

Criterion Four



Teaching and Learning – Evaluation and Improvement

The institution demonstrates responsibility for the quality of its educational programs, learning environments, and support services, and it evaluates their effectiveness for student learning through processes designed to promote continuous improvement.

4.A. The institution demonstrates responsibility for the quality of its educational programs.

Since completing its 2003 HLC self-study, KCUMB has been in a continual process of both internal self-study and external review. The University completed self-studies to obtain initial approval for its masters' degrees in biomedical sciences and bioethics. In addition, KCUMB conducted self-studies as part of its applications for the Missouri Quality Award from 2007 to 2009 and for the Malcolm Baldrige evaluation and review process in 2008 and 2009. Although KCUMB did not receive an award, the University received important feedback, which it incorporated in its continual program review process.

Moreover, KCUMB's commitment to continuous improvement is evidenced by its drafting of a Program Review Policy [K190]. This policy is currently under review by the Provost's Leadership Council. Under the policy, the program review process will have four major components: 1) Department Strategic Unit Review; 2) Self-Study; 3) External Review and/or Best Practice Comparison; and, 4) Program Action Plan. Various offices across campus will engage in the systematic and/or regular assessment of their unit operations to ensure quality of service, relevance, and opportunities for growth and enhancement. This policy provides a framework and schedule regarding the expectation of systematic and regular assessment of unit-level operations for academic, non-academic, and ancillary-related services that are reflective of best practices.

KCUMB requires internal self-study and external review processes to gain an unbiased assessment of the quality of its academic programs and to seek the advice and counsel of experts in each discipline. These reviews also help to ensure that its mission and goals relating to the delivery quality of its educational services and programs are met.

The University's commitment to regular program reviews is evidenced through three examples — the program reviews conducted by the University's basic medical sciences departments, College of Biosciences, and Department of Family and Community Medicine. Basic medical sciences departments conducted both an internal self-study and external review, which began in the 2010-2011 academic year. The internal self-study was conducted in advance of an external review. As part of the self-study, each academic department within the basic medical sciences was responsible for identifying goals and objectives as part of its strategic planning effort. The goals and objectives of these reviews addressed the following: identify areas of too little and too much coverage and make recommendations on curricular content; identify potential topics for programmatic and fundable research programs; and recommend changes in department structure and institutional processes to help the discipline improve its functioning and facilitate progress toward its goals. The self-study was followed by the external reviews [K191], which focused on the areas of teaching, research, and service in all five basic medical science academic departments: anatomy, biochemistry, pathology, physiology, and pharmacology/microbiology.

The external reviewers involved in this process were uniformly impressed with the quality of instruction and the movement toward greater productivity in research. One concern noted by all reviewers related to a high level of internal service by faculty (e.g., University and College committees). The chairs of the basic medical science departments each reviewed their respective report, shared it with departmental colleagues and faculty, and prepared a written response [K192]. Each response included written objectives, plans/strategies, timelines, and accountabilities to enhance the functioning of the department.

For example, in response to the concern regarding the high amount of internal service by faculty, committee structures were changed to reduce committee loads. In addition, faculty were added to the pathology and pharmacology/microbiology departments, and the anatomy and physiology departments have advertised additional positions. Additionally, the external program review reports were evaluated for potential budgetary impact as part of the budgetary process in early 2013. The discipline reports and departmental responses were reviewed by the associate dean for basic medical sciences, with an eye to identifying opportunities for active learning and methods for increasing student involvement. As a result of these reviews:

- Committee structures have been changed to reduce committee sizes, which benefits faculty and departments.
- Faculty have been added to pathology, pharmacology/microbiology, and physiology.
- The anatomy and physiology departments have advertised open positions.
- The overall institutional budget for research has been increased.
- Research assistants have been hired.
- The number of applications to external funding sources has increased see (Table 4.1 below).

