

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
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**WCU COLLEGE OF OSTEOPATHIC MEDICINE
2012-2013 MASTER EVALUATION PLAN**

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
STANDARD ONE: Mission, Goals, and Objectives				
1.1. The COM must have a clearly defined mission statement, including goals and objectives appropriate to osteopathic medical education that addresses teaching, research, service, including osteopathic clinical service, and student achievement.	<p>≥80% of faculty perceives that the COM mission statement and graduate outcomes are congruent with the competencies required for osteopathic medical education.</p> <p>≥80% of students perceive congruence among the WCU mission statement, COM mission statement and program graduate outcomes as indicated by ≥3 on selected items from the WCU Exit Survey and COM Graduating Student Exit Survey.</p>	<p>The Dean's Council on Quality and Curricular Council utilizes data from surveys to compare the COM graduate outcomes with the Mission Statement.</p> <ol style="list-style-type: none"> 1. Faculty Survey 2. Student Survey <p>Faculty survey response rate greater than 90%</p>	<p>Survey completed in November this year but planned to be administered by the Dean's Council on Quality annually in June.</p> <p>COM Graduating Student Exit Survey will be administered to graduating senior students in May 2014</p>	<p>Met: 91% of faculty members perceive congruence between the COM Mission Statement and graduate outcomes and the competencies required for osteopathic medical education. The survey findings will be reported back to the Faculty at its January Faculty Congress Meetings The COM recently adopted the newly revised 2012 AOA-AACOM competencies for osteopathic medical education.</p> <p>Plan Repeat faculty survey planned for June. .</p> <p>The Dean's Council on Quality continues ongoing development of strategic plan through faculty that ensures mission, goals, and expected outcomes of the COM are congruent with the competencies required for osteopathic medical education. The Dean's Curriculum Council continues to integrate 2012 AOA-AACOM into curricular revision</p> <p>COM Graduating Student Exit Survey will be administered to graduating senior students in May 2014</p>

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1.2 The COM must maintain in effect any charter, licenses or approvals required for it to function as a COM in the jurisdiction in which it operates.	100% compliance will be maintained with regard to SACS-COC, COCA and clinical affiliation agreements.	Reviewed and verified by the Dean	<p>SACS_COS Reviewed annually by the Dean in June.</p> <p>COCA ongoing efforts; reviewed by the Dean annually each June.</p> <p>Clinical affiliation agreements are reviewed by the Office of Clinical Rotations annually in June</p> <p>Clinical preceptor agreements and adjunct faculty are reviewed by the Office of Clinical Rotations annually in June.</p>	<p><u>Met:</u> 2012-2013 WCU maintains full SACS-COC accreditation</p> <p><u>Ongoing:</u> 2012-2013 COM continues to work towards fulfilling 100% of the requirements for full COCA accreditation</p> <p><u>Met:</u> 2012-2013 - 45 of 45 (100%) clinical affiliation agreements are current and in effect.</p> <p>2012-2013 - 681 of 681 clinical preceptors have met all academic and experiential requirements as adjunct faculty of the COM. All clinical preceptors have been appointed by the Dean of the COM and approved by the Board of Trustees</p> <p><u>Plan 2012-2013:</u> Review all affiliation agreements on an annual basis</p> <p>Continue to develop affiliation agreements in Alabama, Arkansas, and Louisiana</p> <p>Continue to develop professional relationships with clinical adjunct faculty based on academic and experiential preparation. All clinical preceptors will be appointed by the Dean of the COM and approved by the Board of Trustees</p>

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1.3. The COM must connect its learning outcomes assessment learning plans to mission plans and objectives in order to continuously improve the educational quality of its osteopathic medical education program.	<p>≥80 of faculty perceive congruence among the COM philosophy, and graduate outcomes, and identified professional medical standards.</p> <p>Strategic Plan is completed for annual review by the end of the academic year.</p> <p>100% of course syllabi reflect learning objectives that are linked to 2012 AOA-AACOM competencies for medical students.</p> <p>Statistical evaluation of OMS 1-4 course grades demonstrate correlation with success consistent with COMLEX sub-disciplines..</p>	<p>91% response rate from faculty survey</p> <p>Reviewed by Dean Council on Quality and presented to the Dean for implementation.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see correlation.</p>	<p>Survey completed in November this year but planned to be administered by the Dean's Council on Quality annually in June 2013-14</p> <p>Strategic Plan to be completed by May 1 for review by the Dean's Council on Quality, verified by the Dean. Process will begin again annually in June 2013 with projected completion by December 2013</p> <p>Course syllabi to be reviewed in May for development of new syllabus.</p> <p>Dean's Council on Quality utilizing the CAMS database annually conducts a predictor analyses to include</p>	<p><u>Met:</u> 2012-2013- 91% of faculty perceived congruence among the COM philosophy, and graduate outcomes, and identified professional medical standards. Data presented to Quality Council for institutional review and to Curriculum Council for curricular review. Findings to be shared with entire Faculty at January Faculty Congress Meetings.</p> <p><u>Partial Met</u> All faculty, administrators, and professional staff are asked to review the strategic plan and make <u>specific</u> written recommendations for plan revision. In particular, course directors, committee chairs, and other unit/program leaders are asked to develop measurable tactics to address strategies that touch on your areas of responsibility and to propose additional or alternate strategies where gaps are perceived. This includes an estimate of the resources needed to support these tactics. It is important that the goals of all components of the WCUCOM align with the strategic plan. The Dean's Council on Quality will collect all input, revise the strategic plan accordingly, and redistribute a second draft of the strategic plan for a second round of input. After this is received, the Dean's Council on Quality will finalize the strategic plan and forward to the Dean for final approval and implementation.</p> <p><u>Met</u> 100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.)</p> <p>OMS 1 course GPA and OMS 2 course GPA were strong correlates for COMLEX success. OPP was highest discipline score and Biochemistry and Physiology was the lowest discipline scores. Findings reported to both Quality and Curriculum Council. Attention paid towards both Biochemistry and Physiology.</p>

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	<p>COMLEX-USA Level 1 first time pass rate to be 80% and within 3 years to be consistent with the national mean of other Osteopathic Medical Schools.</p> <p>COMLEX-USA Level II and IIPE first time pass rate is consistent with the national mean of other Osteopathic Medical Schools</p> <p>Attrition rate of the school is less than 5%</p> <p>Annual faculty facility survey reveals greater than 80% satisfaction with existing facilities</p>	<p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p> <p>Attrition analysis completed Associate Dean of Student Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p>	<p>curriculum course assessment. Findings are presented to Dean and to Curriculum Council and Course Directors.</p> <p>Admissions track and trend analyses Reviewed by Dean's Council on Quality in June and presented to the Dean.</p> <p>The facility survey will be conducted in June annually and will report from Infrastructure Resources Committee to Dean</p>	<p><u>Unmet</u> COMLEX USA Level 1 first time pass rate was 70%. This was below an initial goal of 80% and newly revised strategic goal of having an initial COMLEX pass rate that is within national average by 3 years.</p> <p><u>Actions</u> Recommendations by Quality and Curricular Council include: 1) full review of all OMS-1 and 2 syllabi by Course Directors to ensure AOA-AACOM competencies are fully met-which has been accomplished, 2) formal incorporation of Board Review Prep Program-Boards Boot Camp into curriculum which has been accomplished, 3) Addition of COMLEX style question banks to support student resources, 4) Incorporation of additional software support systems (Exam Soft) to mimic computer based testing and to provide greater trending and analytics, 5) Addition of software to support OSCE (standardized patient) COMLEX USA Level 2 PE style of evaluation, 6) Admission criteria were also analyzed <i>with</i> modifications made to ensure preparation in biochemistry and physiology, 7) Addition of comprehensive review and targeted assistance to students who fail (use of Boards Boot Camp) to ensure 100% COMLEX overall pass rate.</p> <p><u>Met</u> Attrition analysis is less than 3%. No further action required.</p> <p><u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty. If survey proves to be a valid tool, then it will be scheduled for June annually.</p>

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	<p>Returning student facility survey reveals overall satisfaction of greater than 3.0</p> <p>Student graduation survey reveals greater than 80% satisfaction with existing facilities</p>	<p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Council on Quality and back to faculty.</p> <p>Completed by Associate Dean of Student Affairs and reported to the Dean annually in August.</p> <p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p>	<p><u>Met</u> Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future</p> <p>Will be incorporated into graduate exit survey in May 2014.</p>

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1.3.1 The COM incorporates formative and summative reviews of student achievement including, but not limited to: COMLEX-USA Level 1 and COMLEX-USA Level 2 passage rates; licensure, geographic area of practice, obtainment and completion of a postdoctoral program, and AOA or ABMS board certification.	<p>100% receipt of formative and summative course assessments end of course reports.</p> <p>Reviewed by Dean Council on Quality and presented to the Dean for implementation.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>Statistical evaluation of OMS1-4 course grades demonstrate correlation with success consistent with</p>	<p>Individual course reviews of formative and summative assessments of student achievement of OMS-1-4 courses presented to the Curriculum Council and aggregate report to Quality Council.</p> <p>Reviewed by Dean Council on Quality and presented to the Dean for implementation.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see</p>	<p>Formative and Summative Assessments on reported on-going basis to Curriculum Council and aggregate report to Quality Council.</p> <p>Strategic Plan to be completed by May 1 for review by the Dean's Council on Quality, verified by the Dean. Process will begin again annually in June 2013 with projected completion by December 2013</p> <p>Course syllabi to be reviewed in May for development of new syllabus.</p> <p>Dean's Council on Quality utilizing the CAMS database</p>	<p>Met: 100% receipt of formative and summative assessment reports for fall 2012-2013 by course directors presented to Quality Council and Curricular Council for institutional and curricular review, respectively. Recommendations for ongoing formative assessments with a minimum of 3 exams for Spring Semester made to Dean. Findings shared with Faculty Congress in January 2013. Added Exam Soft to improve formative and summative tracking and trending in the Spring Semester.</p> <p>Partial Met All faculty, administrators, and professional staff are asked to review the strategic plan and make <u>specific</u> written recommendations for plan revision. In particular, course directors, committee chairs, and other unit/program leaders are asked to develop measurable tactics to address strategies that touch on your areas of responsibility and to propose additional or alternate strategies where gaps are perceived. This includes an estimate of the resources needed to support these tactics. It is important that the goals of all components of the WCUCOM align with the strategic plan. The Dean's Council on Quality will collect all input, revise the strategic plan accordingly, and redistribute a second draft of the strategic plan for a second round of input. After this is received, the Dean's Council on Quality will finalize the strategic plan and forward to the Dean for final approval and implementation.</p> <p>Met 100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.)</p> <p>OMS 1 course GPA and OMS 2 course GPA were strong correlates for COMLEX success. OPP was highest discipline score and Biochemistry and Physiology was the lowest discipline scores. Findings reported to both Quality</p>

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	<p>COMLEX sub disciplines.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p> <p>Attrition analysis completed Associate Dean of Student Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p>	<p>correlation.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p> <p>Attrition analysis completed Associate Dean of Student Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p>	<p>annually conducts a predictor analyses to include curriculum course assessment. Findings are presented to Dean and to Curriculum Council and Course Directors.</p> <p>Admissions track and trend analyses Reviewed by Dean's Council on Quality in June and presented to the Dean.</p> <p>The facility survey will be conducted in June annually and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p>	<p>and Curriculum Council. Attention paid towards both Biochemistry and Physiology.</p> <p><u>Unmet</u> COMLEX USA Level 1 first time pass rate was 70%. This was below an initial goal of 80% and newly revised strategic goal of having an initial COMLEX pass rate that is within national average by 3 years.</p> <p><u>Actions</u> Recommendations by Quality and Curricular Council include: 1) full review of all OMS-1 and 2 syllabi by Course Directors to ensure AOA-AACOM competencies are fully met-which has been accomplished, 2) formal incorporation of Board Review Prep Program-Boards Boot Camp into curriculum which has been accomplished, 3) Addition of COMLEX style question banks to support student resources, 4) Incorporation of additional software support systems (Exam Soft) to mimic computer based testing and to provide greater trending and analytics, 5) Addition of software to support OSCE (standardized patient) COMLEX USA Level 2 PE style of evaluation, 6) Admission criteria were also analyzed <i>with</i> modifications made to ensure preparation in biochemistry and physiology, 7) Addition of comprehensive review and targeted assistance to students who fail (use of Boards Boot Camp) to ensure 100% COMLEX overall pass rate.</p> <p><u>Met</u> Attrition analysis is less than 3%. No further action required.</p> <p><u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty. If survey proves to be a valid tool, then it will be scheduled for June annually.</p>

