.

Professionalism

In the current University strategic plan, two objectives under Goal 1.0 (Accountability) pertain to our codes of belief and expected behavior:

- Objective 1.5: To create an understanding of acceptable behavior by all DMU employees by developing and implementing an employee code of conduct.
- Objective 1.6: 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 to ensure adherence, consistent implementation, equitable enforcement and transparency.

Becky Lade, director of Human Resources, is spearheading the development of the employee code of conduct. She is working with a committee of faculty members representing each college and Research, three non-exempt employees, three exempt employees, and one Cabinet member to review model codes and create a draft. To allow more time to obtain feedback on the draft, the deadline was extended to January 2012.

A group of students raised concerns about the potential influence of pharmaceutical and biomedical device companies on medical education. In response, the University formed the Pharmaceutical and Biomedical Device Conflict of Interest Committee. The committee, comprised of students, faculty and staff, developed the Conflict of Interest Policy—Pharmaceutical and Industry Representatives. Implemented in Fall 2010, the policy was developed to manage all conflicts of interest, real and perceived, through effective self-regulation to maintain the appropriate relationship between medical education and corporate influence. The Faculty-Student Committee for Professionalism then proposed an interdisciplinary

program to educate students about the potential conflicts of interest related to relationships with the pharmaceutical and biomedical device industries.

Due to several instances of inappropriate use of social media, the University implemented the Professional Standards for Students Using Social Media Policy.

The University, through the vice president for Student Services, tracks reports of possible violations of the Professional Integrity Code, complaints under the Discrimination and Harassment Policy and student grievances. Student handbooks include the Student Grievance Policy and Sexual Harassment and Complaint Policy. The vice president for Student Services may request an investigation of any of such allegations. Investigations are typically conducted by the University Counsel. A written summary of the investigation and recommendations is provided to the vice president, who determines whether to refer the matter to an appropriate committee or department for action. The vice president maintains a log of such complaints and the resolution of each. Other complaints by students are handled on an ad hoc basis at the departmental or college level. A detailed description of the student complaint process can be found in the student handbooks.

Social media policy

In 2010, Marketing & Communications worked with Student Services and University Counsel to develop a series of social media guidelines for students. The resulting document, which became part of the DMU Student Handbook for the 2010–11 academic year, outlines the appropriate use of social networking sites for DMU-related activities and personal use.

The guidelines were developed to help students navigate sites like Facebook and Twitter in a professional manner and to uphold the University's branding guidelines and integrity online. Work is continuing on a similar set of guidelines for faculty and staff.

Grievance procedures

Des Moines University provides a process for employees to file complaints/concerns through our Discrimination and Harassment Policy. Since 2005, employees have formally used this process to file two claims. A sexual harassment allegation, filed in 2007, was resolved within one day of the complaint being filed. A racial discrimination claim, filed in 2009, was resolved within 30 days of the claim being filed.

Non-exempt employees covered by the bargaining unit have the ability to file grievances through a formal process as outlined in the union contract. Since 2005, one employee has used this formal process to file a claim. The claim was responded to and resolved at the first step within the three-working-day timeline.

The University maintains an open door policy and invites employees to discuss concerns they have with management. Because management has a very good working relationship with the union, the union president and stewards contact management when concerns arise, and we work together to resolve these concerns so that moving to the grievance stage is not necessary.

Due process for students has been reviewed, as called for by Strategic Plan Tactic 1.5.3. A Student Appeals Process allows students to appeal disciplinary decisions. A course grade appeals process was implemented in June 2011.

RECOMMENDATIONS FOR 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, creating a culture of accountability is a priority.

We recommend that these steps be taken to ensure 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 external research reviewers' recommendation 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.

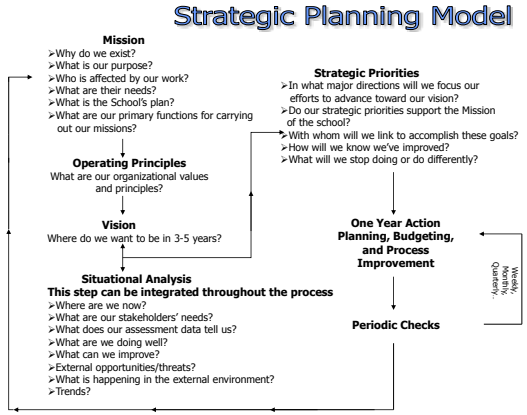
Although information is communicated in an accurate manner, the University should work to develop a higher profile in the community and ensure that its branding defines the institution and captures the essence of the mission on a consistent basis.

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 Team 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.

CLICK HERE FOR FULL-SIZE GRAPHIC



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, which would address diversity more directly, 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.

In 2008, a student biking along the Raccoon River trail was startled to discover makeshift huts and canvas tents erected by the growing homeless population in Des Moines. After consulting with his dean and Student Services, he engaged a group of students in the Homeless Camp Outreach. In the span of two years, the students volunteered a total of 1,200 hours visiting the camps and another 75 hours in other volunteer activities to benefit the homeless.

Criterion Two

Preparing for the future

Our allocation of resources and our processes for evaluation and planning demonstrate our capacity to fulfill our 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.

As the speed of change within our society increases exponentially, it is more critical than ever that organizations maintain a close watch on their environment.

National environment

For institutions focused on medicine and health sciences, there has perhaps never been a more daunting change than the Patient Protection and Affordable Care Act. From how it affects our employee benefits to how it affects our ability to deliver patient care, this legislation touches virtually every aspect of what we do. For example, other institutions are responding to the act by adding programs that will compete for the same students we seek to enroll. No fewer than eight new osteopathic medical schools and several new allopathic institutions are slated to open in the next two years; this scenario is repeated in many other health professional education programs. To maintain a competitive posture in the changing national environment, Enrollment Management, Marketing & Communications, and the deans/directors of each educational program continually assess our marketing and recruitment efforts, as well as how our tuition and quality of student learning outcomes compare to peer institutions. In addition to ongoing monitoring of web analytics, enrollment plans and reviews are assessed twice a year, and our marketing and advertising efforts are adjusted accordingly.

Demographic trends

Another trend we monitor is population change. For example, the largest-ever population of seniors graduated from high school in 2008, with projections calling for a slight decline in subsequent years. Upward trends in demand for health care workers are also significant. According to the Bureau of Labor Statistics, the programs we offer continue to experience high demand and are expected to do so over the long term.

While DMU does not participate directly in graduate medical education (GME), the availability of residency positions is critical to our ability to enroll students in the D.O. program. We have enjoyed high match rates, with over 90 percent of our graduates matching to their first or second choices of residencies. But looking at the number of residency slots and the increasing number of graduates nationally, we realized that our students were facing a possible shortage. In addition, AOA-accredited residency programs are required to be part of an Osteopathic Postgraduate Training Institute (OPTI), which is a consortium consisting of a college of osteopathic medicine and graduate teaching hospitals and programs. As a result, DMU has developed its own OPTI, the HEARTland Network, which currently has nine members in addition to DMU, including hospitals and family medicine programs at the University

of Minnesota and University of Wisconsin. The new network will enhance residency training in Iowa and contiguous states, and also foster faculty development and collaborative research among member organizations.

Another major continuing challenge is enrolling higher numbers of underrepresented minority/disadvantaged students, an issue faced by medical and health professions institutions across the nation. A commonly held goal is to enroll a student body whose diverse makeup is reflective of the populations they will serve. DMU has taken a long and contemplative look at how we should address diversity:

> Diversity at Des Moines University is a campus environment shaped by individuals and groups that offer a broad spectrum of cultural differences, life experiences and distinctive characteristics. These include, but are not limited to, educational background and performance, gender, race/ethnicity, socio-economic background, leadership qualities, employment experiences, talents, geographical background and other attributes that affirm the University's commitment to creating an inclusive environment.

Our definition reflects a broadly tailored view encompassing not only the traditional categories of race and ethnicity, but also others such as gender and experience. The University continues to evaluate our efforts and level of success in attracting students from diverse backgrounds and identify new initiatives in this regard. For a more in-depth discussion of diversity, see Core Component 1b.

As a tuition-dependent University, we must continually monitor federal financial aid rules and regulations. We are sensitive to the fact that most of our students rely on student loans to enable them to attend this University. SP Goal 6.0 calls for limiting student indebtedness. The current size of our endowment does not allow for a significant number of scholarships to be awarded by all colleges each year. Because of our review of average P.T. salaries related to loan repayment minimums, we have held tuition increases for the Doctor of Physical Therapy program to a minimum. We are also looking for ways to increase scholarship funding for all students and programs by 20 percent.

Emerging needs

In addition to the current programs that we offer, new programs may be initiated in response to societal needs. To ensure that the development of a new program is congruent with our mission and vision, the New Academic Program/Field of Study Proposal Policy requires that program proposals be submitted to the Graduate Council. The Graduate Council has standing representatives from all colleges and programs; appropriate University departments such as the Library and Student Services are consulted on an as-needed basis. In addition, necessary resources are identified and evaluated in respect to current resource commitments. For example, a recently reviewed proposal for a College of Optometry was not approved because of limited start-up resources. As this vetting process is tested, we will identify opportunities for improvement and make the adjustments necessary to ensure we pursue programs that represent the best strategic fit for DMU. This is consistent with SP Objective 6.4.

Programs also adjust the courses they offer in response to student interests and to adopt current best practices. For example, Assistant Professors Simon Geletta and Rachel Reimer developed a community-based research course for the M.P.H. program. Another new elective is Global Health Cultural Applications.

Industry changes

Realizing that the medical field has the potential to change dramatically due to health care reform legislation, DMU has taken strides to strategically prepare for the future. Historically, the vice president of planning was solely responsible for all interactions with the lobbyist who represents us in Washington, D.C. One disadvantage of this structure was that the lobbyist's focus was at times more narrow than desired by the President's Cabinet and the Board of Trustees. During the past year, the lobbyist began meeting with the Trustees and the President's Cabinet on a biannual basis. The lobbyist has educated senior leaders about how health care reform will affect the education of medical students. Our lobbyist also worked to secure state funding to expand the Physician Placement program to include other health care professions and secure funding for our Area Health Education Center (AHEC). The July 2011 reorganization of the Office of Institutional Advancement gave us new capacity to implement SP Tactic 6.1.2: To develop a legislative agenda for federal and state levels.

In addition, relationships with local health care organizations are being forged to respond to anticipated mutual needs as health care reform progresses. For example, communication has begun with local hospitals about changes in family medicine. As the family physician's role transforms into something closer to a case manager, medical education needs to reflect this development. The number of required mid-level providers, such as physician assistants, may increase. Restructuring in the types and numbers of clinical rotations needed for our students may be necessary. We also participate in the Partnership for Better Health, a network of health care organizations, providers, advocates and consumers dedicated to lowering the cost of care through prevention, intervention and innovation. Partnering with our lobbyists and community health care providers allows us to strategically plan for coming changes.

Global environment

Another environmental factor affecting our institution is the current focus on global health. From the HIV pandemic to the recent cholera outbreak in Haiti, the health of people outside of the U.S. has become more of a priority among many who are in a position to make a positive impact, and U.S. medical schools are key among that group. Not only can our clinicians and students make a difference in the health of these populations, we can also gain much in the way of cultural understanding and the satisfaction of providing service to others both abroad and at home.

Amy Borden, D.O.'13, M.P.H.'13, was one of six DMU students who provided health care to victims of the Haitian earthquake in 2010. The students helped care for nearly 850 patients at a clinic near Port au Prince. "After a really tough first year of medical school, it reminds me why we want to do this," Borden says. "What I know is not a lot, but it was enough to help some people. The team really wanted to work; Haiti let us. I feel really privileged to have gone."

Global Health provides our students with opportunities to experience health care in various locations throughout the world. Students may participate in a two-week health service trip or complete a four-week or six-week clinical rotation for academic credit. The University has budgeted funds to assist in funding trips for over 40 students each year; additional students are eligible to participate through their own or other sources of funding.

We anticipate continued growth in the number of students participating, and we are poised to support this growth by expanding the number of sites available beyond the borders of the United States. Additional financial resources will be required to sustain these participation rates.

Technology trends

Based upon current and future needs of the University, a complete restructuring of ITS occurred during the past two years. RSM McGladrey was hired to ensure all significant areas of need were addressed. As a result, we are consolidating much of our data collection and storage into the Datatel system. A Datatel assessment revealed that we had purchased several Datatel and Business Objects reporting modules that were never implemented. For example, we were not using the Colleague system, which tracks student and financial information, to its fullest potential. Instead, we were using many homegrown databases that did not integrate well with one another and required much transitioning of data from program to program, which increased the possibility of data loss and errors. Full implementation of the Colleague products requires an ITS project manager to oversee the implementation, data transition to the system, testing, and training of end users of the products. All departments that deal with student affairs will use this data system, which will allow information sharing across the University and improve data integrity, security, and reporting capability. Another phase of the project will include document imaging, which will reduce paper consumption, save money, and make work processes more efficient.

Our use of classroom technology has grown in response to societal needs and continues to evolve. Full-time students are provided with a laptop, and the entire campus has wireless access. SP Objectives 5.2 and 5.5 call for updating all classrooms with state-of-the-art technology, including lecture capture systems. Work on the five classrooms scheduled for upgrading in FY '11 was completed by the end of June. We plan to continue upgrading classrooms and lecture halls.

As of April 1, 2011, we are capturing all lectures via Camtasia and Camtasia Relay. We adopted an opt-out policy, so by default all lectures will be captured unless there is a valid reason not to (such as honoring the wishes of a guest lecturer who does not want material distributed).

Our first 100-percent-online program, the Post-professional Doctor of Physical Therapy, was launched in 2003. When the entry-level physical therapy degree changed from the master's to the doctoral level, many licensed physical therapists who were already in practice wanted to return to school part-time. This program allows practicing professionals to earn a D.P.T. degree. In addition, online course offerings in M.H.A. and M.P.H. have been expanded; these degrees can now be earned almost entirely online.

The Simulation Lab demonstrates our commitment to using state-of-the-art teaching and learning technology specific to health care. Opened in 2007, the Sim Lab serves both internal and external students and professionals. Collaboration among colleges has encouraged interprofessional education. The Sim Lab has also been used to collaborate with many external parties of interest, including the Mercy Family Medicine Residency program. The Drake College of Pharmacy and Des Moines Area Community College nursing programs also use the lab.

Currently, DMU faculty are conducting research to evaluate the effectiveness of the Sim

Lab as a teaching tool. Principal investigators Matt Henry and Jeff Gray have made two national presentations on using human patient simulators to teach and assess basic science principles. Denise Hill, J.D., M.P.A., is researching the impact of incorporating legal and ethical issues into Sim Lab training.

Looking ahead, we are working to assess capacity limitations and to ensure that the technology deployed throughout the University is not just the most current, but also the most effective in educating our students.

Our constituencies

DMU recently completed a University-wide strategic planning process, culminating in a formal plan that encompasses seven key areas of critical importance in the near and long term: Accountability, Clinic, Research, Curriculum, Technology, Financial Stewardship, and Facility Planning.

While the current plan is a relatively short-term initiative (because it was developed before the seating of a new president in March 2011), it is an example of how the administration ensures the involvement of the entire University community in the planning process. For example, in addition to the Strategic Planning Steering Committee, numerous focus group meetings and individual/small group interviews were conducted, and surveys solicited input from all stakeholders. The resulting input was carefully reviewed, and additional feedback sessions were conducted for review prior to finalizing the plan. Communication has been extensive and ongoing, exemplified by periodic Town Hall meetings designed to provide updates on progress of the plan and progress reports posted on the Strategic Planning portal page. The experience provided by this process will be invaluable as we embark on future, more long-term planning activities, which began in early 2011.

An example of the implementation of a long-term planning activity is the evaluation of our research efforts at DMU (discussed more fully in the Introduction). An external research review team was invited to campus in December 2010 to help us assess our strengths and opportunities. In early February 2011, results were reported to the faculty using a workshop format to open dialogue on developing a few focus research areas. Future research opportunities are being explored by both faculty and administration. In November 2010, faculty members completed a research interest inventory identifying their specific areas of interest and suggestions of focus areas for the University. That same month, a team of DMU administrators traveled to Washington, D.C., to investigate possible areas of funding that match DMU's areas of research. Similar activities resulted in a grant being written and funded for the DMU Area Health Education Center (AHEC).

DMU students, faculty and staff are demonstrating an ever-increasing commitment to service at the local community and regional level (discussed more fully under Criterion Five). This ethic of service is supported by the University in several ways:

- Policies allow employees up to 40 hours of paid time annually to participate in service activities. In 2010, employees donated 114.5 hours of service.
- Funding allows student clubs to host events such as the annual Senior Health Fair, which brings hundreds of seniors from throughout the community to our campus for health screening and counseling.
- Faculty advisors work with campus organizations to provide outreach and support to local homeless populations.

Student involvement in planning

In addition to environmental scanning of outside factors, DMU involves our most important constituents—students—in every facet of planning for our future. Student focus groups provided input into the design of new campus buildings, students sit on the committees that make day-to-day technology-related decisions, and students are involved in the strategic planning process. We would not be where we are today, nor be on a clear and solid path into the future, without the direct involvement of our students.

Response to student initiatives

DMU strives to be a student-centered university through practices that clearly place students at the top of our priorities. In addition to gathering feedback to ensure that we are meeting students' needs, interests and expectations, we encourage active co-curricular involvement and student-generated initiatives to enhance the learning environment. Experience, validated by research, suggests that engaged students are better learners, become stronger leaders and offer increased potential to be supportive alumni.

Here are some examples of student initiatives:

- **COM CURRICULUM COMMITTEE—**At the beginning of the 2010–11 academic year, COM student government leaders expressed a desire to strengthen students' voice on the college's Curriculum Committee. Historically, one student from Year 1 and one from Year 2 were appointed to the committee by the dean, and these students had no connection to the reporting structure and affairs of the elected representatives to the Student Government Association (SGA). Without strong communication channels and regular reports, the students felt under- or un-represented. Since the SGA serves as the students' official voice, the leaders contacted the dean to request that representatives to the Curriculum Committee be appointed by

student government. The dean readily agreed. Student representatives now attend regular SGA meetings to report to students on committee discussions and to relay to the committee students' ideas and suggestions to improve the curriculum and student learning. The new system has increased student satisfaction by more directly linking their voices to a key faculty committee.

- **PHARMACEUTICAL CONFLICT OF INTEREST POLICY—**In 2007, student leaders in the local American Medical Student Association (AMSA) chapter were disappointed to read on the AMSA website that Des Moines University did not have a pharmaceutical conflict of interest policy. To respond to the students' concerns, an ad hoc committee was formed with students and faculty representing all clinical programs, the Clinic, and the administration. Following many months of idea gathering, discussions, compromises, drafts, revisions, more drafts, and more discussion, Des Moines University approved a new conflict of interest policy in 2009. After additional revision, the policy was reviewed by the American Medical Student Association (AMSA) as part of its 2010 PharmFree Scorecard project. DMU was one of only 13 percent of medical schools nationally to receive a grade of A.
- **MOBILE CLINIC—**In 2010, Des Moines University began operating a Mobile Clinic through the Free Clinics of Iowa network. One of the main uses for the 38–foot Winnebago motor coach is to provide care to the homeless populations in the area, who are willing to trust the providers largely as a result of the personal relationships established through ongoing contacts with students involved in Homeless Camp Outreach. During the past three years of operation, the program has been entirely student-driven. Student organizers coordinate the schedules of the volunteers, order supplies to meet the subsistence needs of the campers, keep files on the needs of each camper, develop and provide security precautions, promote visits by the Mobile Clinic and keep track of hours and outcomes. This initiative is one of many organized by students to serve the needy in our community and to fulfill the service commitment inherent in our mission.

Student satisfaction surveys

The ability of Des Moines University to fulfill its mission, vision and values depends on a strong relationship with our students. As a tuition-driven private institution, DMU must work to ensure students' satisfaction with the quality of their education and support services during their education. Bolstered by dedicated faculty and staff who recognize the importance of a student-focused learning environment, DMU regularly surveys students to determine the level of their satisfaction regarding services, facilities and educational programs, and uses the results as a critical component of our quality initiative.

Student Services initiated the Graduate Satisfaction Survey in 2000 with a Noel Levitz product for graduate students to ensure a national comparison group. However, the instrument allowed for little individualization, and we quickly realized that it did not meet the needs of our graduate health professions programs. To more accurately assess the components critical to our student population, we developed our own survey and have used it for the past 10 years with minor modifications and alterations.

The survey assesses 13 service components and includes 10 quality evaluations relative to educational programs and environment. It is administered to graduates of the clinical programs and to D.O., D.P.M. and D.P.T. students at the midpoint of the curriculum. In 2009, a version was developed to assess the satisfaction of non-cohort and online students.

While the satisfaction survey was successful in identifying perceived strengths and weaknesses, the timeline did not allow for on-campus adjustments in services to benefit the classes surveyed. To remedy this, Student Services added a one-minute assessment that is completed at the end of Year 1. While very brief, the survey has provided a snapshot of perceptions after one year of study that can identify areas in need of some immediate attention and provide an opportunity for corrective action while the student is still engaged in on-campus course work.

Both surveys have proven to be extremely valuable in guiding continuous improvement initiatives and administrative decisions. In the early 2000s, students identified facilities as a major problem. After appropriate study, the University undertook a major building and renovation project that resulted in the remodeling of Ryan Hall (new wing of faculty offices, remodeled anatomy labs and research facilities, and a new surgical suite), followed soon after by the construction of the Student Education Center (Wellness Center, Library, cafeteria/coffee bar, offices, commons and 389-seat auditorium). Student focus groups were instrumental in defining various features and concepts in the SEC. In addition to determining features in the Wellness Center, the Library, and the Commons, students requested gourmet coffee, comfortable seating and warm surroundings. The results: a popular coffee bar, a fireplace in the Commons, and 200 overstuffed chairs.

Another area identified as not meeting expectations was technology, which was contrary to our goal to be a leader in educational technology. Student surveys indicated less than desired satisfaction with hardware and service, particularly at the Help Desk. Modifications were made for several years with little improvement in results. In 2008, the University engaged the services of an external consultant to study the area and deliver recommendations. As a result of the firm's recommendations, the position of CIO was created in 2009. Under new leadership, the department was reorganized, the Help Desk was relocated and reorganized with more full-time staff, and a new

management style was implemented. To further meet the needs of students, the student technology advisory committee was developed to advise ITS on students' needs and opinions, including computer selection, clinical applications, lecture capture, printing stations and Help Desk issues. The committee was developed through Student Services and consists of two representatives from each on-campus class. While survey results are not yet available, we expect to see significant improvement in this area. We look forward to continued involvement of students and all constituents in developing our technology strategy.

Alumni engagement

The Director of Alumni Relations conducts a quarterly survey on alumni involvement, which allows us to assess our effectiveness in our efforts to engage alumni throughout DMU's operations. Efforts to build involvement include the new Unified Alumni Board, the Class Representative program, and the mentoring program.

On average, Alumni Relations hosts 25 alumni events across the United States. In addition, prior to establishing the Unified Alumni Reunion in 2008, three separate alumni reunions for each college were held on different weekends throughout the year. To accommodate the growing workload and provide more alumni programming, an administrative assistant position was budgeted in 2008. An assistant director of Alumni Relations was hired that same year to create the Class Representative program and handle reunion efforts and event coordination.

A continued issue in Alumni Relations is collecting accurate information from departments, programs, individuals and students who work with alumni. To date, we have identified 580 alumni volunteers. Their involvement ranges from serving as preceptors and guest lecturers to participating in Discover DMU, medical service trips and job shadowing. Alumni Relations continues to investigate ways to track alumni volunteer service. This information will help us increase alumni involvement and benefit Institutional Advancement staff when they meet one-on-one with donors.

From the strategic planning process, to mentoring future and current students, to providing input into continuing education efforts, our alumni are actively engaged. Efforts to increase their involvement will be key as we work toward SP Objective 6.3: to increase the number of alumni making annual contributions by 10 percent.

Craig Thompson, D.O.'78, a family physician in Strawberry Point and Manchester, Iowa, traveled with DMU students on a Global Health service trip to El Salvador in March 2009. He encouraged other alumni to get involved in mission trips. "It reminds you of the basic reason you entered medicine, renews the vitality of it and gives you faith in the future of medicine when given the opportunity to work with the bright, hardworking health care providers of tomorrow."

RECOMMENDATIONS FOR 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 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 ITS 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's resource base supports the institution's educational programs and will enable us to strengthen their quality in the future. Revenues continue to increase annually and we remain focused on investing in instructional endeavors and academic support. For the five-year period ended June 30, 2011, a total of 58 new positions have been approved by the Budget Committee. Forty-two of these positions are in the instruction or academic support functions.

Revenue sources

The rolling three-year budget reflects our planning for the future with an emphasis on limiting tuition increases while maintaining above-average salary increases to retain our highly qualified faculty and staff.

The annual budget includes support for strategic planning initiatives with a line item in the provost's budget. Facilities play an important role in quality education and DMU has focused on improvements in this area. Capitalized buildings and building improvements have increased from $26,680,897 in June 30, 2001 to $58,223,375 in June 30, 2011, largely attributed to the Student Education Center. Our facilities have received high ratings on recent student and employee surveys. DMU wishes to continue to receive high marks in this area; therefore, our master Facilities plan is being developed as outlined in SP Objective 7.1.

Net assets have increased from $81,626,000 to $107,923,000 over the 5-year period ended June 30, 2011, which is attributed to operations and the investment in facilities. Long-term debt amounted to $31,145,000 as of June 30, 2011, and DMU continually exceeds the debt covenant requirements. Plans are in place to request bond ratings from Moody's and Standard and Poor's in spring 2012. Based upon our financial condition and Moody's 2009 report on private colleges, we hope to receive an *A* rating from Moody's. Therefore, DMU is using the *A* rating ratios and financial results for private institutions as benchmarks.

DMU's revenues include multiple sources, with 80.52 percent coming from net tuition for the 2010–2011 budget year. We continue to work to increase our other revenue sources, but it is understood that tuition will drive the budget for the foreseeable future.

The endowment spending allowance will continue to rely on the financial markets and our ability to raise additional endowment funds, but using a 20-quarter rolling average balance will limit the volatility in our budget.

Institutional Advancement has a focus on raising funds for the facilities improvements we are planning and has increased its target for establishing an endowed scholarship to $50,000. These donations will support our strategic plan by funding improvements, growing the endowment and increasing our scholarships. Research funding presents another revenue opportunity for the institution. DMU invests over $1 million annually, and a greater return on this investment would help us limit tuition increases. The 2010–2012 University Strategic Plan will help guide our future as we contract with both clinical and research consultants to assist us with our operations, goals and expectations. Both operations require an investment of $1.5 million annually because revenue does not cover expenses. The external review of research team suggested that we create a task force composed of active researchers to develop criteria for allocating

resources to support the development of and management of sponsored projects, develop a research investment plan, and hold department chairs and deans accountable for research outcomes. We have also developed a legislative agenda for our lobbyist, and President's Cabinet members meet with the lobbyist routinely throughout the year.

Budgeting process

The budget process begins in October and concludes in May. The first step in the process is a review of budget forecasts, priorities and potential reallocations by the president, provost and chief financial officer. Budget officers submit requested budgets and a balanced budget is submitted to the Board of Trustees in May. The Board of Trustees requires budgeted excess revenues equal to 4 percent of total operating revenues, and the deans weigh students' ability to repay the loans over a 10-year period when considering tuition increases. Financial Aid provides estimated gross monthly income figures and estimated monthly debt payments to the deans. Our goal is for the monthly debt payments not to exceed 15 percent of our graduates' gross monthly income.

The Iowa Osteopathic Education Research endowed fund supports the institution's research initiatives by providing internal funds to faculty and startup funds for new faculty members. The fund provides approximately $600,000 annually.

Faculty salaries

DMU consists of 75 full-time and 30 part-time faculty, 335 guest lecturers and 214 staff, for a total of 654 employees as of July 2011. In addition, the institution relies upon preceptors to support clinical training. New positions are evaluated and voted on by the Budget Committee annually. As current positions are vacated, there is a process to vet these positions to assure curriculum, technology and other factors have not made a position unnecessary or changed the needs of the department. Vice President for Administrative Services Steve Dengle is developing tactics to make the vetting process more robust. A faculty workload policy is to be completed by June 2013. Both the vetting process and faculty workload policy plans are results of SP Goal 1.0.

Human Resources has implemented salary ranges for all staff positions and all academic faculty positions. Faculty who are contracted to deliver patient care in the Clinic have salaries based on a practice plan. Target patient revenues are established for each clinician. Clinicians who exceed revenue targets receive an incentive bonus. The College of Osteopathic Medicine targeted the 50th percentile of the Association of American Medical Colleges (AAMC) in the college's strategic plan, and all colleges have worked with Human Resources to develop ranges based upon national data. Continuing education funds were increased from $2,000 to $3,000 per faculty member July 1, 2009. Additional faculty development funds are budgeted by the deans to further enhance development. Effective July 1, 2009, a University bonus pool policy was established to recognize faculty and staff for exemplary performance during the year. On July 1, 2009, a bonus plan was implemented for faculty who secure research funding to cover indirect costs or personnel costs. Five research bonuses totaling $2,432 were paid for the year ended June 30, 2011.

Facilities improvement plan

DMU is located on a 24-acre campus in the heart of Des Moines and in one of the most prestigious neighborhoods of the city. The campus includes a total of 447,055 square feet or 277 square feet per student FTE. Six buildings provide space to meet the institution's educational needs, which includes a Medical Education Center that is available for lectures and employee and community events. The Student Education Center supports students with a 389-seat auditorium, a Library with resources described later in this section, many small-group study rooms, a cafeteria, bookstore and student lounge and commons. Ryan Hall includes faculty offices and 16 research labs, the Simulation Center and anatomy lab.

All facilities are well maintained and future maintenance is planned and budgeted. Depreciation is budgeted annually, which allows the institution to reinvest in its physical plant assets.

As noted previously, additional space is needed to support our educational programs. A new building to add faculty offices and additional lecture halls is being considered. The building would have to be located where current parking exists as the institution may not add any additional nonpermeable surface due to runoff concerns. Therefore, a parking structure might also be needed to replace and increase parking.

Technology planning

In January 2009, an external review of Information Technology Services (ITS) was performed. As a result, the University funded a new Chief Information Officer position, staff restructuring and security upgrades. ITS currently has a three-year plan to upgrade infrastructure, which is outlined in SP Goal 5.0: To update university technology infrastructure, applications, and processes to current academic and

industry standards based on completed external ITS assessments. The ITS Steering Committee was formed in early 2009 to prioritize projects, which allows the institution to allocate resources properly. For a fuller discussion of instructional technology resources, see Core Component 3d.

Library resources

The Library was a major focus in planning the construction of the Student Education Center. The University wanted robust collections of resources and a comfortable study environment for our students. Therefore, the Library includes a variety of tables and chairs, carrels, study rooms, and oversized leisure chairs along with ample natural lighting, wireless and computer network connections, and plenty of electrical outlets to meet students' needs. The Library totals over 35,000 square feet and includes 476 print journal and newsletter subscriptions, with many more available in electronic format through the Library portal; a 30,000-volume bound print journal collection; a 26,000-volume print medical book collection and a circulation area containing reserve collections. Many book and journal resources have been expanded to include electronic access in recent years; more details are available under Core Component 3d.

The Kendall Reed Rare Book Room includes historical book collections focusing on osteopathic medicine, podiatric medicine, and medical education in the 19th and early 20th centuries, military medicine and surgical anatomy. The Library also contains the University Archive and several displays of historical items.

Since the last HLC accreditation visit, two positions have been added: an archivist and an Education and Electronic Services librarian. The Library's share of the University's educational and general fund has increased from 2.6 percent in 2001 to 3.3 percent in 2009.

Des Moines University's Kendall Reed Rare Book Room recently acquired a rare, first English edition copy of *The Workes of That Famous Chirurgion Ambrose Parey* [sic], printed in 1634. French surgeon Ambroise Paré (1510–1590) made innumerable contributions to the field of medicine and is considered a father of modern surgery.