Table 4.1 | Funded KCUMB Grant Applications

NAME	GRANT SUBMISSION TITLE	FUNDED BY	TYPE	DATE	AMOUNT
Ronald Bean	MicroRNA Regulation of Tumor Associated Macrophage's Function in Tumor Cell Growth and Dissemination	KCUMB	INTRAMURAL	1/1/11	\$15,000
Patrick Clay	Clinical and Translational Science Research Award CTSA	NIH/NCRR	FEDERAL	6/1/11	\$0
Barth Wright	Using 64-bit processing for the manipulation of high definition CT scans for finite element modeling and analysis of mammalian skulls	KCUMB	INTRAMURAL	1/1/11	\$4,880
Robert White	Creating transgenic mice expressing the mutant KLF 1 form	KCALSI	FOUNDATION	4/29/11	\$50,000/1 year
Tracey Taylor	Investigation of the Gastrointestinal Microbiome of the HIV Infected Person	BD Biosciences	FOUNDATION	3/12/12	\$10,000
Linda Adkison	Colby Cassani Endowed Lectureship Series	Colby Foundation	FOUNDATION	8/1/12	\$2,000 for 40 years
Christopher Theisen	Nampt dependent neuronal survival in a Parkinson's disease model	KCUMB	INTRAMURAL	11/7/12	\$13,500
Jason Wasserman	Neighborhood Infrastructure, Community Dynamics, and Health Outcomes	KCUMB	INTRAMURAL	12/1/12	\$13,853
Robert White	Identification of Essential Genes for Erythropoiesis	KCUMB	INTRAMURAL	12/1/12	\$15,000
Amy DeBaets	Physician Spirituality and Osteopathic Philosophy: An Analysis of the Impact of Holistic Medical Education	University of Chicago Faculty Fellowship	FOUNDATION	2/1/13	\$136,775
Stephen Gustafson	Performance Evaluation of the QBC FAST Stain and Para Lens Advanced	KCUMB	INTRAMURAL	2/19/13	\$15,000
Flavia Costa	Identification of new inducers of fetal hemoglobin to treat sickle cell disease	KCUMB	INTRAMURAL	2/19/13	\$15,000
Elizabeth McClain	Identifying an effective model to teach and assess student research through competency based education	AACOM Education Mini Grant	FOUNDATION	2/24/13	\$5,000
Abdulbaki Agbas	Platelet TDP-43 protein: A proxy for proteinopathy in Alzheimer's Disease Brain	Frontiers	FOUNDATION	3/1/13	\$2,500
Robert Kress (White)	University of Kansas Research Center	T 32	FEDERAL	4/1/13	\$25,200
Alan Glaros	In-Shoe Shear Stress Sensing System	Kent State	CONTRACT	4/15/13	\$3,000
Alan Glaros	Investigation of Plantar Shear Stresses in Diabetic Patients	Ohio College of Podiatric Medicine	FEDERAL	8/1/10-7/31/13	\$13,500/3 years
Sarah Parrott	Standardization and Assessment of Feedback to Medical Students Using the One Minute Preceptor Model	AACOM Education Mini Grant	FOUNDATION	2/25/11	\$10,000
Jan Talley	Health Outcomes Decision Making Curriculum	Dr. Scholl's	FOUNDATION	9/6/12	\$25,000
Jan Talley	A Participatory Intervention to Help Older Americans Maintain and Improve Health Outcomes	PCORI	FOUNDATION	10/15/12	\$125,000 per year for 5 years

In 2013, the University's COB conducted external reviews [K119] [K120] of both of its academic programs – biomedical sciences and bioethics. Clint Adams, D.O., M.P.A., FACHE, dean of the College of Osteopathic Medicine of the Pacific, served as the external reviewer for the biomedical sciences program. The bioethics program was reviewed by David Doukas, M.D., professor and William Ray Moore Endowed Chair of Family Medicine and Medical Humanism at the University of Louisville. In addition, Dr. Doukas is the president of the Academy of Professionalism in Health Care. The external reviewers were asked to specifically focus on the faculty, facilities, and curriculum as outlined in Criterion Three. In addition, the reviewers were asked to focus on the program review process, the adequacy of resources, appropriateness of educational goals and recommendations for improvement. The external review for the biomedical sciences program provided a clear analysis of the program with actionable recommendations for improvement:

