



*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 Pharm-Free 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 Dingle 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 non-permeable 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 discus-

sion 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.

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## 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.