RECOMMENDATIONS FOR 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.

Improvements are evident throughout all layers of the institution: a decaying building has been replaced with a state-of-the-art student education center, a Student Learning Assessment Committee (SLAC) has been formed, and administration has been reorganized to include a provost and chief information officer. Each of these changes, as well as other improvements, has been prompted by both internal and external review processes.

Research

SP Objective 3.1 includes a comprehensive review of the research environment at Des Moines University.

A four-member external review committee visited the campus on December 12–14, 2010. Their report was provided to the President's Cabinet, which accepted their recommendations (summarized in the External Review of Research section in the Introduction). The final report is available on the University portal.

Informal discussions on how to enhance the research environment specific to student education led to the formation of an ad hoc committee about five years ago. This committee was tasked to investigate the development of a master's degree program in the biomedical sciences. Initial focus was on a research-based degree. Further discussion led to two new degree programs, the Master of Science in Biomedical Sciences (M.S.) and a Master of Science in Anatomy (M.S.), both within the College of Osteopathic Medicine (COM). Program development, curricular evaluation and student promotion are under the guidance of the two program directors and the Biomedical Sciences Coordinating Committee (BMSCC). This committee has representatives from each of the basic science departments within COM as well as representatives from the remaining two colleges. Both programs are fully engaged in the Student Learning Assessment Committee (SLAC) process and in discussions on program assessment.

Program and student learning assessment

One of the most significant changes that has occurred within the last three years is in the area of program and student learning assessment. Until 2009, the responsibility for program assessment belonged to the Quality Improvement Committee (QIC). The results of the Best Places to Work survey in 2009 indicated the need for a broader, more institution-driven view of assessment. The University Support Services Survey conducted in July 2009 supported this finding. In addition, this survey of departments that directly support our educational mission identified a number of concerns that did not fall within the scope of the QIC. Its members recommended that the group be divided into two separate committees with distinct responsibilities:

The first was the Quality Steering Committee, whose purpose is to serve the greater Des Moines University community by providing guidance and assistance in addressing quality assessment and improvement issues. When appropriate, the committee will work with parties seeking assistance in securing the resources necessary to measure, monitor and improve established quality initiatives. Resources include the potential development of cross-functional teams to assist in the attainment of goals and objectives.

The second was the Student Learning Assessment Committee (SLAC), which is charged with assessing student learning outcomes for each program:

> *Student learning assessment is the systematic collection and evaluation of information about educational programs intended to promote student learning and development. As such, DMU is committed to the utilization of processes ensuring that all those involved in curriculum development and delivery are supported in the goal of student success.*

The work of these committees is outlined under Core Component 3a in this document.

In addition to these internal processes of program and student learning assessment, several of our programs have undergone review by their respective specialized accrediting agencies. D.O., D.P.M., D.P.T., PA and M.P.H. programs have all been granted ongoing accreditation within the last five years. These external reviews have been used to facilitate improvements across all programs.

In 2010, the PPDPT program underwent an external peer review process. The reviewers affirmed the program's quality and the student learning assessment procedures that were being implemented.

As noted in previous sections, the current strategic plan calls for the development of a Center for the Improvement of Teaching and Learning (CITL). This is a direct result of the information gathered in preparation for the strategic planning process. It became evident that we lacked a centralized institutional resource that could be called upon to direct improvements in teaching, gather and analyze data on teaching effectiveness and provide an anchor for student learning

assessment efforts. Efforts are currently under way to hire an individual who is a "pedagogical expert with experience in curricular mapping and assessment."

Many University programs and departments have advisory committees. Some members are not involved in the day-to-day operations of the core group. Some advisory committee members may be DMU employees; others are not employed by the University. The role of these committees has been inconsistent. They may be formed to address a specific need, hence meeting only once and never again. Others are developed in an attempt to support program and department initiatives. Examples include the PPDPT Advisory Committee and the Student Technology Advisory Committee. In addition, every program has historically appointed advisory committees to facilitate program assessment.

New program development

The DMU 2001 self-study outlined a plan for the development of procedures to vet new academic programs. Recent events related to a proposed optometry program facilitated a closer look at the approval process. The Graduate Council, the Faculty Organization committee responsible for the task of new program review, noted that faculty and administration have followed varying paths to approve or propose new programs. An extensive effort by the Graduate Council resulted in the approval of a New Academic Program/Field of Study Proposal Policy. This three-stage process clearly outlines the requirements for each progressive step required to gain approval.

Information Technology Services

Information Technology Services (ITS) is the backbone of the University's data collection and analysis processes. The department has gone through significant changes in the last decade. Some of these changes have translated into system improvements, including enhanced security. Other changes have resulted in a disjointed data management methodology that is program-dependent rather than institution-focused.

In 2001, the University developed a Strategic Information Technology Plan guided by an external consulting group. This resulted in a number of changes designed to position DMU as "a national leader in the application of technology for course delivery, learning enhancement, and student connectivity":

- Creating a wireless campus
- Implementing a learning management system
- Changing the department's reporting structure
- Developing a replacement plan for faculty and staff hardware and software upgrades
- Creating the Teaching Learning Technology Center (TLTC)
- Providing laptops to students enrolled in traditional clinical programs
- Installing a software system to track technology-related issues
- Initiating use of the University portal system for surveys

These changes required a sustained commitment from the University and ITS.

In response to faculty concerns about software functionality, the University conducted an external review of Information Technology Services (ITS). Outcomes included the hiring of a chief information officer (CIO) and the formation of an Information Technology Steering committee. This committee, composed of representatives from the faculty, staff and administration, is tasked with providing a sounding board for technology initiatives throughout the institution. The CIO has a Cabinet-level position with the ability to directly impact decisions related to technology. Soon after the CIO arrived,several significant projects were undertaken. These include an IT security audit, reorganization of the ITS department with a focus on customer services and the development of a project management system.

Data collection systems

Until recently, institutional data collection and analysis was performed by the University's institutional researcher under the direction of the vice-president for planning and external relations. Although a vast degree of information was collected and analyzed, it was not always readily available in formats that were functional for the end user. As a result, many units within the University developed independent data systems to capture needed information. This situation continues to exist, but the need for a more comprehensive and robust collection system is now understood.

On the operational end of the spectrum, a recent upgrade to Datatel, one of the University's primary data management systems, is allowing access to a mixture of information. Plans are underway for improved integration of Student Services information and enrollment processes. In addition, Datatel's enhanced reporting capabilities should allow us to develop operational dashboards across multiple areas. All academic programs and student support areas have been involved during the implementation process, with extensive training for end users being provided on a timely basis.

On the educational side of the university, ITS has launched the E*Value initiative, a web-based data collection and reporting system. In addition

to replacing an older, inefficient patient encounter software program, it provides a broader, more individualized method of data collection in clinical environments. Ease of use has been greatly enhanced for both data entry and reporting. Students in all clinical programs can now record their patient encounters. Other new capabilities include tracking rotation schedules, preceptor assignments, charges and payments for clinical rotations. While most programs use E*Value in clinical settings, the Physical Therapy program is beginning to use it for practical examinations throughout the curriculum.

The Student Learning Assessment Committee (SLAC) is requesting that curriculum database collection and evaluation software be acquired. This is currently in the early stages of investigation, but it is anticipated that in 2012 a University-wide system for curriculum data—a curriculum warehouse—will be chosen. The current system in which each program designs and manages its own data systems is limited to the skill sets of faculty and staff and to the software that is accessible to them.

In addition, the external review of research team recommended an evaluation of the current level of IT support for research and teaching. The President's Cabinet agreed, noting that the technology used to operate research equipment needs to be updated and "ITS needs to develop a secure data location that can house research data generated by students conducting research. This secure data location should also be accessible by DMU faculty members supervising the research conducted by these students." A temporary secure storage site is now available, and a permanent secure data location is under construction.

Improvement processes

Following up survey data with focus groups is a common process for improvement initiatives at DMU. For example, the primary result of the 2007 Best Places to Work survey was the decision to investigate how to reorganize our administrative structure. After the 2010 DMyoU survey, a team was charged with creating an action plan to address areas of opportunity. The plan was approved by the President's Cabinet in October 2010. The Quality Steering Committee has been charged with monitoring the plan and reporting on its progress.

This process was also used to identify a new learning management system (LMS). In early 2008, the Educational Resources Committee (ERC) of the Faculty Organization was asked to assess the University's learning management system. In conjunction with the ERC, the ITS department developed and implemented an extensive review of learning management systems and how each would fit into the University's infrastructure, budget, and instructional needs. An extensive investigation using surveys, focus groups and beta test groups was undertaken. The effort included students, faculty, and staff. As a result, the Faculty Organization endorsed the recommendation to convert to the ANGEL LMS. Included within this was a commitment to maintain the existing Blackboard system for one year as ANGEL was introduced and training occurred. This had a substantial budgetary impact but was deemed necessary for a smooth transition.

A similar process was undertaken when the ERC was asked to champion the University's 2007–2009 Strategic Plan Goal 9.0: Plan for curricular innovation and leading-edge technology for all academic programs. A series of focus groups, surveys and discussion groups reviewed the technology related to faculty and staff instructional resources, classroom environment, and distance/outreach delivery systems. The recommendations from this process led to a more focused investigation of lecture capture systems, classroom computer and projection system upgrades, and faculty hardware needs.

Consolidated building and facilities planning

The University has had numerous facilities and planning committees over the last decade. Typically, the Administrative Planning team made most of the decisions related to building, planning and space allocation. In 2008, an investigation of space needs led to a master plan for the construction of a new building on campus. This process was primarily driven by the Administrative Planning team. Administration requested the development of an Ad Hoc University Facilities Planning Committee, formed by the faculty, to address planning on campus. This ad hoc committee never formally met. Instead, the administrative and faculty planning committees were merged into one committee to address master planning at DMU. A three-phase facilities planning process is described in tactics for SP Goal 7.0. During the first phase, needs for additional space and new facilities were analyzed. During phase two, the best ways to meet our space needs will be considered. Progress on the master Facilities plan is updated on the Strategic Planning portal.

Performance review processes

During the last two years, the President's Cabinet has been working on a new performance review process. This addresses "concerns regarding fairness, specifically related to issues of accountability and performance management" that emerged from the 2010 DMyoU survey data. The survey follow-up team's recommendations to correct perceptions of unfairness became part of SP Objective 1.4: To create consistent employee appraisals and a management process to provide clear expectations, performance feedback, and development opportunities.

The new senior leadership evaluation form was created by Provost Karen McLean, Human Resources Director Becky Lade, and an external consultant. After members of the President's Cabinet provided feedback, the new form was used with all members of the Cabinet to review leadership and set goals. The form is available in WingSpan, an electronic performance appraisal system.

Before the faculty evaluation form was developed, the provost, director of Human Resources, a dean and the president of the Faculty Organization attended a national workshop on faculty evaluation. They then formed a project team that included the COM associate dean of academic affairs, the dean of CPMS, and the president of the Faculty Organization, who was from the College of CHS. Thus, the project team had representation from each of the three colleges.

"In developing the new faculty performance appraisal tool, we took a more comprehensive view of the role of a faculty member," noted Dr. McLean. In addition to the three typical areas included in most faculty appraisals (teaching, scholarship, and service), we added these categories:

- Administrative effectiveness (for those faculty members who as part of their contract have an administrative role such as department chair, associate dean, etc.)
- Clinical instruction
- Relationship building (addressing whether a faculty member can work effectively with others)
- Organizational understanding

"One of the things that came back on the DMyoU survey was that students and staff were held accountable for professional behavior, but faculty were perceived as having more latitude," said Provost McLean. "This new evaluation system establishes that there is a faculty code of conduct."

The new faculty appraisal form was piloted in February 2011. Faculty members now fill out a self-evaluation that goes to their immediate supervisor. After the immediate supervisor completes the appraisal, it is reviewed and approved by the supervisor's supervisor. The faculty member and supervisor then have a face-to-face meeting, which is documented.

Components of the new appraisal system have been tested and implemented at both the staff and faculty level. Exempt and non-exempt appraisals are yet to be revised. Dale Carnegie has been selected as the vendor to create a customized development program for all employees in the area of performance management.

Faculty workload

During the 2007–2008 academic year, the President's Cabinet proposed a revised Faculty Effort and Allocation policy. The existing policy, approved in 2003, was considered inaccurate in representing faculty workload performance. After a draft policy was presented to the faculty, a rather intense discussion ensued. The Faculty Welfare committee was given the task of working with faculty and administration to develop an institutional faculty workload policy. Through a series of Town Hall meetings and surveys, a decision was made to leave current policy unchanged until a provost was installed.

Under the current strategic plan, the provost is charged with SP Objective 1.3: To create workload equity among faculty by developing a process and time frame that will be used to develop a faculty workload policy reflecting teaching, research, service, clinical practice, and administrative responsibilities to be presented to the President's Cabinet and the Faculty Organization by June 2013.

RECOMMENDATIONS FOR 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 2010–2012 University Strategic Plan and the strategic plan alignment process ensure that all levels of planning align with the institution's mission to develop distinctive health professionals committed to health promotion, the discovery of knowledge, and service to the community.

Specifically, the institution's current strategic plan contains seven goals aligned with the mission:

- Creating a culture of accountability
- Fostering a clinical environment supportive of the educational mission of the University
- Fostering a research environment supportive of the University's educational mission
- Increasing the effectiveness and efficiency of the University's clinical and didactic curricula
- Updating the University's technology infrastructure, applications, and processes to current academic and industry standards
- Increasing non-tuition revenue streams while aligning financial resources to limit student indebtedness
- Augmenting University facilities to provide a superior environment that enhances teaching, learning, research, service, and a sense of community

Before the current University strategic plan was adopted, each college generated its strategic plan independently. Consequently, college plans came into existence with varying degrees of relationship to the institution's strategic plan.

With the launch of the 2010–2012 University Strategic Plan, attention immediately shifted to coordinating strategic alignment of current and future iterations of plans developed by our three colleges. While several other operational units (e.g., the Clinic and Alumni Relations) within the institution are guided and shaped by their own plans, the college plans were chosen to anchor the alignment construct since they genuinely represent our *raison d'être*—education. While members of each college will conduct an independent alignment review, another layer of review has been implemented. To establish a stronger link with the University plan, the Strategic Planning Team was charged with the review of current college plans for the presence of the following: 1) goals that align with the University's strategic plan, 2) goals that do not align and present no conflict, and 3) lack of goal alignment and incongruent goals. Particular attention was paid to college goals that demonstrate a lack of alignment and congruence. Goals of this nature were discussed with the appropriate dean, and a recommendation was transmitted to the President's Cabinet for action.

During the next cycle of planning, each college will be expected to develop and implement a strategic plan that supports and harmonizes with the University strategic plan. The Strategic Planning Team will review these iterations of the college plans for alignment and will forward its recommendations to the President's Cabinet.

Lastly, to assist colleges, academic departments and other operational units with their planning processes, a compilation of instructional aids, resources, and forms is available. It is important to emphasize that these efforts are not meant to constrain or limit in any manner the creativity and innovation that may evolve from the talents and energy of those involved in planning. Undoubtedly, most strategies developed by operational units will be congruent with those of the University since many institutional strategies are general in scope. As a result, operational units

will enjoy wide latitude in creating and advancing unique and specific strategies that will best position them for the future.

More constituencies involved in planning

While active constituency involvement was critical to the successes of previous institutional planning efforts, it was limited in scale and driven in a top-down manner. As mentioned previously, this degree of involvement and orchestration did lead to well developed and evaluated plans. Nonetheless, when developing the 2010–2012 Strategic Plan, the University desired to expand the sphere of constituency involvement as a means to formulate its goals and strategies, thus promoting buy-in from the stakeholders.

Specifically, the 2010 strategic planning process first involved the creation of an 11-member Strategic Planning (SP) Team of faculty, staff, and administrators and the hiring of a consultant. When feedback from the SP survey indicated that non-exempt staff felt they did not have a voice, the team voted to add two additional members who were non-exempt staff—one from the DMU Clinic and one from the academic side of the house. The non-exempt staff members brought many issues to the table that had not previously been considered.

The team then deployed a robust process, discussed more fully under Strategic Planning in the Introduction, which culminated in a Town Hall meeting at which the Strategic Planning Team solicited additional feedback on the final draft from members of the University The final draft and the Town Hall feedback were considered before the plan was ultimately approved by the President's Cabinet and Board of Trustees.

Link between planning and budget

Planning processes are linked to the University's annual budgeting processes. The University uses zero-based budgeting to evaluate each unit's budget request for alignment with strategic planning efforts at college and University levels. The University Budget Committee, comprised of administrators, staff, faculty president, and faculty, is charged with reviewing and prioritizing personnel and capital equipment requests. The committee prioritizes on the basis of how well the requests link with the strategic plan. This was evident for requests submitted for the 2010–2011 fiscal year. Since the strategic planning process was ongoing, a moratorium was placed on requests for personnel until the strategic plan was approved. As a specific example, the approved University strategic plan included a director for a new Center for the Improvement of Teaching and Learning (CITL). Funding followed and an active national search for a person to fill this position is under way.

Evaluation of the strategic planning process

Shortly after the 2010–2012 University Strategic Plan was approved, the SP Team encouraged members of the University community to evaluate the planning process in three areas by deploying a survey instrument on the portal. Typical responses in each of the three areas follow.

What part of the SP process in your view worked especially well?

- The level of community involvement.
- The process sought to obtain feedback from all stakeholders.
- Holding the Town Hall meeting.
- Process was transparent due to the posting of up-to-date information.

What part of the process would you have done differently?

- Now that we have a planning process in place, consider using a member of the University community rather than a consultant.
- Expand the time period in which to develop the plan.
- Greater representation of DMU and have deans and supervisors nominate individuals to serve on the various planning groups/teams.
- Better process to analyze the large amount of data that was collected.
- Announce updates on the portal.

What changes would you recommend regarding the 2010–2012 SP process?

- Allow more time to formulate the plan so that the process is not rushed.
- Announce or explain why people are selected to serve.
- More faculty and student representation.
- More transparency with additional Town Hall meetings, communication of why elements of the plan are accepted or rejected, and better communication with the deans.

As we prepare for the next strategic planning cycle, we recognize that the current plan was primarily designed to strengthen operations. The next plan should be more strategically focused.

RECOMMENDATIONS FOR 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 self-study 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.

LOOKING AHEAD

A memo to the new 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:

- Eliminate silos and follow University mission and values unless required by program accrediting bodies.
- 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.

A long-time donor wrote the vice president of development to express gratitude for the care his mother received after a stroke. Her physician, a graduate of Des Moines University, provided excellent and timely care. He was assisted by a compassionate and knowledgeable student completing her rotation in our Physician Assistant program. The physical therapist, who graduated from DMU, helped his mother regain function. The donor concluded, "When I spoke to the CEO of the facility to compliment her on the quality of her staff and the care provided to my mother, I was not surprised to learn that she was a graduate of DMU's Health Care Administration program."

This story affirms Des Moines University's ability to develop distinctive health professionals and leaders in the delivery of health care, health education, and public health. We accomplish this through the development and delivery of high-quality evidence-based curricula using contemporary and proven educational methods. Whether it involves providing care to residents of the community or contributing to the development of public policy, graduates of the institution are well prepared to meet the needs of their respective profession's stakeholders and to lead the way in shaping the future of health care.

Criterion Three

Student learning and effective teaching

We provide evidence of student learning and teaching effectiveness that demonstrates we are fulfilling our educational mission.

CORE COMPONENT 3A

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

As a graduate health science university, Des Moines University provides doctoral degree programs in osteopathic medicine, podiatric medicine, and physical therapy, and offers master's degrees in physician assistant, health care administration, public health, anatomy and biomedical sciences. Students enrolling in the clinical programs may be eligible for a medical dual degree option leading to a Master of Public Health (M.P.H.), Master of Health Care Administration (M.H.A.), Master of Science in Biomedical Sciences (M.S.) or Master of Science in Anatomy (M.S.).

Historically our colleges of Osteopathic Medicine, Podiatric Medicine and Surgery, and Health Sciences have relied on board scores to assess program quality. Board scores continue to be used to assess learning today. However, during the 1999 institutional change visit and 2001 reaccreditation visit, it became apparent that DMU had the opportunity and responsibility to develop a more comprehensive and more uniform mechanism for programmatic assessment, including the assessment of learning.

Previous assessment programs

At one time, each program had full autonomy in developing assessment methods that best met its needs. However, this proved somewhat problematic when we attempted to implement a uniform way to assess learning. Each accredited program utilized its own strategies; assessment methods in programs without existing accreditation standards could best be described as sparse. Initial attempts to address the problem produced even greater unease. DMU clearly lacked a culture of assessment.

Before the 2001 HLC reaccreditation visit, programmatic assessment and associated assessment of learning activities were handled by the individuals directly responsible for programmatic accreditation. In some cases, faculty and support departments participated in the process, but to say that the University, as a whole, embraced or even understood the concept of assessment of learning would be a stretch. Since the last HLC reaccreditation visit, we have begun developing a consistent process of program and learning assessment in all programs at DMU. Our goal is to enhance continuous improvement of learning and implement best assessment practices.

Our commitment to learning is centered in our mission and vision, and grounded in the strategic plan. Each strategic plan over the past ten years has had a focus on learning, as suggested by University Strategic Plan Strategies (S), Goals (G), and Objectives (O) summarized below:

- 2000–2003: (S1.3) Establish a comprehensive ongoing University assessment of academic programs.
- 2004–2006: (S1.3) Program Assessment. Design and conduct a comprehensive academic program assessment plan….

- 2006–2009/10: (G3) The University shall create an exceptional learning environment through an emphasis on student outcomes….
- 2010–2012: (G4.03) To institute a process to define learning outcomes for each academic program, to evaluate those outcomes using both direct and indirect measures and to drive academic curricular changes based on the results of the student learning outcomes assessment.

As discussed in the Introduction, previous strategic plans often identified lofty goals that were not followed through. As a result, our road to the development of a comprehensive and uniform method of assessing student learning, and, more importantly, a culture of assessment could be characterized as "bumpy." Programs were essentially given autonomy in developing their own assessment processes, although the annual summary report required by administration was standard across all programs. Not only was the system for comprehensive assessment weak, there was minimal dissemination of the information to DMU stakeholders and no formal or consistent method to address identified deficits.

In 2002, the then-vice president of planning decided to pursue the Malcolm Baldrige National Quality Award. We submitted an application for Iowa Recognition for Performance Excellence in 2002 and again in 2005. The second application resulted in a site visit and recognition for our commitment to performance excellence. Reviewers judged that the University had demonstrated improvements in its commitment to assessment, but noted the need for a more comprehensive process of formal and uniform program assessment.

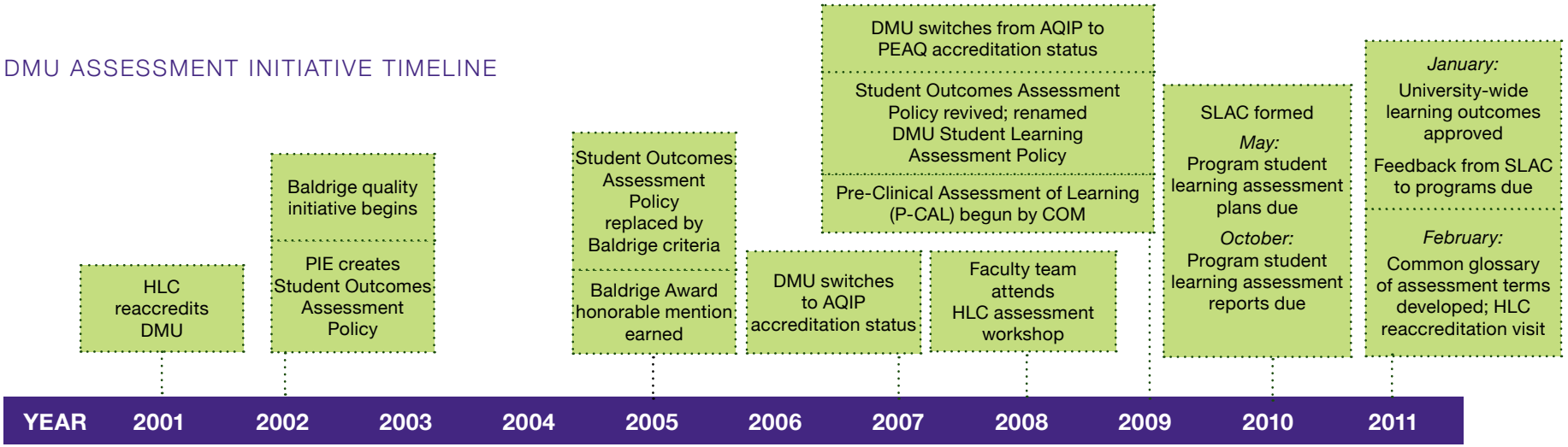
During our pursuit of the Baldrige Award, the University Wide Outcomes Assessment Committee was replaced by the University Performance Improvement and Evaluation (PIE) committee, which focused on the assessment of learning. In 2004, PIE set clear expectations for assessment by creating the Student Outcomes Assessment Policy. Outcomes reports generated under the policy were reviewed by both PIE and the University Quality Initiative Core Group. The quality core group also reviewed assessment data from other sources, including the Best Places to Work survey.

PERFORMANCE IMPROVEMENT AND EVALUATION COMMITTEE (2002–2008) ANNUAL PROGRAM REPORTING STANDARDS

Standard	Content
1	Mission and Planning
2	Leadership and Management
3	Service and Social Responsibility
4	Support Services
5	Faculty and Staff
6	Students, Stakeholders and Market Focus
7	Research/Scholarship
8	Curriculum
9	Student and Program Outcomes

PIE evolved into the Quality Improvement Council (QIC), which began its work in early 2009. Each college had a Performance Improvement Committee (PIC) to implement quality

DMU ASSESSMENT INITIATIVE TIMELINE



initiatives at the program level. This included the preparation and review of annual Performance Improvement Reports for each program based on nine standards (see Performance Improvement and Evaluation Committee table). Standards 8 (Curriculum) and 9 (Student and Program Outcomes) addressed assessment of student learning.

Despite the development of a new process to assess program and student learning outcomes, the assessment loop was still not closed. Programs often identified deficiencies within their respective reports, but there was inconsistency in the way deficits were addressed. In addition, the Baldrige data gathered from the previous state application processes were not readily available. Several of the individuals charged with collecting, analyzing and disseminating this data are no longer with the University. Their departures resulted in the loss of information and institutional memory. As we have discovered throughout this process, memories of previous assessment efforts are vague, information was either not recorded or never existed, and opinions on the effectiveness of earlier initiatives vary. The result: The work invested in previous assessment initiatives did not lay a solid foundation for our current efforts.

In 2007, recognizing the need for a better model of assessment, the University transitioned from the Program to Evaluate and Advance Quality (PEAQ) to the Academic Quality Improvement Program (AQIP) as a method of HLC accreditation. Initially, it was believed that the methods of assessment required by AQIP would best suit our needs. We took this opportunity to actively engage faculty, staff and administrative representatives in the development of assessment skills. Groups of DMU personnel were given the opportunity to engage in both on-campus and off-campus assessment training sessions. Work groups of faculty and support department personnel were formed, and efforts were made to forge ahead with a new assessment process.

As the process continued and participants gained additional knowledge, it became clear that AQIP would not adequately address all of DMU's assessment needs. In 2009, discussion at the administrative level led to the conclusion that we would be better served by returning to the PEAQ process of accreditation.

An additional commitment to the assessment of learning at DMU included the development of assessment champions. In 2008, a small group of faculty from several programs attended the Assessment of Learning as a Core Strategy workshop offered by the Higher Learning Commission. One outcome was a desire to focus the program evaluation process on assessment of learning. In 2010, we sent one team to the Annual Higher Learning Commission Conference and a second team to the 2010 Assessment Institute sponsored by Indiana University–Purdue University Indianapolis. In addition, two faculty enrichment sessions on assessment have been offered on campus. What was originally a sentiment in favor of strengthening assessment quality has now become a commitment.

DMU further enhanced our assessment capability by shifting responsibility for assessment of student learning from a vice president responsible for operational functions to the Provost's Office in

PROFESSIONAL ACCREDITATION AND STATUS

Program	Degree	Professional Organization/Quality Assurance	Status, Next Visit
College of Osteopathic Medicine (COM)			
Osteopathic Medicine	D.O.	Commission on Osteopathic College Accreditation (COCA)	Fully accredited until 2014
Biomedical Sciences	M.S.	Anticipate Comprehensive Program Evaluation 2012–2013	NA
Anatomy	M.S.	Anticipate Comprehensive Program Evaluation 2012–2013	NA
College of Podiatric Medicine & Surgery (CPMS)			
Podiatric Medicine	D.P.M.	Council on Podiatric Medical Education (CPME)	Fully accredited until 2015
College of Health Sciences (CHS)			
Health Care Administration	M.H.A.	Program will launch a new curriculum in the fall of 2012 and apply to become a candidate for accreditation by Commission for the Accreditation of Healthcare Management Education (CAHME); National Center of Healthcare Leadership (NCHL) Core Competencies.	NA
Physician Assistant	M.S.	Accreditation Review Commission on Education for the Physician Assistant, Inc.	Fully accredited until 2015
Physical Therapy	D.P.T.	Commission on Accreditation in Physical Therapy Education (CAPTE)	Fully accredited until 2017
Post-professional Physical Therapy	D.P.T.	Comprehensive Program Evaluation 2010 by independent reviewer	NA
Public Health	M.P.H.	Council on Education for Public Health (CEPH)	Fully accredited until 2015

2009. This restructuring provided a needed focus on academics and made it easier to align assessment with program outcomes and University-wide learning goals.

Developing University-wide program assessment practices

We offer nine graduate medical/health professional programs within three colleges. Many are accredited by a professional organization. (See Professional Accreditation and Status table.) The M.S. in Biomedical Sciences and M.S. in Anatomy were approved through an institutional change request to the HLC in 2007 and are not professionally accredited. The Post-professional D.P.T., which also does not have an accrediting professional organization, invited a consultant to perform a comprehensive evaluation, including a site visit, in 2010. The Master of Health Care Administration uses the accreditation standards of the Commission for the Accreditation of Healthcare Management Education (CAHME) and is pursing programmatic accreditation through CAHME. Depending on the program, these learning outcomes are stated as standards, objectives, and competencies.

Student Learning Assessment Committee (SLAC)

Under the leadership of the provost, several quality and continuous improvement efforts at DMU were reviewed. Through conversation with key stakeholders, the decision was made in 2010 to disband the Quality Improvement Committee (QIC) and establish two new University-level committees: the Student Learning Assessment Committee (SLAC) and the Quality Steering Committee (QSC).

The new structure was needed for several reasons. The QIC at times had more than 25 members, including some from nonacademic areas who lacked background in assessing student learning. In addition, the variety of outcomes the committee tried to address made its processes too cumbersome and disjointed. Although the committee was actually ineffective, its existence gave a false impression that the assessment and outcomes management processes were being completed. Under the new two-committee structure, efforts are more focused and processes are streamlined.

SLAC members, consisting of a representative from each of the University's nine programs, revived the DMU Student Outcomes Assessment Policy and transitioned it to the DMU Student Learning Assessment Policy. The current policy specifically describes the responsibilities of faculty, the provost and Student Learning Assessment Committee (SLAC), and programs. It identifies steps to be taken at each level, implementation and reporting tasks, and an annual review timeline.

SLAC ANNUAL REVIEW TIMELINE

Date	Activity	Responsibility	Notes
June 15	Programs submit programmatic assessment plan to SLAC	Program Director	SLAC will review plan and provide feedback to the program
October 1	Programs present report to College Dean or PIC	Program Director	College review of Program reports is done. Each College is encouraged to develop a review process.
November 1	Program reports are presented to the Student Learning Assessment Committee (SLAC)	Program Director	College Dean or Chairperson of College PIC
December 1 – January 15	SLAC reviews reports with Provost.	SLAC and Provost	Meetings to be scheduled with a goal of Jan. 15 completions. Review by SLAC with written recommendations regarding strengths and opportunities for improvement. Report and recommendations returned to College Dean.
January 15	Final Report submitted to Provost	Chair of SLAC	Report may include items that require additional funding and need to be considered during the budgeting process.