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	<p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p> <p>Student graduation survey reveals greater than 80% satisfaction with existing facilities</p>	<p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Completed by the Associate Dean aof Student Affairs and presented to the Dean's Council on Quality annually in August</p> <p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p>	<p><u>Met</u> Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future</p> <p>Will be incorporated into graduate exit survey in May 2014.</p>
<p>1.4 The COM must have a process that will contribute to the advancement of knowledge though research and scholarly contributions in the fields of the basic biomedical sciences, clinical medicine, and osteopathic principles and practices</p>	<p>WCUCOM has one member of faculty on JAOA or AOA board subspecialty Journal</p> <p>WCUCOM is actively engaged in at least one research project in biomedical sciences, clinical medicine, and osteopathic principles and practices.</p>	<p>Verified by the Assistant Dean of Research and presented to the Associate Dean of Academic Affairs</p>	<p>Reviewed by the Assistant Dean of Research and presented to the Associate Dean of Academic Affairs annually in June.</p>	<p><u>Met</u> Drs. Subbarao and Millette serve as Editorial Board members for the JAOA and represent WCUCOM.</p> <p>WCUCOM is actively engaged in three research projects Biomedical sciences: \$5,000 grant entitled "Use of Interactive Technology to Facilitate Understanding of Challenging Physiology Topic." P.I.: Jessica Taylor PhD</p> <p>Clinical Sciences: \$3000 grant entitled "SBAR Training to Improve Handoffs by Medical Students.PI James Turner DO</p> <p>OPP: Dr. James Turner received a \$5000.00 CME research grant entitled "Virtual Research Institute for OP&P Education." The WCUCOM participates in the Practice Based Learning Network (PBRN) that is a part of AOPTIC's plan to create a "Virtual Research Institute."</p>

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				<p><u>Plan</u> Fundraising initiative announced for the development of a research building. Expect these efforts to continue this summer.</p>
1.5 The COM must provide to the community distinctive osteopathic healthcare including osteopathic manipulative medicine	WCUCOM is actively engaged and partnered with a local osteopathic physician group to provide distinct osteopathic medical care	Verified by the Dean	Reviewed by the Dean annually in June.	<p><u>Met</u> WCUCOM has developed additional venues to provide distinct osteopathic care to the community.</p> <ol style="list-style-type: none"> 1. Recruitment of clinical faculty with contractual responsibilities for delivering distinctive osteopathic care in existing community and private clinics. 2. Development of a Sports Medicine Clinic focused primarily on delivering the full range of sport medicine services (including OMT) to the WCU intercollegiate athletic teams with a secondary emphasis on providing limited services to local area high school athletic programs and recreation athletic youth and adult leagues. 3. Implementation of WCUCOM Student Driven Health Initiatives focused on the WCU campus and local communities. 4. Development of healthcare delivery opportunities for full-time WCUCOM clinical faculty and students within community, state/federally funded, or private medical clinics targeting underserved and specialized populations. 5. Development of an Osteopathic Manipulative Treatment Clinic at the WCUCOM campus with a primary focus on delivering care to the WCU campus community. 6. Development of WCUCOM Preceptor Clinics. <p><u>Plan</u> WCUCOM is negotiating with Wesley Hospital systems to explore a joint primary care medical clinic. WCUCOM is also exploring the feasibility of an OMM clinic on campus.</p>

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1.6 The COM must have a process that addresses the development and planning for the appropriate affiliations necessary to provide predoctoral clinic experiences sufficient in scope for the training of osteopathic physicians.	<p>100% of clinical affiliation agreements are current and in effect.</p> <p>100% of clinical preceptors are appointed as adjunct faculty by the Dean of the COM and approved by the Board of Trustees</p>	<p>Clinical affiliation agreements are verified by the Office of Clinical Rotations</p> <p>Clinical preceptor agreements are verified by the Office of Clinical Rotations</p>	<p>Clinical affiliation agreements are reviewed annually in June by the Office of Clinical Rotations and are presented to the Associate Dean of Clinical Sciences</p> <p>Clinical preceptor agreements of adjunct faculty are reviewed annually in June by the Office of Clinical Rotations and are presented to the Associate Dean of Clinical Sciences</p>	<p><u>Met:</u> 2012-2013 - 45 of 45 (100%) clinical affiliation agreements are current and in effect.</p> <p>2012-2013 - 681 of 681 clinical preceptors have met all academic and experiential requirements as adjunct faculty of the COM. All clinical preceptors have been appointed by the Dean of the COM and approved by the Board of Trustees</p> <p><u>Plan 2012-2013:</u> Review all affiliation agreements on an annual basis</p> <p>Continue to develop affiliation agreements in Alabama, Arkansas, and Louisiana</p> <p>Continue to develop professional relationships with clinical adjunct faculty based on academic and experiential preparation. All clinical preceptors will be appointed by the Dean of the COM and approved by the Board of Trustees</p>
1.7 The COM must be a member of an Osteopathic Postdoctoral Training Institution (OPTI) that is accredited by the American Osteopathic Association's Bureau of Osteopathic Education	100% partnership compliance with an OPTI that is accredited by the American Osteopathic Association's Bureau of Osteopathic Education	Verified by the Director of Postdoctoral Development	Reviewed annually in June by the Director of Postdoctoral Development	<p><u>Met</u> WCUCOM partnered with Appalachian Osteopathic Postdoctoral Training Institute Consortium (AOPTIC) which is fully accredited with the American Osteopathic Association's Bureau of Osteopathic Education. The Dean serves on the Executive Committee and the Director of Postdoctoral Development serves as the regional coordinator WCUCOM partnered with Appalachian Osteopathic Postdoctoral Training Institute Consortium (AOPTIC)</p>
STANDARD TWO: Governance, Administration, and Finance				

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2.1, 2.1.1, 2.1.2 The bylaws of the COM and its parent institution develop and implement bylaws to define governance and organizational structure, define the responsibilities of the COM administrative and academic officers and faculty and include but not be limited to, conflict of interest, due process, disclosure, nondiscrimination, confidentiality of records, and fiscal accountability.	100% compliance of bylaws of the COM and its parent institution to define governance and organizational structure, define the responsibilities of the COM administrative and academic officers and faculty and include but not be limited to, conflict of interest, due process, disclosure, nondiscrimination, confidentiality of records, and fiscal accountability.	Verified by the Dean	Annual review in June by the Dean	<u>Met</u> WCU Bylaws are in 100% compliance. Bylaws define governance and organizational structure, define the responsibilities of the COM administrative and academic officers and faculty and include but not be limited to, conflict of interest, due process, disclosure, nondiscrimination, confidentiality of records, and fiscal accountability.
2.1.3 The COM must satisfy such provisions as may be required by applicable law and regulations.	100% compliance required by applicable law and regulations	Verified by the Dean	Annual review in June by the Dean	<u>Met</u> WCU is in full compliance with all program responsibilities under Title IV of the 1998 Higher Education Amendments. WCUCOM is in 100% compliance with applicable law and regulations.
2.2 The Governing Body will confer the degree Doctor of Osteopathy (D.O.) or Doctor of Osteopathic Medicine (D.O) upon those students who have satisfactorily completed the requirements for graduation and have been recommended for graduation by faculty	100% compliance that WCUCOM BOT will confer the degree of DO to those students who have satisfactorily completed the requirements for graduation and have been recommended by the faculty	Verified by the Dean	Annual review in June by the Dean	<u>Met</u> WCUCOM BOT will confer the degree of DO to those students who have satisfactorily completed the requirements for graduation and have been recommended by the faculty. WCUCOM is in 100% compliance with this expectation

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2.3 The COM must have financial resources and reserves to achieve and sustain its educational missions and objectives.	100% compliance with WCUCOM having sufficient financial reserves to achieve and sustain missions and objectives	Verified by the Dean	Annual review in June by the Dean	<u>Met</u> WCUCOM possess the financial resources to achieve and sustain its mission.
2.4 The Chief Academic Officer must have the responsibility and authority for fiscal management of the COM	100% compliance with COCA requirements for Chief Academic Officer	Verified by the President	Annual review by the President	<u>Met</u> Dean Lovins, WCUCOM Chief Academic Officer, has fiscal responsibility for the COM therefore has met all the requirements for Chief Academic Officer for WCUCOM
2.5 The Chief Academic Officer must have: 1. relevant training and experience 2. an earned D.O. degree from a COCA accredited COM 3. AOA board certification 4. Be employed full time by the COM and will not engage in other gainful employment outside the institution	100% compliance with COCA requirements for Chief Academic Officer	Verified by the President	Annual review by the President	<u>Met</u> Dean Lovins, WCUCOM Chief Academic Officer has relevant training and experience from Pikeville College of Osteopathic Medicine, earned his DO degree from Kirskville College of Osteopathic Medicine, is AOA Board Certified in Family Medicine, and employed solely at the COM and does not engage in other gainful employment outside the institution.
2.6 The COM must have a Chief Financial Officer who has training and experience relevant to the position.	100% compliance with COCA requirements for Chief Financial Officer	Verified by the Dean	Annual review in June by the Dean	<u>Met</u> Grant Guthrie is the Vice President for Business Affairs (VPBA)/ Chief Financial Officer for WCU and WCUCOM. Prior to this title Grant Guthrie served as Budget Director and Financial Analyst. He has an MBA.

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2.7 The COM's senior administrative leadership must collectively demonstrate experience and training in higher education and medical education.	100% compliance with COCA's standard that administrative leadership must collectively demonstrate experience and training in higher education and medical education	Verified by the Dean	Annual review in June by the Dean	<p><u>Met</u> WCUCOM possess a senior administrative leadership team that possesses a diverse and extensive experience in higher education and medical education. CV and job descriptions are available on-site.</p> <p>WCUCOM is in 100% compliance with COCA's standard that administrative leadership must collectively demonstrate experience and training in higher education and medical education</p>
2.8 The selection of administration personnel must not discriminate on the basis of race, ethnicity, color, sex, gender, religion, national origin, age, or disabilities.	100% compliance with COCA's standard that the selection of administration personnel must not discriminate on the basis of race, ethnicity, color, sex, gender, religion, national origin, age, or disability.	Verified by the Dean	Annual review in June by the Dean	<p><u>Met</u> WCUCOM is in 100% compliance with COCA's standard that the selection of administration personnel must not discriminate on the basis of race, ethnicity, color, sex, gender, religion, national origin, age, or disability per the Dean's Policy on Non-Discrimination</p>
STANDARD THREE: Facilities, Equipment, and Resources				
3.1 The COM must have available sufficient and appropriate facilities for the program of instruction that enable students and faculty to successfully pursue the educational goals and curriculum of the program.	Annual faculty facility survey reveals greater than 80% satisfaction with existing facilities	Survey response rate pending	Annual facility survey in June and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.	<p><u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Will be initiated May 2013. Will be reviewed by Clinical Rotations Department, IRC and Dean's Council on Quality.</p>

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	<p>Annual clinical site evaluations by students reveals greater than 80% satisfaction with clinical hub sites (3.0) scale 1-4 (1 strongly disagree and 4 strongly agree)</p> <p>Returning student facility survey reveals overall satisfaction of greater than 3.0</p> <p>Student graduation survey reveals greater than 80% satisfaction with existing facilities</p>	<p>To be performed annually in May (first OMS 3 class in place-initial survey will begin 2013)</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Annual in May administered by Associate Dean of Clinical Sciences</p> <p>Reviewed by the Associate Dean of Student Affairs and reported to the Dean's Council on Quality annually in August</p> <p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p>	<p>Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future.</p> <p>Will be incorporated into graduate exit survey in May 2014.</p>

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3.1.1 The COM must have a continuous assessment process that reviews all facility resources appropriate to achieve the COM's mission and objectives.	<p>Annual faculty facility survey reveals greater than 80% satisfaction with existing facilities</p> <p>Annual clinical site evaluations by administration reveals greater than 80% satisfaction with clinical hub sites (3.0) scale 1-4 (1 strongly disagree and 4 strongly agree)</p> <p>Returning student facility survey reveals overall satisfaction of greater than 3.0</p> <p>Student graduation survey reveals greater than 80% satisfaction with existing facilities</p>	<p>To be performed annually in May (first OMS 3 class in place-initial survey will begin 2013)</p> <p>Student Affairs administers the survey and presents the findings to the Dean</p>	<p>Annual facility survey in June and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Student Affairs administers the survey and presents the findings to the Dean annually in August</p> <p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p>	<p><u>Partially Met</u> Annual facility survey administered results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Will be initiated May 2013. Will be reviewed by Clinical Rotations Department, IRC and Dean's Council on Quality.</p> <p>Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future.</p> <p>Will be incorporated into graduate survey</p>