- Continue program review for continuous quality improvement
- Greater attention to direction of the two-year biomedical sciences track, with possible linkage of the two-year track to a combined D.O./M.S. degree
- Increase faculty collaboration and academic engagement
- Greater opportunities for faculty engagement in the affairs of the COB
- Increase focus on curricular revision consistent with mission and vision statements. Continued revision would provide the opportunity to infuse elements of the humanities, humanism, and bioethics into the biomedical sciences curriculum to enhance a graduate's insight and preparedness to enter the workforce.

The recent creation of a new College of Biosciences Curriculum Committee is the first step in addressing these recommendations. Also, both bioethics and biomedical sciences revised their program learning outcomes [K112] [K233] based upon their missions and created assessment matrices [K226] for each program for verifying achievement of the objectives. Post-hoc evaluation of learning outcomes examined comprehensive exams, theses, focus groups, and alumni surveys.

Likewise, the external review of the bioethics program [K119] provides analyses of program strengths and recommendations or opportunities for strengthening the program. The external review report was received at the end of May 2013, and the University and department have not had an opportunity to review and discuss the findings reported. A brief summary of the recommendations include:



- The ultimate goal of the department is the optimal placement of the program in the COM to improve collaborations that nurture teaching and scholarship.
- Create a permanent, ongoing budget for the department that will support its teaching and service missions.
- Establish an on-site home for the Bioethics Department in COM's facilities that will house all faculty members and staff, in a location that makes its relevance to modern medicine readily apparent.
- Consider the establishment of a sustained, thematic course that is relevant to other COM basic science teaching.

The Department of Family and Community Medicine is the first clinical department to undergo an external review and is another example of the University's practice of regular program review. Its review is scheduled for summer 2013. As part of the self-study process, begun in January 2013, a formal, systematic internal review was performed. This internal review examined three broad categories [K194]: administrative structure, outcomes and evaluation, and curriculum for the department. Under each of these general areas, specific categories were identified to provide evidence of or identify opportunities for program quality improvement. Analysis of the department structure from the internal and external reviews resulted in the creation of department mission, vision, and values statements, as well as an annual review plan that align with COM and the University's mission and vision. Outcomes analyzed include scholarly activity, committee service, clinic productivity, and student and fellow performance on internal examinations and licensure examinations. Curricula for the didactic and clinical years, as well as the undergraduate Osteopathic Manipulative Medicine Fellowship Program, also were examined. Additionally, the review included assessing faculty and chair reviews as well as requirements from external accrediting agencies.

The Admissions Department has conducted an annual review and evaluation of the annual admissions process for the last three years. An admissions rubric was created and refined, based on adherence to the mission statement as well as student performance data. Admissions standards have been raised for both colleges (see Criterion 4.C. and Tables 4.8-4.10 for a fuller discussion below) [K157]. Students with high pre-admission metrics (MCAT scores, undergraduate overall and science grade point averages) are more likely to succeed in medical school as measured by their retention and graduation rates. Furthermore, KCUMB's ability to attract better prepared students results in a better academic reputation of the University. As described above, the University is dedicated to regular program reviews in all areas to ensure quality programs.

KCUMB has established institutional credit hour equivalencies utilizing metrics and assessment standards reflective of industry best practice [K195]. Under this policy, each KCUMB academic course offering, whether credit bearing or not, and whether it is to be noted on the KCUMB transcript or not, must be vetted and endorsed by the Curriculum Committee and approved by the appropriate academic dean. All course offerings for institutional credit must have a syllabus that includes a course description, course goals and objectives, nature of course content, and methods of evaluation, along with appropriate institutional policy statements regarding attendance, attire, special accommodations, etc. [K196]. This syllabus is provided to students in a timely manner at the beginning of each course.