Assessment review process

After review by the dean, each program's student learning assessment report is submitted to SLAC, which reviews each plan with the provost. SLAC then provides feedback to each program, which is used to revise program plans for the subsequent year. Feedback is based on the Student Learning Outcomes Assessment Plan Feedback Rubric, developed by SLAC. This process ensures that assessment within courses and programs is reviewed each year, as shown in the SLAC Annual Review Timeline table. As programs develop their reports, they follow this process:

1. Identify program competencies, student learning outcomes, and measurements.
2. Set target goals.

3. Perform measurements (direct and indirect).
4. Analyze data.
5. Take action based on analysis.

During 2010, the first year this process was implemented, programs were encouraged to choose one or two competencies to measure. Both direct and indirect measures were used to assess student learning. Target benchmarks were set for each competency, and data were collected to measure the attainment of the benchmarks. An action plan for improvement was developed.

For example, the Physician Assistant program chose to measure two competencies: Interpersonal and Communication Skills, and Medical Knowledge. Both competencies were measured directly. Targets were met:

- 100 percent of students demonstrated communication skills by scoring a minimum of 75 percent in the Physical Diagnosis course and a minimum of 75 percent for each SPAL.
- 100 percent of students demonstrated medical knowledge by passing the comprehensive exams and Capstone SPAL.

PA program action plan items for 2011 include completing summative course evaluations for each course/system offered in the curriculum and developing end-of-rotation referenced exams. When reviewing plans to implement end-of-rotation referenced exams, the committee noted the lack of stated benchmarks for these exams. As this is the first year the program has implemented them, a passing score is not required. The benchmark is explained in the complete report under VII, Strengths and Weaknesses in Student Learning, Outcome 2 and 3.

Previously, assessment of learning had been decentralized by college and program accreditation requirements. The current policy brings review and evaluation of academic program learning assessment plans under one umbrella: SLAC. While SLAC does not determine program outcomes or practices, it holds programs accountable to execute their assessment plans and creates a collegial atmosphere that encourages the exchange of assessment ideas across programs. SLAC also provides annual feedback on how programs can improve their process.

Institutional learning outcomes

During 2010, SLAC also worked with all University faculty to establish common University-wide learning outcomes that address the question: What are the values or skills demonstrated by all DMU graduates regardless of program?

- Value the human experience with sensitivity to individual and cultural differences.
- Demonstrate a knowledge of the science of human health and well-being.
- Manifest dedication to the highest standards of professionalism.
- Display an ability to work collaboratively.
- Demonstrate an understanding of research methodology and its relationship to critical thinking.

Each program is developing ways to measure these institutional outcomes.

Program-level assessment initiatives

While all programs use a consistent reporting process and follow the same timetable for assessment review by SLAC, each program has the flexibility to set targets and collect data to meet the standards needed to maintain its professional accreditation. As a result, several programs have developed their own assessment practices.

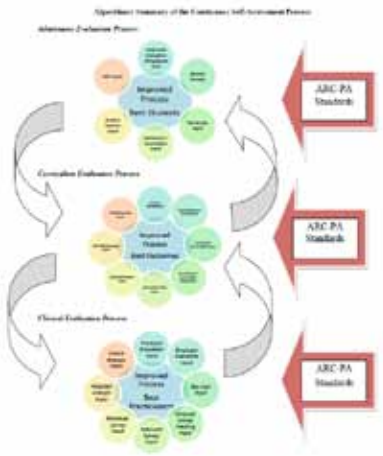
For example, students in the Master of Science in Biomedical Sciences (M.S.) take specialized courses and perform research within a chosen discipline. The program, at its core, is a research thesis-based Master of Science. Assessment practices central to the program include tri-annual evaluations that monitor research progress and Graduate Advisory Committee approval of a written thesis based on original research.

Many programs rely on objective tests to assess students' professional knowledge. In 2009, COM formed a curriculum sub-committee, Pre-Clinical Assessment of Learning (P-CAL), to determine core competency objective measurement mechanisms during the first two academic program years. The professionalism competency was the chosen focus for this first evaluation. Eventually, generalizable tools (with examples) will be developed to measure all seven core competencies. The process is designed to achieve these goals:

- Help the faculty understand assessment by developing measurement instruments.
- Encourage the faculty to review individual teaching and learning objectives to improve assessment.
- Facilitate improved communication between instructors and learners.

Another program-level assessment initiative is PA's Algorithmic Summary of the Continuous Self-Assessment Process.

CLICK FOR FULL-SIZE GRAPHIC



PERSPECTIVE: Evidence-Based Practice

We recognized a need to educate clinical students about evidence-based practice, but hesitated to add more "seat time" when this information might be more useful if available while out on clinical rotations. To meet this need, an online tutorial on evidence-based practice was developed. Prior to rolling it out to a larger audience, we wanted to ensure that it was effective. A study was conducted with one PA class that confirmed that students were able to demonstrate knowledge acquisition via an online tutorial. An expansion of the study with D.P.T. students using a pre/post test, crossover design further confirmed knowledge acquisition. In addition, we discovered that, when given a choice of online delivery media, students preferred both interactive tutorials and PDF text rather than one or the other, and in fact used both. As a result, this tutorial has been updated and deployed within the PA, D.P.T., and PPDPT programs.

Within the M.H.A. and M.P.H. programs, courses are delivered either entirely online or in a hybrid fashion with both online and classroom components. A study conducted by Ann York, Ph.D., and Fritz Nordengren, M.P.H., compared two sections (one online and one hybrid) of a health care economics and policy course. Learning activities were mapped using Bloom's taxonomy. Student feedback and performance were analyzed using surrogate measures for the three elements of the Community of Inquiry Model: cognitive, social, and teaching presence. Students in the hybrid course reported better learning outcomes, spent more time engaged with the course, and reported higher satisfaction and teacher effectiveness ratings.

As a result, some activities were upgraded to elicit more critical thinking and engagement, and weekly feedback podcasts were added to the online course. Overall student satisfaction the next time the course was offered online improved from 4.23 to 4.56 (out of 5) overall.

– Dr. Ann York, Associate Professor, M.H.A.

The University is serious about learning and student success. As DMU's medical education programs are high cost, it is essential that the learning goals for each program are clear, student learning outcomes are met, learning is assessed and measured, and continuous improvement based on data occurs. All these efforts ensure the outcome of a high-performing student clinician or master's graduate who is prepared to meet professional requirements and to be a contributing member of society.

Common language of assessment

A policy is only as strong and effective as those who work diligently to support it. Such a policy must have dedicated investment by the faculty who perform the assessment of learning and, thus, must be an integral part of the culture at the institution. Though we have had a good start in professionally developing our faculty with two formal workshops on the assessment of learning during the 2010–2011 academic year, we also recognize that moving forward with best practices can bring disruption.

The language of assessment is challenging and often a barrier to effective discussion. Therefore, we have developed a common glossary of assessment terms with definitions that all program faculty can distribute, use and apply practically. Understanding the technical terminology should assist the faculty with the institutional conversations surrounding the assessment of learning and contribute to their personal investment in the process.

RECOMMENDATIONS FOR CORE 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 efforts 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.

Assessment and quality teaching go hand in hand. Since 2010, the provost has worked to build a culture of assessment. She has pledged to send faculty and staff to assessment conferences and workshops on an annual basis. In addition, various assessment workshops have been held on campus.

This investment of resources has created more assessment advocates on campus. As more individuals become educated and engaged in the process, more are beginning to understand that, to be a good teacher, one must be involved in assessment. As the critical mass of informed faculty increases, the sense that assessment is a passing accreditation fad has been increasingly replaced by the belief that assessment is an obligation of every participant in the learning process. A culture shift is gaining momentum.

In addition, DMU has several mechanisms in place to support improved pedagogies. Faculty development seminars regarding teaching and learning pedagogies are available periodically throughout the academic year. These activities, previously scheduled by the COM assistant dean of faculty development, will likely be scheduled in the future by the Center for the Improvement of Teaching and Learning. Faculty members may also use their individual development funds to attend additional conferences and programs.

Curriculum support

Courses delivered at DMU are coordinated by designated faculty members, who typically are not the sole instructor for the course. Because many programs share similar curricular content, an individual faculty member often delivers content in many different courses, and course content is typically presented by many different lecturers. Attempts are made to coordinate efforts and when possible, students from different programs are enrolled in the same course. For example, D.O. and D.P.M. students share first-year basic science courses. However, such sharing is not always logistically possible. Therefore, it is not uncommon for a faculty member to participate in one course with students from various programs while also providing content in individual courses for several different programs.

Each program at DMU has either a college-level or a program-level faculty curriculum committee that reviews course syllabi. COM and CPMS college-level curriculum committees evaluate each syllabus before the start of every term. Within CHS, the PA and D.P.T. curriculum committees look at the syllabus of each course before the start of every term; for those programs, the college-level curriculum committee evaluates only new courses.

Once a course has been developed or revised, the course coordinator sets up a course evaluation packet (CEP) that contains the course syllabus and student evaluations of the course and the course faculty. The course coordinator then summarizes the student evaluations and his or her judgment of the course into a course evaluation report.

When courses are reviewed, curriculum committees examine the course evaluation reports from the last course offering and either approve them or meet with the course coordinators to address questions. The committee then examines the syllabus to ensure that pertinent changes have been made before approving the revisions. If student evaluations reveal areas of concern with either the course or faculty, these concerns are examined more closely both by the course coordinator and the committee. Student input is sought and valued throughout this course review process.

PERSPECTIVE:
Instructor

A valuable and unique formative assessment tool used in the Cell and Tissue Biology course is the Nexus Committee. Sixteen to twenty students volunteer to serve on the committee at the beginning of the course. They operate as a communication link between students and the course coordinator. The group meets shortly after the first examination and after the course ends. Another meeting is frequently scheduled at the mid-point of the course.

Though students are always encouraged to contact the coordinator directly regarding course issues, they, most typically, are more comfortable sharing these with the coordinator vis-à-vis the Nexus Committee. Students then share what we should keep doing as faculty in the course as well as offer opportunities for course improvement.

Wherever possible, suggestions for improvement are implemented to benefit the current class. For example, based on these conversations, the course faculty modified the projection of the practical examination slides so they could be seen twice rather than once, enhanced its labeling of the lecture slides, and provided figure numbers in addition to attributions of images.

—Dr. Craig Canby, Director, M.S. in Anatomy Program

Professional development and support for effective teaching

In order to support both on-campus faculty and the preceptors who supervise students during their rotations/internships, an assistant dean of faculty development was appointed within COM in 2007. One of his primary responsibilities was clinical faculty development. The assistant dean worked closely with COM Clinical Affairs to develop preceptor-related programming. On occasion, this individual also worked with the Clinical Affairs faculty within the other colleges to address similar needs.

The assistant dean was also charged with identifying development programming for campus faculty. His office produced a weekly newsletter, assisted faculty with building their portfolios for promotion and tenure, and organized faculty development seminars on topics ranging from curriculum design to how to teach effectively to the millennial students. Selected learning opportunities were most often based on the suggestions and recommendations provided to the assistant dean via distributed surveys and requests for information.

Faculty development opportunities were also reflective of current University initiatives. For example, as the University continued to place greater emphasis on cultivating a culture of assessment, the office responded by scheduling webinars and workshops focusing on the assessment of learning and associated processes.

Because of its allocated position within COM and the dual roles of the position—development of both academic and clinical faculty—faculty development faced a public perception problem. Although faculty from all three colleges were invited to provide input and participate in the development sessions, both internal and external parties viewed the office as COM-focused. An external peer reviewer for the Post-professional Doctor of Physical Therapy Program noted that

> *Faculty development is housed under the College of Osteopathic Medicine and is available to all faculty, though no identifiable formal DMU faculty orientation process to the academy was observed.*

This issue was also identified internally via faculty surveys and focus groups during the 2010–2012 strategic planning process.

Another challenge the assistant dean faced was meeting the needs of a faculty that had become more in tune with the assessment process. Faculty wanted to have more information about the improvement of teaching and learning. It became apparent that these demands exceeded the initial structure and function of faculty development.

Faculty development opportunities

The need for a University-wide system for improving pedagogy was addressed in SP Objective 4.2: To establish a center for the improvement of teaching and learning (CITL) under the Office of the Provost.

Funding for a director for the Center for the Improvement of Teaching and Learning was provided in the 2011 budget. The CITL director will assist the faculty with incorporating assessment of learning into their curriculum and help improve content structure and delivery. We are currently conducting a search to fill the director position.

After the CITL director is hired, we anticipate that the position of COM assistant dean for faculty development will focus on preceptor training and developing additional clinical rotation sites in central Iowa.

Funding is also available for faculty and administration representation at the annual HLC conference and national assessment workshops. Attendance at these meetings should continue to underscore the importance of improving pedagogy.

Information Technology Services (ITS) offers lunch-and-learn sessions to introduce faculty to new technology available to assist them in their teaching as well as review sessions on different software available to them. In addition, individual colleges utilize their own mechanisms to promote development.

The Library offers training sessions for faculty on using the medical and scientific databases located on the Library portal. The Education Librarian is available for small group or individual database consultations.

Peer evaluation process

In 2007, through a faculty-driven process, COM developed a nonpunitive, confidential peer evaluation process designed to evaluate the quality of a faculty member's teaching and provide support for improvement as well as opportunity for reflection on teaching effectiveness. With an emphasis on fairness and impartiality, the process includes an interview with the faculty member to discuss teaching philosophies, teaching strategies and assessment strategies; a review of the faculty member's teaching portfolio and teaching philosophy statement; one or more peer teaching observations; a review of student evaluations of the faculty member's teaching; interviews with students; and a self-assessment. In this model, department chairpersons initiate the review process by constituting an evaluation team of senior faculty who have received preparatory peer evaluation training.

The evaluation instrument focuses broadly on various teaching domains, including clarity and organization; style; engagement, interactivity and participation; objectives and content; professionalism; reviewer observations; and assessment question appraisal. The ensuing summary report is fashioned to allow the faculty member to reflect on teaching-learning efficacy, communication skills, academic rigor, suitability and cohesiveness of course objectives and teaching content, student engagement in learning, quality of student understanding through performance, and scholarly teaching effort and ability. Since its implementation, both reviewed faculty and peer evaluators have found the process to be agreeably pertinent, influential in their teaching, and fair in its approach.

"It's a developmental tool and not one that is punitive, so it encourages faculty to improve their teaching for the right motives."

"The evaluation process focuses on highlighting a faculty member's good teaching strategies and allows for improvement/ polishing of future lectures."
–Peer evaluator survey responses

"[The process] gave me an opportunity to think about my lecture and verbalize my thoughts…in the context of the entire course."
–Evaluated faculty member survey response

So well-received was this process that, in the spring semester of 2009, the CPMS adopted a new program of biannual peer evaluation of lectures. They used the standard COM evaluation form; however, CPMS modified the process by videotaping lectures for review by the faculty member who gave the lecture and a member of the peer evaluation committee. Beginning in 2011, CPMS will base evaluations on live presentations.

FACULTY PERSPECTIVE: Peer Evaluation

"The development of the COM Peer Evaluation Process took about a year of focused committee discussion until the first cohort of faculty were trained as evaluators. Although the intent was to provide a tool for faculty development in the area of teaching skills, skeptical faculty asked: 'Who has access to the evaluation information?' and 'Could evaluation data be used for punitive purposes?' Even with a well-written protocol and college-wide presentations on these concerns, it was not until faculty began to participate in the evaluation process that confidence in the methodology and outcomes began to grow.

"At the beginning of my own peer evaluation interview, two colleagues asked, 'What is your teaching philosophy?' It is now a question I ask those whom I evaluate. It is a foundational question because how could individuals whose approaches to teaching were completely different from my own evaluate my skills without an understanding of my approach and learner expectations? This inquiry-based approach creates time for personal reflection and discussion among peers about our basic concerns as educators: our ever-evolving teaching philosophies, our personal strengths and weaknesses, and strategies for implementation of new techniques and best practices.

"Since its inception, the faculty have also recognized its value to their academic portfolios. In some cases, the evaluation is evidence of teaching proficiency. In others, it provides guidance for developing a plan for improvement.

"The current level of faculty support for peer evaluation is evidenced by references to the process in the University Rank, Promotion and Tenure policy; changes to evaluation instruments based on faculty desire to assess teaching skills in nonclassroom environments; and continued faculty development related to evaluation and the training of evaluators. The peer evaluation process supports DMU's commitment to training future health care providers with educators dedicated to self-improvement."
–Dr. Matthew Henry, Chair, Physiology and Pharmacology

Adjunct and clinical faculty educational support

This section discusses the range of development opportunities available to faculty. For a discussion of funding, see Core Component 4a.

Each of DMU's clinical programs has a robust clinical component. The quality of clinical education experiences provided is based on a coordinated effort between the respective academic programs' clinical education coordinators and the contracted clinical sites.

The D.O., D.P.M., PA, and D.P.T. programs have their own dedicated personnel to provide oversight of the clinical education component within their respective programs. This oversight includes, but is not limited to, acquiring clinical education sites, evaluating the sites and preceptors, providing preceptor development opportunities, and assessing student performance. Clinical

experiences are assessed by the University as well as by students. In addition, clinical sites are provided with opportunities to assess the students and their respective programs.

As part of the clinical programs at DMU, students may spend up to two years on clinical rotations in a variety of health care provider offices, clinics and hospitals. The clinical component of the academic programs would not be possible without the large number of adjunct and clinical faculty available to our physician assistant, physical therapy, podiatric medicine and osteopathic medicine students. More than 600 professionals who are not employed by the University are awarded remunerative and non-remunerative appointments at the rank of clinical instructor, adjunct assistant professor, adjunct associate professor or adjunct professor. The roles of these professionals vary and include teaching at the University and in the clinical setting. These collaborations greatly enhance the pool of expertise available to our programs.

The programs at DMU have developed various strategies to enhance the professional development of these adjunct faculty:

- **PA PROGRAM—**The Physician Assistant program provides each clinical preceptor with an annually updated handbook containing information about best practices in the clinical teaching of physician assistant students. Learning objectives are provided for all required rotations. Screening questions for potential new preceptors focus on previous clinical teaching experiences in structured learning environments, space and technology availability, and teaching references. Students' evaluations of rotation sites are shared with the preceptors as formative feedback through the E*Value system and monitored by the program for any teaching/learning concerns. Consistent concerns are used as opportunities by DMU to provide suggestions for improvement in clinical teaching techniques and professional development opportunities to the preceptors.

- **P.T. OPPORTUNITIES—**The Doctor of Physical Therapy (D.P.T.) program supports educational opportunities for clinical instructors and clinicians at affiliated clinical sites in a variety of ways. To provide enhanced training in clinical instruction, the American Physical Therapy Association (APTA) developed basic and advanced credentialed clinical instructor programs that are hosted biannually by the Iowa Clinical Education Consortium to which DMU belongs. The D.P.T. program provides monetary support to clinical instructors for attendance at up to ten of these programs annually. The D.P.T. director of clinical education is credentialed in both programs and serves as a trained instructor for the basic program. The D.P.T. assistant director of Clinical Education is also credentialed in both programs. Here are additional examples of professional development support of adjunct clinical faculty:

  » The D.P.T. directors of clinical education and some D.P.T. program faculty provide presentations at clinical sites and regional meetings for clinicians. These topics vary from specific treatment-related topics to pedagogical and policy issues, such as Medicare Supervision Guidelines of Physical Therapy Interns, Expectations of the Clinical Instructor and Intern, Everything You Wanted to Know about the CPI (Clinical Performance Instrument), and Supervising the D.P.T. Student: Does it Differ?

  » The D.P.T. program also hosts continuing education programs on campus. Adjunct clinical faculty are specifically invited to participate in these programs, which have included the Certified Exercise Expert for the Aging Adults course (in collaboration with the Geriatric Section of the APTA) and the Functional Orthopedics I and Functional Orthopedics II courses (in collaboration with the Institute of Physical Art). Every quarter, in conjunction with the Iowa Physical Therapy Association Southwest District meeting, clinical site instructors and clinicians are invited to the DMU campus for a one-hour continuing education presentation. These presentations have included clinical topics related to Benign Paroxysmal Positional Vertigo, Spinal Orthotics, Hip Arthroscopic Procedures, Animal-assisted Therapy and Finding the Answer to the Clinical Question.

  » Students in the D.P.T. program also play an integral role in educating clinical instructors and clinicians during their four clinical internships. Each student is required to provide an inservice presentation to clinical staff or prepare a unique project for the clinical site supported by evidence-based practice guidelines and standards. Several center coordinators of clinical education have asked DMU students to intern at their facilities due to students' knowledge of manual therapy and their evidence-based approach to clinical practice. Thus, the D.P.T. students become an extension of our education to clinical staff.

  » The directors of clinical education have also provided an evidence-based practice module series for clinical instructors to access via the DMU learning management system. The series consisted of seven modules for the clinical instructors to complete as well as web links to evidence-based practice sites to enhance their clinical practice. The clinical instructors were asked to use this information and collaborate with their interns in the daily practice of treating patients. This series is being updated with current evidence-based practice information.

- **CPMS CLINICAL AFFAIRS** has developed a continuing education program whose content includes information on student and resident assessment and evaluation and has been approved for two continuing education credits

Associate professor Kathy Mercuris, P.T., D.H.S., demonstrates a maneuver for treatment of a vestibular dysfunction.

through the Council on Podiatric Medical Education. Furthermore, the associate dean for Clinical Affairs facilitates faculty development sessions at the core student sites. The E*Value system allows clinical sites to view their program evaluations and feedback after three site evaluations (to assure anonymity) have been submitted by students. Clinical Affairs uses these evaluations to initiate faculty development at core program sites.

- **COM CLINICAL AFFAIRS** provides educational support for its adjunct and clinical site faculty through its varied offerings. A website provides many educational support resources on an open-access basis, with items such as E*Value demonstration videos, clinical rotation objective guidelines, and clinical teaching strategy resources. Adjunct faculty also have access to various pre-recorded clinical education support presentations, such as OMT training modules; Assessment of Learning workshops; and Teaching in a Clinical Setting. The office, together with other DMU clinical faculty, provides semi-annual professional development and continuing education presentations and workshops at clinical sites (such as Mercy Medical Center) and in conjunction with regional professional meetings for clinical educators (such as the Iowa Osteopathic Medical Association's Upper Midwest Osteopathic Health Conferences and the American College of Osteopathic Family Physicians Midwinter Conferences) with topics such as Preceptor Development–Training the Trainer; Modeling Professionalism; Working with the Difficult Learner; Evaluation of Students During Clinical Clerkships; and Incorporating Osteopathic Principles and Practices in Your Clinical Teaching.

Our Osteopathic Postgraduate Training Institute supports life-long learning and the continuum of medical education for COM graduates. We have invested in developing our own Osteopathic Postgraduate Training Institute (OPTI): the Health Education and Residency Training Network (HEARTland Network). A portion of its mission is to promote excellence in education and training for osteopathic medical students, interns and residents to meet tomorrow's health care needs for Iowans as well as the nation, as discussed in the New Residency Opportunities section under Criterion 5b. The OPTI director of faculty development provides a program of professional development in support of the residency sites and their clinical faculty.

Innovative learning

DMU embraces technology that promotes innovative student teaching and learning. In 2007, the University invested in a simulation laboratory to provide our students with opportunities to learn in a more realistic medical environment. All clinical programs at DMU use the Sim Lab. Some non-clinical programs are beginning to use the facility as well; for example, a faculty member from the M.H.A. program is currently conducting a research study with D.O. students to introduce legal issues into the Simulation Lab experience.

In addition, all DMU faculty members are provided with a new computer once every three years. This practice enables the faculty to be equipped with the most updated software and hardware. DMU students in the clinical programs are provided with standard computer hardware and software, including the Apple iPod Touch™. This allows students to be connected to the University even while they are out on rotations.

Faculty and students have access to the medical and scientific databases on the Library portal, which also includes links to electronic books and journals.

Many programs have embraced the concept of a hybrid classroom. Course content can be delivered in a multitude of ways to address multiple learning styles. Courses are recorded using a lecture capture system and are provided to the students as downloads from the portal.

In addition, the Post-professional Doctor of Physical Therapy (PPDPT) program is "one of but a handful of Post-professional D.P.T. programs nationwide to offer a 100 percent online program," according to external reviewer Dr. Patricia A. Hageman, University of Nebraska Medical Center.

Innovative teaching practices are also encouraged via college-specific grants. Grants are awarded to faculty members who are engaged in educational research projects via the Dean's Award for Research in Education (DARE) grant in COM and the Dean's Teaching and Learning (DTAL) grant in CHS. Multidisciplinary projects are encouraged. Currently, several faculty members have received DARE grants to conduct simulation laboratory research, including David Plundo, D.O., associate dean COM Clinical Affairs; Matthew Henry, Ph.D., chair, Physiology and Pharmacology; and Jeffrey Gray, Ph.D., vice president for Research. Other University-sup-

ported grants for teaching and learning research projects are made available through the Iowa Osteopathic Educational and Research (IOER) endowed fund.

The University, through the Faculty Welfare Committee, formally recognizes well balanced faculty members who are active in teaching, research, scholarly activity and service. Annually, faculty members are nominated by their peers and recognized in three areas:

- **RESEARCH**–the Outstanding Researcher Award honors a full-time faculty member who has demonstrated success in all components of the research process.
- **SCHOLARLY ACTIVITY**–the Outstanding Scholar Award has been established to recognize those full-time faculty who exemplify excellence as a well-rounded scholar.
- **TEACHING**–the Outstanding Teacher Award recognizes a full-time faculty member who displays a commitment for teaching and learning. It is expected that this award will be given annually to a deserving individual.

In addition, the Faculty Service Award recognizes faculty members who have made an outstanding contribution in the areas of service to the University, profession, and community. The award criteria include a distinctive record of participation in areas of service. While at first glance such an award may not appear to be representative of innovative instruction, teachers with a strong service ethic inspire by example. Within the health care professions, the duty to serve is an expectation. It is appropriate to honor those faculty who excel in this role.

Best practices in teaching and learning

Faculty members at DMU are encouraged to keep abreast of research in teaching and learning. The International Association of Medical Science Educators webinar series, available to all faculty members, focuses on current best practices in medical science education. Topics range from curriculum reform to learning assessment and implementation of learning paradigms (such as team-based learning).

Several faculty members at DMU have been or currently are involved in research projects directed at student learning. Funded by mini-grants through their dean, COM faculty are conducting educational research on topics such as podcasting in medical education, the impact of educational supplemental material on student performance, and the use of basic science primer modules to enhance learning.

A weekly newsletter published by faculty development provided a synthesis of current research in the field of teaching and learning. The College of Health Sciences produces an additional weekly newsletter, News and Notes from Instructional Design Specialist, which addresses issues in the online environment, the blended learning environment and the face-to-face classroom. In addition, the DMU faculty development webpage: http://www.dmu.edu/faculty_development provides information about best practices for teaching students in the Clinic and is available for clinical preceptors and clinical instructors.

Interprofessional education

The clinical programs at DMU emphasize professionalism as a learning objective and competency. Students from these distinct programs have opportunities to learn together as a team and to collaborate in patient care. Such interaction permits learners to have a practical understanding of core principles and concepts and to become acquainted with the language and thought processes of their respective disciplines. The educational opportunities afforded by several available DMU resources–including the Simulation Laboratory, Standardized Patient Assessment Laboratory (SPAL), and developing experiential needs of the various health care disciplines–have prompted several faculty initiatives in interprofessional education (IPE). For example:

PharmFree Scorecard

A portion of the American Medical Student Association (AMSA) PharmFree Scorecard project (discussed under Core Component 2a) included an educational component that was designed by faculty, staff and administration and delivered through an IPE module to a large group of students from all three colleges in the fall of 2010.

Interprofessional teamwork

In 2009, the DMU Iowa Simulation Center for Patient Safety and Clinical Skills program initiated interprofessional training efforts in an IRB-approved study with students and faculty from the Drake University College of Pharmacy and Health Sciences and the Des Moines Area Community College Nursing program. The study assessed COM students' professional interactions with students from these other health care disciplines. The goals were to determine whether interdisciplinary simulation laboratory experiences change participants' attitudes towards each other, their roles in patient care, and their perceptions of working in a team environment. Very little research on professions collaborating in a clinical setting exists, even though such collaboration is expected once students enter clinical practice. Simulations provide students with opportunities to work and learn as part of an interprofessional

team before they enter an acute patient care environment.

Student reactions to working in collaboration on an interprofessional team were positive, as these comments suggest:

- "I feel more prepared to handle medical situations and communicate with other members of health care team. Thank you."
- "Pharm students are great."
- "I enjoyed working with pharm students and a nursing student."

Interprofessional workshop

In the spring of 2011, a University-wide Interprofessional health education workshop was held to facilitate and support the development of a culture of IPE on the DMU campus and abroad. Faculty from Drake University and Mercy College of Health Sciences were also in attendance, representing pharmacy, nursing and other allied health programs in the Des Moines area. The success of the workshop encouraged us to form an Interprofessional Education Committee with representatives from all three colleges. This committee will help us determine the next steps in organizing and developing interprofessional health experiences.

Professional organizations

Our faculty are involved in a wide variety of professional organizations. Through annual professional development financial support and our service requirement, the University enables and encourages active involvement of faculty in their respective professional societies on local, national and international levels. Individual faculty also promote their own scholarly work within their respective fields.

PERSPECTIVE: Faculty Development

"In order to be a successful, productive teacher and scientist it is important to have support for regularly attending national meetings in my area of expertise. This allows me to develop and maintain collaborations and stay abreast of the most current research findings in my field and provides continuing education in nearly all aspects of my career as a faculty member, including teaching and service. This is of benefit not only to myself, but also my students, research assistants and the University as a whole."

–Julia Moffitt, Ph.D., Associate Professor of Physiology-Pharmacology

RECOMMENDATIONS FOR 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 core value of Learning is to "promote high performance in all educational practices, foster inquiry, and encourage life-long learning." In support of this value, SP Goals 3.0, 4.0, 5.0 and 7.0 are directed toward improving DMU's learning environments.

To create effective learning environments, we must recognize that both faculty and student participation is necessary in making educational decisions. While some colleges and programs have student participants on their respective curriculum committees, others include students in the strategic planning process when designing curricular change. In all programs, students formally evaluate their courses and the quality of their instructors. These activities help direct changes and improvements in the DMU learning environment.

PERSPECTIVE: Student-faculty collaboration

"There is so much one-on-one contact with the anatomy faculty. I was especially—and pleasantly—surprised at the extent of teaching and research opportunities available to students."

–Keely Cassidy, M.S.A.'11

The Master of Science in Anatomy program provides several opportunities for students and faculty to collaborate and develop a working and professional rapport:

- A low student-faculty ratio in the second-year courses allows course faculty to individually mentor students in presentation skills and advanced dissections.
- Numerous opportunities for students to interact with the program director and anatomy

faculty occur both formally and informally through student-advisor interactions, student-director meetings and by conversing during noon potlucks and evening dining experiences.

- Anatomy graduate students serve as teaching assistants in the gross anatomy courses offered in summer and fall terms, where they work closely with course directors to prepare prosected material and with other faculty teaching in the laboratory.
- Additionally, faculty members work closely with second-year students as they prepare for the comprehensive examination by means of a mock experience. Students craft mock comprehensive examination questions and accompanying grading rubrics that are then reviewed by the faculty. Following faculty feedback, students revise their material for subsequent incorporation into mock examinations. This collaborative effort has resulted in improved learning outcomes on the comprehensive examination.

Students and faculty also collaborate on research projects (Core Component 4b), service projects (Core Component 5a), Global Health trips (Core Component 5c) and educational outreach efforts such as the Senior Health Fair (Core Component 5d). Faculty supervision gives DMU's student volunteers unique opportunities to deliver supervised care, including the Drake Clinic (Core Component 5a) and Osteopathic Finish Line (Core Component 5d).