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3.2 The COM must provide access to appropriate learning resources necessary to support the curriculum.	<p>Annual faculty facility survey reveals greater than 80% satisfaction with existing facilities</p> <p>Annual clinical site evaluations by administration reveals greater than 80% satisfaction with clinical hub sites (3.0) scale 1-4 (1 strongly disagree and 4 strongly agree)</p> <p>Returning student facility survey reveals overall satisfaction of greater than 3.0</p> <p>Student graduation survey reveals greater than 80% satisfaction with existing facilities</p>	<p>To be performed annually in May (first OMS 3 class in place-initial survey will begin 2013)</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Annual facility survey in June and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Will be reviewed by Clinical Rotations Department, IRC and Dean's Council on Quality.</p> <p>Student Affairs administers the survey and presents the findings to the Dean annually in August</p> <p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p>	<p><u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty. If survey proves to be a valid tool, then it will be scheduled for June annually.</p> <p>Will be initiated May 2013.</p> <p>Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future.</p> <p>Will be incorporated into graduate class of 2014 exit surveys</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
3.3 The learning resources of all campuses and affiliated teaching sites must be reviewed by the COM to ensure delivery of the curriculum.	Annual faculty facility survey reveals greater than 80% satisfaction with existing facilities	To be performed annually in May (first OMS 3 class in place-initial survey will begin 2013)	Annual facility survey in June and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.	<u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty. If survey proves to be a valid tool, then it will be scheduled for June annually.
	Annual clinical site evaluations by administration reveals greater than 80% satisfaction with clinical hub sites (3.0) scale 1-4 (1 strongly disagree and 4 strongly agree)	Average score for facilities needs revealed all areas > 3.0 with exception of library facilities	Will be reviewed by Clinical Rotations Department, IRC and Dean's Council on Quality.	Will be initiated May 2013.
	Returning student facility survey reveals overall satisfaction of greater than 3.0		Student Affairs administers the survey and presents the findings to the Dean annually in August	Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future.
	Student graduation survey reveals greater than 80% satisfaction with existing facilities		Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.	Will be incorporated into graduate class of 2014 exit surveys
STANDARD FOUR: Faculty				

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
4.1 The COM must have sufficient and appropriately trained faculty, supplemented by part time and adjunct faculty, at the COM to meet its mission and objectives. The COM must also have sufficient and appropriately trained faculty at its affiliated and educational teaching sites.	<p>100% of faculty hired were academically qualified and approved through a defined process: Section II B of the WCUCOM Faculty Handbook on Recruitment, Selection, and Hiring of Faculty.</p> <p>100% of clinical affiliation agreements are current and in effect.</p> <p>100% of clinical preceptors are appointed as adjunct faculty by the Dean of the COM and approved by the Board of Trustees</p>	<p>Verified by Associate Dean Clinical and Biomedical Sciences</p> <p>Reviewed by Office of Clinical Rotations</p> <p>Reviewed by Office of Clinical Rotations</p>	<p>Annual review by Dean in June</p> <p>Clinical affiliation agreements are reviewed annually in June by Associate Dean of Clinical Sciences</p> <p>Clinical preceptor agreements are adjunct faculty are reviewed annually in June by the Associate Dean of Clinical Sciences</p>	<p><u>Met</u></p> <p>100% of faculty hired have met the recruitment, selection, and hiring of faculty standard.</p> <p>2012-2013 - 45 of 45 (100%) clinical affiliation agreements are current and in effect.</p> <p>2012-2013 - 681 of 681 clinical preceptors have met all academic and experiential requirements as adjunct faculty of the COM. All clinical preceptors have been appointed by the Dean of the COM and approved by the Board of Trustees</p>
4.1.1 The COM must develop a faculty adequacy model appropriate to the COM's mission and objectives and curriculum delivery model. The method used to calculate the model must be fully described and documented. Faculty must include osteopathic physicians, basic scientists, and other qualified faculty to carry out the COM's mission and objectives.	Faculty capacity sufficiently exceeds curricular needs by 15%	Using standard faculty adequacy model with input from course directors and all faculty	Annual review by Dean December and presented to the Faculty Congress	<p><u>Met</u></p> <p>Using standard faculty adequacy model assumptions faculty capacity exceeds needs</p> <p>Faculty capacity was calculated to be 67,500 hours which is greater than double the projected needs to deliver the curriculum (26,183). Reserves exceed 50%</p> <p>WCUCOM currently has 32 full time and 14 part time with 681 clinical faculty preceptors across 45 affiliated sites, the COM exceeds the required number as required by needs assessment. faculty members</p> <p><u>Plan</u></p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
				Ongoing monitoring with curricular re-design
4.1.2 The COM must academically credential or approve the faculty at all COM and COM-affiliated educational teaching sites.	<p>100% of faculty hired were academically qualified and approved through a defined process: Section II B of the WCUCOM Faculty Handbook on Recruitment, Selection, and Hiring of Faculty.</p> <p>100% of clinical affiliation agreements are current and in effect.</p> <p>100% of clinical preceptors are appointed as adjunct faculty by the Dean of the COM and approved by the Board of Trustees</p>	<p>Verified by Associate Dean Clinical and Biomedical Sciences</p> <p>Reviewed by Department of Clinical Rotations</p> <p>Reviewed by Department of Clinical Rotations</p>	<p>Annual review by Dean in June</p> <p>Clinical affiliation agreements are reviewed annually in June by Associate Dean of Clinical Sciences</p> <p>Clinical preceptor agreements are reviewed annually in June by the Associate Dean of Clinical Sciences</p>	<p><u>Met:</u></p> <p>100% of faculty hired have met the recruitment, selection, and hiring of faculty standard.</p> <p>2012-2013 - 45 of 45 (100%) clinical affiliation agreements are current and in effect.</p> <p>2012-2013 - 681 of 681 clinical preceptors have met all academic and experiential requirements as adjunct faculty of the COM. All clinical preceptors have been appointed by the Dean of the COM and approved by the Board of Trustees</p>
4.2 The department chair or equivalent must have proven experience in teaching and academic leadership in a medical education setting.	100% compliance with COCA standards for Department Chair.	Verified by the Dean	Reviewed by the Dean annually in June	<p><u>Met</u></p> <p>WCUCOM has two clinical department chairs for Family Medicine and Osteopathic Manipulative Medicine both of whom are AOA Board Certified and have extensive academic experience at other DO schools.</p>
4.2.1 In the clinical departments or disciplines of family medicine and internal medicine, chairs or their equivalents must be AOA board-certified osteopathic physicians.	100% compliance with COCA standards for Department Chair.	Verified by the Dean	Reviewed by the Dean annually in June	<p><u>Met</u></p> <p>Dr. Judy Turner is Chair for the Department of Family Medicine at WCUCOM. She is AOA Board Certified in Family Medicine.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
4.2.2 In the discipline of Osteopathic Manipulative Medicine/Neuromusculo-skeletal Medicine, the chair or equivalent leader must be AOA board-certified through the American Osteopathic Board of Neuromuskuloskeletal Medicine or have received a Certificate of Special Proficiency in Osteopathic Manipulative Medicine (CSPOMM).	100% compliance with COCA standards for Department Chair.	Verified by the Dean	Reviewed by the Dean annually in June	<u>Met</u> Dr. John Jones is Chair for the Department of Osteopathic Manipulative Medicine at WCUCOM. He is AOA Board Certified in Family Medicine and OMM.
4.2.3 In all other clinical departments or disciplines, the chairs or their equivalents must be AOA board-certified or ABMS board- certified physicians in one of the disciplines included within the department.	100% compliance with COCA standards for Department Chair.	Verified by the Associate Dean of Clinical Science	Reviewed annually by the Associate Dean of Clinical Science and reported to the Dean	<u>Met</u> WCUCOM has no additional clinical departments
4.3 The selection of faculty must not discriminate on the basis of race, ethnicity, color, sex, gender, religion, national origin, age or disabilities.	100% compliance with COCA Standard through WCUCOM non-discrimination policy found in the Dean's Policy on Non-Discrimination.	Verified by the Dean	Reviewed annually by the Dean	<u>Met</u> WCUCOM non-discrimination standard complies with COCA standard
4.4 COM's must develop and implement an ongoing needs-based, assessment driven faculty development program that is in keeping with the COM's mission and objectives.	A minimum of (1) one faculty development offering will be available to faculty monthly with a minimum of (12) offered annually to ensure contemporary teaching and learning practices.	Analysis by Associate Dean, Academic Affairs and Coordinator, Faculty Development	PD delivered monthly	<u>Plan:</u> Plan professional development activities using faculty feedback and institutional goals for student learning outcomes. Faculty members were surveyed to determine annual professional development needs. Of the 23 respondents, 82.6% indicated a need for training in the following areas: <u>Met:</u> 100% of the professional development activities offered between June and August 2012 related to the following: Curriculum development