KCUMB does not engage in joint educational program agreements, in which the institution accepts the credit earned at another institution for the purpose of KCUMB degree completion, nor does it award credit for experiential learning or prior learning. However, KCUMB does have collaborative 3+4 agreements with 11 undergraduate partner schools, where a limited number of extremely qualified undergraduate students are admitted into KCUMB-COM prior to completing their undergraduate degree. The first year of KCUMB coursework is accepted by the undergraduate institution as transfer credit, which is then used toward an undergraduate degree. KCUMB also has a collaborative agreement with Rockhurst University for



a master of business administration (MBA) in healthcare leadership program. Program responsibility for the MBA program rests strictly with Rockhurst, and KCUMB does not transcript academic credits earned at Rockhurst. This delineation of responsibilities is specifically detailed in the agreement between KCUMB and Rockhurst. It is primarily a collaborative course scheduling, marketing, and financing agreement that empowers students to earn both degrees in a four-year period, with the doctor of osteopathic medicine (D.O.) degree being awarded by KCUMB and the MBA degree being awarded by Rockhurst University [K198].

KCUMB has transfer credit policies in place that appropriately addresses comparability of the nature, content, and level of transfer credit coursework and the applicability of the credit toward program requirements [K195] [K199] [K200]. Due to the nature of KCUMB's programs and the fact that students are admitted in cohort groups that progress through the academic programs in a set sequence of course offerings, transfer admission and credit is a rarity.

KCUMB utilizes regional accreditation (COB) and COCA accreditation (COM) standards as its first qualifier for transfer admission and transfer credit consideration, followed by course-by-course evaluation and applicability toward degree completion.

Each college dean, in collaboration with faculty and in compliance with University policy, decides which transfer equivalencies are appropriate. For the osteopathic medicine program, transfer credit is determined as a summative total for transcribing purposes and the G.P.A. performance at the transfer school is incorporated into the KCUMB grade point average. COCA accreditation standards stipulate that transfer credit can only be applied toward first- and second-year program requirements for osteopathic medical students.

For the programs in the College of Biosciences, transfer credit consideration is evaluated on a course-by-course basis and transcribed as individual experiences with the appropriate credit value. The bioethics program requirements are currently limited to a maximum of four credits. At the Oct. 3, 2012, Curriculum Committee meeting, a proposal to allow the use of up to nine transfer credits in the biomedical sciences research track program was endorsed and will be implemented fall 2013 [K202]. Graduate-level transfer credit has no bearing on the KCUMB grade point average.

COB AND COM CURRICULUM COMMITTEES

The curriculum committees of the COM and the COB deliberate and make recommendations for course prerequisites, rigor of course content, and expectations for student learning [K203]. The appropriate academic dean approves or disapproves recommendations forwarded by the appropriate committee. The COM Curriculum Committee consists of approximately 20 members, who are broadly representative of all academic departments, student resources, library services, and other constituencies. This committee will be reduced to approximately 15 members in August 2013. Each curriculum committee schedules meetings once per month and may also hold electronic votes between meetings for urgent matters. The COB Curriculum Committee is newly formed and is comprised of the on-campus course directors for all COB courses; it has oversight on curriculum content for each COB course and program, with monthly updates by each course director and biannual review of student course evaluations. In addition, monthly program updates will be provided by the associate dean of the COB along with ongoing discussion regarding the development of additional programs.

The institution does not have prerequisites identified for individual courses, but instead identifies specific course requirements for admission. The academic programs offered by the University offer a fixed sequence of courses, except for stand-alone electives, the clinical clerkships taken by medical students in the

third and fourth years, and the two-year research track in the biomedical sciences program. Clinical clerkship experiences typically are one month in duration, with a few offered as multiple-clerkship series (e.g., Family Medicine 401, 402, and 403). In this case, successful completion of the first clerkship in the series is the prerequisite for entrance into the subsequent clerkship. The same prerequisite strategy applies to some elective experiences (e.g., Medical Spanish). KCUMB does not offer dual-credit programs.

