

Wood College of Osteopathic Medicine Strategic Plan (2025–2030)

Three pillars: Partnerships, Academic Excellence, and Distinctiveness

Goal, Objectives and Strategies

Strategic Pillar 1: Partnerships

Vision:

To be the preferred partner in advancing the continuum of osteopathic medical education in Indiana by fostering access, collaboration, and excellence in identifying, training, and developing future osteopathic physicians.

1. Expand and Formalize Pre-Med Pathways

- **Enroll 60 students annually from Mariner pathway programs by 2030**
 - *Formalize and streamline partnerships with Indiana colleges and universities to create accessible pathways into osteopathic medicine*
 - *Implement the 3+4 BS/DO program with Marian University Pre-Med by Fall 2027.*
- **Grow BMS enrollment to 90 first year students by 2030.**
 - *Enhance Biomedical Sciences (BMS) pathways, including direct admission and seamless transition into health profession programs*
- **Increase and support Marian Pre-Med program of 100 students by 2030**
 - *Create a template for additional pre-med partnerships with non-Marian institutions.*
 - *Track and grow pre-med info session participation by 10% annually.*

2. Enhance UME–GME Clinical Partnerships

- **Expand clerkship capacity to support 190 students per class.**
 - *Increase affiliated clinical sites, focusing on rural and underserved communities.*
 - *Recruit and onboard 25-30 new preceptors annually with a focus on primary care and COCA requirements.*
 - *Launch at least 2 new rural or cohort tracks/year from 2025-2030*
- **Launch summer clinical immersion for 25 first-year students by 2026 (expanding to 50 by 2030).**

- **Create preceptor evaluation system with >80% positive ratings on learner/preceptor feedback annually**

3. Grow Graduate Medical Education in Indiana

- **Achieve ACGME Sponsoring Institution status by 2026.**
 - *Host an annual GME summit beginning in 2026.*
- **Create 10 new GME slots annually, with at least five in primary care.**
 - *Establish at least two MU-WCOM-sponsored residency programs by 2028, one in a rural location.*
 - *Facilitate development of a statewide GME community to support faculty development and osteopathic recognition*
- **Increase the number of ACGME programs with osteopathic recognition.**
 - *Facilitate development of a statewide GME community to support faculty development and osteopathic recognition*

4. Engage Alumni and Strengthen CME Offerings

- **Offer three CME courses annually, including one in OMM or primary care.**
- **Increase alumni engagement to 200 alumni by 2030 as measured by precepting, donating, lecturing, or event attendance.**
 - *Maintain a quarterly alumni/preceptor newsletter with at least a 50% open rate.*
 - *Launch a biannual alumni forum to inform curricular and strategic decisions.*
- **Create a CME dashboard linking alumni feedback to curriculum improvement.**

5. OMM Clinical Integration

- **Launch OMM Clinic by 2030**
 - *Develop a proposal for a community OMM clinic by 2025*
 - *Secure a partner by 2026*
 - *Launch pilot of clinic by 2027 with 20 patient visits/week*
 - *Integrate the OMM clinic into CME and GME programming by 2028.*
 - *Track OMM clinic impact: student satisfaction, patient satisfaction and patient outcomes*

6. Research and Scholarly Activity

- **Increase the number of faculty/student co-authored, peer-reviewed publications by 25% by 2027.**
- **Generate collaborations with clinical partners to provide scholarly activity opportunity to all students by 2030**

- *Obtain articulation agreements with clinical partners to provide support for their residents and scholarly activity, at least one a year*
- *Hire a research coordinator to support GME and UME*
- **Track and report external funding proposal submitted and awarded, targeting \$200K/year in research-related grants by 2030**
- **Host an annual MU-WCOM Research symposium with at least 30 students and 30 partner presentations by 2027**

Strategic Pillar 2: Academic Excellence

Vision:

Foster a dynamic, student-centered learning environment that ensures academic excellence, prepares students for clinical practice, and advances institutional growth through faculty development, research, and community engagement.

1. Revise the curriculum to foster student-centered, active learning and ensure it is rigorous, relevant, and aligned with clinical practice and licensure requirements.

- **Transition to guided active learning**
 - *Implement in two courses per year with the goal of TBL or PBL in all courses by 2030*
 - *Integrate advanced technologies (including simulation and AI) into teaching and learning with the goal of increasing its incorporation by 10%*
 - *Incorporate social determinants of health into TBL/PBL activities annually*
- **Align Curriculum with NBOME Blueprint**
 - *Use curricular mapping software and COMBANK question tagging to measure 100% coverage of high yield topics within the NBOME blueprint*
- **Develop Interprofessional Education Initiatives**
 - *Promote collaboration between medical students and students from other healthcare disciplines by creating 20 unique opportunities by 2030*

2. Enhance comprehensive support systems that promote student engagement, success, and well-being.

- **Empower Students to Be Effective Evaluators of Their Own Learning**
 - *Expand and develop robust peer-led tutoring through collaboration between student tutors, academic support, and course directors for each course by 2030*
 - *Create a Pre-Matriculation Program by AY 2026-2027*
 - *By 2030 students will utilize their individual risk “scorecard” to drive an ILP*
 - *Achieve >90% of all students scoring >75% in biomedical and clinical courses*
- **Enhance academic advising to provide streamlined and consistent messaging**

- *Academic advising becomes team-based (academic affairs, academic advisor, student, and academic support) by AY 2026-2027*
- **Enhance Early Detection System and Interventions for At-Risk Students**
 - *Implement an early detection system to provide timely academic interventions to yield less course failures following the first semester of first year*
 - *Establish a yearly progress testing option for pre-clerkship students*
 - *Yield improved progress testing scores in March of second year when measured year over year*
 - *Establish structure of target scores for coursework, exam failures, and longitudinal assessments and provide process to address deficiencies*

3. Strengthen faculty and staff development to include individualized development plans to further enhance teaching, mentorship, and leadership capabilities.