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	100% of the courses and faculty will be evaluated at least annually by students.	Courses and faculty were evaluated and faculty received data.	Annually by Curriculum Council	<p>Learning environment Increasing student learning</p> <p><u>June-August:</u> Turning Point Technologies Strategic Planning Teaching with Technology</p> <p><u>Plan 2012-2013</u> 80% of the professional development activities will relate to the following (the remaining to focus on research and scholarly publication): Curriculum development Learning environment Increasing student learning</p> <p><u>2012-2013 topic areas:</u></p> <ul style="list-style-type: none"> • OP&P Education • Competency-based Curriculum Development • Teaching/Assessment Strategies • Instructional Delivery in Large Classrooms/Sm Grps • Changing Landscape of Healthcare Delivery • Understanding Accreditation Standards • Writing Learning Objectives/Test Questions • Providing Performance Feedback • Creating Effective Learning Environments • Monthly Journal Club <p><u>Plan:</u> Plan was implemented in June 2012 with three professional development activities completed June-August 2012.</p> <p><u>Met:</u> At least one activity was offered per month from June-August 2012.</p> <p><u>Plan 2012-2013:</u> Plan implemented in September with 10 formal activities completed through December. A total of 18 professional development activities are remaining for the year plus journal club opportunities.</p> <p>PD plan will be provided to COM faculty annually in August</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>>80% of students agree or strongly agree (response > 3) with statements 2-16 on the course evaluation form to the extent to which instructional approaches and course materials are delivered in an effective manner.</p> <p>>80% of students report that feedback is provided on coursework within two weeks or less, on average.</p> <p>>80% of students evaluate faculty as average or higher in areas of teaching on faculty evaluation surveys.</p> <p>Upon exiting the program, >80% of students rate as > 3 the teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.</p>	<p>Analysis of student course evaluation results.</p> <p>Analysis of student course evaluation results.</p> <p>Analysis of student faculty evaluation results.</p> <p>Analysis of post-graduation survey conducted to assess program effectiveness. To be conducted in 2014.</p>	<p>Ongoing review by faculty, course directors, Associate Deans, Curriculum Council, and Dean's Quality Council</p>	<p><u>Plan:</u> 2012-2013- annually following student evaluation of faculty and courses, the Curriculum Council and Quality Council will review the aggregate course evaluation data to determine if improvements are needed.</p> <p><u>Met:</u> November 2012 100% of the COM faculty received student input via aggregate data.</p> <p><u>Plan 2012-13:</u> Aggregate assessment data will be disseminated to all faculty members. Faculty and course evaluations will be conducted on an ongoing basis.</p> <p><u>Plan:</u> 2012-2013 annually following student evaluations of faculty and courses, the faculty, course directors, Associate Deans, Curriculum Council and Quality Council will review the aggregate course evaluation data to determine if improvements are needed.</p> <p><u>Partially Met:</u> Results evaluated by all reviewers in December 2012 and January 2013 and adjustments made to course delivery.</p> <p>Fall 2012 pilot, >80% students rated faculty >3 on effectiveness of instructional delivery and course material in all courses except some components of OMS1 Doctoring Skills and OMS2 Clinical Sciences. Adjustments to these courses handled by Associate Dean, Clinical Sciences and affiliated faculty.</p> <p>Fall 2012 full results pending for course and faculty evaluations.</p> <p><u>Action Plans:</u> Associate Deans and course directors and faculty met to make improvements in any situation where course evaluations fell below targets on Fall 2012 pilot.</p> <p><u>Next steps:</u> Launch post-graduation survey in 2014.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
4.4.1 The faculty development program must include the knowledge and understanding of osteopathic philosophy and principles.	A minimum of two faculty development programs that directly addresses osteopathic philosophy, principles, and practices.	Annual review of faculty development programs	Annually by the Associate Dean of Academic Affairs.	<p><u>Partially Met:</u> One faculty development program was presented as part of the August 2012 white coat ceremony that involved the still technique.</p> <p><u>Plan:</u> Provide one faculty development session to faculty and/or adjunct faculty addressing OPP competency before August 2013.</p>
4.5 A faculty organization that serves as a representative forum for the free exchange of ideas and concerns of all faculty must be developed and implemented.	100% compliance with COCA standard that a faculty organization that serves as a representative forum for the free exchange of ideas and concerns of all faculty must be developed	Verified by the Dean	Reviewed annually by the Dean	<p><u>Met</u> WCUCOM possesses a Faculty Congress that serves as a representative forum for the free exchange of ideas and concerns of all faculty.</p>
4.6 Faculty policies and procedures must be developed, adopted, and implemented.	100% compliance with COCA standard to have faculty policies and procedures developed, adopted, and implemented	Verified by the Faculty Congress and Reported to the Dean	Annual review by the Faculty Congress and Reported to the Dean	<p><u>Met</u> The Faculty Congress developed, adopted, and implemented a WCUCOM Faculty Handbook which possesses policies and procedures for faculty.</p>
4.7 The COM must adopt a statement of academic professional ethics for its entire faculty, administration, and staff.	100% compliance with COCA standard for adopting a statement of academic professional ethics for its entire faculty, administration, and staff	Verified by the Dean	Reviewed annually by the Dean	<p><u>Met</u> The Faculty Congress adopted a policy consistent with COCA to include adoption of the Code of Ethics established by the American Osteopathic Association.</p> <p>The Faculty Code of Ethics as stated in Appendices 3 & 4 of the 15 October 2012, Board of Trustees –approved revision of the WCUCOM Faculty Handbook, pp. 78-83, where the academic professional standards mandated. <i>(Available on site)</i></p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
4.7.1 The COM must have adopted the Code of Ethics established by the American Osteopathic Association.	100% compliance with Code of Ethic established by the American Osteopathic Association	Verified by the Dean	Reviewed annually by the Dean	Met Faculty Congress has voted to adopt the AOA Code of Ethics standard. It can be found in the WCUCOM Faculty Handbook found onsite.
STANDARD FIVE: Students				
5.1 The COM must adopt admissions policies and criteria designed to meet its mission and objectives.	<p>Admission policies and criteria reflect the attributes cited in the WCUCOM mission and objectives. (<i>student handbook pgs 9-10; student catalog pgs. 24-31</i>)</p> <p>Greater than 50% of students admitted to WCUCOM are from the Gulf South Region.</p>	<p>Annual review of admissions criteria, policies, and procedures by Admissions Committee</p> <p>Annual review of admissions criteria, policies, and procedures by Admissions Committee</p>	<p>Admissions criteria, policies and procedures are presented by the Associate Dean of Student Affairs and evaluated annually in August/September by the Admissions Committee.</p> <p>Admissions criteria, policies and procedures are presented by the Associate Dean of Student Affairs and</p>	<p>Met: 2009-2012: (<i>admissions policy was reviewed in August 2012</i>)</p> <p>The vast majority (65%) of matriculated students are residents of the four-state (MS-LA-AR-AL) primary target area. Over 90% are residents of the gulf-south region. The remainder have some tie (family, college, etc) to the gulf-south area.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>The mean MCAT score will be 24 and the mean Science GPAs are over 3.0 trended annually</p> <p>Admission preference is given to applicants who reside in or have a strong connection to the gulf-south United States.</p> <p>Interview questions are utilized to detect an interest in primary care.</p>	Admission Trending Report completed by Dean's Council (<i>available for review on site</i>)	<p>evaluated annually in August/September by the Admissions Committee.</p> <p>MCAT and Science GPAs are trended annually by the Associate Dean of Student Affairs and Associate Dean of Assessment and Planning and presented to the Dean's Council on Quality[</p> <p>They are reviewed annually in August by the Admissions Committee.</p>	<p>An admissions trending report was reviewed by Dean's Quality Council and Student Affairs Committee and MCAT and GPAs (MCAT 25, sGPA 3.2) are slightly trending upward; no further action at this time.</p> <p><u>Plan 2012-2013:</u> The Admissions Committee will continue to analyze outcome data on students (success is courses, attrition rates, COMLEX scores) and modify admissions criteria and policies accordingly. The committee will also continue to discuss upcoming changes in the MCAT and recommend changes in admissions requirements to better prepare students for that examination and their medical school education.</p>
5.1.1 To ensure the COM meets its mission and objectives, the COM must tie its admission process and criteria to the outcome performance of its graduates.	50% of graduates will remain in the Gulf South Region and 50% will be engaged in a primary care practice		<p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p> <p>The Admissions Trending Analysis was done in late 2012.</p>	<p><u>Plan</u> Will be incorporated into alumni surveys</p> <p><u>Plan 2012-2013:</u> The Admissions Committee will continue to analyze outcome data on students (success is courses, attrition rates, COMLEX scores) and modify admissions criteria and policies accordingly. The committee will also continue to discuss upcoming changes in the MCAT and recommend changes in admissions requirements to better prepare students for that examination and their medical school education</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
5.2 The COM must develop and implement a student recruitment process that attracts and maintains a qualified applicant pool.	<p>20 recruiting events will be conducted each year.</p> <p>100% of prospective students contacting the office of Student Affairs receive response to their inquiries regarding admissions.</p>	Recruitment efforts are presented by the Associate Dean to the Admissions Committee annually in May.	Annual reports on applicant pool are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> COM representatives have conducted recruiting activities are numerous colleges and universities within its target area.</p> <p>60 colleges and universities have been visited by COM admissions personnel. Some have been visited multiple times.</p> <p>COM admissions staff has attended 10 events at regional colleges and universities.</p> <p><u>Plan 2012-2013:</u> Maintain recruiting efforts with regional feeder institutions. Expand recruiting efforts into schools not yet visited, especially into Texas and Florida. Continue to recruit students from “minority” colleges and universities.</p>
5.3 The minimum requirement for admission to a COM must be no less than 75% of the credits needed for a baccalaureate degree from a college or university accredited by an agency recognized by the United States Department of Education.	100% of students who matriculate at WCUCOM will have earned a minimum of 90 (75%) of the 120 semester hours typically required for a baccalaureate degree.	Admissions credentials are presented by the Associate Dean to the Admissions Committee annually in May.	Annual reports on applicant pool are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009 To date, 100% of the individuals admitted to the COM have possessed at least a bachelor’s degree.</p> <p><u>Plan 2012-2013:</u> Continue to maintain policy.</p>
5.3.1 The COM must have a policy to verify that candidates with credentials from a college or university outside of the United States have met the equivalency of the minimum requirements for admission to a COM.	The COM has a policy for verification of credentials from colleges or universities outside of the United States to ensure they are equivalent to the minimum requirements for admission.	Admissions credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on applicant pool are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009 and 2012</p> <p><u>Plan 2012-2013:</u> Continue to maintain policy</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
5.3.2 Recruitment and selection of students for admission to a COM must not discriminate on the basis of race, ethnicity, color, sex, gender, religion, national origin, age, or disabilities.	<p>The COM will establish and follow a nondiscrimination policy on the basis of race, ethnicity, color, sex, gender, religion, national origin, age, or disabilities in regards to recruitment and selection of students.</p> <p>The COM will seek to increase diversity in its student body by targeting recruiting efforts at traditionally minority colleges and universities.</p>	<p>Policy is stated in the Dean's Policy on Nondiscrimination and it is reviewed and verified by the Dean annually.</p> <p>Any complaints related to this policy are reported to and handled by the Dean.</p>	Immediately	<p><u>Met:</u> Policy is established and is being followed</p> <p><u>Plan 2012-2013:</u> Continue to maintain policy</p>
5.4 Each COM must develop transfer credit and waiver policies and procedures in accordance with its educational mission and objectives.	The COM has transfer credit and waiver policies and procedures which coincide with its mission and objectives.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Admissions Committee will re-evaluate policy based on outcome performance of transfer students.</p>
5.4.1 Credits may be transferred only from medical schools and colleges accredited either by the COCA or the Liaison Committee on Medical Education (LCME).	Transfer to WCUCOM is permitted only from another COCA-accredited medical school.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
5.4.2 When a student transfers from one COM to another COM, the last two years of instruction must be completed within the COCM granting the D.O. degree.	Any student transferring to WCUCOM from another COM must complete their last two years of study at WCUCOM in order to receive their D.O. degree from WCUCOM.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>
5.4.3 When students transfer from an LCME accredited medical school or college to a COM at least two years of instruction must be completed within the COM.	The COM does not allow transfer from a LCME-accredited school.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>
5.4.4 In the case of LCME transfers, the COM requirement for osteopathic manipulative medicine must be completed prior to graduation.	The COM does not allow transfer from a LCME-accredited school.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>
5.4.5 The transfer of credit policy of each COM must be publically disclosed in accordance with 34 CFR 668.43 (a) (11) 1; and	The transfer of credit policy is publically disclosed in its Catalog.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
5.4.6 The transfer of credit policy of each COM must include the criteria established by the COM regarding transfer of credit.	The COM transfer of credit policy includes the criteria used regarding such transfer.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2009</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>
5.4.7 Each COM, for which the COCA is its institutional accreditor, shall establish written policies and procedures and employ them in a systematic review of the assignment of credit hours for all of its curriculum, using the definition of a credit hour as provided in the glossary of the <i>Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures</i> . The COM bears the responsibility of 1 34 CFR 668.43 (a) (11): A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum – (i) Any established criteria the institution uses regarding the transfer of credits earned at another institution; and (ii) A list of institutions with which the institution has established an articulation agreement. Assigning the amount of credit awarded for student work and demonstrating that its assignment criteria conform to commonly accepted practices	Written policies and procedures are employed for assignment of credit hours in the curriculum.	Transfer credentials are verified by the Associate Dean and presented to the Admissions Committee annually in May.	Annual reports on admissions policies are presented by the Associate Dean to the Admissions Committee annually in May.	<p><u>Met:</u> 2011</p> <p><u>Plan 2012-2013:</u> Policy is established and is being followed</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
in higher education. The COM must maintain records of this activity in a format that will permit sampling by a COCA site visit team.				
5.5 The COM, and/or its parent institution, must provide services devoted to student affairs, financial aid, academic counseling, administrator and faculty access.	The COM provides services to students regarding student affairs, financial aid, academic counseling, administrator and faculty access.	Any complaints related to this policy are reported to and handled by the Dean.	Immediately	<p><u>Met:</u> Student Affairs services are provided through the Office of Student Affairs in the COM and the WCU Student Services Office.</p> <p>Academic counseling is available through the COM Office of Academic Affairs and the WCU Student Services Office.</p> <p>Access to administration and faculty are provided by an “open door” policy.</p> <p><u>Plan 2012-2013:</u> Continue to follow policy.</p>
5.5.1 The COM and/or its parent institution must make available to students confidential resources for physical healthcare services.	The COM complies with this standard by contractual arrangement for students to have access to physical healthcare services on a confidential basis.	COM students are encouraged to find their own primary care physician. An agreement has been made with The Family Practice/After Hours Clinic to see its students for their physical healthcare needs.	Contracts to be reviewed annually by the Associate Dean of Student Affairs annually in July.	<p><u>Met:</u> Contract for behavioral healthcare services is available and communicated to students by Dean’s Policy.</p> <p><u>Plan 2012-2013:</u> Evaluate behavioral healthcare services through annual Returning Student’s Survey.</p> <p>Renew contract annually.</p>
5.5.2 The COM and/or its parent institution must make available to students on a 24 hour per day 7 days a week (“24/7”) basis, confidential resources for behavioral healthcare services.	<p>The COM complies with this standard by contractual arrangement for students to have access to behavioral healthcare services on a confidential basis.</p> <p>Students will be made aware of the availability of these services.</p>	<p>WCU (and the COM) has contracted for behavioral healthcare services for its students through an outside agency.</p> <p>Availability of behavioral healthcare services and access information is verified by the Associate Dean of Student Affairs and are reported to the Dean.</p>	Contracts to be reviewed annually by the Associate Dean of Student Affairs annually in July.	<p><u>Met:</u> Contract for behavioral healthcare services is available and communicated to students by Dean’s Policy.</p> <p><u>Plan 2012-2013:</u> Evaluate behavioral healthcare services through annual Returning Student’s Survey.</p> <p>Renew contract annually.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
5.6 The COM, and/or its parent institution, must develop an orderly, accurate, confidential, secure, and permanent system of student records.	The COM is 100% compliant by keeping Students' education records maintained in a secure, confidential manner.	<p>The WCU Registrar maintains permanent education records of all COM students.</p> <p>The COM Office of Student Affairs keeps the student's non-academic records. They are kept in locked files in a locked room. Only authorized personnel have access to this room and files.</p>	The Student Affairs Office conducts annual review of this process and is reported to the Dean.	<p>Met:</p> <p>Student Affairs verified the confidentiality and security of the student records.</p> <p>Plan 2012-2013: Continue to maintain records in the current manner.</p>
5.7 The COM, and/or its parent institution, must publish, at least every other year, via paper document or on its website, information on policies and procedures on academic standards grading, attendance, tuition fees, refund policy, student promotion; retention; graduation; academic freedom; students' rights and responsibilities, including a grievance policy and appeal procedures; and other information pertinent to the student body.	The COM is 100% compliant with this standard.	Reviewed and verified by the Associate Dean of Student Affairs and reported to the Dean.	This policy is reviewed and verified by the Associate Dean of Student Affairs annually in July.	<p>Met:</p> <p>After policy review there was an absence of a policy on Academic Freedom. This was reported to the Dean who issued a Dean's Policy to address this issue. The policy was communicated to the students and faculty.</p> <p>Plan 2012-2013: Information will be reviewed by appropriate committees.</p>
5.8 The COM, and/or its parent institution, must publish policies and procedures regarding student complaints related to accreditation standards and procedures, and must maintain records of the receipt, adjudication, and resolution of such complaints. The COM must include in its policies and procedures the contact information, including address, phone number, and email, of the COCA in the AOA Office of Predoctoral	The COM is 100% compliant with this standard.	This information has been published annually in the Student Catalog and Student Handbook.	Reviewed annually by the Associate Dean of Student Affairs and reported to the Dean.	<p>Met:</p> <p>The Student Handbook was reviewed and it is fully compliant with this standard.</p> <p>Plan 2012-2013: Continue to make information available to students in Catalog and/or Student Handbook.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
Education.				
KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
Standard Six: Curriculum				
<p>6.1 The COM must develop and implement a method of instruction and learning strategies designed to achieve its mission and objectives.</p> <p>membb</p>	100% of the curriculum incorporates the osteopathic core competencies.	Syllabi are reviewed annually by individual faculty and the Curriculum Council to determine that program and course outcomes and content reflect current practice and congruence with program mission, goals and graduate outcomes.	Annually in July-August and ongoing by individual faculty and the Curriculum Council	<p>Plan: Syllabi revised to better delineate the program outcomes per course and curriculum.</p> <p>The committee designated to review the curriculum will review data from annual faculty surveys and information from course coordinators to monitor syllabus and course content for adequacy in meeting graduate outcomes.</p> <p>Curriculum Council monitors revisions recommended by course coordinators.</p> <p>Report data to Faculty Congress and to a curriculum committee (i.e., Curriculum Council).</p> <p>Recommended changes will be made in accordance with existing policy.</p> <p>Continue process and document actions taken.</p> <p>Met: Course coordinators and faculty have reviewed the course syllabi and outcomes tables and made recommendations for change. The recommendations were voted upon by the curriculum committee and shared with Faculty Congress to allow input to the Dean.</p> <p>100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>A minimum of (1) one faculty development offering will be available to faculty monthly with a minimum of (12) offered annually to ensure contemporary teaching and learning practices.</p>	<p>Analysis by Associate Dean, Academic Affairs and Coordinator, Faculty Development</p>	<p>PD delivered monthly</p>	<p>Matrix table.)</p> <p><u>Plan 2012-2013:</u> Curriculum Council released timeline for recommendations for curricular revisions with implementation in Fall 2013.</p> <p>Curriculum revision retreat planned for February 2013</p> <p><u>Ongoing:</u> COM continues to work toward 100% of the requirement for COCA accreditation.</p> <p><u>Plan:</u> Faculty members were surveyed to determine annual professional development needs. Of the 23 respondents, 82.6% indicated a need for training in the following areas:</p> <p>Curriculum development Learning environment Increasing student learning</p> <p>Plan professional development activities using faculty feedback and institutional goals for student learning outcomes.</p> <p><u>Met:</u> 100% of the professional development activities offered between June and August 2012 related to the following: Curriculum development Learning environment Increasing student learning</p> <p><u>June-August:</u> Turning Point Technologies Strategic Planning Teaching with Technology</p> <p><u>Plan 2012-2013</u> 80% of the professional development activities will relate to the following (the remaining to focus on research and scholarly publication): Curriculum development Learning environment Increasing student learning</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>100% of the courses and faculty will be evaluated at least annually by students.</p> <p>>80% of students agree or strongly agree (response > 3) with statements 2-16 on the course evaluation form to the extent to which instructional</p>	<p>Courses and faculty were evaluated and faculty received data.</p> <p>Analysis of student course evaluation results.</p>	<p>Annually by Curriculum Council</p> <p>Ongoing review by faculty, course directors, Associate Deans, Curriculum Council, and Dean's</p>	<p><u>2012-2013 topic areas:</u></p> <ul style="list-style-type: none"> • OP&P Education • Competency-based Curriculum Development • Teaching/Assessment Strategies • Instructional Delivery in Large Classrooms/Sm Grps • Changing Landscape of Healthcare Delivery • Understanding Accreditation Standards • Writing Learning Objectives/Test Questions • Providing Performance Feedback • Creating Effective Learning Environments • Monthly Journal Club <p><u>Plan:</u> Plan was implemented in June 2012 with three professional development activities completed June-August 2012.</p> <p><u>Met:</u> At least one activity was offered per month from June-August 2012.</p> <p><u>Plan 2012-2013:</u> Plan implemented in September with 10 formal activities completed through December. A total of 18 professional development activities are remaining for the year plus journal club opportunities.</p> <p>PD plan will be provided to COM faculty annually in August</p> <p><u>Plan:</u> 2012-2013- annually following student evaluation of faculty and courses, the Curriculum Council and Quality Council will review the aggregate course evaluation data to determine if improvements are needed.</p> <p><u>Met:</u> November 2012 100% of the COM faculty received student input via aggregate data.</p> <p><u>Plan 2012-13:</u> Aggregate assessment data will be disseminated to all faculty members. Faculty and course evaluations will be conducted on an ongoing basis.</p> <p><u>Plan:</u> 2012-2013 annually following student evaluations of faculty and courses, the faculty, course directors, Associate Deans, Curriculum Council and Quality Council will review the aggregate course evaluation data to determine if</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>approaches and course materials are delivered in an effective manner.</p> <p>>80% of students report that feedback is provided on coursework within two weeks or less, on average.</p> <p>>80% of students evaluate faculty as average or higher in areas of teaching on faculty evaluation surveys.</p> <p>Upon exiting the program, >80% of students rate as > 3 the teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.</p>	<p>Analysis of student course evaluation results.</p> <p>Analysis of student faculty evaluation results.</p> <p>Analysis of post-graduation survey conducted to assess program effectiveness. To be conducted in 2014.</p>	Quality Council	<p>improvements are needed.</p> <p><u>Partially Met:</u> Results evaluated by all reviewers in December 2012 and January 2013 and adjustments made to course delivery.</p> <p>Fall 2012 pilot, >80% students rated faculty >3 on effectiveness of instructional delivery and course material in all courses except some components of OMS1 Doctoring Skills and OMS2 Clinical Sciences. Adjustments to these courses handled by Associate Dean, Clinical Sciences and affiliated faculty.</p> <p>Fall 2012 full results pending for course and faculty evaluations.</p> <p><u>Action Plans:</u> Associate Deans and course directors and faculty met to make improvements in any situation where course evaluations fell below targets on Fall 2012 pilot.</p> <p><u>Next steps:</u> Launch post-graduation survey in 2014.</p>
6.1.1 The minimum length of the osteopathic medical curricula must be at least four academic years or its equivalent as demonstrated to the COCA.	The COM curriculum is a minimum total of 130 weeks spanning four years.	The COM Curriculum Council ensures that this standard is met.	Annually reviewed by Curriculum Council	<p><u>Met:</u> The curriculum includes a total of four years or 158 weeks, 3 days of instruction to include 278 credit hours of content.</p>
6.2 The curriculum is developed and implemented with an ongoing review and evaluation process to demonstrate application of the findings towards improvement of the educational program	The curriculum committee (i.e., Curriculum Council) must include student representation and sufficient faculty representation to ensure a thorough review and evaluation.	The Dean appoints sufficient student and faculty representation to ensure thorough curriculum review and evaluation.	Annually	<p><u>Plan:</u> Dean appoints membership to the Curriculum Council annually.</p> <p><u>Met:</u> Original curriculum committee consisted of 6 faculty, 2 students and one administrative member.</p> <p>Committee structure was revised to a Curriculum Council consisting of 10 faculty, 3 students, 5 administrators, 1 nursing faculty member, 4 staff. The Fall 2012 Curriculum Council is comprised of 23 members, with student members and at least 50% voting faculty representation to ensure a thorough review of the curriculum.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>100% of faculty participate in the implementation and revision of the COM curriculum.</p> <p>100% of course syllabi will reflect expected graduate outcomes and identified professional medical standards.</p> <p>100% of students are aware of the consequences of</p>	<p>Faculty Annual Survey, data analysis by Curriculum Council.</p> <p>Syllabi are reviewed annually by individual faculty and course coordinators to determine that course outcomes and content reflect current practice and congruence with program mission and graduate outcomes.</p> <p>Annually, prior to the start of the new academic year and with syllabus revision or development of new syllabus.</p> <p>WCU COM student handbook includes expectations of student participation in course</p>	<p>Annual survey</p> <p>Annually/Ongoing by course coordinators</p> <p>Annually/Ongoing</p>	<p>From January to August 2011, the Curriculum committee met regularly to engage in an ongoing review/evaluation of the curriculum. In November 2012, the Curriculum Council was appointed with regular meetings scheduled throughout the 2012-13 academic year. Council expanded to include interdisciplinary membership and broader range of stakeholders.</p> <p>Plan 2012-13: Curriculum Council appointments will be made for 2013-by the Dean.</p> <p>Plan: Curriculum Council) to review data from annual faculty surveys in January.</p> <p>Partially Met: While all faculty have been asked to contribute to course syllabi revision and have submitted course syllabi for approval and posting, only 68% report through surveys that they feel included in the design, implementation and revision of course syllabi to reflect current standards of practice.</p> <p>Plan 2012-13: Curriculum Council will meet to analyze data and create plan.</p> <p>Plan: Recommendations from course coordinators go to Curriculum Council for approval.</p> <p>Recommendations presented through subsequent faculty meetings.</p> <p>Met: 2012-13 course syllabi reviewed in July-August 2012. Competency alignment undertaken in Fall 2013 for Spring 2013 courses at the course and lecture-level.</p> <p>Plan 2012-13: Include graduate outcomes and competency alignment in Fall 2013 course syllabi preparation. Review and recommended approval by Curriculum Council required.</p> <p>Ongoing: Additional review and revision steps, as needed.</p> <p>Plan: Include language in Student Handbook re: implications of failure to complete</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	failure to complete the course and faculty surveys.	and faculty evaluations. COM student handbook is reviewed at new student orientation upon admission.		course and/or faculty evaluations. <u>Met:</u> 2012 COM Student Handbook discusses course and faculty evaluations. The Student Handbook has been reviewed with all students of the COM. The Student Handbook is available on the WCU COM website. 100% students confirmed reading and understanding the contents of the Student Handbook and embedded policy on completing faculty and course evaluations. <u>Plan 2012-2013:</u> The course evaluation policy will be reviewed annually with review of the Student Handbook. 100% students will sign a statement confirming that they have received, read and understand the consequences of not completing faculty and course evaluations.
	<p>100% receipt of formative and summative course assessments end of course reports.</p> <p>Statistical evaluation of OMS1-4 course grades demonstrate correlation with success consistent with COMLEX sub disciplines.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores</p>	<p>Individual course reviews of formative and summative assessments of student achievement of OMS-1-4 courses presented to the Curriculum Council and aggregate report to Quality Council.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see correlation.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE</p>	<p>Formative and Summative Assessments on reported on-going basis to Curriculum Council and aggregate report to Quality Council.</p> <p>Dean's Council on Quality utilizing the CAMS database annually conducts a predictor analyses to include curriculum course assessment. Findings are presented to Dean and to Curriculum Council and Course Directors.</p>	<p><u>Met:</u> 100% receipt of formative and summative assessment reports for fall 2012-2013 by course directors presented to Quality Council and Curricular Council for institutional and curricular review, respectively. Recommendations for ongoing formative assessments with a minimum of 3 exams for Spring Semester made to Dean. Findings shared with Faculty Congress in January 2013. Added Exam Soft to improve formative and summative tracking and trending in the Spring Semester.</p> <p><u>Unmet</u> COMLEX USA Level 1 first time pass rate was 70%. This was below an initial goal of 80% and newly revised strategic goal of having an initial COMLEX pass rate that is within national average by 3 years.</p> <p><u>Actions</u> Recommendations by Quality and Curricular Council include: 1) full review of all OMS-1 and 2 syllabi by Course Directors to ensure AOA-AACOM competencies are fully met-which has been accomplished, 2) formal incorporation of Board Review Prep Program-Boards Boot Camp into curriculum which has been accomplished, 3) Addition of COMLEX style question banks to support student resources, 4) Incorporation of additional software support systems (Exam Soft) to mimic computer based testing and to</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>are pending May 2014.</p> <p>Infrastructure Review Committee has delivered the survey</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p> <p>Student graduation survey reveals greater than 80% satisfaction with existing facilities</p>	<p>scores are pending May 2014.</p> <p>Infrastructure Review Committee has delivered the survey</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>The facility survey will be conducted in June annually and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Completed by the Associate Dean aof Student Affairs and presented to the Dean's Council on Quality annually in August</p> <p>Longitudinal analysis of graduates to be completed after first WCUCOM graduating class. Survey to be developed by the Dean's Council on Quality and presented to the Dean and Curriculum Council.</p>	<p>provide greater trending and analytics, 5) Addition of software to support OSCE (standardized patient) COMLEX USA Level 2 PE style of evaluation, 6) Admission criteria were also analyzed <i>with</i> modifications made to ensure preparation in biochemistry and physiology, 7) Addition of comprehensive review and targeted assistance to students who fail (use of Boards Boot Camp) to ensure 100% COMLEX overall pass rate.</p> <p><u>Met</u> Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future</p> <p>Will be incorporated into graduate exit survey in May 2014.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
6.3 The COM must provide for integration of osteopathic philosophy, principles and practices, including didactic and hands-on opportunities, through each year of the curriculum.	<p>90% Attendance at OMT didactic and lab sessions for each OMS 1 and OMS2 student</p> <p>100% pass rate on CSA in OMS 1, 2 and 3</p> <p>100% of OMS3 and OMS4 students complete their OMM logs and perform OMM on at least 50 patients per year.</p> <p>The success rate for students taking the COMLEX 1 board exam (clinical portion) will be at least 80%.</p> <p>.</p> <p>100% pass OMM quizzes given as part of OMM distance curriculum in OMS 4.</p> <p>The success rate for students taking the COMLEX 2 (CE) board exam (clinical portion) will be at least 80%.</p>	<p>OMS 1 and OMS2 attendance roster</p> <p>Grades by faculty at each event</p> <p>Log review by Associate Dean of Clinical Sciences</p> <p>Review by Curriculum Council and Quality Council.</p> <p>Quiz results will be reviewed monthly by clinical rotations department</p>	<p>Assessed weekly by course directors/reviewed at end of semester by Associate Dean of Clinical Sciences</p> <p>Reviewed by course director at time of event and Associate Dean Clinical Sciences on quarterly basis</p> <p>Quarterly basis</p> <p>Annually</p> <p>Quarterly presentation to curriculum council</p> <p>Annually</p>	<p><u>MET:</u> Benchmark is being met</p> <p><u>MET:</u> Benchmark is being met. Students can not pass each course unless they successfully pass the CSA. If they fail on first attempt, they are remediated and given a second exam. A second failure results in more intensive instruction. If they fail 3 times, they fail the course.</p> <p><u>Partially Met:</u> The OMS 3 students have only been on rotations for 5 months. There is 100% compliance with completion of logs, but the numbers are not yet complete to assess 50 patient per year mark.</p> <p><u>Plan 2012-13:</u> If inadequate numbers of OMM on students logs – assess which preceptors allow OMM, consider use of alternate preceptors, consider addition of OMM rotation.</p> <p><u>Not Met:</u> Current pass rate is 70%.</p> <p><u>Plan:</u> Provide study and review opportunities to students through case-based test items used in class, access to Q-Banks, and structured review sessions.</p> <p><u>Plan:</u> Implement a distance learning clinical curriculum in OMS4 that integrates OP&P principles and practices. Mandatory quiz after each module. Quiz can be retaken after viewing the material again. Completion of quiz necessary for .</p> <p><u>Plan:</u> OMS3 Students take COMLEX 2 (CE) exam at end of 2012-13 academic year. Therefore unable to measure until late 2013.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
		Will be analyzed by review by Curriculum Council and Quality Council.		
6.4 The COM must stipulate specific educational objectives to be learned in its educational program.	<p>A. 100% of course syllabi will reflect expected graduate outcomes and identified professional medical standards.</p> <p>B. The COM must stipulate the course of instruction designed to address</p>	<p>Course syllabi will be reviewed by individual faculty, Curriculum Council/Taskforce to ensure that graduate outcomes are consistent with August 2012 AOA-AACOM Competencies for Osteopathic Medical Students (see Curriculum Matrix).</p> <p>Course syllabi will be reviewed by individual</p>	<p>Annually in July-August and with syllabus revision or development of new syllabus.</p> <p>Annually</p>	<p>Plan: Stipulate the graduate outcomes and identified professional standards associated with each course offering via the course syllabi..</p> <p>Met: 2012-2013- 91% of faculty perceived congruence among the COM philosophy, and graduate outcomes, and identified professional medical standards.</p> <p>Data presented to Quality Council for institutional review and to Curriculum Council for curricular review. Findings to be shared with entire Faculty at January Faculty Congress Meetings.</p> <p>100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.)</p> <p>Plan 2012-13: Continue to refine curriculum integration through Summer 2013 for Fall 2013 implementation. Curriculum Council (including faculty and student input) has developed a curriculum revision timeline and plan. The council will continue to work with the faculty to ensure the overall curriculum supports student attainment of the program outcomes</p> <p>Plan: The stipulated course of instruction reviewed and recommended through by the curriculum committee (i.e., Curriculum Council) and approved by the Dean should be designed to address educational objectives and the faculty responsible</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>the educational objectives, and the faculty responsible for offering the instruction.</p> <p>C. 100% of students are aware of the specific educational objectives to be learned in the WCUCOM educational program.</p>	<p>faculty, Curriculum Council/Taskforce to ensure that graduate outcomes are consistent with August 2012 AOA-AACOM Competencies for Osteopathic Medical Students (see Curriculum Matrix).</p> <p>WCU COM Student Handbook includes graduate outcomes. Course syllabi include linkages between learning objectives and targeted graduate outcomes.</p> <p>COM student handbook is reviewed at new student orientation upon admission.</p>	Annually	<p>for offering the instruction, with publication in the WCUCOM Catalog.</p> <p><u>Met:</u> The 2012-13 course of instruction was reviewed and recommended for 2012-13, then included in the WCUCOM Catalog.</p> <p><u>Plan 2012-13:</u> Work begins on curriculum revision per results of Fall 2012 curriculum evaluation.</p> <p><u>Plan:</u> Include language in Student Handbook re: targeted graduate outcomes.</p> <p><u>Met:</u> 2012 COM Student Handbook discusses specific educational objectives to be learned in its educational program. The Student Handbook has been reviewed with all students of the COM. The Student Handbook is available on the WCU COM website.</p> <p><u>Plan 2012-2013:</u> The Student Handbook will be reviewed annually during orientation and periodically over the course of the academic program.</p>
<p>6.4.1 At minimum, a graduate must be able to:</p> <p>1. Demonstrate a basic knowledge of osteopathic philosophy and practice and osteopathic manipulative treatment;</p> <p>2. Demonstrate medical knowledge through one or more of the following: passing of course tests, standardized tests of the NBOME (National Board of Medical Examiners), post-core rotation tests, research activities, presentations, and participation in directed reading programs and/or journal clubs;</p>	A. Progress toward graduation is a targeted element of course delivery across the COM curriculum.	<p>Course syllabi will be reviewed by individual faculty, Curriculum Council/Taskforce to ensure that graduate outcomes are consistent with August 2012 AOA-AACOM Competencies for Osteopathic Medical Students (see Curriculum Matrix).</p>	Annually in July-August and with syllabus revision or development of new syllabus.	<p><u>Plan:</u> Stipulate the graduate outcomes and identified professional standards associated with each course offering via the course syllabi.</p> <p><u>Met:</u> 2012-2013- 91% of faculty perceived congruence among the COM philosophy, and graduate outcomes, and identified professional medical standards.</p> <p>Data presented to Quality Council for institutional review and to Curriculum Council for curricular review. Findings to be shared with entire Faculty at January Faculty Congress Meetings.</p> <p>100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.)</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
<p>and/or other evidence-based medical activities;</p> <p>3. Demonstrate interpersonal and communication skills with patients and other healthcare professionals.</p> <p>4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;</p> <p>5. Demonstrate basic “basic support skills,” as assessed by nationally standardized evaluations.</p>	<p>B. Implementation, evaluation, and revision of the program of study are reviewed annually for consistency with identified professional standards and guidelines as well as reflecting the needs of the COM.</p>	<p>Formative and Summative Assessments</p> <p>Analyze data from surveys: Annual Faculty Survey.</p> <p>Graduate Survey</p> <p>COMLEX-USA November 2012 COMLEX scores received and analyzed in correlation with student performance in individual courses. AOA Certification</p> <p>ABMS Certification</p> <p>Graduate Follow-Up Survey</p> <p>Employer’s Evaluation of Graduate</p> <p>Merged various databases into a single longitudinal database entitled Comprehensive Academic Management System (CAMS) and added SPSS to provide analytical support. Incorporating additional software support</p>	<p>Formative and Summative Assessments: Ongoing Fall with end of course reports completed in January. Ongoing Spring with end of semester reports (January and June).</p> <p>COMLEX Analysis Completed in January and expected to be annually completed in January.</p> <p>Longitudinal Analysis of Graduates: To be completed after first WCUCOM graduating class.</p>	<p><u>Plan 2012-13:</u> Continue to refine curriculum integration through Summer 2013 for Fall 2013 implementation. Curriculum Council (including faculty and student input) has developed a curriculum revision timeline and plan. The council will continue to work with the faculty to ensure the overall curriculum supports student attainment of the program outcomes</p> <p><u>Plan:</u> Formative and summative assessment reports for fall 2012-2013 by course directors will be presented to Quality Council and Curricular Council for institutional and curricular review, respectively. Recommendations for ongoing formative assessments with a minimum of 3 exams for Spring Semester made to Dean. Findings to be shared with Faculty Congress in January 2013.</p> <p><u>Met:</u> Faculty Survey item # 1 showed that 91% of the full-time faculty agree that there is congruence among the COM mission, expected graduate outcomes, and identified professional medical standards</p> <p><u>Unmet</u> COMLEX USA Level 1 first time pass rate was 69%. This was below an initial goal of 80% and newly revised strategic goal of having an initial COMLEX pass rate that is within national average by 3 years.</p> <p><u>Actions</u> Findings presented to the Quality and Curricular Council for review. Predictor analysis noted OMS-1 GPA and COMSAE to have a significant predictive correlation. OMS-2 has a moderate predictive correlation. Recommendations by Quality and Curricular Council include: 1) full review of all OMS-1 and 2 syllabi by Course Directors to ensure AOA-AACOM competencies are fully met-which has been accomplished, 2) formal incorporation of Board Review Prep Program-Boards Boot Camp into curriculum which has been accomplished, 3) Addition of COMLEX style question banks to support student resources—in process, 4) Incorporation of additional software support systems (Exam Soft) to mimic computer based testing and to provide greater trending and analytics—in process, 5) Incorporation of curricular analysis software (Source 145) to ensure meeting—in process 6) Addition of software to support OSCE (standardized patient) COMLEX USA Level 2 PE style of evaluation—in process. 7) Admission criteria were also analyzed <i>with</i> modifications made to ensure preparation in biochemistry and physiology. 8) Addition of comprehensive review and targeted assistance to students who fail (use of Boards Boot Camp) to ensure 100%</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
		(Exam Soft, Source 145, see above) to further improve analytical capacity. Admissions trending analysis, COMLEX Predictor analysis, has already been run on system.		COMLEX overall pass rate. <u>Plan 2012-13:</u> CAMS to be used for longitudinal surveys of future graduates (already utilized for predictor and trending analyses.) Graduate survey and methodology template from PCOM. It will monitor areas of practice, AOA or ABMS Certification. <u>Ongoing:</u> A follow-up Employer Evaluation of Graduate is also template from PCOM and to be administered following graduation of WCUCOM inaugural class.
6.5 The COM must define, publish, and implement educational outcomes, based on its own educational objectives that will prepare students for osteopathic graduate medical education.	100% of preclinical course and clinical clerkship has defined specific expectations for learning outcomes, which: (1) draw from the AACOM/AOA core competencies relating directly to preparedness for graduate medical education; (2) are expressed as active knowledge or skill competencies, which students are expected to acquire and demonstrate in the course or clerkship; (3) are published in the course syllabi, student handbook and/or clerkship manual.	Distribute Student Handbook to all students. Update Student Handbook annually. Send Clinical Clerkship Handbook to each preceptor prior to the start of the clinical academic year.	Annually	<u>Plan:</u> The WCUCOM educational objectives and targeted competencies will be published in the Student Handbook, Clinical Science Manual and the D2L course management site. <u>Met:</u> The WCUCOM educational objectives and targeted competencies are published in the Student Handbook, Clinical Science Manual and the D2L course management site. In addition, the method of assessment for clerkships is outlined in Clinical Clerkship Handbook and was distributed to preceptors for 2012-13. <u>Plan 2012-13:</u> Continued development and monitoring.
6.5.1 The COM must establish clinical core competencies and a methodology to ensure they are being met.	100% of course syllabi will reflect expected graduate outcomes and identified professional medical standards.	Core competencies are linked to each course, course syllabus and course lecture per review criteria stated in Standard 1.3.1.	Annually in May and with syllabus revision or development of new syllabus.	<u>Met:</u> 100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.) <u>Plan 2012-13:</u> Continue to refine curriculum integration through Summer 2013 for Fall 2013 implementation. Curriculum Council (including faculty and student input) has developed a curriculum revision timeline and plan. The council will continue to work with the faculty to ensure the overall curriculum supports student attainment of the program outcomes