When Dr. Donald Matz, professor of Anatomy, travels to schools, he carries organs to give his audience hands-on experience. Here he gives a demonstration to sixth-grade students at Johnston Summit Middle School. (Courtesy of Travis Busby)

Online and off-site learning environments

Whether in the classroom, online, or at distant clinical sites, DMU makes an effort to ensure that all students remain connected to the University, its instructors, and to each other. The University Library serves as a cornerstone for ensuring that this connectivity exists for all learning communities by having a significant portion of its assets online and readily accessible to all (Core Component 3d). Different types of study environments exist throughout the Library to promote individual, small group, and large group learning. The physical infrastructure is just a part of the learning environment that is given continuous evaluation through student surveys. Other activities, processes and technologies contribute to the facilitation of learning as well. The following is a discussion of the different types of learning environments at DMU.

The academic programs at DMU vary in the types of online educational tools that are needed to accommodate remote learners. Remote access is coordinated in large part by Information Technology Services. Learners enrolled in our Health Care Administration and Public Health graduate programs, as well as our Post-professional Physical Therapy doctorate program, have continuous on-site and remote access to our ANGEL learning management system. The faculty at DMU also use other online teaching tools such as Adobe Connect Pro to facilitate learning when more direct face-to-face instruction is not possible. Learners in programs where clinical rotations occur at distant, off-site locations are supported by the campus learning management system and the E*Value™ online informatics program to facilitate learner and course evaluations, procedure tracking, student rotation scheduling, curriculum mapping, outcomes management and performance reporting.

On-campus classroom environments

Learners in all programs at DMU have access to state-of-the-art classroom and laboratory facilities. Teaching laboratories (anatomy, Standardized Performance Assessment Lab, Simulation Lab, Basic Life Support and surgery) support both individual and interactive small-group learning. Lecture-based teaching classrooms are equipped to address the hardware and software technological needs of the students and faculty to support best practices in teaching and learning. Classroom technology is maintained and updated regularly by Information Technology Services, as called for by SP Goal 5.0: To update University technology infrastructure, applications, and processes to current academic and industry standards based on completed external ITS assessments. Furthermore, technological support for these environments is provided by dedicated Teaching and Learning Technology Center staff. Across all DMU programs, ANGEL provides on-campus learners and faculty with connectivity and continuous access to up-to-date course re-

sources, asynchronous discussion, course surveys and evaluations, and student assessment.

In Surgery Lab, participants in Girls in Science are gowned for surgery, enter the surgical suite and learn sterile technique. Each year, 85–100 students participate, based on invitations to a selected list of neighborhood and low-income schools in the city.

Off-site environments

This almost exclusively refers to our students on clinical rotations. There are over 2,000 sites for clinical instruction around the world. These sites allow students to interact not only with members of their profession, but also with other health care disciplines. Students gain an appreciation of what each health professional brings to the table to facilitate healing and learn to incorporate others into decision-making for the good of the patient.

STUDENT PERSPECTIVE: Starting clinicals

"After just completing my first three months of rotations, I can say that I've loved every minute. I would attribute the smooth transition from the classroom to the clinical world to our curriculum during our first and second years. We work so hard, and it definitely pays off. In my opinion, here are the top five activities that we, as DMU students, work tirelessly on during the first two years that put us heads above the rest:

The hours you spend learning surgical etiquette, procedural skills, suturing and knot tying are extremely worthwhile. My surgeon and nurses were constantly impressed with the basic skills that we all learn as surgery students. The more competent you are in your skills, the more autonomy you get as a student. It's definitely worth it when you are suturing during the closure of every surgery!

SOAP notes [are] a great way to show off your history and physical exam skills. A complete and organized note is worth its weight in gold to an attending or resident.

Even though I still have a lot of work to do on a great oral presentation, I am thankful we had the opportunity to start practicing during SPALs. They say a good oral presentation is the mark of a good student, so you can never practice enough!

[Though] the complete neuro exam list is long… a simple way to set yourself apart is to do your own version of a quick and complete neuro exam.

Always ask for more….We are taught to always ask if there is anything else we can do to help. This is the fastest and easiest way to make friends with everyone on the health care team. Whether you are in the clinic, operating room or emergency department, there is always something to help out with, and you will inevitably learn something new."

–Kate Robbens, D.O.'12

Miscellaneous environments

The Student Education Center was designed with extensive student input to create an environment that would encourage learners to remain on campus long after their didactic instruction was completed for the day. A spacious cafeteria/student union allows for small group discussion and the exchange of ideas. To accommodate learners requiring individual study and small group experiences, 30 rooms are available as dedicated space within the Student Education Center that can accommodate between 2–12 learners per space; 19 study and conference rooms are available in the Library; 8 flexible study spaces are also available within Ryan Hall. Several Library study rooms are equipped with X-ray view boxes. The entire campus has wireless connectivity.

Our internal portal serves as the main method of communicating information to students, staff and faculty. The portal provides news posts and information relevant to all internal constituencies. In addition, all student handbooks and administrative and personnel policies are available online. Sections of the portal dedicated to strategic planning, quality initiatives and President's Cabinet include current and archived minutes, and reports of interest to the University community, such as the frequent updates on progress toward strategic planning goals.

In its current state, the internal portal is underutilized. The software is old and outdated, and documents may need to be posted to multiple portals, which consumes both time and server space. A project team is working to implement a single portal that is more attractive, user-friendly, and available to serve all internal audiences by December 2011. Progress updates are posted on the Pulse page of the current portal.

Learner support and development

For any learning environment to be effective, students must be supported by a strong advising system that is easily accessible and responsive. This begins from day one during orientation. Upon matriculation, every student is assigned an academic advisor who monitors student progress and quickly addresses academic difficulties. DMU's open-door philosophy facilitates student access to all faculty when content questions arise. Whether in the office, online, or via e-mail, students are encouraged to contact faculty and expect a timely response. Educational Support Services is continuously staffed through-

out the workday and work week by 2.5 FTE clinical psychologists who advise students on different study strategies as well as handling personal problems that can interfere with student success. An extensive peer tutoring system can further assist students after they have first sought help from faculty.

Students arrive on our campus with widely diverse educational experiences and expectations. We have implemented several strategies and supported programming to respect varied learning styles. A robust orientation program at the beginning of each academic year provides new learners with an introduction to the campus and their colleagues in other academic programs, as well as an introduction of the individual professional core competencies that guide their curricula. In addition, in 2005, the curriculum committees of all programs required a Myers-Briggs Type Indicator® (MBTI) workshop for all on-site learners to assist them with recognizing and developing their preferred styles of communication.

DMU believes that strong co-curricular programs and activities enrich the intellectual environment and enhance the academic, social and service experiences of students. Therefore, the University supports over 55 student club organizations, interest groups and honor societies. These opportunities help to develop specific professional interests and goals of each learner and recognize student professional accomplishments.

Through the reflective processes of individual learning assessment, accreditation readiness and annual performance improvement review, the educational programs at DMU continuously seek quality enhancement. While the seven AOA core competencies, in whole or in part, frame the assessment of learning outcomes for the D.O. program, key components within that core are recognized by all programs in learner development. Professionalism, and its development within our learners, is emphasized during student orientation, within the individual curricula and through programming by the Faculty-Student Committee for Professionalism. Recently, this committee helped guide revision of our policy on conflict of interest with the pharmaceutical and biomedical devices industries. A coordinated attempt at interprofessional education combined the efforts of faculty and students from all disciplines in a two-hour mandatory program on conflicts of interest presented as part of the pharmacology course and the M.H.A., M.P.H. and PPDPT online programs. A representative from Drake University and the Pew Charitable Trust provided preliminary guidance on this topic to the entire campus.

Caring for patients as fellow human beings is the art of medicine and medical education. In 2007, DMU became one of only 72 medical schools with an approved Arnold P. Gold Foundation's Gold Humanism Honor Society. In 2008, the osteopathic college initiated its inaugural members from fourth-year medical students selected by their faculty and student colleagues because of their exemplary demonstration of the attitudes and behaviors of humanistic physicians.

"Having a Gold Humanism Honor Society (GHHS) chapter here at DMU provides yet another indication of the importance our college places on professionalism and a humanistic approach to medicine," according to faculty advisor Gary Hoff, D.O., chair of Medical Humanities and Bioethics. "Students selected in this inaugural group represent the kind of clinical performance, community and academic service and professionalism we want our students to embody." (For more information about GHHS, visit humanism-in-medicine.org.)

Ongoing assessment of student satisfaction

DMU regularly surveys its students in all colleges/programs (as explained under Core Component 3d). The greatest amount of information is generated by student satisfaction surveys that occur in the second year and at graduation for COM, CPMS, and the PA and D.P.T. programs of CHS. Results of these surveys guide improvements where deficiencies are noted. A portion of the student satisfaction surveys address support services. We believe that continuous review of support services such as financial aid, the Wellness Center, and facility management contribute to student success by creating a safe, low stress, nurturing learning environment.

COM Clinical Affairs has initiated several changes in response to graduating-senior survey evaluation results. Consistent concerns regarding the Clinical Affairs office prompted the COM dean to form a focus group of COM graduates and administrators in order to further understand and address learner issues. As a result of this focus group, actions were taken to improve communication, upgrade software, develop more clinical rotation sites within the state, and address third-year students' concerns.

Communications training

To improve professional communication between learners at distant rotation sites and Clinical Affairs staff, the COM departmental mission statement was made a visible operating focus through extensive re-evaluation and workplace display. Additionally, all coordinator staff and administration participated in a Myers-Briggs Type Indicator personality inventory workshop experience in order to assist in reflective understanding of personality preferences and improve professional communication skills. These processes have assisted the department in its efforts to refocus on the services they provide to off-site learners and prompted staffing adjustments to improve the quality of those services.

*E*Value implementation*

To address staff and off-site learner technical concerns with clinical rotation scheduling and

site evaluation difficulties, the E*Value software system was implemented over a two-year period. The new system improves communication with the central DMU campus; simplifies online rotation site evaluation completion by learners and clinical preceptors and, thereby, facilitates timely 360-degree feedback; reduces transcript errors; and increases clinical coordinator staff availability for problem resolution. Another previously identified concern was the time staff spent manually entering data between our prior college databases. Increased software functionality will allow for easier sharing of data between programs.

Bring 'Em Back to Iowa

In 2005, the COM dean developed a theme of Bring 'Em Back to Iowa to reduce the number of off-site learners experiencing their third-year core clinical rotations outside of the state; at that time, this was well over 70 percent of third-year learners. While developing more clinical rotation sites within the state was a considerable challenge, the goal was to allow for improved access and communication between the learner and the central DMU campus for educational initiatives (see Response to Student Concerns) and to improve recruitment of learners to practice in Iowa communities. Success has been observed; over 70 percent of third-year learners now experience core rotations in approximately 106 Iowa communities with over 1,200 Iowa physician educators.

Response to student concerns

Students performing successive rotations at geographically distant sites from the University during their third year have reported discomfort with learning expectations (compared to their colleagues from other medical universities). Regular subject exams and COMLEX Part I now allow them to gauge their progress and educational level relative to students at peer institutions. Although they scored well on their third-year

The Arnold P. Gold Foundation created the Gold Humanism Honor Society (GHHS) to honor select medical students, residents, physician teachers and others for "demonstrated excellence in clinical care, leadership, compassion and dedication to service" —in a word, Humanism.

clinical rotation preceptor evaluations, students questioned whether these evaluations were a true assessment of their clinical knowledge and skills. To address these concerns and a perceived lack of "connection to the University" during clinical rotations, in July 2009 COM instituted the annual Clinical Comprehensive Examination Week for its students transitioning from their third year into the fourth year of clinical rotation experiences. All students return to the DMU campus at the end of their third year for an osteopathic manual medicine practical, Standardized Performance Assessment Laboratory and Simulation Laboratory cases, didactic lectures, and career planning presentations. These encounters allow learners to reflect on their academic progress following three complete years of medical school and to identify personal educational strengths and learning gap challenges. If areas of weakness are identified, students and the program have dedicated time prior to graduation to address weaknesses through selective fourth-year rotations. Not only has this experience improved connectivity with learners, it has also provided a mechanism for enhancing preparation for the national board examination and the national residency match process.

RECOMMENDATIONS FOR 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.

In the summer of 2010, DMU's state-of-the-art facilities were specially recognized by *The Chronicle of Higher Education*'s Great Colleges to Work For survey in the category of Facilities, Workspaces and Security.

Des Moines University is situated on 24 acres in a well-established neighborhood near downtown Des Moines. Over the past 38 years, the University has expanded its physical plant by renovating existing buildings and erecting new buildings. As the University updated and created new learning environments, all facilities were equipped with the necessary resources to facilitate optimal student learning.

As a result, each of our current buildings is equipped with wireless access, including classrooms, study rooms, the Library, research laboratories, the DMU Clinic, as well as faculty and staff offices. Students and off-campus stakeholders can link into the University's portal system, log into the learning management system, enter patient information into the clinic's electronic medical record system, or stream classroom and lab learning activities.

To provide students with the most enriching learning environments, the University has devoted a significant amount of time, energy and effort to investigating and identifying effective teaching and learning resources.

Gross Anatomy Laboratory

The newly renovated 4,100-square-foot Gross Anatomy Lab serves as a learning environment for all students enrolled in the University's clinical programs. The lab, equipped with a demonstration room and 43 student dissection stations,

PA students practice in the casting lab.

provides hands-on experiences. Each computer at a dissection station has a high-quality video monitor and access to an online dissection manual linked to online images from *Netter's Atlas of Human Anatomy*. Along with the online dissectors, the computers are linked to a Live-Eye-in-the-Sky video camera for real-time live dissection feeds. These video feeds are digitally recorded and video-streamed to the online course platform for students to access at any time.

Iowa Simulation Center

The Iowa Simulation Center was developed in 2007 to provide students with opportunities to learn procedures and hone their skills in patient evaluation and interventions. The state-of-the-art facility includes the Simulation Laboratory, Surgery Skills Center and Standardized Performance Assessment Laboratory.

Simulation Laboratory

This 3,741-square-foot lab is equipped with three medical mannequins and cutting-edge technology to provide students with highly realistic, hands-on opportunities to practice their diagnostic and treatment skills prior to working with actual patients. Lab cases range from simple vital signs assessment to managing a full cardiac arrest. Under the direction of trained lab technicians and faculty, students truly benefit from this unique teaching resource.

Surgical Skills Laboratory

Created in 1986, the Surgical Skills Laboratory has expanded significantly in size and curricular offerings since the last HLC visit. The 5,113-square-foot lab contains two simulated operating rooms, multiple scrub stations and two large didactic rooms. The facility supports the lab component of the basic surgical skills course within the D.O., D.P.M. and PA curricula.

Standardized Performance Assessment Laboratory (SPAL)

The Standardized Performance Assessment Lab (SPAL) was created in 1996 to provide a realistic setting to help medical students learn and practice their professionalism, communication, organization, clinical reasoning, and examination skills without risk to actual patients. The 8,333-square-foot lab includes 12 clinical examination rooms equipped with a digital audio/video camera, intercom system, one-way observation window and a computer. The lab also includes a control room where all exam room activities are timed, monitored and video-captured. The lab utilizes standardized patients, either individuals from the community who are hired and trained to simulate patients or student peers who are likewise trained. During a SPAL experience, every student completes either one or all of the

following on a simulated patient: history, physical examination, intervention. After the encounter, the student documents findings or gives an oral presentation to faculty, who provide performance feedback.

Standardized patients (SPs) who play the roles of actual patients have a critical role in preparing DMU's clinical students to diagnose and interact with real patients. "We want our DMU people to be the best, so anything we can do as SPAL patients to be the best is important," says standardized patient "Sue." (Students are not supposed to know the patients' real names.)

Wellness Center

Des Moines University's Wellness Center, described in the Introduction, serves not only as a resource to promote the health of our students, faculty and staff, but also serves as a teaching resource. We embrace the fundamental tenet that wellness and prevention are the cornerstones of optimal physical and emotional health. Threads of this belief are present in the curriculum of each DMU academic program. The Wellness Center provides students with the opportunity to improve their own health and also serves as a laboratory to develop strategies for their future patients.

Des Moines University Clinic

The Des Moines University Clinic is a multi-specialty clinic that provides DMU faculty and students clinical practice opportunities as well as serves as a real-life learning environment. DMU clinical students work side-by-side with clinical faculty members as they complete clinical rotations/internships or schedule observation hours within the various DMU clinic departments, including Family Medicine, DMU Foot and Ankle, the Osteopathic Manual Medicine (OMM) Clinic and the Physical Therapy Clinic. In addition to turning classroom learning into hands-on application, students can hone their skills in the use of the clinic's electronic medical record system.

The Clinic is integral to the curricula of several academic programs. For example, third-year D.P.M. students spend most of the academic year rotating in the Clinic with clinical faculty members. In addition, selected COM students are provided with the opportunity to gain an additional year of OMM experience by serving as fellows within the OMM Clinic. Even though the Clinic provides multiple educational and service opportunities for faculty and students, its operating expenses are significant. We are currently reviewing the role of the Clinic, as called for by SP Goal 2: To foster a clinical environment that supports the educational mission of the University. Phase One began in August 2011, when SNR Denton conducted an external review of compliance and organizational structure. Phase Two will more directly address clinical operations.

Library

The Des Moines University Medical Library serves as an invaluable resource that supports all facets of teaching and learning. The 35,000 square-foot facility includes individual and small-group study rooms, a printing and copying room, study carrels and tables, a 26,000-volume printed book collection, 476 printed journal and newsletter subscriptions, and a print bound journal collection of over 30,000 volumes.

In addition, we have access to several thousand electronic journals on the Library portal. Educational and reference tools available to students include MEDLINE (medicine), AgeLine (geriatrics), CINAHL (nursing, health administration and allied health), DynaMed, Cochrane Library, MDConsult, AccessMedicine (electronic books), STAT!Ref (electronic Books), ScienceDirect/SciVerse (electronic journals), AccessSurgery, ACP Medicine, Essential Evidence Plus, The Medical Letter, PsycINFO, Rehabilitation & Sports Medicine Source, Visual Dx, and many other scientific and medical databases and electronic resources on the Library portal. Additional features include the Kendall Reed Rare Book Room and leisure reading resources.

Materials may be checked out by University students and employees. Interlibrary loan privileges are extended to faculty, students at remote

sites and alumni. The Library is open to the public 7:30 a.m. through 5:30 p.m., Monday through Friday, with extended hours until midnight weeknights and weekends for students and faculty. From August 2010 to August 2011, 36,000 users visited the Library portal.

In addition to face-to-face tools to support teaching and learning, our Library provides extensive support for all off-campus stakeholders. Students and faculty have remote access to Library resources through the use of proxy server software. When working off campus, authorized users may access periodical and index databases and full text resources, and take advantage of links to DMU resources that have been set up in PubMed.

Research and teaching tools such RefWorks™, databases and writing aids are also available on the portal. An on-going series of tutorials and classes is readily available to all individuals interested in learning how to use the Library and its resources.

Satisfaction with Library services is generally high. This evaluation from the 2009 M.P.H. Annual Report is typical: "The Library Director communicates with all faculty, and the M.P.H. program, on a regular basis, identifying new resources and offering to purchase or pilot new resources." On the 2009 Support Services Survey, over 90 percent of respondents were satisfied with access to databases and collections, staff responsiveness, and hours of operation.

LIBRARIAN'S PERSPECTIVE: Larry Marquardt

"In an age where digital information is readily available at our fingertips, the need for a physical Library and trained Library professionals who are skilled in the acquisition and interpretation of resources is even more evident as the staff and collections are increasingly considered essential partners in student learning and effective teaching by faculty. In the past, medical libraries relied on print collections that emphasized the use of materials on the physical campus. Today, the DMU Library provides access to the medical literature in several different formats with an increased focus on electronic resource subscriptions.

"Not every resource is available electronically, so print resources still remain vital, and maintaining a print collection is encouraged by the National Library of Medicine (NLM) as part of an emergency preparedness effort. As part of a balanced approach, however, the DMU Library is increasing its collection of electronic resources on our virtual site available on the Library portal in an effort to facilitate information availability to students and faculty where they tend to actively work, both on and off of the physical campus. In addition, as a resource library for the NLM, we participate in the interlibrary loan process, both lending and borrowing with hospitals and other medical school libraries in order to increase the availability of information for our stakeholders.

"With this broadening availability of electronic resources, the skilled Library staff is trained to provide instruction to DMU students and faculty that emphasizes effective examination of the literature for evidence-based, reputable information. The creation of a new Education Librarian staff position was in response to this growing instructional need. The DMU Library is dynamically changing to meet the needs of our patrons as we see our roles as librarians evolve into a greater partnership as guides and educators in this electronic age."

–Larry Marquardt, M.L.S., Library director

DMU Foot and Ankle provides opportunities for job-shadowers. Requests for such opportunities are increasing because many medical centers no longer accept job-shadowers. "We feel it's our responsibility since we're a medical school, and we require our students to have some shadowing experience," says Ginger Cox, practice manager for Family Medicine.

Technology

Des Moines University strives to provide its students with the most effective methods of curriculum and clinical experience delivery by creating learning environments that reflect best practices in medical education. Inside and outside of the traditional classroom, DMU has created a learning environment that incorporates technology in almost every facet.

In early 2009, DMU hired a CIO to address some of the challenges identified with the delivery of technology at the University:

- Lack of responsiveness to operational issues
- Lack of follow-through on requests (project or operational)
- Adversarial relationships

- Poor or, in some cases, nonexistent communication

An external review confirmed that these concerns were in fact real and identified additional challenges to promoting a strong learning and teaching environment. DMU was many years behind in the technology that would support an enhanced learning and teaching environment.

In response, Information Technology Services (ITS) made several administrative changes:

- Departmental vision statements, values and goals were created and aligned to the University's core mission documents.
- Operational policies based on the ITIL® framework were developed. All managers have earned ITIL V3 certification.
- A project initiation process formalizes project requests and ensures that ITS understands and documents requirements and provides feedback on expected completion dates.
- The University's first project management system was implemented in early 2011 to keep projects on schedule and within scope and budget.
- New change management processes keep software current with application releases and patches for enhanced application features and stability.
- The Help Desk has moved from a part-time to a full-time staffing model. This allowed us to recruit qualified help desk staff who are committed to improving the service provided to students, faculty, and staff.

To improve communications with the University community, two committees were created:

- **ITS STEERING COMMITTEE**—This group approves and prioritizes ITS projects for the University. This committee is made up of individuals from each of the colleges and administrative units, and chaired by the CIO.
- **STUDENT TECHNOLOGY ADVISORY COMMITTEE (STAC)**—This group is made up of two students from each of the programs for the years they are on campus. This, too, is chaired by the CIO. The committee has these goals:
  - » Address technology issues that are impacting students' ability to learn (ANGEL LMS, portal, e-mail, Resource Room, etc.).
  - » Communicate technology changes that ITS is considering. This allows ITS to get students input before any changes are made.
  - » Understand computer issues (hardware/software) that are impacting students' ability to perform day-to-day tasks (such as tablet use, OS, Word, OneNote).
  - » Discuss the viability of technology that students want to see implemented.
  - » Discuss sustainability issues.

These committees worked with the Strategic Planning Steering Committee to shape IT objectives under SP Goal 5.0: To update university technology infrastructure, applications, and processes to current academic and industry standards based on completed external ITS assessments.

ITS has increased its capacity by building an enhanced virtual computing environment that provides twice the computing resources and "allows us to be agile in our ability to build systems or enhance existing systems in a timely manner to meet the needs of the University," according to CIO Wayne Bowker. "We will now be able to address needs in days that historically took weeks to months to address."

In addition, Bowker reports, we have enhanced our campus wireless environment for increased management and stability and will be adding additional wireless coverage in early 2011. Implementation of Adobe Connect Pro enhanced our ability to teach online classes. Currently ITS is working on standardizing all class room/lecture hall technology to enhance teaching capabilities. The first phase was completed by June 2011; all teaching spaces will be completed by June 2013.

REVIEWER'S PERSPECTIVE: Dr. Patricia Hageman

The external reviewer for the Post-professional D.P.T. program noted that support from ITS is "vital" to the success of this online program. Dr. Patricia Hageman commented that "the IT department clearly demonstrates a sincere effort to meet the needs of DMU's faculty....

"If online programs such as the Post-professional D.P.T. are to remain viable in terms of competitiveness and growth, it will be essential that DMU provide the necessary resources for a strong IT infrastructure and innovation."

Under SP Objective 5.5, our instructional technology was updated and standardized under an implementation plan completed in July 2011. This includes lecture capture technology to be purchased over the next three years.

These improvements are planned:

- Replace the current portals with a new University portal that provides a common platform for students, faculty, and staff.
- Provide more access through mobile platforms such as smart phones, iPads and Galaxys.
- Assess the need to upgrade software and hardware used in research laboratories and establish a permanent site to securely store data collected during student and faculty research.

Partnerships and collaborations

In an attempt to provide its students with the most effective learning experiences, Des Moines University has established internal and external collaborations that have created mutually beneficial learning environments for all involved partners. Whether it be through contractual agreements with clinical rotation/internship sites, dual-degree partnerships with other institutions of higher education, or collaborative relationships with state, federal and international organizations that promote educational, scholarly or service opportunities between students and faculty, DMU values the commitment and dedication of its partners.

These joint-degree programs are currently offered:

- Drake University Law School and Des Moines University offer joint M.H.A. or M.P.H and juris doctor/law degrees.
- Drake College of Pharmacy and DMU's D.O. program 3+4 Early Enrollment program: students who have completed all prerequisites for medical school before enrolling at DMU will receive their bachelor's degree from their undergraduate institution after completing the first year of medical school.

Service trips and international rotations

Des Moines University's Global Health program offers students an opportunity to gain cultural and clinical competencies and learn about healing from a more global perspective by living and working in another country. Global Health assists all DMU programs in organizing service trips and international rotations.

- **SERVICE TRIPS—**DMU has opportunities for students and faculty to travel to countries in need of basic health care to provide medical services. Medical service trips take place once a year and are open to all students at the University. No academic credit is offered for the trips. Service trips to Belize, El Salvador and Guatemala have been completed to date.
- **INTERNATIONAL ROTATIONS—**During the past two years, DMU clinical students, faculty and area clinicians have participated in rotations at St. Jude Hospital in St. Lucia and worked with the St. Lucia Health Ministry to develop a tool for community health centers to report their evidence-based diabetic interventions.
- **HOSTED INTERNATIONAL STUDENTS—**DMU has hosted students from Merida, Mexico, and from Makerere University in Uganda. While at DMU, the students take classes at DMU, shadow physicians in the DMU Clinic and experience rotation at Mercy Medical Center in Des Moines. Makerere University in Kampala, Uganda, and Universidad Autonoma of Yucatan (UADY) in Mérida, Mexico, have signed agreements with DMU for student exchanges. The agreements create clinical sites for DMU students and offer international medical students opportunities for rotations in Des Moines.

Clinical rotation, internship and capstone partnerships

Des Moines University maintains over 2,000 contracted relationships with health care providers and facilities throughout the nation. These partnerships provide Des Moines University clinical students with the opportunity to complete their assigned clinical education components in myriad specialty areas and practice domains within well respected health care facilities under the direction of highly qualified preceptors and clinical instructors.

Area Health Education Center (AHEC)

Coordinated through an Area Health Education Center (AHEC) program office located at Des Moines University, Central Iowa AHEC provides programs and activities to recruit and retain health care providers to under-served areas in eight central Iowa communities. This is accomplished through the organization's pipeline of education philosophy: "Connecting Students to

A three-year residency program created in 2010 by the College of Podiatric Medicine and Surgery (CPMS) and Iowa Health System is one of only three in Iowa and the only one in Des Moines. "This residency encompasses every aspect of foot and ankle reconstructive surgery. Residents will complete several rotations in internal medicine, pathology, rheumatology, general and vascular surgery, behavioral medicine and other areas," said Linda Bratkiewicz, D.P.M.'91, FACFAS, who worked with Eric Barp, D.P.M.'01, FACFAS, to establish the program.

Careers, Professionals to Communities and Communities to Better Health!" In collaboration with Broadlawns Medical Center, Central Iowa AHEC teaches children about health care careers, offers clinical training sites for health professions students and supports health care practitioners with continuing education programs. More information is available at http://www.centraliowaahec.org or http://www.iowaahec.org.

After initial funding ended in October 2010, DMU provided some of the bridge funding that kept the center operating until the next grant cycle. A joint grant application with the University of Iowa School of Nursing, submitted in June 2011, secured the funding necessary to continue AHEC's operation.

Service learning

"Des Moines University offers a community-centered place to learn medicine....There are unlimited opportunities to get involved, both within the University and throughout the city." –Stephanie Rajchel, D.O.'11, M.S.'11

A central tenet of Des Moines University is the value of service. Because we educate health professionals, this belief is a common thread within the academic programs and the University community.

For example, all recognized student clubs are required to participate in community service and complete a Community Service request and a report form for all community service events (medical, education, service). The forms are on the student portal under the Clubs/Events/Organizations Info gadget, in the Forms and Handbook Section.

The value of service learning is also noted in the curricula of some DMU academic programs. The D.P.T. program curriculum includes a one-credit hour learning experience, Civic Engagement. Students are required to identify service-related objectives of meaning to them and then complete and document at least 10 service activities reflective of these objectives. Institutional commitment to service can also be noted in community events, including our Senior Health Fair, Mini Medical School, and Osteopathic Finish Line.

We provide direct service to the community through an employee volunteer program and the DMU Community Medicine program, through which students and faculty donate their professional expertise at public events such as health fairs (see Criterion Five for examples).

DMU students answer questions at Mission Active, a kids' health fair held in April 2011. The students' mission: to prompt activity and defeat obesity. The event included an obstacle course, foot exams, and balance screening.

Continuing Medical Education

The mission of Des Moines University Continuing Medical Education is to provide educational activities for health care professionals in an environment that supports research and scholarly activities. We aim to achieve the highest level of excellence in the University's three colleges and nine graduate programs. Activities are comprehensive, balanced and scientifically rigorous. They are designed to maintain and expand competence, performance or knowledge, particularly in the areas of cognitive and technical skills necessary to provide the best clinical care to patients. We assure that accredited activities provide an educational framework for appropriate ethical and medical decision-making by ensuring educational activities are created independently, free of commercial bias, and pertinent to practiced-based needs and changes.

Continuing Medication Education activities are discussed under Criterion 4a. They include, but are not limited to, live symposiums, single- or multi-topic seminars and workshops, enduring materials, roundtable discussions, journal-based education, manuscript review, simulations, and regularly scheduled lecture series. We will continue to seek partnerships with other health-related entities to expand the scope of learning as it relates to the target audiences' practice. In the spirit of collaboration, representatives from Mercy Medical Center and Iowa Health Systems sit on the Continuing Medical Education Committee.

Through lifelong education, we maintain and expand health care professionals' clinical knowledge, competence, performance, and/or patient outcomes. The impact of educational activities is evaluated using assessment tools that demonstrate qualitative or quantitative measures of change.

RECOMMENDATIONS FOR 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 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.

As a Peace Corps volunteer, Jenell C. Stewart, D.O.'13, M.P.H.'13, worked with women in Ghana to eradicate Guinea worm disease and create new sources of income by building a bakery and making soap. She observed that gender-related health care disparities are made worse for women in poor countries where they face discrimination. During her nine-week internship with the World Health Organization in Geneva, Switzerland, in 2010, she developed training to educate front-line health care providers on gender-responsive health care. Her course materials were published by WHO in 2011 after field-testing in Kenya, Ethiopia and the Philippines. As a Fogarty International Clinical Research Scholar, Stewart is continuing her public health research in Lima, Peru.

Criterion Four

Acquisition, discovery, and application of knowledge

We promote a life of learning for our faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with our mission.