- **Improve transition for new faculty and staff when starting at MU-WCOM**
 - *Modify MU's NFO to include specific elements for WCOM faculty and staff*
- **Increase and improve faculty and staff engagement with development sessions**
 - *Track faculty and staff attendance*
 - *Align professional development with faculty and staff needs to include elements opportunities from other entities (ie: national, committees, leadership, university, etc) as assessed by a yearly evaluation*
 - *Align and leverage CTL offerings to enhance MU-WCOM's development sessions*
 - *Engage with CTL to have them deliver at least 2 COM specific sessions related to active learning pedagogy*
 - *Increased active learning activities in each course*
 - *Structure development to allow for longitudinal and planned sessions while also allowing for episodic, just in time trainings*
 - *Identify and align faculty expertise with mentorship needs of others*
 - *Mentoring sessions become a part of each development session*
 - *Assessment of mentoring included in reflections from mentor and mentee in AFE*
 - *Incentivize through lunch and awards (local and national) for contributions to mentorship teaching, and research*
- **Develop Leadership Training for Department Chairs**
 - *Partner with MU's Education Leadership Department to provide an WCOM series around strategic planning, team management, and fostering academic excellence for each Chair*

4. Align institutional resources, processes, and messaging for consistency and efficiency in academic experience and guidance.

- **Create consistent rigor and expectations across all courses within WCOM**
 - *Standardize remediation process across all courses, including the development of a consistent exam for each course*

- *Establish rigorous thresholds for qualifying scores on COMSAEs to strive for >90% on Level 1 and Level 2CE*
- *Achieve greater than national average on all COMAT disciplines*
- *Evaluate, develop, and implement a plan for integrated courses and assessments*
- **Align Curriculum and Support Structures**
 - *Ensure coordination between academic advisors, support staff, and administrators.*
- **Clarify Expectations for Students**
 - *Define and communicate professionalism, curriculum comprehension, and work ethic standards.*
- **Create a Repository for Successful Faculty Portfolios**
 - *Provide a resource for faculty development and idea-sharing.*
- **Align Committee Goals and Annual Reviews with Strategic Objectives**
 - *Ensure coherence in institutional priorities.*

5. Foster partnerships and expand opportunities for research and holistic education.

- **Establish a Longitudinal Program Addressing Health Equity and Cultural Competence**
 - *Integrate modules on diversity and cultural competence in the curriculum.*
- **Create Research Opportunities for Students**
 - *Provide structured research opportunities with mentorship and funding.*
- **Develop an Interdisciplinary Innovation Hub**
 - *Collaborate with faculty and external partners on innovative educational approaches.*
- **Design a Summer Preparatory Bootcamp for Junior/Senior Students**
 - *Enhance clinical skills and integrate osteopathic principles before clinical rotations.*

Strategic Pillar 3: Distinctiveness

Vision:

MU-WCOM will be recognized for developing osteopathic physicians who deliver exceptional healthcare with a strong foundation in ethics, humanism, primary care, and a commitment to serving Indiana's rural and underserved communities.

1. Increase percentage of alumni practicing in rural areas from 5% in 2025 to 15% over the next 10 years (2035).

- **Expand rural clinical training through partnerships with hospitals and clinics.**

- *By 2028, establish new rural clinical rotation sites with the goal to place 100% of 3rd-year students in rural settings annually.*
 - **Establish scholarships for students committing to rural primary care.**
 - *Work with advancement to establish and award 5 rural primary care scholarships annually, with at least 75% of recipients entering rural or underserved practice within 5 years of graduation.*
 - **Integrate rural health topics into the core curriculum.**
 - *Introduce at least 4 rural health sessions into the pre-clinical curriculum by 2027.*
 - **Develop rural medicine fellowships with an osteopathic focus.**
 - *Develop at least 1 fellowship tracks by 2028, with 70% practicing in rural or underserved communities within 3 years of completion.*
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2. Integrate ethics and humanism in medical education

- **Embed longitudinal ethics and humanism programming across all four years.**
 - *Ensure all 4 years include structured ethics/humanism content, with 80% of students rating the program as effective on annual surveys by 2028.*
 - **Create service-learning opportunities each semester for years 1–3 and at least one for CC2.**
 - *By 2026, offer a minimum of 6 service-learning activities annually, with at least 80% student participation across cohorts.*
 - **Recognize faculty/staff modeling humanistic leadership with an annual award.**
 - *Establish and award 1 “Humanism in Medicine” recognition annually starting in 2025, with ≥5 faculty/staff nominated each year.*
 - **Expand partnerships with community organizations for student engagement.**
 - *Formalize 5 new partnerships by 2027, with at least 50 students participating in community-based projects annually (through PIF or DO Good hour)*
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3. Enhance community engagement and recognition

- **Launch community health initiatives co-led by students and faculty.**
 - *Initiate at least 3 student-faculty-led community health projects annually, each reaching ≥200 community members by 2028.*
- **Develop incentive programs for hospitals and preceptors meeting set student engagement thresholds.**
 - *Implement certificate program by 2026, with at least 50 preceptors/residency partners completing it within 3 years.*
 - *Implement faculty development support*
 - *Develop and implement scholarly activity support*

- *Evaluate financial incentive programs (ie: CME, tuition, etc)*
- **Utilize collaboration with the Indiana School for the Deaf and Blind for IPE and curricular enhancements.**
 - *Conduct at least 1 interprofessional learning experience per academic year, with ≥90% of participating students reporting increased confidence in caring for individuals with disabilities.*