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>100% student awareness of core competencies through regular, ongoing learning opportunities.</p> <p>Integrate development of basic skills and competencies through the use of SPs, skills testing, and clerkship training.</p>	<p>Student Affairs and biomedical/clinical faculty educate students about core competencies through ongoing discussion and review.</p> <p>Monitored by Associate Dean, Clinical Sciences and affiliated faculty. Data reviewed by Quality and Curriculum Councils.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p><u>Plan:</u> Introduce core competencies to the incoming class prior to matriculation.</p> <p>Provide opportunities for ongoing discussion and review of core competencies throughout the curriculum.</p> <p><u>Met:</u> Students discuss and review core competencies as part of orientation.</p> <p><u>Plan 2012-13:</u> Clinical faculty have reviewed core competencies and linkages to mission learning objectives in a special session scheduled in January 2012.</p> <p><u>Plan:</u> Use multiple methodologies to integrate the delivery and assessment of basic and clinical skills</p> <p><u>Met:</u> Methodologies used during 2012-13 include simulated patient experiences, skills testing, and clerkship training experiences.</p> <p><u>Plan 2012-13:</u> Pilot use of simulator lab training in the curriculum as part of both the clinical sciences and clerkship curricula.</p>
6.6 A longitudinal record marking the career tracks, choices, and achievements of the graduates must be included in an assessment system.	Establish database for long-term tracking of postgraduate career choices of each graduating class through periodic alumni surveys.	Monitored by Associate Dean, Student Affairs and Associate Dean, Planning, Assessment and Competency Development	Ongoing	<p><u>Plan:</u> Input admissions data into longitudinal database.</p> <p><u>Met:</u> Database established.</p> <p><u>Plan 2012-13:</u> Ongoing data input with each admissions cohort.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
6.7 The COM must develop and publicize a system, in keeping with the COM's mission and objectives, to assess the progress of each student toward acquiring the competencies essential to effective performance as an osteopathic physician.	<p>100% receipt of formative and summative course assessments end of course reports.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see correlation.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p> <p>Attrition analysis completed</p>	<p>Individual course reviews of formative and summative assessments of student achievement of OMS-1-4 courses presented to the Curriculum Council and aggregate report to Quality Council.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see correlation.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p>	<p>Formative and Summative Assessments on reported on-going basis to Curriculum Council and aggregate report to Quality Council.</p> <p>Course syllabi to be reviewed in May for development of new syllabus.</p> <p>Dean's Council on Quality utilizing the CAMS database annually conducts a predictor analyses to include curriculum course assessment. Findings are presented to Dean and to Curriculum Council and Course Directors.</p>	<p><u>Met:</u> 100% receipt of formative and summative assessment reports for fall 2012-2013 by course directors presented to Quality Council and Curricular Council for institutional and curricular review, respectively. Recommendations for ongoing formative assessments with a minimum of 3 exams for Spring Semester made to Dean. Findings shared with Faculty Congress in January 2013. Added Exam Soft to improve formative and summative tracking and trending in the Spring Semester.</p> <p><u>Met</u> 100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.)</p> <p>OMS 1 course GPA and OMS 2 course GPA were strong correlates for COMLEX success. OPP was highest discipline score and Biochemistry and Physiology was the lowest discipline scores. Findings reported to both Quality and Curriculum Council. Attention paid towards both Biochemistry and Physiology.</p> <p><u>Unmet</u> COMLEX USA Level 1 first time pass rate was 70%. This was below an initial goal of 80% and newly revised strategic goal of having an initial COMLEX pass rate that is within national average by 3 years.</p> <p><u>Actions</u> Recommendations by Quality and Curricular Council include: 1) full review of all OMS-1 and 2 syllabi by Course Directors to ensure AOA-AACOM competencies are fully met-which has been accomplished, 2) formal incorporation of Board Review Prep Program-Boards Boot Camp into curriculum which has been accomplished, 3) Addition of COMLEX style question banks to support student resources, 4) Incorporation of additional software support systems (Exam Soft) to mimic computer based testing and to provide greater trending and analytics, 5) Addition of software to support OSCE (standardized patient) COMLEX USA Level 2 PE style of evaluation, 6) Admission criteria were also analyzed <i>with</i> modifications made to ensure preparation in biochemistry and physiology, 7) Addition of comprehensive review and targeted assistance to students who fail (use of Boards Boot Camp) to ensure 100% COMLEX overall pass rate.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>Associate Dean of Student Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Attrition analysis completed Associate Dean of Student Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Admissions track and trend analyses Reviewed by Dean's Council on Quality in June and presented to the Dean.</p> <p>The facility survey will be conducted in June annually and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Annual in August</p>	<p><u>Met</u> Attrition analysis is less than 3%. No further action required.</p> <p><u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty. If survey proves to be a valid tool, then it will be scheduled for June annually.</p> <p><u>Met</u> Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future</p>
6.7.1 All students must take and pass the National Board of Osteopathic Medical Examiners, Inc. (NBOME) Comprehensive Osteopathic Medical Licensing Examination COMLEX-USA Level 1 prior to graduation. All students must take COMEX-USA Level 2 Cognitive Evaluation (CE) and Performance Evaluation (PE) components prior to graduation.	COM must establish a policy and procedure to assure that all students who are candidates for the D.O. degree take and pass COMLEX 1 and 2.	Monitored by Curriculum Council and Quality Council.	Annually	<p><u>Plan:</u> Students must take required COMLEX exams and pass in compliance with NBOME and WCUCOM standards.</p> <p><u>Met:</u> The academic progress requirements for passage of COMLEX 1, COMLEX 2-CE and COMLEX 2-PE are clearly articulated in the WCUCOM Student Handbook.</p> <p><u>Plan 2012-13:</u> Ongoing data input with each cohort. Provide study and review opportunities to students through case-based test items used in class, access to Q-Banks, and structured review sessions to improve student first-time COMLEX pass rates.</p>