All changes to program curricula must be approved by the Curriculum Committee using defined forms and processes [K203]. The curricular request form specifically addresses expectations of student learning. Curriculum directors for the COM, who represent both basic and clinical sciences, examine lecture content and objectives to determine that appropriate content is being offered and that the sequence of delivery within the sections builds logically from foundational basic medical science to more clinically relevant material. Individual course directors perform the same function for graduate courses. Changes to course content are made after consideration of student performance and student and faculty feedback. Success at meeting the learning objectives for each section or course is typically assessed by performance on examinations and also performance on national boards for COM students [K5]. Although no national examination exists to benchmark COB student performance, students must complete a comprehensive examination prior to graduation. This exam distinguishes the biomedical sciences program from comparable programs in a comparative review. Outcomes data are tracked and trended internally and examined annually with regard to identified student learning outcomes [K106].

ASSESSMENT OF STUDENT LEARNING

Assessment of student learning in specific basic and clinical science disciplines has become a more systematic process. KCUMB-COM's integrated curriculum consists of five-to-10 week sections grouped by organ system (e.g., renal, gastrointestinal, endocrine). Within each section, basic and clinical science lectures are given in a sequence, based on clinical presentations. Within any section, students receive instruction in all six basic science disciplines as well as relevant clinical sciences. Here, performance on COM examinations is tagged by basic and clinical science disciplines. Currently, student performance reports are posted to each student's confidential grade book on Blackboard. Student advisors also receive a copy of the report at the completion of each section (Figure 4.3). Identifying areas of poor student performance by specific discipline allows students, their advisors, and learning enhancement specialists to focus interventions to improve understanding and performance. Beginning with the Class of 2017, students must achieve a minimum competency in each discipline by the end of the second year.

STUDENT CLINICAL CLERKSHIPS

For third- and fourth-year osteopathic medical students, the curriculum requires students to complete a minimum of 20 clinical clerkships and online clerkship components. These clerkships are governed by formal and current written agreements with health-care providers. Through these clerkships, students develop a set of clinical skills that are relevant to the diagnosis and treatment of commonly encountered medical conditions and must receive a grade of satisfactory or higher in the clerkship [K208]. Unsatisfactory clerkship performance requires a repeat of the clerkship. The Office of Community Clinical Education (OCCE) has oversight for clerkship approval, affiliations, online registration, documents, MED-IQ evaluation [K209] for each preceptor and service, and monitors prerequisite requirements for electives. Outcomes are measured by preceptor evaluation [K123] of student performances. Results of subject exams and students' evaluation of preceptors are also reviewed. The Department of Curricular Affairs tracks student clinical experiences through student logging of patient encounters and procedures entries [K211] for each student and site. Beginning in 2013, students in all core clerkships will be required to take subject



examinations at the completion of the clerkship. These exams have been introduced incrementally over the past three years. Beginning with the Class of 2015, each graduate will demonstrate a minimum competency in each required clerkship discipline by passing all of the national exams.

EVALUATION OF LEARNING ENVIRONMENT

Regular evaluation of the on-campus learning environment takes place through course evaluations or section Continuous Quality Improvement (CQI) evaluations [K213] [K144], preceptor [K123] and clerkship evaluations [K208], curriculum program surveys, and American Association of Colleges of Osteopathic Medicine (AACOM) graduating senior surveys [K245]. To determine if students are satisfied with curricular content and their overall educational experience, formative and summative curriculum assessment will utilize either course evaluations (COB) or CQI (COM) to obtain ongoing evaluation of each section or course. Continuous Quality Improvement is a student-owned process that utilizes feedback by course, section, or activity. Students provide an end-of-section report that addresses strengths and areas for improvement in content, learning resources, applied learning activities, learning objectives and exams, and overall quality of the section. These reports are reviewed by the curriculum directors and reported to the Curriculum Committee. With the creation of an independent COB Curriculum Committee, the responsibility for review of course evaluations for bioethics and biomedical sciences courses will become the responsibility of this group.