We believe that faculty of a health sciences university are uniquely positioned to use their talents to conduct research that advances medicine and health care. Because the University's environment offers opportunity, infrastructure and a robust intellectual climate for discovery, research is embraced as not only an opportunity, but also an obligation. We feel more than an obligation to the University; we are obligated to society. At Des Moines University, we take our obligation seriously and fulfill it enthusiastically.

CORE COMPONENT 4A

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

The core values of Des Moines University, COM, CPMS, and CHS all relate to the importance of life-long learning in support of our mission. At the entrance to our new Student Education Center is a wall adorned with a single inscription: *Salutem Per Scientiam Conservare* (Preserving Health Through Knowledge). To live these values, we participate in activities that foster a lifetime of learning not only for our faculty, staff and students, but also for others ranging from children to senior citizens.

Outreach opportunities

Two core values of our research program, collaboration and mentorship, underlie our outreach programs. While we hope that some of the young people who participate will become medical professionals, we also want to provide opportunities for pre-professional students to share in the active discovery and application of knowledge.

The largest outreach program, in terms of financial investment, is the Mentored Student Research program, which has been in place for the past ten years. Some of the participants are DMU students; others are undergraduates. Participants take part in either an intensive, eight-week block of research over the summer or a less intensive, but extended, research program throughout the year. Due to educational commitments, extended programs cannot exceed 19 hours a week during the school year. Students may participate in laboratory research or clinical research studies.

For Lynnville-Sully High School senior Katelyn Van Wyk, a highlight of summer 2009 was taking measurements of the cadavers at DMU. "It is such a unique experience and made me excited for my future of learning more about the human body," she says. Van Wyk was one of nine central Iowa high school seniors who explored science and medicine in a pilot Youth Education in Science and Medicine camp, or YES MED, offered by DMU and the Central Iowa AHEC.

Other outreach programs are designed to encourage interest in health care careers:

- **HEALTH CAREERS EXPLORING POST**—a partnership with the Boy Scouts of America that provides high school students with hands-on exposure to health careers and a chance to explore health topics in depth throughout the school year.
- **HEALTH PASS**—a program designed to expose underrepresented minority students to careers in health care.
- **YOUTH EDUCATION IN SCIENCE AND MEDICINE CAMP (YES MED)**—a week-long, scenario-based learning experience designed to give high school seniors a greater understanding and appreciation for a variety of scientific principles, several standard clinical practices, and the vast array of career opportunities in the health sciences.
- **THE GEORGE WASHINGTON CARVER SCIENCE ACADEMY (GWCSA)**—an award-winning program that introduces low-income/minority students in grades 3–6 to medical careers through hands-on experience.

Development opportunities for faculty and staff

Recognizing the value of continuing development of faculty and staff, DMU provides funding for continuing education and for attending conferences and seminars. As needs and desires for additional opportunities have increased, DMU has enhanced this benefit by adding new policies and increasing funding several times over the past ten years. In 2010, our professional development benefits received special recognition from *The Chronicle of Higher Education* when DMU was named a Great College to Work For.

The professional development program provides funding for employees to attend seminars, conferences and job-related professional organization meetings and to fund professional license and/or certification renewals as well as pay fees associated with certification/recertification exams. Non-exempt employees have funding through Human Resources to participate in similar professional development activities.

The Professional Development Funding table demonstrates the increased funding that has been budgeted for continuing education/professional development over the past decade.

With the rising cost of attending meetings at which faculty were often not only attending, but also presenting, it was evident that funding levels were not high enough to also support clinical faculty in maintaining their clinical licenses. In recognition of this, deans began using other funds in their department budgets for clinical licenses in the 2003–2004 fiscal year. The increase in funding provides a better opportunity for clinical faculty to attend conferences, seminars, and other events rather than using their professional development funds to renew their licenses.

Each college dean also has funds available for faculty development budgeted at $500 per full-

PROFESSIONAL DEVELOPMENT FUNDING

Effective Date	Benefit Amount for Full-time Staff	Benefit Amount for Full-time Faculty	Benefit Amount for Part-time Staff	Benefit Amount for Part-time Faculty
July 1, 1999	$ 1,000	$ 1,000	$ 500	$ 500
July 1, 2000	$ 1,500	$ 1,500	$ 750	$ 750
July 1, 2007	$ 2,000	$ 2,000	$ 1,000	$ 1,000
July 1, 2009	$ 2,000	$ 3,000	$ 1,000	$ 1,500

time faculty member. Faculty can ask for support from these funds should their professional development funds and program budgets not meet their needs. Faculty development funds also support group development activities, such as bringing in guest speakers.

Based on fiscal year 2011, requests for professional development leave for faculty averaged 51 hours; for exempt staff, 36 hours; and for non-exempt staff, 12 hours of off-campus professional development.

As mentioned in Criterion Three, Faculty Development offers a number of webinars and presentations for faculty, some of which are of interest to staff employees:

- The Friday Seminar Series provides scientific presentations on various topics by internal and external speakers.
- The Teaching Learning Technology Center (TLTC) provides support and service to faculty using technology in the classroom.
- Information Technology Services (ITS) provides ongoing computer training to faculty and staff on applications, such as Microsoft Outlook, Word, and Excel.

Our tuition assistance program allows employee with appointments of 0.5 FTE or greater to request tuition assistance after six months of regular employment. Employees may be reimbursed for tuition and textbooks at the rate of 75 percent of cost, with a maximum of $6,000 for employees employed at a level of 0.8 FTE or greater, while those employees with appointments ranging from 0.5 to 0.8 FTE have a maximum annual benefit of $3,000. The maximum benefit available per employee has also been increased twice since 2000, as shown in the Tuition Assistance Program Funding table.

TUITION ASSISTANCE PROGRAM FUNDING

Effective Date	Maximum Benefit Amount for Full-time Faculty and Staff (0.8 FTE or >)	Maximum Benefit Amount for Part-time Faculty and Staff (0.5–0.8 FTE)
July 1, 2000	$ 3,000	$ 1,500
July 1, 2006	$ 5,000	$ 2,500
July 1, 2010	$ 6,000	$ 3,000

Assistance is provided for formal courses given for academic credit or certificate of completion by an accredited college or university. DMU pays the 75 percent directly to the college or university, so employees do not have to wait to be reimbursed. Employees are required to complete the course with a grade of *C* or better for undergraduate courses and *B* or better for graduate course work. Failure to meet these standards requires repayment of the tuition assistance.

The tuition waiver program allows employees who choose to enroll in classes at DMU to take up to nine credits per fiscal year without paying tuition. This is available only to employees who select a program that allows part-time enrollment, such as Health Care Administration, Public Health, and Post-professional Doctor of Physical Therapy programs. Lastly, through the tuition discount program, spouses or children of DMU employees pay a reduced (50 percent) tuition should they be accepted into any of our programs of study.

Human Resources works with selected providers to broaden our training offerings. In 2011, we contracted with Dale Carnegie to develop a customized training program to help managers develop skills in performance management and personal accountability. Employees will also be offered development in the area of writing performance goals and objectives.

In addition, employees may take approved outside courses, such as ATW's Manager's Boot Camp. Past sessions have included such topics as Dealing with Difficult People, Personal Accountability, Maximizing Multi-Generational Talent, Building a High Performance Team, Project Management, POWER Business Writing, and 5 Dysfunctions of a Team. We first offered these programs to those traditionally considered supervisors/managers. In 2010, at the request of some managers, we opened the sessions to employees that supervisors/managers felt might benefit from the various courses/sessions available.

Faculty development programming

Since 2007, two faculty development needs assessment surveys were performed to determine the professional development needs of the DMU faculty. Results shaped subsequent faculty development programming through the year. For example, faculty indicated interest in more training in computer technology and educational software, student learning styles, leadership development, curriculum development, assessment of student learning, disabilities and higher education, cultural competence and others. These results led to programming on those topics. Programming is also influenced by current national and international discussions of best practices in medical education as well as campus-regulated trends and needs identified by departments and programs (e.g. Student Services, threat assessment, research program, and Friday Seminar Series). In addition, programming is influenced by other survey results, including the actual scheduling of faculty development experiences, the advanced notification of programming experiences, the diversity of content in the faculty development e-newsletter and topics for larger workshops.

New CITL position

As noted under Criterion Three, several professional development programs were organized by the COM assistant dean of Faculty Development.

Attendance at events coordinated through this office was usually around 20. Individual faculty participation was tracked by the office and provided to the faculty and their chairs annually. In the future, it is anticipated that these activities will be coordinated by the Center for the Improvement of Teaching and Learning (CITL).

Faculty/staff development activities arranged by other offices are posted on the Faculty Development Calendar so there is one repository of information. Examples include the Friday Seminar Series, organized by the Basic Sciences Research area; Aging Mind Discussion Groups; and the CPMS Foot and Ankle Symposiums.

Alumni and graduate opportunities

Continuing education offerings

Our mission supports the concept of lifelong learning, which includes DMU-sponsored continuing education events. All health care professionals must remain current regarding new developments in medicine. We recognize our responsibilities and opportunities to provide a mechanism to support graduates and other regional health care providers in fulfilling their need for continuing education.

Up until late 2009, the University had a 0.5 FTE position dedicated to the area of continuing education. With those resources, we were able to offer the following hours of continuing education activities over the past four years:

CONTINUING MEDICAL EDUCATION OFFERINGS 2007–2010

Year	DMU Audience (in hrs)	Outside Entity (in hrs)	Total Offerings (in hrs)
2007	17	N/A	17
2008	10	32.5 (ICCC)	42.5
2009	35	138 (ICCC)	173
2010	30	80.5 (ICCC)	110.5
2011	167	*	399

*Programs once considered external are now co-sponsored.

As can be seen, until 2011, most of our offerings were for a partner, Iowa Chronic Care Consortium. With only a 0.5 FTE position, we had limited capacity to sponsor additional offerings for the faculty and alumni of the University.

To address this issue, the University created a new full-time manager of Continuing Medical Education (CME) position. A national search resulted in the hiring of a candidate who had been working for a large hospital/clinic system. Since July 2010, this employee has met with all colleges and programs to determine their interests and needs for continuing education. In addition, the manager of Continuing Medical Education has developed an online CME transcript system that assists faculty and staff in tracking their CME/CE activities and the CME credits associated with each experience. Having a full-time individual in this position also encourages faculty and staff to bring a variety of meetings and conferences to campus since the CME manager can oversee all of the on-campus arrangements (room reservations, speaker contracts, food, registration, etc.), leaving the faculty free to focus on other aspects of the conference.

DMU has sponsored very successful CME events, such as the annual Foot and Ankle Symposium. We have also collaborated with external organizations, such as the American Physical Therapy Association (APTA), to host events that serve a wide variety of our stakeholders: clinicians, graduates, and the general public. Other offerings have included credit for faculty development subjects and alumni reunion activities. Alumni continue to express interest in our capacity to assist them in meeting their continuing education requirements, and we will continue to seek opportunities to do so. In addition, requests for new continuing education offerings may be submitted on the Continuing Medical Education page of the DMU website.

Because our various constituencies continue to express strong interest in quality CME offerings, we expect the number of total educational contacts to increase beyond the record 4,518 set in 2011.

DMU Osteopathic Postdoctoral Training Institute (OPTI)

An OPTI is a community-based training consortium consisting of a College of Osteopathic Medicine and graduate medical education teaching hospitals. The objectives of the HEARTland Network, the OPTI to which we belong, are to enhance residency curriculum, faculty development, University liaisons, clerkship directors, research support, resident recruitment, and residency standards.

The HEARTland Network, one of 19 OPTIs in the country, to date has 9 members in addition to DMU, including hospitals and family medicine programs at the University of Minnesota and University of Wisconsin.

In addition to promoting excellence in education and training for osteopathic medicine students, interns and residents, the network will foster faculty development and collaborative research among member organizations. The HEARTland Network also has a connection through DMU to Iowa's Area Health Education Centers, or AHECs, which work to recruit, train and retain a health professions workforce committed to the underserved, starting with students in grade school.

Community and professional opportunities

Iowa Academy of Science (IAS)

The Iowa Academy of Science (IAS) is the state's largest and oldest scientific organization, with over 800 members and a history spanning more than 100 years. Des Moines University and its faculty have played major roles in the Academy's recent history. DMU hosted the IAS Annual Meeting in 2009; this event brought more than 350 Iowa undergraduate and graduate science students, faculty, and researchers to our campus for a two-day event. A member of the DMU faculty served as Academy president in 2008. The IAS Board of Directors has had at least one DMU faculty member serving for the last nine years, and eight current DMU faculty have served as Academy officers, directors, committee members, or committee chairs in the past five years.

North Central Branch of the American Society for Microbiology (NC-ASM)

A branch of the American Society for Microbiology, the largest society of microbiologists globally, the NC-ASM is comprised of microbiologists and microbiology students from dozens of colleges and universities located in North Dakota, South Dakota, Iowa, Minnesota, and Wisconsin. The DMU Department of Microbiology and Immunology was selected to host the annual meeting of the NC-ASM in the fall of 2011.

Iowa Physiological Society (IPS)

The mission of the Iowa Physiological Society (IPS) is to unite physiologists in enhancing, networking and advancing physiology throughout the state of Iowa. Its members may be teachers or basic and applied researchers at the molecular, cellular, organ and organismal levels. IPS is associated with the American Physiological Society (APS) as the Iowa Chapter of the APS, and holds its meetings on an annual basis. The 2010 meeting was held at Des Moines University. A record-setting 71 individuals attended, including physiologists at all levels—high school teachers, researchers, college faculty, and trainees from the state of Iowa and surrounding states (Nebraska, Missouri, Minnesota, Wisconsin and Illinois). Julia A. Moffitt, Ph.D., a faculty member at DMU, is the current president-elect.

RECOMMENDATIONS FOR 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 tactics 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

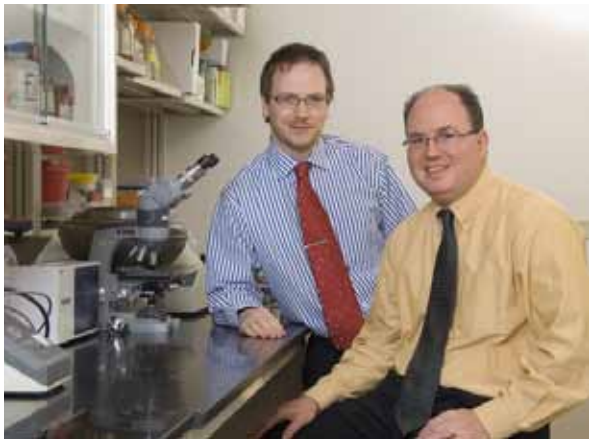
We demonstrate that acquisition of a breadth of knowledge and skills and the exercise of intellectual inquiry are integral to our educational programs.

For over 100 years, DMU has valued and maintained an environment of teaching excellence. More recently, we have made a concerted effort to build the infrastructure and gather the expertise necessary to create an environment of not simply knowledge transmittal but knowledge acquisition.

Faculty research activity

During previous HLC evaluations of our University, concerns were raised about the University's level of research activity and faculty scholarly efforts. (See 1996/1997 Comprehensive Evaluation and 1999 Focused Evaluation.) During the 2001 Comprehensive Evaluation, the evaluators noted that DMU "moved decisively and forcefully" in responding to some of these criticisms and made additional suggestions for improving the culture of research and scholarship on our campus. These suggestions included filling existing and future faculty vacancies with individuals actively engaged in research, establishing a limited number of centers of excellence and reinvesting all indirect costs recovered and savings on faculty salaries realized from extramural support into our research enterprise.

Over the last decade, DMU has continued to recruit and retain high-quality educators. In order to expand the number of faculty actively engaged in scholarly endeavors, we have continually filled faculty vacancies with individuals who not only possess effective teaching skills, but also demonstrate excellence in and motivation for scholarship.



Dr. Wayne Wilson, left, and Dr. Andrew Brittingham are among the DMU faculty who have received NIH grants for scientific research projects that engage both graduate and undergraduate students. Wilson's team is using baker's yeast to define the mechanisms that regulate glycogen accumulation in cells. Brittingham's project explored the triggers that cause white blood cells to produce the inflammatory peptide Endothelin-1.

All faculty candidates for positions in the basic science departments, as well as many of the clinical departments, are required to not only deliver a didactic/instructional lecture as part of the interview process, but also a seminar outlining their research interest and plans for future investigations. In the last five years, we have more than doubled the number of faculty actively engaged in research and scholarly endeavors, as measured by faculty actively mentoring students, submitting grant proposals and manuscripts, and having active IRB protocols. In 2005, 21 faculty members were engaged in these activities; by 2010, the number had grown to 54.

In order to support the faculty's scholarly endeavors, we have committed considerable financial resources to strengthen our research infrastructure. This includes a commitment to providing part-time technical support for new basic science investigators to help them establish their research laboratories, and full-time technical support in the Human Performance Lab. Additionally, matching funds are available to help support the full-time employment of research technicians when investigators are able to generate a minimum of 50 percent of the technician salary from extramural grants.

Over the last decade, the University has spent more than $11 million on renovations and additions to Ryan Hall, which, in addition to housing classrooms and faculty and administrative offices, also houses all of the basic science research laboratories and the DMU animal facility. This newly renovated space has made DMU a more attractive teaching and research environment for potential faculty candidates as well as student applicants.

Assistant Professor of Anatomy Tafline Arbor digs into the body's structure, literally, by combining paleontology and anatomy. At the Makapansgat Fossil Site in South Africa, above, Arbor uses tools and explosive caps to extract fossils from geological deposits. "Everything I do in my research relates to morphology: how biomechanic strains and stresses impact bones, what neurovascular bundles are conveyed through particular foramina, and how muscles are oriented in relation to a joint," Arbor says. "I love anatomy. It's the foundation of my research."

Support for research

The recruitment of qualified and inquisitive faculty, the renovation of research facilities, and the building up of our research infrastructure (both physical and personnel) have resulted in a significant increase in research productivity by our faculty and students. However, we need to be mindful of the impact of filling faculty vacancies with teacher-researchers who carry a 50–60 percent teaching load. We also need to increase the level of funding from external sources.

EXTERNAL FUNDING, 2001–2010

Year	Total research $	Total other projects $	Total external funding
2001	415,576	12,704	$428,280
2002	429,476	950,000	$1,379,476
2003	229,251	1,322,639	$1,551,890
2004	597,145	1,238,983	$1,836,128
2005	42,974	43,394	$86,368
2006	484,911	75,490	$560,401
2007	191,500	271,993	$463,493
2008	115,710	1,969,088	$2,084,798
2009	907,295	202,927	$1,110,222
2010	30,450	188,100	$218,550

From 2001–2005, 121 grants were submitted to external agencies; from 2006–2010, 105 grants were submitted. We are transitioning to a new database that will make it easier to coordinate tracking of grants funding with Accounting.

GRANT SUBMISSIONS AND SUCCESS RATE, 2001–2010

Year	# Submitted	# Funded	Success Rate
2001	14	7	50.0%
2002	27	12	44.4%
2003	37	20	54.1%
2004	15	13	86.7%
2005	28	16	57.1%
2006	18	12	66.7%
2007	32	14	43.8%
2008	23	11	47.8%
2009	21	9	42.8%
2010	11	5	45.4%

While the University continues to provide a substantially increased level of internal support for research and scholarship ($12.82 million from 2001–2010), this investment has returned only 20 percent of that amount in external grants ($2.7 million from 2001–2010).

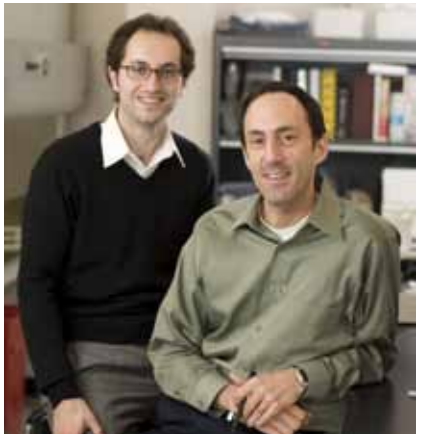
Faculty scholarship includes more than 256 peer-reviewed publications, books, and book chapters during the last decade, 654 scientific or professional presentations, and over 300 editorial and peer-reviewed activities. Many of these manuscripts and presentations include students as coauthors.

DMU faculty have been recognized by appointment/election to numerous state, regional, federal and professional boards, agencies, and leadership positions. These include President of the Iowa Academy of Science (Finnerty); Chair of the Education Committee of the Gait and Clinical Analysis Society (Vardaxis); Voting Member of Clinical Laboratory and Standards Institute (Gray); Fellow of the Iowa Academy of Science (Brittingham); Fellow of the National Academy of Osteopathic Medical Educators (Canby); Title V Friend of Iowa's Children Award (Hansen); Physician of the Year, Iowa Osteopathic Medical Association (Figueroa); and national coordinator for Level III of COMLEX (Wattleworth).

The University's expansion of research and scholarly endeavors is not limited to clinical or biomedical research; in fact, many faculty have become actively engaged in educational, public health and social science research studies. This work includes studies from multiple colleges and departments that examine diverse topics such as the usefulness of podcasting, online teaching modules, medical simulation and the implementation and efficacy of evidence-based practice content into our curriculum.

Over the last several years, the University has instituted policies that provide additional support for research activities and reward faculty who procure extramural grants and contracts. The policy on Facilities and Administrative Costs Allocation ensures that 30 percent of funds recovered from external agencies in the form of reimbursement for facilities and administrative costs are returned to the administrative department to which the principal investigator or project coordinator is assigned. These funds are to be used to further support research activities within that department.

In 2009, we instituted a policy on Bonus for Extramural Research Grants and Contracts. This policy provides the opportunity for faculty to be rewarded with a salary bonus based on the amount of University funds recovered due to indirect costs and salary savings.



DMU D.O. student Jason Sebesto was one of five winners of the American College of Physicians 2009 National Medical Students Abstract Competition. He presented his abstract "MRSA Detection of Colonized Needleless Catheter Ports Using Real-Time PCR" at the April convention. Jason began this research project with Jeff Gray, Ph.D., professor of microbiology/immunology, as part of the DMU Mentored Student Research Program. He and Dr. Gray continue to explore ways to treat bloodstream infections prevalent in hospital intensive care units.

Research opportunities for students

Perhaps the most vibrant of DMU's research activities are those involving students. Curricula in all four of the clinical programs (D.O., D.P.M., PA, and D.P.T.) include some didactic coursework related to research with a focus on clinical research. Required content ranges from one credit of coursework in the D.O. program to three credits of coursework in the D.P.M. program. All students in clinical programs have the opportunity to enroll in an elective one-credit Clinical Research Methods and Ethics course each fall. Curricula for both the M.P.H. and M.H.A. programs include a three-credit research and statistics course as well as a second three-credit course in Community Research Methods and Health Services Program Evaluation, respectively. Students in the Biological Science program enroll in seven credits of didactic research courses as well as a 15-credit bench research experience with their major advisor.

Thesis-based programs

In 2007, Des Moines University received HLC approval to begin two new graduate programs, a non-thesis based Master of Science in Anatomy (M.S.), and a research thesis-based Master of Science in Biomedical Sciences (M.S.). To date, the Biological Science program has had 16 students matriculate; 8 have completed all degree requirements, and 8 are progressing through the program.

Since the launch of the Anatomy graduate program in August of 2007, 77 students have matriculated. Twenty-one entered as primary degree students and 56 pursued a dual degree. Enrolling these students has further stimulated scholarly activity, principally through required courses in advanced dissections and two semesters of seminar. These courses have required students to critically evaluate scientific and clinical studies, with assistance from their graduate faculty mentors, in order to support their presentation topics. Lastly, the program has brought a few students together with faculty to pursue research in areas of anatomic and clinical variation.

SELECTED EXAMPLES OF PUBLISHED FACULTY RESEARCH

Buchanan, P., & Vardaxis, V. (2009). Lower-extremity strength profiles and gender-based classification of basketball players ages 9–22 years. *Journal of Strength and Conditioning Research, 23*(2), 406–19.

Canby, C. A., & Bush, T. A. (2010). Humanities in Gross Anatomy Project: A novel humanistic learning tool at Des Moines University. *Anatomical Sciences Education, 3*(2):94–6.

Divino, J. N., Chawla, K. S., da Silva, C. M., Bjorge, A. M., & Brittingham, A. (2010). Endothelin-1 production by the canine macrophage cell line DH82: Enhanced production in response to microbial challenge. *Veterinary Immunology and Immunopathology, 136*(1–2):127–32.

Gray, J. T., Hungerford, L. L., Fedorka-Cray, P. J., & Headrick, M. L. (2004). Extended-spectrum-cephalosporin resistance in *Salmonella enterica* isolates of animal origin. *Antimicrobial agents and Chemotherapy, 48*(8): 3179–81.

Hendrix, C. R., Housh, T. J., Johnson, G.O., Weir, J. P., Beck. T. W., Malek, M. H., Mielke, M., & Schmidt, R. J. (2009). A comparison of critical force and electromyographic fatigue threshold for isometric muscle actions of the forearm flexors. *European Journal of Applied Physiology, 105:* 333–342.

Lee, M. & Maker, J. (2009). Revision of failed flatfoot surgery. *Clinics in Podiatric Medicine and Surgery, 26*(1): 47–50.

Mahoney, J., & Scott, R. (2008). Psoriatic Onychopachydermoperiostitis (POPP): A perplexing case. *Journal of the American Podiatric Medical Association, 99*(2):140–3.

Reed, K. (2008) New paradigms for physician training for improving access to health care, Eighteenth report [electronic report]. Council on Graduate Medical Education. Available at ftp://ftp.hrsa.gov/cogme/18thCOGME.pdf

Steele, T. A., & Hauser, C. C. (2005). Role of interferon-alpha in a successful murine tumor therapy. *Experimental Biology and Medicine, 230*(7): 487–93.

Yoho, R. M., Frerichs, J., Dodson, N. B., Greenhaven, R., & Geletta, S. (2008). A comparison of vitamin D levels in non-diabetic and diabetic patient populations. *Journal of the American Podiatric Medical Association, 99*(1), 35–41.

York, A. M., Nordengren, F. R., & Stumbo, T. (2009). Measuring student preferences in delivery formats in a web-based module about evidence-based practice. *Journal of Online Teaching and Learning, 5:* 477–486.

Vardaxis, V. G., Cooper, J. M., and Koceja, D. (2001). Spatio-temporal and time domain kinetic parameter variability changes with age. *Biomechanics in Sports, XIX:* 188–191.

Weir, J. P. (2005). Quantifying test-retest reliability using the intraclass correlation coefficient and the SEM. *Journal of Strength and Conditioning Research, 19*(1): 231–240.

These two new graduate programs have invigorated our faculty, challenging them to develop and implement approaches to educating and training students of the basic sciences, in contrast to those students in professional clinical programs that we have trained for more than a century.

Students have varied opportunities to engage in research with DMU faculty members. Teachers in the M.P.H. program are practitioner-scholars, which creates many opportunities for public health scholarship, including applied epidemiology, community-based participatory research, community assessments, and program evaluation. Students in the Master of Science in Biomedical Sciences program complete their 15-credit laboratory-based thesis research under the direction of a graduate faculty member in the College of Osteopathic Medicine. PA students complete a project using skills developed in their Research and Epidemiological Principles course. Projects are presented to the University community as well as PA faculty and students. Students in the D.O., D.P.M. and D.P.T. programs have the opportunity to complete an elective research project under the supervision of a DMU faculty member.

Many students complete elective research projects during the DMU Mentored Student Research Program. Through this program, more than 4 dozen students annually (increased from just 22 in 2001), gain hands-on research experience. Participants include both DMU professional students and undergraduates from throughout the Midwest. In 2010, DMU committed $185,000 to this valuable program. In addition to conducting research, students attend seminars, present their work at University-wide events, and receive training in laboratory safety and the responsible conduct of research.

The popularity of this program has grown to the point that student demand far exceeds opportunities available. In recent years, we have received more than 70 applications each year for the 12 slots that we typically reserve for undergraduates. Student demand for research opportunities is just one of many pieces of evidence demonstrating that we have successfully cultivated a culture of inquiry and scholarship.

Kosta Antonopoulos and Valerie Tallerico, both D.P.M.'10, gained insights on academia in a clerkship created by CPMS Dean R. Tim Yoho, center. Yoho began the program because "there were no orientation programs for students interested in the administrative side–those who down the road might have an interest in academic medicine." Each year, he mentors one or two students during a one-month academic experience. Clerks have access to administrative meetings. In addition, each clerk gives a lecture in a course and is assigned a special administrative project.

Pathways of Distinction

DMU has created a highly selective, guided track for students who want to be educators or global health researchers. Those who follow one of two research pathways on the track will be equipped to teach in the academic medical centers of the future.

D.O. students are chosen during their second and third years based on academic standing, faculty recommendations and performance in previous scholarly activity. Selected students are awarded a percentage tuition scholarship.

- **CLINICIAN/EDUCATOR—**This pathway develops osteopathic medicine students to become medical educators in their residency and beyond. In one-to-one meetings with faculty, online modules, small group sessions and large group lectures, students learn the principles of adult learning and curriculum development, and have opportunities to experience different teaching and learning styles. Students then demonstrate their skills in various DMU settings, create a medical research project for publication submission and develop an educator portfolio.
- **GLOBAL HEALTH RESEARCHER—**This unique third-year rotation program, available to high achieving students, offers research scholar internships with the World Health Organization (WHO) or the Pan American Health Organization (PAHO), a regional branch of the World Health Organization based in Washington, D.C. Scholar interns work under WHO or PAHO supervision to conduct systematic reviews or create evidence-based educational materials for worldwide distribution. Students then present their findings on campus and are encouraged to submit them for publication. Skills gained during this experience will not only translate to patient care, but are research skills that can be shared with other health care providers during residency and beyond.

Humanities

We believe that a well-rounded physician must understand not only the science of medicine but the heart of healing. Our Medical Humanities and Bioethics department

prepares physicians of the future to be competent, ethical, caring professionals and to live our core value of Humanism.

We currently provide three required courses to students in the College of Osteopathic Medicine. Year 1 begins with a survey course in history of medicine. We believe that the history of the healing art, with special emphasis on A.T. Still and the history of osteopathic medicine, is crucial to students' understanding of today's health care environment. Medical ethics is also begun in Year 1 and continues throughout Year 2. By means of lectures, readings, and small group discussions, students are led through many of the real-world ethical dilemmas that they will be likely to face as they enter clinical training and practice. Supplemented by distinguished lecturers, the ethics curriculum provides a solid base for future professional growth.

Interdisciplinary electives allow students to explore the field of medicine from varied perspectives. For example, Introductory Figure Drawing, which is open to all students, helps students understand anatomy from a different perspective. Other electives include Exploring the Human Condition: Views from Literature, Sociology, Medicine and Public Health; Spiritual and Religious Issues in Patient Care; and Images of Women in Popular Culture: Implications for Medicine.

First produced in 2007, *Abaton* serves as a creative outlet for DMU students, faculty, alumni and other health care professionals. *Abaton* explores sentiments of the provider and patient that are often unspoken. By allowing these stories to be heard, we give voice to the most fundamental aspect of medicine–humanism.

Abaton *journal*

The University's award-winning arts and literary journal, *Abaton,* is published by the Medical Humanities and Bioethics department. Founded in 2007 and printed annually, *Abaton* publishes artwork, poetry, essays and stories by students, faculty, alumni and many others. Well-known physician-authors such as Richard Selzer and Jack Coulehan have been featured in past issues.

"*Abaton* works to examine the humanity and soul of medicine," said Rick Rapp, D.O.'12, editor of the 2010 issue. The annual Selzer Prize for Writing, first presented in 2010, is intended to encourage medical students to follow the example of Dr. Richard Selzer, who "put into writing the spectrum of thoughts and emotions that came from his experiences in medicine."

In 2009, the journal won first place in the American Association of Colleges of Osteopathic Medicine (AACOM) special publications category. Past issues of *Abaton* are available online at www.dmu.edu/abaton/

Volunteer musical organizations

In 2009, members of the DMU Choir got an unexpected reward for their volunteer efforts: they performed with world-renowned opera singer Simon Estes at the Glanton Scholarship dinner. The choir was formed when Dr. Kendall Reed proposed the idea and more than 20 students responded. Reed encourages participation in the choir because "music is part of the culture of a university, and it gives students balance in their lives." Currently the DMU Choir has about 25 members.