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<p>6.7.2 A component of this assessment must include the student performance and the COM's overall performance on the NBOME COMLEX-USA Levels 1 and 2.</p> <p>...and...</p> <p>6.7.3 The COM must track COMLEX-USA Levels 1 and 2 results as part of a process to determine how well students accomplish the COM's educational goals.</p>	<p>100% receipt of formative and summary course assessments end of course reports.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see correlation.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p> <p>Attrition analysis completed Associate Dean of Student</p>	<p>Individual course reviews of formative and summative assessments of student achievement of OMS-1-4 courses presented to the Curriculum Council and aggregate report to Quality Council.</p> <p>Course syllabi have been reviewed by course directors and associate deans of biomedical and clinical sciences.</p> <p>COMLEX-USA Level 1 course discipline scores compared to OMS 1- 2 course curriculum to see correlation.</p> <p>COMLEX pass rate of 70%. First class 96 people.</p> <p>COMLEX II and II PE scores are pending May 2014.</p>	<p>Formative and Summative Assessments on reported on-going basis to Curriculum Council and aggregate report to Quality Council.</p> <p>Course syllabi to be reviewed in May for development of new syllabus.</p> <p>Dean's Council on Quality utilizing the CAMS database annually conducts a predictor analyses to include curriculum course assessment. Findings are presented to Dean and to Curriculum Council and Course Directors.</p>	<p><u>Met:</u> 100% receipt of formative and summative assessment reports for fall 2012-2013 by course directors presented to Quality Council and Curricular Council for institutional and curricular review, respectively. Recommendations for ongoing formative assessments with a minimum of 3 exams for Spring Semester made to Dean. Findings shared with Faculty Congress in January 2013. Added Exam Soft to improve formative and summative tracking and trending in the Spring Semester.</p> <p><u>Met</u> 100% of the syllabi have been cross-referenced with August 2012 AOA-AACOM competencies for Osteopathic Medical Students. The program outcomes are integrated throughout the curriculum. Syllabi have been updated to cross-reference outcomes. Each syllabus delineates the student expectations for class and course. (see individual syllabi and Curriculum Matrix table.)</p> <p>OMS 1 course GPA and OMS 2 course GPA were strong correlates for COMLEX success. OPP was highest discipline score and Biochemistry and Physiology was the lowest discipline scores. Findings reported to both Quality and Curriculum Council. Attention paid towards both Biochemistry and Physiology.</p> <p><u>Unmet</u> COMLEX USA Level 1 first time pass rate was 70%. This was below an initial goal of 80% and newly revised strategic goal of having an initial COMLEX pass rate that is within national average by 3 years.</p> <p><u>Actions</u> Recommendations by Quality and Curricular Council include: 1) full review of all OMS-1 and 2 syllabi by Course Directors to ensure AOA-AACOM competencies are fully met-which has been accomplished, 2) formal incorporation of Board Review Prep Program-Boards Boot Camp into curriculum which has been accomplished, 3) Addition of COMLEX style question banks to support student resources, 4) Incorporation of additional software support systems (Exam Soft) to mimic computer based testing and to provide greater trending and analytics, 5) Addition of software to support OSCE (standardized patient) COMLEX USA Level 2 PE style of evaluation, 6) Admission criteria were also analyzed <i>with</i> modifications made to ensure preparation in biochemistry and physiology, 7) Addition of comprehensive review and targeted assistance to students who fail (use of Boards Boot Camp) to ensure 100% COMLEX overall pass rate.</p> <p><u>Met</u> Attrition analysis is less than 3%. No further action required.</p>