Members of the DMU Choir perform at the 2009 Glanton Scholarship dinner.

Founding members of the DMU String Quartet prepare for a performance. The quartet has grown into a string orchestra composed of students and employee volunteers.

Our String Quartet was formed when instrumentalists Nicole Nelson, D.O.'13, and classmate Yoshihiro Ozaki met and realized that together they formed half of a quartet. They recruited other string players and now perform regularly at University events.

Several members of the DMU community are also members of the Des Moines Community

Orchestra, including students Nicole Nelson and Yoshihiro Ozaki, who is principal cellist; Deb Gordley, a DMU administrative assistant and the orchestra's principal oboist; and gastroenterologist Bernard Feldman, D.O.'80, a cellist and member of the DMU Board of Trustees.

The DMU Choir and String Quartet have become regular, albeit unpaid, stars at University events. Ozaki sees an analogy between music and medicine. "When you see patients, they don't really care how much time you've spent in class or in board exams," he says. "That's like performance—the audience doesn't care how much you've practiced so long as you're giving them the gift of music."

Planning for the future

DMU has made great progress in creating and sustaining a culture that values scholarship and intellectual inquiry. As we continue to strengthen our foundation, we can also begin to build for the future. The University has committed to several new initiatives that will strengthen our own scholarly endeavors as well as foster collaborative interactions with other entities.

National Children's Study

This federally funded program examines the influences of environmental and biological factors on the health and development of children. In the course of the study, 100,000 children from over 100 counties in the United States will be followed from conception through their 21st birthday. As part of a subcontract from the University of Iowa, DMU will be responsible for the collection, processing and shipping of biological and environmental samples from the Polk County (Iowa) study center to various repositories and researchers.

Friday Seminar Series

Medical research is a rapidly evolving area, and Des Moines University is committed to keeping our faculty updated as well as identifying and discussing cutting-edge biomedical research. The Friday Seminar Series was established in 2003 to create a forum in which DMU faculty, graduate students and professional students can improve their personal competency in designing and interpreting cutting-edge biomedical research and learn how it relates to disease prevention and treatment.

Two series are conducted each year (one in the fall and one in the spring). Attendees are educated on the most up-to-date research methods and discoveries of emerging diagnostics and therapies for multiple disease states, including, but not limited to, cardiovascular health, diabetes, oncology and infectious disease, therefore improving patient outcomes. The series focuses on research concepts and techniques as well as promoting research activities of high value and state-of-the-art clinical care. The series also places value on the most appropriate research and treatment protocols and fosters faculty communication, interprofessional teamwork and overall professionalism.

RECOMMENDATIONS FOR 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.

Because Des Moines University is a graduate institution specializing in medicine and health care, training our students to function within a diverse society is critical. Within the scope of their careers, DMU graduates will work with an ever-changing and increasingly diverse public, whether that diversity is based on ethnic, racial, religious, gender, geographic, or economic factors. In addition, students must be prepared to use technology to assess and treat patients and to manage medical information.

Curriculum assessment

Many of the programs on the DMU campus have professionally established core competencies and/or programmatic accreditation standards, many of which deal with the area of cultural diversity and sensitivity. All programs have begun mapping their curricula. Curriculum mapping is an important process, not just for this particular component, but for an overall assessment of whether all competencies are covered.

Even when there is evidence that curricular components address cultural competency, whether students experience anything more than just answering required test questions or completing a writing assignment is something we are not at present able to discern. To be sure, a great number of our students are involved in global experiences and service projects, but that does not guarantee that all of our students participate in such events or are assessed on their actual abilities to function in a diverse world.

Because many of these experiences take place outside of the formal instruction that occurs at DMU, there has not been an effective system for tracking these experiences. Student Services uses activity sheets from each of the clubs and special interest groups to track some of their activities, but given the magnitude of the number of current clubs and special interest groups, this process is daunting. Tracking may be improved by ensuring that all clubs are able to meet their goals and encouraging clubs that do not meet their goals to consider disbanding or joining efforts with another club to better focus volunteer efforts. Otherwise, it seems as though we may be on the verge of spreading ourselves too thin.

In addition, until 2010 the University had less than full-time support in the Community Relations position, as well as turnover in this position, which has made it that much harder to track the extent and impact of these experiences. It is hoped that now with full-time, consistent coverage in this department, these activities will be tracked and then an assessment piece can be developed.

Self-directed learning

While completing the clinical phase of their respective programs, students are expected to be self-directed learners. Unlike the didactic phase, when students are tested often over the topics covered in class, in the clinical phase students must keep studying even if there is no exam in the near future. In some cases, tests over the clinical materials are given at the end of a particular rotation, but in other cases, material may not be tested until comprehensive examinations conducted just prior to graduation. Students are given objectives for each of the clinical rotations, but they are responsible for studying the materials on their own and in the manner of their own choosing. This information was once distributed in hard copy prior to students' departure for rotations. Students are now able to access this information electronically.

In the College of Osteopathic Medicine, third-year students are tested at the end of each of their core rotations. The vast majority of the students pass the exams on the first attempt, as shown in the End-of-Rotation Pass Rates table.

END-OF-ROTATION PASS RATES—INTERNAL MEDICINE

Class	1st Time Pass Rate	Minimum Needed to Pass
COM Class of 2009	98%	60%
COM Class of 2010	96%	60%
COM Class of 2011	93%	65%

In the College of Health Sciences, physician assistant students must take comprehensive examinations just prior to graduation. These exams cover all materials and objectives for the second year of the curriculum. Both written and practical examinations must be passed with a score of at least 80 percent. Again, most students pass the exam on their first attempt (100 percent first-time pass rate for PA Class of 2009 and 98 percent first-time pass rate for PA Class of 2010).

Formative exams are also used to help students identify areas of weakness. For instance, all Osteopathic Medicine students return to campus at the end of their third year after completing one year of clinical rotations. At that time, they are on campus for five days during which they take a shelf exam, participate in team simulation experiences, and complete cases in the Standardized Performance Assessment Laboratory (SPAL). Feedback is given to help students prepare for their national boards and successfully complete their clinical rotations.

In addition to study guides and objectives, students have access to other learning materials. The Library portal provides access to Exam Master, a program that allows them to create and take practice examinations over the various systems. The Library also provides print and online board review books and study guides. Practice examinations for United States Medical Licensing Exam (USMLE) and Physician Assistant National Certifying Examination (PANCE) are also available. Results are captured and can be used by students to focus on areas in which they experienced difficulty.

Communication and cultural competency

Formal assessment

As noted in Core Component 3a, one outcome that all DMU graduates, regardless of academic program, are expected to demonstrate is to "value the human experience with sensitivity to individual and cultural differences."

Des Moines University offers many courses and experiences to train students in sensitivity and to convey that one way of examining or talking with a patient will not work for all patients. Within the didactic portions of the curricula, courses such as the D.O. and CPMS Physical Diagnosis, PA Ethics, M.P.H. Global Health Cultural Implications, and M.P.H. Foundations for Global Health all include objectives or activities that seek to train students to be sensitive to the uniqueness of others.

Given the traditional didactic nature of such courses, the most prevalent method for assessing student competence in these areas is written examinations. However, in the case of the M.P.H. Global Health Cultural Implications course, 25 percent of the 100 points possible for the final written assignment are based solely on how culturally appropriate the students' approach to providing health care is while they are in-country on their global health experience. In the case of civic engagement, students must complete a pre- and post-course assessment in order to pass the course.

CULTURAL SENSITIVITY OBJECTIVES

Course	M.P.H. Global Health Cultural Implications
Description	While in-country, students will develop a culturally relevant plan to address a priority public health issue selected by the health providers serving as DMU's contact in that country.
Objectives	• Define relationships between culture and health. • Analyze the design and delivery of traditional and non-traditional health services using the prism of cultural beliefs. • In collaboration with a health provider, develop a plan to address a health challenge; design approaches consistent with the culture of the country.

The Standardized Performance Assessment Laboratory (SPAL) provides another opportunity to assess students' communication styles with various populations. For each case, standardized patients provide feedback to students that serves as a subjective assessment of their ability to effectively communicate. Although the standardized patients are not often racially diverse, they often are senior citizens, which provides students with the opportunity to communicate effectively with the elderly population. In addition, students in the Medical Spanish elective are required to work through a case in which the standardized patient is Spanish-speaking.

In the Simulation Center, a few cases involving about 30 students annually feature language barriers with a Spanish-speaking or Russian-speaking patient. These scenarios help students realize the need for translators and how to properly utilize their services.

Several of the programmatic accreditation organizations associated with specific DMU academic programs, including Council on Osteopathic College Accreditation (COCA), Council on Podiatric Medical Education (CPME) and Council on Education for Public Health (CEPH), have established core competencies associated with cultural sensitivity and diversity.

For example, DMU's College of Podiatric Medicine and Surgery has aligned its learning competencies to reflect those mandated by the CPME. The criteria specify that podiatrists will "practice with professionalism, compassion, and concern and in an ethical fashion regardless of the patient's social class, gender, racial or ethnic background."

Several core competencies outlined by CEPH address communication and cultural competency:

- **COMMUNICATION**—Listens to others in an unbiased manner, respects points of views of others, and promotes the expression of diverse opinions and perspectives.
- **CULTURAL COMPETENCY**—Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socio-economical, educational, racial, ethnic, and professional backgrounds and persons of all ages and lifestyle preferences; Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services; Develops and adapts approaches to problems that take into account cultural differences; Understands the dynamic forces contributing to cultural diversity; and Understands the importance of a diverse public health work force.

Similarly, the Commission on Accreditation in Physical Therapy Education (CAPTE) includes several criteria addressing the consideration of patients' differences, values and preferences when communicating with patients as well as develop-

ing patient care plans (CC 5.18, 5.34, 5.41, 5.50). When last evaluated by CAPTE, the Des Moines University Doctor of Physical Therapy program was found to be in complete compliance with these criteria.

Each student in the clinical programs (D.O., D.P.M., D.P.T., and PA) completes a Myers-Briggs Type Indicator (MBTI) assessment and is then provided with a two-hour interpretation workshop and class facilitated by one of several qualified trainers on campus. PA and D.P.T. students also complete three two-hour modules in Flex Care. The Flex Care communication training provides students a tool that builds on existing communication skills by setting everyday interactions into a simple framework. The underlying premise is that because people have different preferences about being approached, gaining information, and making decisions, using only one communication style is not optimal. Participants learn tips for communicating with people with different personality types. M.H.A. and M.P.H. students have access to the MBTI assessment, but that is currently an elective in those programs.

Effective communication is also addressed and assessed during the clinical phases of all clinical programs. In the health care arena, communication is continuous and involves many different groups of people. Students find themselves talking with patients and families, discussing their findings with their attending physicians and preceptors, and coordinating care with other members of the health care team. A health care provider's effectiveness is highly dependent on the ability to communicate effectively. This can be difficult even under the best of conditions, but when a patient in pain or a life-threatening condition is added to the mix, it is extremely important that the student can communicate calmly, succinctly, and clearly with everyone involved.

Through a unique agreement with Toastmasters International, DMU's Master of Health Care Administration program offers two courses designed to enhance students' communication competency: Run a Great Meeting and Give a Great Presentation.

Once a medical condition is identified and treatment is proposed, findings must be communicated both verbally and in writing. Learning objectives dealing with effective communication skills are included in the various evaluations used by preceptors in each clinical program. We recently started using a system called E*Value. This system allows both students and preceptors to use one system for tasks that were once completed by hand and then submitted individually for each student. Previously, individual student performance could be assessed, but group performance data was not easily aggregated. As of 2011, a year's worth of data can be extracted for review. For instance, CPMS data shows that over 90 percent of students meet the expectations for "communicating appropriately and professionally with attendings, residents, team members, and other health care professionals" and also for "communicating appropriately and professionally with patients and family members." In both cases, approximately 75 percent of students exceeded expectations or were judged outstanding in that area.

Lastly, an important part of health care training is recognizing when it is not appropriate to communicate. For instance, all clinical students are trained in the areas of patient confidentiality and how to comply with the Health Insurance Portability and Accountability Act (HIPAA). Students found to be non-compliant with professional confidentiality or HIPAA requirements are taken to the respective Student Promotion and Evaluation Committee (SPEC) for potential discipline or remedial recommendations. Other communication issues as they relate to professionalism are covered elsewhere in this document.

Student self-assessment

Health Care Administration has recently begun a curriculum-mapping project using the National Center for Healthcare Leadership's Health Leadership Competency Model, which includes interpersonal understanding as a critical process in developing health care leaders. The required internship experiences in the M.H.A. and M.P.H. programs also provide opportunities for students to self-assess their growth in cultural competency. Using the Council of Linkages (M.P.H.) and National Center for Health Care Leadership (M.H.A.) core competencies as a backdrop, all students must rate themselves on each of the competencies and provide evidence-based information showing how and why they feel they are meeting each of these core competencies. In addition, during the program orientation courses, students rate themselves against these same criteria to provide an opportunity to measure the growth they have experienced throughout the program.

Cultural competence

According to the National Association of Social Workers Standards for Cultural Competence (2001),

> *Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic*

backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations.

The didactic curricula in nearly all our programs include content and objectives that promote diversity and cultural awareness. While much of this information is contained in ethics or ethics-like course work, examples of more intense and unique opportunities to become culturally aware are numerous. During their third year, students in our D.P.M. program view a series of short films titled *Worlds Apart* that follow patients and their families faced with critical medical decisions as they navigate the health care system. The series aims to raise awareness about how cultural barriers affect patient-provider communication and other aspects of care for patients of diverse backgrounds. Faculty members in the D.P.M. program meet with students for facilitated discussion after viewing these films.

While these classroom exercises are designed to raise student awareness of issues related to diversity and cultural differences and to uncover any biases they may possess, students need hands-on opportunities to put these competencies into practice. As our Global Health website states, "The global health experience can no longer be considered an elective in medical education but rather one that is absolutely required. Preparing tomorrow's physicians is not just about being able to recognize exotic infectious diseases and skin disorders in the medically disadvantaged; more importantly, it is a strong awareness of the connectedness we all share in today's increasingly complex cultures, economies and political world."

Last year, DMU students volunteered over 2,000 hours at free clinics throughout the community. Many of these clinics serve populations that are culturally more diverse than our own University community and students' communities of origin.

For example, La Clinica de la Esperanza (Clinic of Hope) is a community-based clinic that provides service to under-served Latino patients of all ages. Last year, more than four dozen DMU students volunteered their time working at La Clinica. The Islamic Center of Des Moines also operates a free clinic where DMU students often volunteer.

Students in our D.P.T. program are required to take a Civic Engagement course. This requirement encourages their development as socially responsible professionals with greater awareness of community resources. Service is required in three categories: 1) to the community, 2) to the profession, and 3) to the University. Projects involving under-served or diverse populations are encouraged. The goals of these activities include developing these understandings: a sense of professional and social responsibility that extends beyond work and job expectations, an awareness of factors that impact health and access to community services, and the ability to adapt communication skills and behaviors to reflect respect and sensitivity to individual differences.

Global awareness

Student demand for global educational opportunities, including health education programs, is at an unprecedented level. Nationally, more than 30 percent of all medical students spend some period of time overseas as part of their training. Des Moines University has responded to our students' requests by establishing a department of Global Health, housed within the College of Osteopathic Medicine, which coordinates the University's efforts to provide global educational opportunities to all our students and to provide health care services to the global community.

Clinical training opportunities

Our Global Health program provides all students, as well as some alumni and staff, an opportunity to gain cultural and clinical competencies as they learn and work in another country. Working through Global Health, students can participate in medical service trips, typically to South and Central America, or complete elective clinical rotations (for credit) around the world. Since 2006, nearly 100 students have participated in medical service trips, and more than 200 students from 6 different programs have completed clinical rotations in nearly 24 countries. While medical service trips typically last for only one week, clinical rotations abroad can last for as long as two months.

As the number of students traveling abroad has increased, so has the University's support and infrastructure for Global Health. The department is now led by a full-time associate dean (Yogesh Shah, M.D.) with a full-time administrative assistant. Policies and curriculum have been developed to protect student safety and ensure that the educational needs of our students are met.

Prior to departure, students are required to complete training modules (online and podcast) that discuss issues related to cultural competency and personal safety. To assess the impact of their international experience, students are required to complete a Global Perspectives Inventory (GPI) prior to departure, and again following their return. The GPI is a 46-question survey designed to measure changes in attitude and behaviors resulting from exposure to individuals from different cultures. The pre- and post-experience survey results are compiled for each college as well as for all DMU students every six months. The GPI assessment tool collects information on the students in three domains: cognitive, intrapersonal, and

REPRESENTATIVE STUDENT CLUB SERVICE ACTIVITIES

Service Project or Event	Student Club(s) involved
Adopt a Family	Physician Assistant Club
Big Brothers/Big Sisters	American Medical Student Association
Catholic Worker House	Student National Medical Association Student National Podiatric Medical Association
Children and Family Urban Ministries	Christian Medical Association
Diversity events such as Diwali and Lunar New Year	International Medicine Club
DMARC Canned Food Drive	American College of Osteopathic Family Physicians Student Osteopathic Internal Medicine Association Student Osteopathic Surgery Association Student Senate Undergraduate American Academy of Osteopathy
FREE CLINICS:	
Corinthian	Student National Medical Association
House of Mercy	International Medicine Club
Islamic	Muslim Osteopathic Students Association Student National Medical Association
Margaret Cramer	Christian Medical Association
Girls in Science	Club-wide volunteering headed up by Women's Medical Alliance
Habitat for Humanity	Physical Therapy Club
Homeless camps and homeless shelters	American Association of Women Podiatrists and Friends Homeless Camp Outreach Physical Therapy Club Student Osteopathic Medical Association
House of Mercy Holiday Party	American College of Osteopathic Family Physicians Pediatrics Club Women's Medical Alliance
Meals from the Heartland	Christian Medical Association Global Health Student Club Student National Podiatric Medical Association Student National Medical Association
Mission Active	Club-wide volunteering headed up by International Medicine Club
Senior Health Fair	Club-wide volunteering headed up by Geriatrics Club
Soles for Souls	Student National Podiatric Medical Association

interpersonal. The latest scores show small, but significant, gains in all three domains.

Joe Kimbell, D.O.'13, helps meet the need for medical care in Guatemala. "The thing that stands out most for me was seeing all these people who, if they lived in America, wouldn't have their problems," says Kimbell. "Many had nothing, but they were so grateful and enjoy the simple things in life. That really sticks with me."

In addition to completing any programmatic specific post-rotational evaluations, students are asked to provide a report that describes the health care system in the country they visited, list the three major health issues they encountered in the community they rotated in, and offer solutions or ideas to improve the health and sustainability of that community.

A University-wide Global Health committee meets quarterly and serves in an advisory role to the Global Health program. This committee contributes to the improvement, development and evolution of our Global Health initiatives. A separate Safety Committee meets annually to review all documents and policies related to student safety while traveling abroad.

Des Moines University has a very active student body involved in 42 student clubs and 16 interest groups, honorary societies and special affiliations. All clubs are required to define at

The Pediatrics Club interacts with school children during "What's in the Doctor's Bag?" Many of our educational outreach activities focus on schools in low-income neighborhoods.

least one community service project as a requirement for recognition by the University, but there are several whose main emphasis is on diverse populations.

Recently, a new Global Health Student Club was formed on campus to help communicate global health activities to interested students. The club is a medical outreach program that provides medical care for the indigent populations of the Western hemisphere through mission work.

Another student organization, the International Medicine Club, is "aimed at promoting the importance of multiculturalism in society today.... The International Medicine Club has been a vital part of DMU's commitment to cultural awareness and the celebration of the diversity in America."

On a local level, service is provided through DMU's Homeless Camp Outreach (HCO) student group. HCO seeks to establish personal, caring relationships with the homeless around the Des Moines metro area that validate the campers' dignity and humanity. Since 2008, this group has worked to establish trust with this population through repeated visits. Their work has expanded to provide free medical care through the acquisition of the DMU Mobile Clinic. This Mobile Clinic is also used by other groups to broaden the University's outreach to these diverse populations; for example, we have contracts with Free Clinics of Iowa and Proteus, which provides services to migrant farm workers.

For a complete list of student clubs, see the Academic Catalog or www.dmu.edu/student-services/student-clubs-and-organizations.

Competence in using technology

All students use technology in their academic training programs. Those on campus use the wireless capability found throughout campus. In addition, the major lecture halls and auditorium provide for wired access. Both on-campus and distance students access curricular content through the ANGEL learning management system. All lecture halls are currently equipped for lecture capture.

All students must know how to access information resources through the Library portal, a skill taught by the Library staff during the first year of study. The Evidence-based Medicine course requires students to show competence in conducting evidence-based reviews of the literature.

Other examples of available technology include E*Value, which clinical students use to track their patient encounters; Turning Point, which provides for student/instructor feedback and interaction; TurnItIn and RefWorks, which help students learn how to properly cite sources and avoid plagiarizing; and Adobe Connect Pro and other mechanisms used to bring people together even though they may be geographically far apart. The Sim Center is another example of technology in support of student learning.

A number of the core competencies of individual programs also deal with technology. For example, D.O. students must meet these Commission on Osteopathic College Accreditation (COCA) competencies:

- Use information technology to support their diagnostic and therapeutic decisions as well as for patient education (1.0 Osteopathic Patient Care and 1.7.3 teamwork and documentation).
- Demonstrate the ability to use information technology to manage and access online medical information (3.7 integrating evidence into clinical practice).

One objective of the Evidence-based Medicine course includes the "ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations."

Students in the M.P.H. program are required to apply data collection processes, information technology applications, and computer systems storage/retrieval strategies. In addition, M.P.H. students must be able to use the media, advanced technologies, and community networks to communicate information. In order to meet these requirements, a new elective was developed for the M.P.H. program, Technology Applications in Health Promotion and Public Health. This course addresses the effectiveness and efficiency of technology in public communication (such as websites and multimedia) that are dependent upon the quality of the strategies and methods used. This course prepares the public health official with protocol and skills to integrate various technologies in promoting public health awareness. The student is provided with the basics of website design, message design, and instructional design, and then explores the research and principles of how people learn. Students are expected to participate in critical thinking activities and in the development of a public health website resource, as well as demonstrate basic understanding of design methods and learning principles. In addition to quizzes over the material, students must also

engage in group discussions and collaborate to build wikis that cover material presented in the course. This course was first offered in Summer 2010.

Five core competencies in the M.H.A. program address information technology, including these:

- **L12: INFORMATION TECHNOLOGY MANAGEMENT**—the ability to see the potential in and understand the use of administrative and clinical technology and decision-support tools in process and performance improvement.
- **L12.4 SEEKS AND CHALLENGES THE ORGANIZATION TO USE LEADING-EDGE AND DEVELOPING INFORMATION TECHNOLOGY** in ways that fundamentally alter the way the organization operates or promotes wellness.

The Health Information and Decision Analysis course, which is offered both face-to-face and online, can also be taken as an elective in the M.P.H. program. The course prepares students to effectively use and manage information in a health care context. Topics include the evolution, diffusion and management of health care information technology; strategies and methods for planning, designing, and implementing strategic health information systems and health decision support systems; and human-computer interactions.

An interprofessional/college research project was also conducted to evaluate the impact of podcasts on student learning. Faculty from COM and CHS tested the effect of podcasts on student learning. Professor of Anatomy Craig Canby reported, "The podcast quality and ease of 24/7 access enabled students to optimize learning by time-shifting their study of the material. Moreover, students overwhelmingly indicated a positive effect on their learning and enthusiastically endorsed the adoption of podcasts in other University courses."

STUDENT PERSPECTIVE: Bethany Morath

Bethany Morath, M.P.H.'10, originally wanted to be a public health administrator. But a Global Health class expanded her view of the field. During her internship, she explored a new dimension of public health: community education.

Morath's internship project was organizing a public health assessment for the Knox County, Illinois, Health Department. Her supervisor, director of community health improvement Michele Fishburn, praised Morath's "grasp of public health," her broad perspective, and her "ability to identify core issues."

During her internship, Morath produced a 21-page analysis of how the local health system performed. The report helped her pull together everything she'd learned in her courses. Her work on the health assessment project also confirmed Morath's sense that public health education is her calling.

RECOMMENDATIONS FOR 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.

DMU's strategic plan includes statements of our vision, mission, and values that demonstrate our support of the discovery of knowledge and our expectations of integrity and professionalism. Our vision states that "the University will improve the health of society through its distinctive health professions graduates, focus on health promotion, discovery of knowledge, empowerment of individual responsibility for health, and direct service to the community." Our mission is to "develop distinctive health professionals committed to health promotion, the discovery of knowledge, and service to the community."

Three of the University's core values address professionalism and integrity.

- **LEADERSHIP**–Create a vision that ensures progress and accountability while fostering engagement and integrity.
- **PROFESSIONALISM**–Engage in interpersonal behavior that demonstrates trustworthiness, honesty, mutual respect and ethical practice.
- **LEARNING**–Promote high performance in all educational practices, foster inquiry, and encourage life-long learning.

Over the past decade, DMU has dramatically increased involvement in basic, clinical, and educational research. As a result of our increased research activities, we have established new policies, re-evaluated old policies, and implemented mechanisms that ensure that our faculty, staff, and students acquire, discover, and apply knowledge responsibly.

Each fall all first-year students in our clinical programs are given a white coat sponsored by an individual alumnus or Alumni Relations. They don the white coat to symbolize our core values of Professionalism and Humanism. As they sign the Professional Integrity Code, a member of the Alumni Association witnesses their signatures. The signed document is then hung in the primary classroom of each program. Finally, students take an oath indicating their willingness to assume the obligations and responsibilities of a medical and health care professional.

To best prepare our students for careers in medicine and health care that require teamwork, respect for colleagues and patients, and dedication to ethical behavior, we have created curricula and policies to develop professionalism in our students. Additionally, our policies and procedures foster the development of a culture of integrity and responsibility in our faculty and staff.

Codes of conduct

As future health care educators, practitioners and providers, we are expected to act in a manner reflective of our chosen professions. Over the last decade, a culture of professionalism and ethical standards has evolved inside and outside of the classroom. Our student handbooks, curricular requirements, employee policies and procedures place high importance on professional codes of conduct, honor, and integrity.

White Coat Ceremony and Professional Codes of Conduct

Each student handbook includes the Professional Integrity Code (formerly the Honor Code) as well as profession-specific codes of conduct. However, no single document emphasizes our University's expectation of professionalism and ethical conduct more than our White Coat Ceremony.

Pharmaceutical Conflict of Interest Policy

In June of 2008, a task force of the Association of American Medical Colleges (AAMC) released its report on Industry (Pharmaceutical) Funding of Medical Education. This task force was charged with examining the benefits and pitfalls associated with industry funding of medical education. It also developed principles, recommendations, and guidelines to assist members in refashioning industry relationships to better conform to high standards of medical professionalism. In response to this AAMC report, as well as DMU students' concerns about the potential impact that pharmaceutical and biomedical device industries may have on their education and how they practice as clinicians, the University established a new Pharmaceutical Conflict of Interest policy. This policy establishes guidelines for interactions between industry representatives and students as well as health care staff and faculty of Des Moines University. The policy was reviewed using a scorecard developed by AMSA and the Pew Prescription Project to encourage medical schools nationally to strengthen policies limiting the contact, interaction and funding between the pharmaceutical companies and medical school faculty and students. This policy received an initial grade of *D*. The President's Cabinet charged the Clinic administrator and

the provost with revising the policy in order to further limit the influence of the pharmaceutical industry. The campus hosted Dr. Allan Coukell from the Pew Prescription Project, as well as other speakers who addressed pharmaceutical conflicts of interest and held several open forums to discuss possible policy revisions. Dr. Victor Kaylarian, Clinic Director Cheryl Dahms, and Provost Karen McLean then drafted a revised policy that was submitted to AMSA in 2010. A collective cheer was registered in December when DMU was awarded a grade of *A* for the policy and related documents. DMU was one of only three medical schools nationally to increase from a *D* to an *A* on the PharmFree Scorecard. Only 19 of the 152 medical schools in the nation received an *A*.

An important component of this new policy is the development of an interprofessional curricular module that is designed to help students understand the conflicts that may arise between industry representatives and health care professionals and how to develop and sustain productive and ethical relationships.

Ethics curricula

According to our values, Des Moines University is committed to fostering an environment of "interpersonal behavior that demonstrates trustworthiness, honesty, mutual respect and ethical practice." As a health sciences University, we are obligated to instill in our students the ethical and professional behaviors that their future peers and patients will expect of them.

Each of our academic programs includes required course work that addresses ethical issues that students, practitioners and leaders in their professions may face. In addition to research integrity, common subjects include ethical guidelines for patient care, patient confidentiality, protecting personal health information, informed consent and clinical ethical dilemmas.

Although these curricular components have been in place for many years, in most of our programs there has been an expansion in contact hours, an increased diversity in topics covered, and greater use of small group discussions and case-based learning to more actively engage students.

Assessment of professionalism

The assessment of our students' adherence to professional and ethical guidelines is not limited to encounters on campus and in the classroom. In fact, during their clinical rotations and internships, all students in our clinical programs are evaluated by their preceptors in areas related to professionalism and ethics. These include reliability, response to feedback, self-directed learning, patient interactions, cultural sensitivity, working relationships, patient privacy, conflict management and maintenance of legal practice standards.

Before even beginning these clinical encounters, students are made aware of these expectations as part of their syllabus and rotation objectives documentation. Meeting these critical criteria is necessary for a student to successfully complete each specific internship and rotation.

Research integrity training

For more than 15 years, DMU has had an Alleged Misconduct in Research Policy that applies to all faculty, staff, students, and administrators. This policy largely dealt with the procedures for investigating alleged instances of research misconduct and did not address the University's responsibility for creating a climate of integrity in research and scholarly endeavors.

We have always abided by statutory requirements to provide training for investigators engaged in studies involving animal and human subjects. Although research ethics has been a curricular component of many academic programs for more than a decade, this topic area has recently been expanded and diversified in its offering. In addition, we have begun providing training in research ethics to include those students, particularly undergraduates, who participate in our Mentored Research Program. Since 2005, more than 250 undergraduates have completed this ethics training.

Responsible conduct of research

In the fall of 2010, the University approved a Responsible Conduct of Research policy that requires all faculty, staff members and students engaged in research or research-associated activities to complete training modules on responsible research conduct before engaging in research. Renewal of training must be completed every three years. DMU has outlined a program of instruction modeled after guidelines set forth by the National Institutes of Health (NIH). Ten areas are addressed: principles of research integrity; Research Misconduct, Data Management, Conflict of Interest, Collaborative Science, Responsible Authorship, Mentoring, Peer Review, Lab Animals, and Human Subjects.

Statutory elements

As an institution involved in biomedical, clinical and educational studies, we are obligated to comply with a variety of statutes that regulate our activities. These include, but are not limited to, elements that regulate the use of radiochemicals, animals, human subjects,

recombinant DNA, biological and chemical hazards, and patient and student records.

The development of University policies that ensure compliance with these statutory elements, as well as the monitoring of faculty, staff, and student compliance with these policies, is largely the responsibility of the vice president for Research and several research compliance committees (Institutional Review Board—IRB, Institutional Animal Care and Use Committee—IACUC, Institutional Biosafety Committee—IBC, and Radiation Safety Committee—RSC) composed of faculty, staff and University administrators.

Institutional Review Board (IRB)

All faculty and students who engage in human subjects research are required to complete several online modules on the protection of human subjects, developed by the Collaborative Institutional Training Initiative (CITI).

After an incident where students were not aware that they were violating HIPAA guidelines as they extracted information from medical records, the dean of Research, the IRB chair and vice chair, and University Counsel reviewed all open protocols involving retrospective medical chart reviews.