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	<p>Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Attrition analysis completed Associate Dean of Student Affairs and Associate Dean of Assessment, Planning, and Competency Development and presented to the Dean's Council on Quality</p> <p>Infrastructure Review Committee has delivered the survey</p> <p>Average score for facilities needs revealed all areas > 3.0 with exception of library facilities</p>	<p>Admissions track and trend analyses Reviewed by Dean's Council on Quality in June and presented to the Dean.</p> <p>The facility survey will be conducted in June annually and will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty.</p> <p>Annual in August</p>	<p><u>Partially Met</u> Pilot annual facility survey administered in January results pending. Will report from Infrastructure Resources Committee to Dean Council on Quality and back to faculty. If survey proves to be a valid tool, then it will be scheduled for June annually.</p> <p><u>Met</u> Library facility scored 2.92. Otherwise met. The library needs were addressed by expansion of hours. Reported to Dean. Will be referred to Dean's Council on Quality in the future</p>
6.8 The COM may offer a portion of its curricula at affiliated or education clinical sites not owned or operated by the COM. Written affiliation or educational agreements with core rotation sites, which clearly define the rights and responsibilities of both parties, must be obtained between the COM and each clinical clerkship teaching facility not owned or operated by the COM, or in the case where an institutional agreement is not	A. 100% compliance in obtaining affiliation agreement with all institutions involved in clerkship training and 100% compliance in obtaining preceptor educational agreements when appropriate.	Reviewed by Office of Clinical Rotations.	Ongoing	<p><u>Plan:</u> Obtain affiliation agreements with all institutions involved in clerkship training.</p> <p>Obtain preceptor educational agreements, as appropriate.</p> <p><u>Met:</u> Documentation secured and on file.</p> <p><u>Plan 2012-13:</u> Continuous and ongoing review with final review prior to onset of academic year.</p> <p>Established policy: site and/or preceptor cannot supervise students of WCUCOM until such agreements are in place (<i>Clinical Science Preceptors Manual</i>).</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
applicable, between the COM and the individual preceptor.				
6.8.1 The COM must provide an annual prospective and retrospective assessment of the adequacy of affiliations for predoctoral clinical education.	A. 100% adequate preceptors per specialty to allow completion of core rotation at the hub sites, with 10% more rotation slots than required to train OMS 3 and OMS 4 class.	Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences.	Ongoing	<p><u>Plan:</u> Continuous review at weekly meetings</p> <p>Prospective assessment of core rotation positions performed November-December</p> <p>Retrospective assessment of specialty rotation positions planned for May/June after first OMS 4 class completes rotations in 2014.</p> <p><u>Met:</u> We have met this benchmark. 104 students in 2013 OMS 3 class; 138 available complete rotations for core. (10% overage would be 114 positions for core rotations)</p> <p><u>Plan 2012-13:</u> Active recruiting of physicians and institutions is ongoing to allow for a surplus of positions as well as to allow for a greater range of choices for the OMS3 students in selecting their hub sites.</p>
6.8.2 The COM must conduct an annual assessment of the numbers of students and areas of instruction that are to take place at each of its affiliated clinical education sites.	Annual assessment to determine the COMs ability to train 100% students at hub-site in all core rotations, with the exception of those rotations that are prospectively planned to take place off site.	Reviewed of available rotation positions by Office of Clinical Rotations and Associate Dean of Clinical Sciences.	Ongoing and formally reviewed annually in December	<p><u>Plan:</u> Continuous review at weekly meetings.</p> <p>Prospective formal assessment of core rotation positions performed November-December.</p> <p><u>Met:</u> Achieved ability to train 100% students at hub-site in all core rotations, with the exception of those rotations that are prospectively planned to take place off site.</p> <p><u>Plan 2012-13:</u> Active recruiting of physicians and institutions is ongoing to allow for a surplus of positions as well as to allow for a greater range of choices for the OMS3 students in selecting their hub sites.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
6.9 The COM must develop and implement its clinical clerkship training curricula to achieve the COM's mission and objectives.	<p>100% of hub-sites will maintain a primary care emphasis in clerkship curriculum structure</p> <p>100% of hub-sites will be placed in the Gulf South Region</p> <p>Greater than 50% of graduates will pursue careers in primary care as measured by match rate statistics.</p> <p>Greater than 50% of graduates practice in MS or Gulf South Region</p>	<p>Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences.</p> <p>Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences.</p> <p>Postgraduate survey of Match results</p> <p>Survey of Graduates re: first practice setting</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Annually by Deans Quality Council</p> <p>Annually by Deans Quality Council</p>	<p><u>Met:</u> OMS3 students have nine months of primary care rotations (family medicine, internal medicine, pediatrics, surgery, OB/GYN). This is supplemented by a month of psychiatry and two months of emergency medicine.</p> <p>Clerkship curriculum is structured as a community-based training model and all hub-sites are located within the Gulf South Region.</p> <p><u>Plan 2014-2014:</u> Track annual intern/resident match statistics to determine specialty choices and assess percentage going into primary care.</p> <p><u>Plan 2017 and ongoing:</u> Track geographic area of initial practice for all graduates upon completion of residency programs.</p>
6.9.1 The COM must utilize the clinical education capabilities of its Osteopathic Postdoctoral Training Institution (OPTI) partners to offer predoctoral clinical education clerkships to its students.	A. Offer clinical rotations at affiliated sites either within or outside of OPTI partners.	Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences.	Ongoing	<p><u>Plan:</u> Utilize OPTI resources in offering clerkship training. (distance learning platforms, recorded grand rounds, etc)</p> <p><u>Partially Met:</u> OPTI provides tools for distance learning as well as with recorded monthly grand rounds and assorted lectures required of students.</p> <p>OPTI resources employed as faculty development.</p> <p>Students kept in mission-defined area for their core rotations to encourage ties to region and help fulfill our mission to supply physicians for Gulf South Region.</p> <ul style="list-style-type: none"> Due to geographic diversity of OPTI (Kentucky to Washington state), we have not been able to rely upon it as a source for OMS3 clerkship training. Currently, there is one osteopathic residency in the state affiliated with our OPTI. <p><u>Plan 2012-13:</u> Ongoing effort to establish new GME positions in the state, through the efforts of the director of post-doctoral education in cooperation with the OPTI.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
6.10 All instruction at the affiliated of educational sites must be conducted under the supervision of COM academically credentialed or approved faculty.	<p>100% of rotation sites are reviewed annually</p> <p>100% of students are supervised by credentialed preceptors</p>	<p>Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences.</p> <p>Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences</p>	<p>Ongoing and presented to IRC annually</p> <p>Ongoing</p>	<p><u>Met:</u></p> <p>All sites are reviewed annually</p> <p>WCUCOM has affiliation agreements with all institutions and preceptors involved in third year clerkship training.</p> <p>There is a policy in place for international rotations that includes credentialing of the supervising faculty. To date, no students have pursued an international rotation.</p>
6.11 Planning and implementation of instruction at affiliated or educational sites must be a cooperative activity between COM academically credentialed or approved faculty at those sites and the administration and faculty at the COM.	<p>A. Provide 100% preceptors with a customized and detailed curricular framework for each core rotation, including goals and objectives as well as a reading list.</p> <p>Involvement of adjunct faculty in curriculum and curricular development.</p>	<p>Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences.</p> <p>Participation of representative in the Curriculum Council as measured by attendance</p>	<p>Ongoing</p> <p>Ongoing by Curricula council</p>	<p><u>Plan:</u></p> <p>Engage in regular communication to ensure consistency in clinical education through collaborative efforts.</p> <p><u>Met:</u></p> <p>100% of preceptors receive Clinical Science Manual, which contains course curriculum framework and suggested reading.</p> <p>Delivered faculty development on OP&P history, principles and practices to preceptors in 2012.</p> <p><u>Plan 2012-13:</u></p> <p>Planning is underway to offer a faculty development session biannually to address such issues as providing feedback to students, bedside clinical teaching and tools to help students develop critical thinking.</p> <p>Seek increasing input from adjunct faculty for curricular development.</p>
6.12 The COM must develop and implement and assessment process that reviews student achievement in the clinical education program at its affiliated or educational sites to ensure that these programs meet the COM's mission and objectives.	<p>100% of preceptors complete an evaluation of students within 30 days of completion of a rotation</p> <p>100% of OMS3 students must complete the following to earn a satisfactory score in each clinical clerkship: a. 70% score on the end of</p>	<p>Reviewed by Office of Clinical Rotations</p> <p>Monitored by Associate Deans of Academic Affairs, Student Affairs and Clinical Sciences, and</p>	<p>monthly</p> <p>Monthly with quarterly reports to councils and committees</p>	<p><u>Not Met:</u></p> <p>Currently 266 out of 376 evaluations have been returned within 30 days of rotation completion (71%).</p> <p><u>Plan:</u></p> <p>Begin routine reminders to complete evaluations weekly for 2 weeks followed by reminders every 3 days until evaluations completed. Will reassess after one quarter to determine effectiveness.</p> <p><u>Met:</u> To date there have been no failures in a clinical clerkship.</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
	<p>rotation evaluation</p> <p>b. Completion of patient, and procedure OMT logs</p> <p>c. Completion of course evaluations</p> <p>d. Earn $\geq 70\%$ on preceptor evaluations</p> <p>100% of students must earn a minimum of a 3 out of 4 on each core competency as measured on their preceptor evaluation.</p>	<p>Promotions and Matriculation Committee.</p> <p>Reviewed by Associated Dean of Clinical Science and reported to Quality and curriculum council on a quarterly basis</p>		<p><u>Unmet:</u> 98.9% of students have achieve a 3 or greater in each competency. The data has been presented to the quality council. As the student has shown a trend toward improvement, only monitoring has been recommended at this time should low scores continue, a protocol established for remediation shall be followed</p> <p><u>Plan:</u> Continued data tracking in longitudinal database for existing exams.</p> <p>Continued monitoring of student outcomes by Dean's Quality council., Curriculum Council and by P&M Committee when appropriate</p>