In addition, the external research review team that visited in December 2010 recommended that members of the DMU IRB Board complete additional training in order to more appropriately guide both DMU faculty and student researchers. The team recommended that the mandatory curricular components be enhanced to address a variety of clinical research scenarios that students may encounter during clinical rotations and residency programs.

In response, all IRB members were required to complete CITI IRB training as well as the new PRIM&R online training. All attended the IRB 250 cosponsored by DMU and PRIM&R in September 2011. All DO students are now required to complete CITI IRB training so they have a greater awareness of how to protect human subjects, and all DMU students who submit protocols to the IRB must complete the IRB CITI training on protection of human subjects.

Institutional Animal Care and Use Committee (IACUC)

The IACUC is responsible for overseeing and evaluating programs that use animals in teaching and research, and for ensuring compliance with federal animal welfare regulations, Public Health Service policies on the humane care and use of laboratory animals, and recommendations outlined in the Guide for the Care and Use of Laboratory Animals (Institute for Laboratory Animal Research; National Research Council). Detailed information regarding our policies on the use and care of laboratory animals and our compliance with federal regulations can be found in the Des Moines University Guide to Animal Care and Use.

As a demonstration of our commitment to research integrity, DMU has voluntarily participated in the accreditation and assessment programs set forth by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC). These programs ensure that DMU meets and, in many cases, exceeds the minimal federal standards for animal use and care. From 1981 to 2009, Des Moines University achieved full accreditation from AAALAC. In 2009, our accreditation was deferred due to programmatic deficiencies identified during an AAALAC site visit. These deficiencies had arisen since our prior successful accreditation.

DMU's quick and comprehensive response to AAALAC's report is indicative of our ongoing commitment to the responsible acquisition of knowledge. Within 60 days of receiving notice of our deferred accreditation status, two outside consultants were brought onto campus, our IACUC committee was restructured, and our IACUC committee chair, attending veterinarian, a research administrator, and our institutional official (provost) and IACUC members all completed or registered to receive additional training. A number of new policies were written and approved; older policies were revised. Additionally, substantial University funds were committed to renovating our existing animal care facility. These actions met and went well beyond the recommendations made by AAALAC. In May 2010, AAALAC awarded full accreditation.

Controlled substances

In March 2010, a student brought forward a concern related to the amount of controlled substances being ordered and delivered to the lab, which greatly exceeded the amount required for the research being conducted. The University Counsel initiated an internal investigation and, as required by Iowa statute, reported to the Iowa Board of Pharmacy that a considerable amount of controlled substance could not be accounted for. During this self-report to the Iowa Board of Pharmacy, the University learned the institution had not renewed its controlled substance registration for the past 22 months although the person in charge of compliance had continued to order and obtain controlled substances from a variety of vendors. Immediately, University Counsel sequestered all existing controlled substances utilized in animal research labs and turned them over to the Iowa Board of Pharmacy for reverse distribution. The president immediately assigned another faculty member to be the individual responsible for ordering and tracking controlled substances. In addition, University Counsel, the provost and the faculty member appointed as the new Federal Drug Enforcement Agency (DEA) designee developed a much more stringent controlled substance policy for the campus. DMU then negotiated a settlement agreement with the Iowa Board of Pharmacy that was finalized in early October 2010. At that time, the Iowa Board of Pharmacy granted DMU a more limited controlled sub-

stances registration. In early 2011 we reviewed the newly granted Iowa license and internal policies with the DEA. That agency advised us of additional ways that our licensing structure and internal policies could be altered to implement the most stringent internal and external monitoring. We chose to make those changes, and a new policy and licensing structure was implemented in May 2011. The new Controlled Substances in Research and Teaching policy reflects best practices for research controlled substance usage.

Radiation Safety Committee

Although DMU's usage of radioisotopes is small compared to major biomedical research institutes, we are still held to many of the same state and federal policies that regulate their use. DMU's isotope usage is overseen by the institutional Radiation Safety Committee (RSC) and our health and safety coordinator, who is a member of our Human Resources department. As part of our licensure, DMU is inspected every three years by the Iowa Department of Public Health. Additionally, the RSC and our health and safety coordinator annually renew the University's radiation program and prepare a report to the University president. Despite the significant increase in the use of radioisotopes on campus over the last decade, we have fully maintained our license for isotope use and have not been cited for any deficiencies or violations.

As noted under Core Component 1d, the final report of the external research review team included a recommendation to conduct an external audit of all research oversight committee areas to assure that DMU is in compliance with all state and federal requirements. The Board's response is detailed in the External Review of Research section of the Introduction.

RECOMMENDATIONS FOR 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 Introduction.

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 defined a new Compliance Manager position and conducted a national search to identify a suitable candidate. This position was filled in October 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 Sciences 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 vice president for 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.

Tommie Albright had a dream. The second-year D.O. student wanted to do mission work in Belize. With the help of Drs. Kendall Reed and Yogesh Shah, Tommie's dream developed into DMU's first medical service trip in July 2006. After the trip, DMU created the department of Global Health to expand opportunities in international medicine for students, faculty and alumni, while providing much-needed health care to people in underdeveloped areas around the world.

Des Moines University's partnership with underdeveloped countries continues a long tradition of service. Ever since Still Osteopathic Hospital opened in 1899, our students and faculty have worked with area residents. Today they have opportunities to serve in rural Iowa, assist in nationwide studies, participate in medical service trips and collaborate with international researchers.

Our vision remains the same: improve the health of society through empowering individual responsibility for health and direct service to the community. The scope of our service has grown: Our community now includes local residents and under-served populations in 38 developing countries.

Criterion Five

Engagement and service

As called for by our mission, we identify our constituencies and serve them in ways both of us value.

CORE COMPONENT 5A

We learn from the constituencies we serve and analyze our capacity to serve their needs and expectations.

We identify those who need our service in four primary ways:

- Core mission documents
- Survey data
- Requests for community service
- Student initiatives

Wellness program evaluation

One example of mission-driven service is our award-winning wellness program. DMU is uniquely positioned to provide a comprehensive wellness environment for our employees and students. The latter are destined to become health care professionals, and if personally committed to whole-person wellness, will consider this a priority for their patients. This can have a potent multiplier effect. In addition, promoting wellness is central to the principles of osteopathic medicine. As a health sciences university, we believe DMU should be a role model in the health promotion field.

Director of Wellness Joy Schiller, M.S., CHES, says, "Teach[ing] our employees and students that 'I am my own first patient' is fundamental to our program's philosophy. Preparing students to take personal responsibility for their own well-being and good health…results in healthier employees and health-care practitioners who are more proactive in their personal health."

According to WELCOA, Platinum Well Workplaces have distinguished themselves as leaders and innovators in the workplace health promotion arena by demonstrating exemplary implementation of seven benchmarks, including collecting data to drive health efforts and consistently evaluating outcomes.

Sources of data include

- Health Risk Appraisals (HRA) from Wellsource
- Program evaluation forms
- Wellness Center comment forms
- Clinical measures
- Wellness interest surveys

Wellness interest surveys gather feedback from the campus population approximately every other year. The survey is available via the portal and incentive prizes are offered to increase participation. Topics include facility issues, health screening interests, educational programming interests, behavior change programming interests, fitness class/intramural offerings, perceived barriers to wellness and a culture audit.

Based on responses to the wellness interest surveys, these programs were implemented:

- Dump Your Plump, a physical activity/weight loss/maintenance campaign where teams of 10 worked together for 10 weeks to achieve fitness and weight goals; 194 participants lost almost 1,000 pounds (February 2010)
- Intramural volleyball and basketball in the fall and spring with approximately 200 participants each season
- An indoor soccer league

- An apple rating system to identify healthy meals in the cafeteria
- Additional yoga classes
- Access by e-mail to a registered dietician (RD on Call)

Clinical data is also used to assess the wellness program. The staff provides approximately 800 Personal Wellness Profiles (PWP) annually. The Health Risk Appraisal (HRA) questionnaire gathers data on personal health habits and interests, and assists in establishing goals for participants. In addition to the questionnaire, participants can participate in the Biometric Assessment. Employees can earn up to $75 for participation in assessments, while most of the colleges require student participation as a part of their curriculum. When participants repeat the HRA, they receive progress and trend reports showing health changes over time.

Data collected from the HRA and Biometric assessment are combined with the information obtained from the Wellness Interest Survey to inform the Wellness department's Annual Operating Plan. This plan guides all programming and provides a format for evaluating its impact on the campus population's health status.

Evaluation forms for wellness programs/classes are consistently used to track participant satisfaction and to provide feedback on the strengths of our program as well as areas that could be modified for greater effectiveness.

DMU Wellness Director Joy Schiller uses a walking workstation. Equipment available to Wellness Center users includes cardio equipment (treadmills, elliptical trainers, stairmasters, stationary recumbent and upright bicycles); selectorized equipment and free weights; and an indoor jogging/walking track (12 laps per mile).

In 2010, Des Moines University was the recipient of the Iowa Psychologically Healthy Workplace Award. We were recognized for our longstanding and pervasive focus on promoting the overall health of employees and their families.

The Iowa Psychological Association (IPA) named Des Moines University the 2010 Iowa Psychologically Healthy Workplace. The annual award recognizes an Iowa organization that promotes a healthy work-life balance and provides its employees with a healthy work environment.

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.

Student satisfaction surveys

Since 2000, Student Services has assessed 13 service components and 10 quality measures relative to educational programs and environment annually. Results are discussed under Core Component 2a and Core Component 3c.

Patient satisfaction surveys

Des Moines University Clinic serves primarily the Des Moines metropolitan area. Feedback is sought from our patients on both the Clinic and individual departments. Our rotating students evaluate their clinical experience at the end of their rotation, and that information is provided to the clinical coordinators of their respective programs and shared with the Clinic departments.

On the latest survey, the Clinic as a whole received 85 percent positive feedback on all areas surveyed. Three topics that received less than 90 percent positive feedback included appointment availability, reception area waiting, and exam room waiting.

Changes were made as a result of this survey. For example, Family Practice changed its scheduling procedures to accommodate same-day calls. Ophthalmology lets patients know at check-in if the physician is behind schedule and offers the option to reschedule rather than wait.

After receiving results of the Clinic survey, DMU Foot and Ankle did a time study. As a result, future groups of students will be smaller in number and a display will show the order in which patients will be seen.

Community service

Throughout our history, the core value of compassionate care has guided students and faculty to provide services to the under-served and unattended. During the Depression, our institution was known and appreciated for the many in-home deliveries provided by physicians and students to families who had no other access to maternity services. More recently, DMU has been in almost every corner of the community to offer free physicals and other health services to the under-served.

DMU faculty, students and other volunteers who helped launch the Mobile Clinic in May 2011 included (from left) Ryan Flood; Victor Kaylarian, D.O.; Michael Flood, D.O.'77; Kendall Reed, D.O.; Jeff Dumermuth; Kathleen Dumermuth; Rhonda Davis, R.N.; Sikandar Khan, D.O.'12; Christina Donat, D.O.'12; Mara Groom, D.O.'13; Theresa Klee, D.O.'12; Shannon McCarthy, D.O.'12; and Michelle Bannon.

While our desire to be of service has not changed, we have begun taking a more strategic approach to ensure that we are serving where we are most needed, that students are benefiting from educational experiences, and that our partnerships are mutually beneficial. Our decisions are becoming more data-driven because we are conducting post-event surveys, compiling a database of service, and developing an intake process to better match needs to our resources.

We budget for about 20 events per year, and our budget is adequate to cover needed supplies. Our biggest constraint is not funding, but provider time. Because of our limited human resources, decisions about whether to grant a request are made in consultation with the Community Medicine director and, if necessary, the Community Service Committee.

We consider every request for service. Routine requests are handled by the Community Relations manager. Projects that have a large scope, that have a potential to be a recurring event, or that involve new partnerships are referred to the 21-member Community Service Committee. This committee, which meets monthly, is responsible for the Employee Volunteer program project decisions. When necessary, an ad hoc working group consults on projects involving medical services or potential legal issues.

In addition, each year we meet with our established partners to review their needs. For example, Perkins Elementary School recently lost funding for their dedicated science teacher. At their request, we are exploring ways to have our students and faculty supplement their science curriculum.

We believe it is our responsibility as a good corporate citizen to help strengthen the community in which we live, learn, and work. We provide direct service to the Greater Des Moines area through two volunteer programs:

- Employee Volunteer program—Each year, employees may take off up to 40 hours of paid time to volunteer at approved projects in the community. The Community Service committee works to identify organizations that are in line with our mission and goals and to place DMU volunteers at approved projects that take place during business hours, Monday through Friday.
- DMU Community Medicine program—DMU medical and health sciences students and faculty donate their professional expertise at events such as health fairs and first aid tents. Applicants may request volunteers to conduct health screenings and assessments, provide resources and education, and help their clients improve health, wellness and lifestyle choices. These events can take place any time.

DMU's community service goals are to

- Organize or support community service activities that are reliable and of high quality and have a substantive impact in greater Des Moines.
- Inspire DMU participants to establish and deepen a personal commitment to community engagement.
- Communicate opportunities to DMU faculty, staff and students for involvement in local activities in response to voiced community needs that align with our focus and resources.
- Engage DMU participants in community service partnerships that are sustainable, effective, and of mutual benefit.
- Facilitate collaboration among individuals and organizations with a common vision.

Priority is given to projects in one of our three community service focus areas (education, health, poverty) and to collaborative activities that would be unlikely to succeed without collaborative partnerships.

To bolster our educational service mission, we host tours for grade school students through college-age, send ambassadors into grade schools to talk about the human body, partner with Perkins Elementary and Roosevelt High School to meet specific requests, sponsor the Literacy Army at Hanawalt Elementary and host summer research programs for high school and college-age students.

Through tours and demonstrations, Anatomy students hope to spark a life-long interest in science.

"The Community Ambassador program has had a positive educational impact on the children of our community. After one presentation at an elementary school, a mother of a young boy wrote of his excitement upon returning home. It is this spark of excitement, an excitement to learn, that makes the rewards of this program so priceless."
–Craig A. Canby, Ph.D., Director of the Anatomy graduate program

Department service programs

Some service programs are coordinated by individual academic departments. For example, for the past 15 years the Anatomy department has sponsored the Community Ambassador Program (CAP). This program is broadly scoped and can be tailored to the needs of the particular target audience and group size. Participants range from area grade school students to college students. This highly flexible program can range in time from one to six hours and guests to the campus can participate in many different educational hand-on activities or classroom presentations. Although the program is coordinated by Anatomy, CAP is an interdisciplinary program that actively involves faculty from all academic and clinical departments. As a result, CAP can offer varied experiences:

- Watching anatomical demonstrations of human organs
- Measuring the electrical activity of their own hearts
- Listening to normal and abnormal heart sounds produced by teaching mannequins
- Participating in human performance laboratories
- Identifying bacteria in the microbiology lab
- Seeing how osteopathic manipulation is performed
- Experiencing how medical students learn to perform histories and physical examinations

In addition to hands-on experiences, CAP offers didactic sessions on AIDS, aging, anatomy, breast cancer, cardiovascular disease, health careers, nutrition, osteopathic medicine, preventive medicine, safety, and smoking.

Anatomy also has a program for teachers. Its Center for Learning Advancement in the Structural Sciences (CLASS) provides continuing education to teachers in the anatomical sciences. Program participants develop their knowledge through case-based learning and hands-on experiences such as cadaveric dissections. Then they can use our state-of-the-art learning technology center to generate products to use in their classrooms. Continuing education credits are available.

Other health education programs are designed to encourage interest in science and medical careers. Some examples are given below.

Health PASS program

Des Moines University is committed not only to ensuring access to health care services, but also to ensuring access to health professions education programs. Acknowledging the high cost of a medical education in today's economy, DMU seeks to ensure that medical careers are available not only to students from professional families, but also to those from minority, low-income, or first-generation college backgrounds.

In 2010 DMU initiated the Health Professions Advanced Summer Scholars program (Health PASS) to provide qualified students with an introduction to the courses, systems and clinical applications included in the curricula of our clinical programs. Enrollment is limited to 10 students, with preference given to qualified applicants from populations underrepresented in medicine and health care, including minority, low income and first-generation college students. DMU provides a travel stipend and covers the full costs of meals, materials and accommodations.

Key components of Health PASS include lectures and presentations by faculty on anatomy, diabetes, musculoskeletal injury and research; an introduction to physical diagnosis; shadowing of providers in the DMU Clinic; information sessions on academic planning for medical school; and medical school mock interviews. Throughout the experience, participants have meaningful interactions with faculty, students and staff.

So far, two students who completed the program have enrolled at DMU, and several minor-

Girls in Science Day offers a half-day of interactive science exploration. Both faculty and students guide upper elementary students through hands-on experiments in microbiology, anatomy, biochemistry and surgery.

ity students have indicated interest in applying within the next three years.

Club service requirement

Student clubs are required to complete community service as a condition of their charter. We also support several groups dedicated solely to a service mission, such as the International Medicine Club and Student Physicians for Social Responsibility (SPSR). In 2010–11, 1,640 student volunteers logged 5,615 hours of service. DMU clubs provided 610 hours of service to community schools through programs such as these:

- **GIRLS IN SCIENCE**—The Women's Medical Alliance supports this event for Des Moines area girls in grades 4 to 6. Each year approximately 80 girls attend the event and participate in various science stations located around campus.
- **ROOSEVELT HIGH SCHOOL TUTORING**—Members of the Association of Military Osteopathic Physicians & Surgeons spend Tuesday afternoons tutoring high school students on a variety of subjects.
- **BOYS & GIRLS CLUB**—Students at McCombs Middle School are taught how to live a healthy lifestyle through planned activities for exercise and nutrition by the Preventive Medicine club. In addition, the Student Osteopathic Medical Association works with the same group to host a sports clinic and discuss healthy snacks.
- **WHAT'S IN A DOCTOR'S BAG?**—The Student Osteopathic Medical Association visits multiple Des Moines-area elementary schools to give a presentation on what to expect when visiting a doctor's office.
- **BIG BROTHERS/BIG SISTERS**—The American Medical Student Association is active with this program providing support to Des Moines-area students who may not have strong parental figures in their lives.
- **LITERACY ARMY**—The Pediatrics Club gives extra attention and help to students who are behind in their reading skills at Hanawalt Elementary School. This program was honored with a Governor's Volunteer Award in 2010.
- **MISSION ACTIVE**—Sponsored by the Iowa Medical Society Club (IMS) with the assistance of several other clubs, this free health fair targets elementary students. Stations include an obstacle course; fun Jump & Shake It activities; Feeling Fruity?, which introduces good foods; and foot, vision, and balance screenings.

We also provide screening or first aid services at several events. One example is the annual Free Physicals Fair, where we perform sports physicals on over 300 middle and high school athletes. In addition to the physical examination, each athlete receives an ECG, and a screening echocardiogram is available on site if needed. This large, collaborative event is held with community cardiologists, dentists, one echo tech, and DMU students and staff from the physical therapy, physician's assistant, osteopathic, and podiatric medicine programs.

Another example is the Coronary Health Improvement Project (CHIP), a program that educates the public about how to improve measurable health parameters by improving diet and incorporating exercise. The program has been found to be very effective. DMU is involved by conducting the pre- and post-education screening blood work and body measurements. We have participated in three cycles since CHIP's first request for assistance.

Every year we provide first aid at the Living History Farms Off Road Race, the 801 Grand Power Climb, the Flatlands Kids Triathlon and the River Regatta.

Alumni participation

Over the past years, several survey tools have been used to obtain feedback from the alumni of Des Moines University. Two of the most successful and thorough surveys conducted were in 2007 (Selzer & Associates) and 2009 (Wallace & Washburn). These are available in the Physical Resource Room.

Alumni made these requests:

- More contact with their colleagues
- More opportunities to engage with students, such as talking to prospective students, providing shadowing opportunities, and mentoring
- More professional development offerings and CME programs provided by DMU
- Communication efforts through several channels: e-mail, e-newsletter, *DMU Magazine* and the website

In response, Alumni Relations has created new opportunities for alumni to get involved, including the Class Representatives program, which develops alumni leaders who serve as liaisons between graduates and the University, and the Mentor program, which matches students with alumni who can advise them on clinical rotations, post-graduate training or practice opportunities.

> *"It is important not to lose sight of why we're here—to help people. There is a community outside of this campus."*
> *—Rachel Dubay D.O.'01, M.P.H.'01*

Faculty service

DMU faculty and staff hold leadership positions with local, state and national organizations, from medical boards to public health and policy councils. The Faculty Service

REPRESENTATIVE VOLUNTEER AND PROFESSIONAL FACULTY SERVICE

Many serve on boards or task forces:
Mary Mincer-Hansen, R.N., Ph.D.—National Health Workforce Commission
Denise Hill, J.D.—Iowa Hospice and Palliative Care Organization trustee
Karen McLean, Ph.D.—Wellness Council of Iowa
Dana Shaffer, D.O., FACOFP—President, American Association of Osteopathic Examiners
Others work with organizations that promote health care or provide public service:
Carolyn Beverly, M.D., M.P.H.—Passageway, a service for mentally ill adults
Simon Geletta, Ph.D.—Iowa Public Health Association Information Technology Committee chair
J. Jeffrey Means, M.Div, Ph.D—Stakeholders' Group, Trauma Informed Care Project
Rachel A. Reimer, Ph.D.—Susan G. Komen Race for the Cure executive committee
Gretchen Tighe, M.P.A.S., PA–C—Iowa Disaster Assistance Medical Team Alpha
Several collaborate to promote education:
Roberta Baldus, D.H.Ed., PA–C—Des Moines Area Community College EMS Advisory Board
Kyla Carney, D.O.—NBOME Case Development Committee for COMLEX Step II exam
Edward P. Finnerty, Ph.D., SC (ASCAP)—International Association of Medical Science Educators (past president)
Larry Marquardt, M.L.S.—Iowa Commission of Libraries, representative for health science libraries

table gives just a few examples of the varied organizations and populations that benefit from the expertise and volunteer service provided by DMU.

Student initiatives

Service to our community, especially underserved populations, is a key component of our institution's mission statement. Whether stated implicitly or explicitly, this sensitivity to the community's unmet health needs has prompted students to increase their responsiveness to the expectations of our local stakeholders. Many service programs have grown from student initiatives. Examples include medical mission trips, the Osteopathic Finish Line, and service to the homeless.

Homeless Camp Outreach

As is the case in most areas, the city of Des Moines has struggled to find a solution to the problem of homelessness. That problem has increased in recent years with the depressed economy, shrinking job availabilities, and the toxic mortgage market. According to statistics provided by Des Moines and Polk County officials, more than 6,100 Des Moines-area people experienced homelessness during 2009. While the city attempts to map a plan of action and define responsibility, DMU students took action.

In 2008, a student was biking along the Raccoon River and noticed the huts and canvas tents at various locations along the bike trail. Driven by a unique combination of curiosity and compassion, he discovered a population that has run out of alternatives because of financial hardships, family breakups or poor personal choices. His reaction was to organize the Homeless Camp Outreach in order to establish personal, caring relationships with the homeless around Des Moines. In addition to validating the campers' dignity and humanity through weekly visits, the students provide for their basic subsistence needs.

The volunteers have been extremely successful in winning the trust of the campers and being allowed inside the imaginary gates of the communities. Over the last two years, students have volunteered a total of 1,200 hours visiting the camps and another 75 hours in other volunteer activities to benefit the homeless.

The student volunteers visit three camps weekly and maintain ongoing relationships with approximately 40 residents. In addition to compassionate conversation, students bring a variety of small daily living essentials, including socks, blankets, warm clothing and batteries. Student Services assists by organizing regular donation drives, as well as providing minimal funding to facilitate the work of the volunteers.

After the first year, DMU's initiative was invited to partner with other nonprofits in the area to coordinate services to meet the multiple needs of the homeless and improve access to resources. In this very visible manner, the community validated the contribution of the students to provide meaningful services to this very needy population. In addition, Homeless Camp Outreach was honored with a Governor's Volunteer Award in 2010.

Our role in this outreach effort expanded in 2010 as the Mobile Clinic became available to the Homeless Outreach Clinic on a weekly basis. The inspiration for the program came from a mobile clinic that dean of Osteopathic Medicine Kendall Reed saw during a visit to San Diego. Two federal earmarks, each approximately $190,000, were used to purchase and equip the motor home and to pay for operating costs for the initial two years. "The homeless have the least access to care, especially because of the lack of transportation,"

Students who give OMM treatment to Drake athletes gain experience in supervised patient care while helping athletes maintain and improve performance.

according to Dean Reed. "Their access to basic medical care is the emergency room. With the Mobile Clinic, we are able to provide the care they need while keeping the emergency rooms open for patients with medical emergencies."

The Mobile Clinic program is a partnership between DMU, which owns and maintains the motor home, and the Free Clinics of Iowa. Dean Reed serves as medical director of the Mobile Clinic on its homeless missions. The Mobile Clinic also supports the Ames Area Free Obstetrical Clinic and Grace United Methodist Free Clinic.

Drake Clinic

Now in its fourth year of operation, the Drake Clinic is the only opportunity in the nation for osteopathic students to gain supervised patient care experience in osteopathic manual medicine (OMM) specifically with athletes.

Kurt Holt, D.O.'11, who wrote a proposal for the clinic during his first year at DMU, recalls: "The first year 7 of us treated 14 athletes (under Dr. Klock's direct supervision) every other week for about 6 months in an old building at Drake University. Of those seven, four would become fellows here at DMU. We helped athletes who had never been able to stay healthy for a season train, compete, and excel the entire year. We saw athletes take minutes off their 5k times. It was a small, unqualified success. Since that first year in the dingy and cold Fieldhouse, we have become a clinic that has 35 members and functions out of the OMM lab at DMU. Every subsequent fellowship class has been uniformly comprised of Drake Clinic participants."

RECOMMENDATIONS FOR 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.

Constituencies we serve

Many constituencies fall within our mission of providing health education and medical care. We are committed to making our campus a healthy place to learn and work. We provide health education to area students, teachers, athletes, and seniors as well as continuing education to alumni and other health care providers. And, increasingly, we find ways to serve those with limited access to medical care, from providing physicals to refugees to developing a pipeline of professionals who will meet the medical needs of under-served regions in Iowa and developing countries.

In addition, students who identify a new constituency can work with Student Services, a department, and other institutions to develop a response, as illustrated by the story of the Drake Clinic in Core Component 5a.

Under-served rural areas

Another key constituency, rural Iowans, was identified when DMU established an Area Health Education Center (AHEC) in 2007. Needs assessment during AHEC planning revealed four key factors that affect Iowans' access to health services:

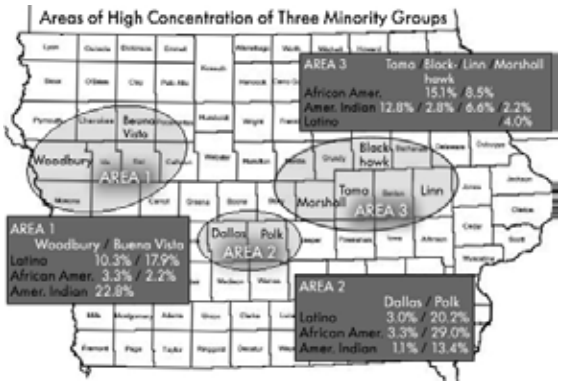
BARRIERS TO ACCESS TO HEALTH CARE—including unemployment

HEALTH CARE WORKFORCE SHORTAGES—Iowa has 38 counties in which the population to physician ratio is greater than 3,500:1 for a geographic region or where the population to physician ratio is greater than 3,000:1, and at least 30 percent of the population is below 200 percent of the federal poverty level

AGING PATIENTS AND PROVIDERS—As the number of Americans age 65 or older rises, one quarter of Iowa's advanced nurse practitioners and roughly half of our psychologists are expected to retire within the next decade. Increasing numbers of dentists, social workers, physicians, registered nurses, and pharmacists will also be retiring.

GAINS IN DIVERSE POPULATIONS—According to the U.S. Census Bureau, Iowa's minority population of 5.4 percent is significantly lower than the national average of 19.9 percent. However, Iowa's minority populations tend to cluster in specific geographic regions as shown on the map:

CLICK FOR FULL-SIZE GRAPHIC



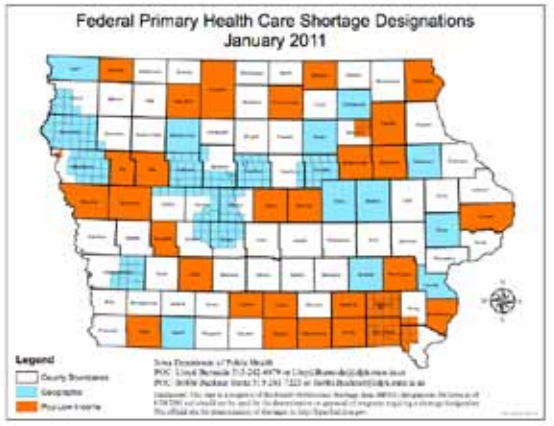
Source: Iowa Department of Public Health

Rural Medicine Education Pathway (RMEP)

DMU recognizes that rural Iowa has a critical shortage of physicians in primary care and other specialties. In addition, tuition debt load can deter graduates from choosing a rural medical practice. In response, we offer the equivalent of six full tuition scholarships each year to students enrolled in the Rural Medicine Education Pathway (RMEP). After residency, recipients are required to maintain a full-time medical practice in an Iowa community with a population of 10,000 or less that has been approved by the COM dean and to provide primary medical care services—defined as either family medicine, general pediatrics, general internal medicine or general surgery—for a period of up to four years (one year for each year of full-tuition scholarship equivalents received).

Initiating rural track curriculum offerings in every medical school would result in approximately 1,139 primary care physicians entering rural areas every year, according to the American Academy of Family Physicians. For more about the Rural Medicine Educational Pathway at http://www.dmu.edu/com/do/program-strengths

CLICK FOR FULL-SIZE GRAPHIC



Collaborations through AHEC

The DMU AHEC program and each of its Regional AHECs are active members of the National AHEC Organization (NAO) and, as a result, have established relationships with AHEC affiliates across the nation. Our 2011 AHEC grant application was a joint submission with the University of Iowa's College of Nursing program. As collaborations are developed, emphasis is placed on linkages to historically black colleges and universities, Hispanic-serving institutions and/or tribal colleges and universities as practicable. We partner with many institutions:

- Community-based hospitals
- Iowa Center on Health Disparities, based out of the University of Northern Iowa
- Iowa Nebraska Primary Care Association/Federally Qualified Community Health Centers
- Iowa Rural Health Association
- Iowa Hospital Association
- National Health Service Corps
- Iowa Department of Public Health
- K–12 schools, community/undergraduate colleges and universities, health profession academic institutions
- Primary care clinics, free clinics, rural health clinics and others

New residency opportunities

Another effort to develop the pipeline of health care workers is the HEARTland Network, an Osteopathic Postdoctoral Training Institute (OPTI) for residency training in osteopathic specialties we created in 2010.

An OPTI is a consortium consisting of a college of osteopathic medicine and graduate teaching hospitals and programs. Since 1999, all osteopathic medical training programs are required by the American Osteopathic Association to be OPTI members. DMU had been a member of the Osteopathic Postdoctoral Training Institute of Kirksville (OPTIK), but the new network will enhance residency training in Iowa and contiguous states, says David Plundo, D.O.'85, FACOFP, FAODME, chief academic officer of the HEARTland Network.

Rural Medicine Educational Pathway scholarship recipients are flanked by Dana Schaffer, FACOFP, D.O., senior associate dean of Clinical Affairs, standing left, and David Plundo, D.O.'85, associate dean of Medical Education and External Affairs, standing right. Seated from left are Brianna Jewell, Stacie Kasper and Katie Schell; standing are Eric Neverman, Eric Miller and Andrew Mueting.

"The HEARTland OPTI provides a comprehensive, seamless model of education for physician training, from colleges of osteopathic medicine through graduate medical education programs and beyond," adds Plundo, who is also associate dean of medical education and external affairs, College of Osteopathic Medicine.

The HEARTland Network, one of 19 OPTIs in the country, has 9 members in addition to DMU, including hospitals and family medicine programs at the University of Minnesota and University of Wisconsin.