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
6.13 The COM must develop a process that evaluates the clerkship in regards to meeting the COM's mission and objectives.	Implement an assessment process at 100% clinical rotation sites to evaluate clerkship quality in meeting the WCUCOM mission and objectives.	Reviewed by Office of Clinical Rotations and Associate Dean of Clinical Sciences. Summary report to Quality Council. Curricular review with Curriculum Council, as appropriate.	Ongoing	<p><u>Plan:</u> Develop and implement an evaluative protocol to monitor clerkship quality and success in meeting targeted objectives.</p> <p><u>Met:</u> Multiple reporting approaches used to assess (rotation exam trends, group representative report, clerkship report, monthly meetings, site visits).</p> <p>Evaluative information includes receptiveness of the preceptor to student questions, amounts of procedures and volume/scope of patients seen on the rotation, discussion of osteopathic philosophy/use of OMT on the rotation, the didactic component of the rotation and an overall impression of the effectiveness of the rotation.</p> <p><u>Plan 2012-13:</u> Assessment tool reviewed for Self-Study and revisions proposed for next iteration.</p>
Standard Seven: Research and Scholarly Activities				

KEY ELEMENT	BENCHMARK	ANALYSIS	TIMELINE	EVALUATION/REVISION
7.1 The COM must make contributions to the advancement of knowledge and the development of osteopathic medicine through scientific research. This effort may include, but may not be limited to, the conduct of and resulting in publication in peer-reviewed journals of “bench” research, clinical trials, patient care research, medical educational research, and health services research. The faculty adequacy model must demonstrate adequate faculty time for research efforts.	A. 100% of full-time faculty engage in research and/or scholarly activity.	Associate Dean, Planning Assessment and Competency Development and Curriculum and the Associate Dean of Academic Affairs will monitor progress toward active membership goal.	Annually	<p><u>Unmet:</u> Involvement of faculty in research and scholarly activity does not meet 100% benchmark established</p> <p><u>Plan:</u> Continued distribution of research funding opportunities as they arise. Implementation of an institutional strategic plan for research (a consultant has been hired to assist with this) Increased use of Grant Writing team on contract to WCU.</p> <p><u>This benchmark has not been met</u> <u>Plan 2012-13:</u> Actively encourage membership in professional associations. Provide travel time to participate as invited speaker in regional, national and international venues. Provide protected time for professional development projects</p> <p>.</p>
	100% of full-time faculty holds active membership in professional associations as a demonstration of scholarship and professional development.	Monitored by Assistant Dean of Research and reported to the Associate Dean, Planning Assessment and Competency Development and Curriculum and the Associate Dean of Academic Affairs will monitor progress toward active membership goal	Annually	<p><u>Plan:</u> Engage in budgeting and institutional support efforts that support research and publication of faculty.</p> <p><u>Partially Met:</u> Assistant Dean for Research on staff.</p> <p>WCUCOM has a functioning Faculty Research Committee.</p>
	C. Budget WCUCOM resources to support research and publication efforts.	Monitored by Assistant Dean of Research and	Annually in June	<p><u>Met:</u> Research budget for 2010-2011 was \$25,000; \$75,000 in 2011-12 and \$100,000 for 2012-2013 with planned increases.</p> <p>Space available in the Medical Arts Building. Equipped laboratory space,</p>

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	D. Faculty adequacy model shows at least 20% effort available for research and scholarly activity.	<p>Reported to the Associated Dean of Academic Affairs and the Associate Dean of Planning, Assessment and Competency; report to Dean</p> <p>Curriculum Council and the Associate Dean of Academic Affairs will monitor progress and report to the Dean.</p>	<p>Annually</p> <p>Annually</p>	<p>including an animal research facility, is available at the affiliated University of Southern Mississippi. Additional on-campus research space still needed.</p> <p>The COM has an Institutional Review Board (IRB) which includes WCUCOM faculty and among its members.</p> <p>WCU sponsored programs office support available.</p> <p>Email funding notices distributed an average of semi-monthly.</p> <p><u>Plan 2012-13:</u> Offer faculty development sessions on grant writing and publication.</p> <p>Pursue use of WCU grant consultant group to support qualified projects.</p> <p><u>Plan:</u> Maintain adequate staffing levels to support allocation of faculty work time for research and/or scholarly activity.</p> <p><u>Met:</u> Faculty Adequacy Model includes time for faculty involvement in research and scholarly activities of approximately 20% on average.</p> <p><u>Plan 2012-13:</u> Continue to monitor faculty adequacy.</p>