In addition to promoting excellence in education and training for osteopathic medical students, interns and residents, the HEARTland Network will foster faculty development and collaborative research among member organizations. The network also has a connection through DMU to Iowa's Area Health Education Centers, or AHECs, which work to recruit, train and retain a health professions workforce committed to the under-served, starting with students in grade school.

"The network is the continuation of the pipeline, starting with kindergarten through 12th-grade students with AHECs and following through residency and, we hope, employment in Iowa and its rural areas," Plundo says. "It's what's best for the state and the University."

Educational outreach to potential health care workers

Youth Education in Science and Medicine (YES MED) is a week-long summer program initiated in 2009 as a part of AHEC's efforts to build a recruiting pipeline. The camp, offered to 10 rising high school seniors annually, aims to foster an interest in science and medicine by exposing participants to varied scientific and clinical scenarios on our campus. Students are required to use the skills of scientists and physicians alike in a series of didactic, practical, and clinical experiences where they record their observations and collect data. Each scenario allows students to gain realistic experience using diagnostics and research as they work with current health professional students and enrollment staff who advise them on requirements needed to enter into different health professional programs.

Health Careers Exploring Post 141 is sponsored by Central Iowa AHEC, DMU, and Learning for Life (a subsidiary of the Boy Scouts of America). Membership is open to youths ages 14 to 20 who want to learn about careers in health care. Members explore disciplines that range from emergency medicine to epidemiology through

hands-on activities, lectures from experts, and participation in community service activities.

Other educational outreach programs include the George Washington Carver Science Academy for elementary students (see Core Component 5c) and Health PASS for college students (see Core Components 1b and 5a).

DMU Clinic partnerships

Our clinic participates in several community programs for disadvantaged individuals. Through Lutheran Social Services, Family Medicine provides physical exams to refugees. We provide health care to unemployed individuals and their families through the We Do Care program sponsored by Iowa Workforce Development. We also participate in the Ryan White program through Primary Health Care, a Well-Woman program through the state of Iowa and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through Polk County.

In addition, CPMS students and faculty provide podiatric services monthly to the Polk County Health Department Free Clinic located on Martin Luther King Parkway. The primary patient population is uninsured non-English speaking patients with diabetes.

Reflections on our capacity

In some areas, such as building recruiting pipelines, we have seen a need for additional capacity and moved to fill it. However, in responding to community needs, we have been more reactive than proactive. Historically we have been reluctant to say no to requests for service and partnership.

Doing more than we are doing now would place a strain on our resources. We recognize the need to balance service with teaching, clinical hours, and research. However, we are just beginning to collect the data needed to determine our institutional capacity.

Community Relations now maintains a centralized database to track employee service hours. The department has also begun to survey students and partners who participated in events to determine the impact of each event and whether it is worth repeating. Only one year's worth of data is currently available. Eventually it will be possible to analyze the cost and benefits of community service efforts.

We also need a way to determine how our service activities affect other commitments. As one faculty member noted, expectations for service "can pile on and pile on. Sometimes it's easier to hit the service benchmarks rather than the research ones. I'd like to be able to say 'I've signed up for eight service activities; now I need to say no.'"

Another difficulty is that, while we have a strong ethic of service, our service priorities are not well defined. One staff member observed that "you get different answers about priorities depending on who you ask and what day you ask." Priorities and the value placed on service need to be clearly articulated across the University.

> *"In our case, the good has been the enemy of the great. Instead of doing many good things, we need to identify ways to focus our community service and so increase our visibility in the community."*
> *—Mary Ann Zug, vice president of Student Services*

RECOMMENDATIONS FOR 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 also 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.

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.

Katie Miller Young Adult Cancer Conference

Katherine Miller was 25 when she decided her recurring stomach pains might be due to more than the stress of being a first-year medical student at DMU. Because of her age, doctors at first thought her cramps resulted from Irritable Bowel Syndrome. The actual cause: colon cancer.

Katie died six months after her diagnosis. In her honor, an annual conference sponsored by the honorary osteopathic service fraternity Sigma Sigma Phi was refocused to explore diagnosis and treatment of young adult cancer. The biannual conference, held on campus, is open to all without charge, thanks to an endowment from the Miller family that is being grown by their support and that of other families who recognize the need to identify cancer in young adults.

Katie's death taught us that, too often, symptoms or warning signs of cancer are ignored or dismissed due to the age of the patient. Cancer is seen as something that occurs more predominately in the older population. With more research, discussion and public awareness, key symptoms that might once have been dismissed in younger patients are more likely to be detected in time for treatment to be effective.

Global Health program

The Global Health program began with a medical mission trip and grew into a new department. The program now offers students an opportunity to gain cultural and clinical competencies and learn about healing from a more global perspective by living and working in another country. Since DMU organized its first medical service trip to Belize in 2006, student, faculty and alumni interest in service abroad has continued to grow.

Global Health became a department in July 2007 with the hiring of a part time associate dean for Global Health and full-time administrative assistant. During that fiscal year, the department expanded the scope of its activities:

- The second medical service trip to Belize was organized.
- The department sent a mass mailing to colleges all over Iowa inquiring about forming a consortium. Seven colleges responded positively, and the Heartland Global Health Consortium (HGHC) was founded to further student learning and collaboration on issues of global health.
- The first annual Global Health Conference was organized and offered to the public in October.

As the department continued to grow, Dr. Yogesh Shah, the associate dean, became a full-time employee in July 2008. That same year, a third service trip was organized, with El Salvador as the selected site. The second Global Health Conference was held in the fall, featuring Dr. Mario Merialdi from the World Health Organization as speaker. With this connection made, representatives from WHO were invited to visit the DMU Simulation Lab for further research and study of the Odon Method, a low-cost, low-tech way to facilitate childbirth.

In January 2009, it was decided that the yearly Global Health Conference would be a joint venture organized by members of the HGHC. Programs have featured national and international leaders in global health policy, global health education, and sustainability. Beginning in 2009, DMU partnered with the World Food Prize, allowing us to share speakers and events as part of our conference. Also in 2009, Dr. Shah was invited to attend the World Health Organization meeting in Geneva, Switzerland. Out of that meeting came opportunities for DMU students to travel to WHO headquarters in Geneva for summer internships. This has become an ongoing opportunity each summer for DMU students.

Instructor Laura Delaney, PA–C, M.P.A.S., greets Laura, a child she helped deliver three years ago in Mali who is named in her honor.

Medical service trips

DMU has opportunities for students and faculty to travel to countries in need of basic health care to provide medical services. The service trip locations vary from year to year, with safety being the deciding factor. Each trip takes place for approximately one week during non-academic periods so that all students who want to participate may do so.

It has always been a department focus to help all colleges within the University provide opportunities for international rotations to their students. For example, in 2009, three M.P.H. students and the course coordinator traveled to St. Jude's Hospital to complete a newly created global health course in the M.P.H. program (M.P.H. 777: Global Health Cultural Implications). In February 2010, two PA students were able to travel to Africa with Medicine for Mali. Global Health hopes to offer this trip to PA students each year.

To date, 295 students and 38 faculty have traveled on DMU-sponsored global health trips. They have helped 6,860 patients.

Student international rotations

International rotations include exchanges for up to two months at various sites. The type and length of each rotation is defined and approved by Global Health faculty. To date, students have completed rotations in 39 countries. In addition, ten international students have been invited to complete rotations at DMU.

Global consortium

The number of students enrolled in global health programs in universities across the United States and Canada has doubled in the past three years. That has led American universities to expand these programs at an unprecedented rate. The surge also led more than 50 North American universities—including Des Moines University—to create the Consortium of Universities for Global Health (CUGH), to coordinate their efforts and set a vision of global health programs.

One outcome has been increasing attendance at the annual global health conference. In 2009, 60 students from DMU and our HGHC partner institutions registered for this event. Attendance has grown each year.

Another outcome has been the participation of students from the Drake University pharmacy program in our service trips.

"The guiding principle of the consortium is to make the University a transforming force in global health," says Yogesh Shah, M.D., DMU's associate dean for Global Health. "We at DMU want to join that force by collaborating with other universities and organizations as well as by increasing the opportunities we offer our own students."

Global research opportunities

In 2008, Global Health developed a partnership with the Department of Reproductive Health and Research at the World Health Organization (WHO), which includes summer internship opportunities for our students and research collaboration. Select students travel to Geneva for 8–12 weeks in the summer during their second and third year to work with WHO faculty on conducting systematic reviews or creating evidence-based educational materials for worldwide distribution.

Technology partnerships

We invest in resources such as the Simulation Lab because we want our graduates to have a strong technology background that sets them apart. Another benefit of cutting-edge technology is that we can share it with area educators and students. The Sim Lab continues to be a powerful learning resource for the community as well as for Des Moines University students. Through the interprofessional team training program, started in 2008, students from DMU, the Des Moines Area Community College School of Nursing, Drake University's College of Pharmacy and Health Sciences, and Grand View University's nursing program come together to work through medical scenarios. In addition, our technology supports education outreach and collaborative medical service programs.

George Washington Carver Science Academy

Through the local chapter of the Scientific Honor Society, Sigma Xi, DMU faculty have established the George Washington Carver Science Academy (GWCSA). This program aims to provide experiences in science and medicine for Des Moines-area elementary students. Over the last five years, DMU has offered a one-hour science and medicine session per month from September through May to low-income/minority students in grades 3–6. Participants come to campus for hands-on experiences in the areas of microbiology, anatomy, physiology, physics, and medicine. The program draws approximately 12 students for each monthly session and involves 9 DMU faculty, one DMU staff member and 16 DMU medical students. In 2005, the program received the national Sigma Xi Diversity Award. This outreach program has enabled DMU to touch the lives of Des Moines-area children and cultivate their interest in science and medicine.

Free Clinics of Iowa

As the largest network of free medical clinics in the state, Free Clinics of Iowa was organized to facilitate the initiation, operation and collaboration of services for the uninsured and underinsured in Iowa. Approximately 235,000 Iowans (about 9 percent of the population) do not have health insurance, and numerous others are

When central Iowa takes in refugees, DMU Clinic is there to provide physical examinations and any needed immunizations required by the Iowa Department of Public Health. "Our first influx of refugees were mostly from Sudan, some of whom have stayed with us," says Ginger Cox, practice manager for Family Medicine. "Our students participate in their care and gain exposure to diseases they otherwise wouldn't have. It's a great learning experience."

underinsured. While providing free health care to the needy is a cornerstone of our University's service commitment, it is also central to the professional codes of ethics for the health professions we represent.

With a clinic network already established throughout the city to meet the needs of the under-served, several clubs provide volunteer service to the clinics on an ongoing basis. With the approval of the University and under the direction of licensed physicians, students can assist in providing basic medical care, serving as language translators and completing administrative duties. In addition to gaining first-hand experience among under-served populations, students also gain exposure to various cultural and ethnic health care attitudes.

One of the University's clubs—Sigma Sigma Phi (SSP)—provides volunteers on a weekly basis to LaClinica, a free clinic serving the Hispanic population in Greater Des Moines. Second-year student volunteers assist with basic health care, while first-year student volunteers help with records and charts. Others fluent in Spanish provide translation services. SSP has been serving this clinic for the past 10 years, which provides evidence of the club's service commitment and the clinic's appreciation for the volunteer assistance.

The Free Clinics of Iowa website (http://www.freeclinicsofiowa.org) credits medical students with providing 457 donated hours of time for 2007. We expect our work with the Free Clinics to expand as more programs take advantage of our new Mobile Clinic, a 38-foot Winnebago motor coach that is handicap-accessible and outfitted with two examination rooms, a reception area, and a restroom. This mobile unit will facilitate delivery of clinical services to under-served populations throughout Central Iowa, conduct K–12 educational outreach, and provide medical services for community events. Staffed by DMU faculty, the Mobile Clinic allows health professions students to participate in the delivery of care to diverse under-served communities.

RECOMMENDATIONS FOR 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.

Recognition—such as the Governor's Volunteer Service awards, the Sigma Xi Diversity Award, and the Platinum Well Workplace designation—is gratifying. However, intangible rewards can be just as fulfilling.

For example, Literacy Army volunteers are matched with a Hanawalt Elementary student at the beginning of the year and meet at least once per week for one hour to read to, or be read to, based on the plan provided by the teacher. The weekly meetings allow a close relationship to grow, and DMU student and employee volunteers are quick to admit that they get as much out of the experience as their young partners. Registrar Kathy Scaglione reflects, "The students are ESL. So, while they bravely practice their English, I in turn attempt to pronounce words in Russian and Spanish. These kids are sweet and funny and courageous—I come away with so much, I wonder who is giving to whom?"

Osteopathic Finish Line (OFL)

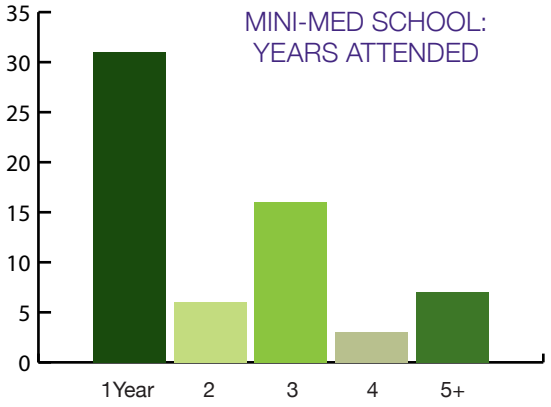
Des Moines has a growing number of community athletic competitions, and organizers often ask the University to provide participating athletes with OMM. Department members and student volunteers attend these events, where students have opportunities to develop their manual and patient interaction skills on real patients under careful, direct supervision. At any given event, a student may treat from five to ten event participants.

The uniqueness of the OFL experience and the sheer volume of student-patient interactions have led to growth in our students' skills and confidence. Furthermore, the OFLs are a wonderful way to give the community exposure to the benefits of OMM and the training DMU provides its students. The OFLs, which are run through our student organization, the Undergraduate American Academy of Osteopathy (UAAO), have also contributed to DMU receiving a Governor's Volunteer Award and recognition as National UAAO Club of the Year.

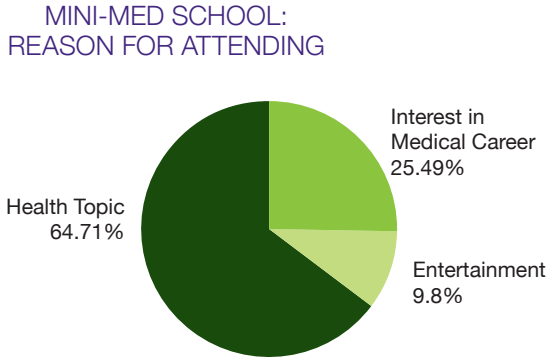
Mini Medical School

In 2003, we began offering a series of presentations to show the lay public how a physician is trained in various subjects and to inform attendees about current issues in medicine and medical practice.

Typically, attendees are over the age of 50. The graphs highlight the number of times 2010 attendees have previously attended Mini Medical School. Most survey respondents (51.5 percent) have attended at least once in past years. Most notable is that 25 percent have attended at least three times and 8 percent have attended five times.



Attendees are surveyed each year to identify the topics of greatest interest to them. Popular sessions have included "The Office Visit—Why Does My Doctor Do That," "Obesity—It's Not the Mirror, It's You," and "Infectious Diseases—Bugs in the Rugs and Other Weird Beasties."



Survey results indicate high levels of satisfaction with the Mini Medical School, which is consistent with participants' appreciative comments:

- "This is a wonderful program, especially for someone like me who has not spent any time studying health issues and the body. I really appreciate the time that everyone involved took to make this session so worthwhile and informative."
- "You have done such a good job picking topics and presenters."
- "I enjoy hearing from female speakers. I think they are good for the high schoolers that come."
- "Could you hold classes more than once a year?"

Geriatric care

Senior Health Fair

Every year, adults 50 and older are invited to Des Moines University's Senior Health Fair for free blood glucose, blood pressure and bone density screenings. Clinical students, under the supervision of faculty clinicians, demonstrate osteopathic manual medicine and offer manual treatments as well as screenings. Physical therapy students check balance and flexibility. Podiatric medical students screen for foot and ankle problems. Free medication reviews are done for seniors who bring a list of their medications, for both prescription and over-the-counter drugs. The health fair, which was initiated by the Geriatrics Club, has now grown into a community event.

"The annual DMU Senior Health Fair is a great opportunity for older adults in the area to receive free health screenings and get information on topics pertinent to them," said 2010 coordinator Keely Cassidy, M.S.'11. "It is also a wonderful chance for professional students in medicine, podiatry, law, pharmacy, psychology, physical therapy and physician assistant programs at Des Moines University, Drake University and Iowa State University to work together and interact with the community to provide the best approach to geriatric health care."

Iowa Medicaid Congestive Heart Failure Population Disease Management Demonstration

As part of the Iowa Chronic Care Consortium (ICCC), DMU participated in developing a program designed to reduce the need for acute care services by involving patients in their care, improving care efficiencies and promoting healthy behaviors.

Seventy-two percent of Medicaid participants reported that the program helped them communicate better with their physician. Compared to a matched cohort, they experienced reduced hospital admissions and fewer bed days. While cost of care increased $2 million for the matched cohort, cost of care for program participants decreased nearly $3 million.

Alumni and Global Health

During a recent medical service trip, DMU students were able to observe diseases not common in the United States and the disparities between levels of maternal care in their home country and in Mali. They also learned how to provide care with few resources. After three trips to Mali, Laura Delaney, PA–C, M.P.A.S., an instructor and clinical coordinator for DMU's physician assistant program, reflects that service trips develop students' confidence because they "learn they have what they need to treat a person–sick is universal."

As students' interest in gaining international experience continues to grow, opportunities for alumni involvement in global health efforts are increasing. One of three alumni who participated in a 2010 medical mission trip to Mali was Phillip Tedrick, D.O.'77, an emergency physician in Augusta, Maine. During his time in the West African country, Dr. Tedrick saw as many as 300 patients a day. "The cultural insights and big smiles we received made it all worthwhile," he recalls. "I was the big winner in the process."

In addition, students who wanted to connect with mentors with international experience requested that Alumni Relations expand the Mentor program. An interactive map will identify alumni who are willing to mentor students interested in global health.

Joel Post, D.O.'08, participated in a service trip to Honduras with his wife, Tami. "Through all our encounters there was a common theme: joy and gratitude. No matter the symptom, no matter the treatment rendered, the patients we gave care to truly appreciated the fact we were there to serve."

The World Triathlon

Another example of mutual benefit is DMU's partnership with The World Triathlon, which supported an adventure athlete and a good cause: education to improve maternal health in Nepal.

Des Moines attorney and adventurer Charlie Wittmack participated in The World Tri, an 11-month expedition to swim, bike and run nearly 12,000 miles through 12 countries.

Physical therapists and exercise physiologists from the Physical Therapy Clinic and DMU Human Performance Lab Running & Cycling Clinic were also involved in The World Tri. They analyzed Wittmack's gait, tested his resting energy expenditure, conducted a VO2 max test while he

ran and cycled, and tested his running and cycling efficiency. Before his departure, most of the tests were repeated to measure improvements. Similar measurements were taken over the 11-month journey for comparison. These statistics will be used for research projects and education.

In addition, The World Tri was a way for DMU to build visibility.

Before embarking on the 10,000-mile World Triathlon, adventure athlete Charlie Wittmack visited DMU's Human Performance Lab. "To get a baseline before Charlie really started seriously training, we looked at how efficiently his body processes oxygen, his electrical muscle activity and his energy expenditure on bike and on foot," explained exercise physiologist Joseph Weir, Ph.D. "This helped his coaches design his dietary regimen and focus his training."

RECOMMENDATIONS FOR 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 underserved 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.

While we provide many health and education services to diverse constituencies, our efforts are respected but not widely recognized. Because we do not have the benefit of a large research program, a large research hospital, or a football team, we do not have a high public profile. Throughout our history, service has built the bridges of understanding. In the future, we need to look for other ways to build recognition through service.

One way to build visibility through service 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.

Lessons Learned

Although a Chinese proverb says "A journey of a thousand miles begins with a single step," most successful journeys actually begin with a plan. Developing the plan for our self-assessment journey was one of the first challenges facing Provost Karen McLean when she arrived at Des Moines University in August 2009.

The beginning of the self-study coincided with the implementation of a new administrative structure. Adding a chief academic officer position created new capacity to standardize assessment and evaluation across the University, develop new norms for professionalism and best practice, and align goals and budgets through a coordinated planning process.

Goal

The first step in our journey was to identify our destination. We approached the accreditation review as an opportunity to determine what we are doing well and what changes need to be made. Our self-study report is intended to be a critical, self-reflective look at how we function as a university. Its evidence and recommendations will become the foundation of our next strategic plan.

We do not expect the report to be definitive as we are currently in the midst of several transformative initiatives: learning to work as one University rather than three separate colleges, moving toward a stronger sense of shared governance and a greater voice for all internal constituencies on critical issues, planning more strategically, balancing our institutional capacity with our mission to educate and serve, and having the tough conversations about diversity and accountability.

Our self-study gives us a way to monitor our progress, recognize changes in our culture, and calibrate the goals for our transformation.

Process

Once our goal was determined, our next step was to choose those most responsible for helping us achieve it. The provost selected the members of the HLC Steering Committee. Each of five subcommittees (one for each criterion) had two co-chairs, one faculty member and one administrator. Members of the subcommittees were chosen by the co-chairs.

Originally, drafts created by the subcommittees were to be submitted to an internal writer. After that person left the University, we hired an external writing project manager.

Early in the process, the 2001 HLC accreditation report was reviewed. This gave co-chairs a better understanding of the scope of their work and guided their selection of committee members.

At a retreat in November 2009, co-chairs interpreted criteria, analyzed model documents, and benchmarked standards of evidence. They were encouraged to reflect on each criterion and post evidence for any criterion, not just their own.

In the midst of evidence-gathering, eight steering committee members attended the 2010 HLC annual meeting. The sessions on assessment were particularly valuable; in fact, we invited presenters from two sessions to conduct workshops at DMU.

As evidence was reviewed, committees were asked to include solid quantitative support in their drafts. However, in some cases, quantitative evidence was lacking or not readily available. For some topics, such as assessment and community service, qualitative evidence was needed to address the gaps. In addition, we deliberately chose to include vignettes and case studies because they illustrate, in a way that quantitative evidence cannot, the distinctive way DMU meets its standards and lives its mission.

After the committees collected evidence, each produced a draft. Drafts were then compiled into a single document, and each committee was asked to review the quality of its evidence and recommendations. In January 2011, the provost and writing project manager met with each committee to capture members' thinking on these questions:

- Have we covered the relevant issues completely? Is anything missing?
- Is our information accurate?
- Are our evaluations fair and defensible?
- What strengths do we recognize?
- What do we need to fix, and how do we fix it?
- Does anything we discussed need to be addressed in the next strategic plan?
- What are our dreams or recommendations? What is our vision?

The revised draft was then made available to the entire University community for comment. Reviewers were recruited to represent different groups within our community, including faculty, alumni, board members and faculty emeritus. Comments were gathered through SurveyMonkey during a month-long comment window.

In 2011, the president, provost, writing project manager and two faculty assessment champions attended the HLC annual meeting. This reinforced the importance of benchmarking with other institutions and creating faculty engagement.

The system of selecting co-chairs and having co-chairs develop their own working groups proved to be efficient and engaging as we worked on the self-study. This structure has been replicated on the following two major initiatives: 1) the Curriculum Management Applications Task Force (CMAT), which will be making recommendations on a new learning management system as well as software to assist with curriculum mapping, course evaluation, and other assessment efforts, and 2) the Portal Governance Team, which is overseeing and coordinating the migration from the current University portal to a SharePoint platform that will be implemented in December 2011. In each case, the structure has allowed us to collect grassroots input and promote buy-in across campus within a short time.

Our growing ability to develop internal expertise complements our willingness to use outside consultants, such as Dr. Daryl Smith, and external research reviewers. We are also

engaging more with other institutions, comparing ourselves to peers and seeking out best practices, especially in assessment and administration.

Strategic implications

As work on the self-study report continued, we became increasingly aware of the link between self-assessment and strategic planning. Many long-standing issues were deliberately not addressed in the current strategic plan. Some, such as diversity, were deferred because we did not believe we could do them justice within the compressed five-month planning schedule. Discussion of others was judged to be too divisive until trust in senior leadership had been rebuilt. (See discussion of the Strategic Planning Process in the Introduction and Core Component 1d.)

As we evaluated areas in which we fell short of our own expectations, we realized that we had done more than we knew to lay a solid foundation for moving forward. Working on Core Component 1b, we were surprised to discover that we had done more to promote diversity than we realized. Significant challenges to becoming a more diverse campus remain, but our recognition of progress and the arrival of our new president, Dr. Angela Franklin, spurred us to make our recommendations to improve diversity more specific and comprehensive.

We also knew that we lacked solid assessment data, as discussed under Criterion Three. However, our self-assessment showed us that best practices, like peer evaluation, are taking root and spreading through faculty advocacy. We are also developing faculty champions who are knowledgeable about assessment and committed to encouraging best practice in their programs and throughout the University.

As committees met with the provost to review their drafts, they were encouraged to think of their work as preparation for the next strategic planning cycle. Discussions have already begun about the issue of enhancing shared governance. "Encouraging the self-study committees to ask questions and make recommendations is part of the movement toward a greater level of shared governance," commented Dr. McLean. "We are giving them a platform to address the issues." In addition, committees wrote their recommendations for each core component with the next strategic planning cycle in mind.

While attempting to present a comprehensive portrait of our University, we discovered new questions about evaluating performance, ensuring compliance, and enhancing diversity. As Dr. Deavers, Professor Emeritus, noted in his review, "The self-study identifies a number of tough and uncomfortable questions that need to be addressed. I know we don't have all the answers to these questions, but the fact that we are willing to ask them demonstrates to me that we have a healthier institution than we had previously."

Community involvement

Throughout the data-gathering process, Dr. McLean encouraged committee members to bring items they would recommend for change or review to a member of the Strategic Planning Team for inclusion in the Strategic Plan that will begin in 2012.

Students were invited to be part of the steering committee when Dr. McLean spoke to the Council of Presidents in late 2009. The group's consensus was that they wanted to be consulted and updated, but were not interested in serving on a committee. They asked that a representative from the Steering Committee visit the Council periodically to provide updates and ask for input.

Our efforts to be inclusive sparked the realization that we did not have strong channels to collect input from the non-exempt staff. During information-gathering for the strategic planning process, comments such as "Staff have a lot of knowledge but no one ever asks us" surfaced. In response, two non-exempt staff members were added to the Strategic Planning Team. Their perspective added so much value that a concerted effort has since been made to include staff in all high-level planning processes.

As we review and implement recommendations from the self-study, we expect the staff organization we are establishing to be an important avenue to surface issues and provide feedback.

During preparation of this report, input from the University community was sought at several stages:

- As committees gathered data
- During the open comment window (March 21–April 21, 2011)
- During review by selected reviewers, including Library Director Larry Marquardt, Board member Art Wittmack, Faculty President Roberta Wattleworth, and outside consultant Michael Hovda
- During revision of the self-study draft
- At Town Hall meetings
- At faculty and staff meetings, where videos created by the working committees were used to stimulate discussion of the recommendations for each core component

We will continue to seek input as we move forward with our new strategic planning process. Although new recommendations may emerge during the next planning cycle, we believe that this self-study defines our strengths, challenges and hopes as an institution. Planning is an ongoing process driven by vision; this self-study provides a road map for our journey toward becoming one health sciences University doing a world of good.

ABBREVIATIONS

AAALAC .....Association for Assessment and Accreditation of Laboratory Animal Care International

AACOM .....American Association of Colleges of Osteopathic Medicine

AAMC .....Association of American Medical Colleges

AAPA .....American Academy of Physician Assistants

ACFAS .....American College of Foot and Ankle Surgeons

ACOFP.....American College of Osteopathic Family Physicians

AGB.....Association of Governing Boards

AHEC.....Area Health Education Center

AMSA .....American Medical Student Association

APTA .....American Physical Therapy Association

AOA.....American Osteopathic Association

AQIP .....Academic Quality Improvement Program

ARC-PA.....Accreditation Review Commission on Education for the Physician Assistant

CAHME.....Commission on Accreditation to Health Care Management Education

CAP.....Community Ambassador Program

CAPTE.....Commission on Accreditation in Physical Therapy Education

CASE .....Council for Advancement and Support of Education

CEP.....Course evaluation packet

CEPH.....Council on Education for Public Health

CHES.....Certified Health Education Specialist

CHIP.....Coronary Health Improvement Project

CHS.....College of Health Sciences

CIO.....Chief Information Officer

CITI .....Collaborative Institutional Training Initiative

CITL .....Center for the Improvement of Teaching and Learning

CLASS.....Center for Learning Advancement in the Structural Sciences

CME.....Continuing Medical Education

CPI .....Clinical Performance Instrument

CPMS.....College of Podiatric Medicine and Surgery

COCA.....Commission on Osteopathic College Accreditation

COM.....College of Osteopathic Medicine

COMLEX.....Comprehensive Osteopathic Medical Licensing Examination

CPME .....Council on Podiatric Medical Education

DMU .....Des Moines University

ERC.....Educational Resources Committee

ESS .....Educational Support Services

FACOFP.....Fellow of the American College of Family Practice

FACOS .....Fellow of the American College of Osteopathic Surgeons

FACS.....Fellow, American College of Surgeons

GHHS .....Gold Humanism Honor Society

Health PASS...Health Professions Advanced Summer Scholars program

HGHC .....Heartland Global Health Consortium

HIPAA .....Health Insurance and Portability and Accountability Act

HRA .....Health Risk Appraisal

IACUC .....Institutional Animal Care and Use Committee

IAS.....Iowa Academy of Science

IBC.....Institutional Biosafety Committee

IMC.....International Medicine Club

IMS .....Iowa Medical Society

IO .....Institutional Official

ABBREVIATIONS

CONTINUED

IOER .....Iowa Osteopathic Educational and Research endowed fund

IPE .....Interprofessional education

IPS .....Iowa Physiological Society

IRB.....Institutional Review Board

ITS .....Information Technology Services

LCME .....Liaison Committee for Medical Education

LMS .....Learning Management System

MBTI .....Meyers-Briggs Type Indicator

M.H.A. .....Master of Health Care Administration

M.P.A. .....Master of Public Administration

M.P.H. .....Master of Public Health

M.S.....Master of Science

NBOME.....National Board of Osteopathic Medical Examiners

NCB-ASM.....North Central Branch of the
American Society for Microbiology

NIH .....National Institutes of Health

NLM.....National Library of Medicine

NSF .....National Science Foundation

OFL.....Osteopathic Finish Line

OMM.....Osteopathic Manual Medicine

OPTI .....Osteopathic Postgraduate Training Institute

ORS.....Officer for Research and Scholarly Activity Standards

P.A.-C.....Physician Assistant-Certified

P-CAL .....Pre-Clinical Assessment of Learning

PEAQ .....Program to Evaluate and Advance Quality

PIC .....Performance Improvement Committee

PIE .....Performance Improvement and Evaluation Committee

PPDPT .....Post-professional Doctor of Physical Therapy

PRIM&R.....Public Responsibility in Medicine and Research

PWP .....Personal Wellness Profile

QIC.....Quality Improvement Committee

QSC.....Quality Steering Committee

RMEP .....Rural Medicine Education Pathway

RPT.....Rank, Promotion and Tenure

RSC .....Radiation Safety Committee

SGA.....Student Government Association

SLAC.....Student Learning Assessment Committee

SP.....Strategic Plan; *also* Standardized Patient

SPAL.....Standardized Performance Assessment Lab

SPEC.....Student Promotion and Evaluation Committee

TLTC.....Teaching Learning Technology Center

UAAO.....Undergraduate American Academy of Osteopathy

UADY.....Universidad Autonoma of Yucatan (Mérida, Mexico)

WELCOA.....Wellness Council of America

WHO .....World Health Organization

INDEX