The training environments at affiliated educational sites are reviewed by the Office of Community Clinical Education [K211] during an annual site visit. This visit includes discussions to confirm accurate representation of the facilities, utilization of faculty members, and review of the Academic Performance Report

(Figure 4.1). An additional component to the evaluation was introduced in spring 2012. This component includes two years of evaluative information regarding specific student data, facility detail, and full site information, along with proposed academic plans.

Figure 4.1 | Example Academic Performance Data

Via Christi Hospitals
Wichita, KS
SITE ACADEMIC PERFORMANCE DATA - Required Clerkships
CLASS OF 2013

For the Class of 2013, the following information demonstrates student performance at Via Christi Hospitals. Clerkship grades are competitively awarded based upon all students in the clerkship individual blocks. Shown is the percentage of students at this site receiving Satisfactory (S), High Satisfactory (HS), and Honors (H). Shown also is a three-year mean for individual subject scores with the KCUMB-COM mean for the discipline along with the performance of this class. COMPLAS Level 2 means are shown for this site and KCUMB for this class. Also shown for this class is the performance of students at this site compare to KCUMB-COM in each discipline an OSABLE Level 200 for this class.

Clerkship/Student (N)	Site Performance Data									
	FREQ 301	FREQ 302	MEQ 301	MEQ 302	OSAT 301	PELIC 301	PEPIC 301	SLRSD 301	SLRSD 302	SEBID 302
Site 3 Year Subject Exam Mean:	84.0%	84.0%	84.0%	84.0%	84.0%	84.0%	84.0%	84.0%	84.0%	84.0%
Site 2011-2013 Subject Exam Mean:	88.88	88.88	88.88	88.88	88.88	88.88	88.88	88.88	88.88	88.88
2012 KCUMB COME Mean:	87.50	87.50	87.50	87.50	87.50	87.50	87.50	87.50	87.50	87.50
2012 KCUMB COME COME 2 Student Score Mean:	74.00	74.00	74.00	74.00	74.00	74.00	74.00	74.00	74.00	74.00
Site COMPLAS COMPLAS Level 2 Mean - 200	COMPLAS Level 2 Performance									
Site COMPLAS COMPLAS Level 2 Mean - 200	FREQ	MEQ	OSAT	PELIC	PEPIC	SLRSD	EMED	OPF	Total	
Site Clerkship Mean:	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
KCUMB (Clerkship Mean):	82.25	82.25	82.25	82.25	82.25	82.25	82.25	82.25	82.25	82.25

FACULTY QUALIFICATIONS AND APPOINTMENTS

The Rank and Promotion Committee reviews all faculty appointments [K141], as well as all applications for faculty appointment, including on-campus, adjunct, and community clinical appointments. Evidence of licensure in good standing is required for all clinical appointments. The Rank and Promotion Committee uses the promotion document to determine the level of appointment. Changes to the promotion document must be approved by a vote of the Faculty Senate as well as the Provost's Academic Council. Except for library instructors, all faculty must have an earned doctorate. All faculty teaching at the doctoral level must have a record of recognized scholarship, creative endeavor, or achievement in practice commensurate with the University's doctoral expectations. Maintenance of complete and current faculty files for the COM's affiliated educational teaching sites is managed by the Office of Community Clinical Education, and credentials of all faculty members serving as preceptors for clinical clerkships are reviewed and approved by the appropriate clinical department chair, the associate dean for clinical education and medical affairs, and forwarded to the Rank and Promotion Committee for final approval.

In addition to the regional accreditation through the HLC, the University maintains specialized accreditation for the College of Osteopathic Medicine (COM), the Osteopathic Postdoctoral Training Institution (OPTI) [K31], and the Department of Continuing Medical Education (CME) [K215]. Information relating to specialized accreditation is accurately portrayed to the public via the University's website.

KCUMB-COM holds specialized accreditation with the Commission of Osteopathic College Accreditation (COCA) [K104]. The University hosted a reaffirmation of accreditation site visit with COCA representatives on Nov. 9-11, 2011, and completed the reaffirmation of accreditation process as of May 14, 2012, which resulted in approval for full accreditation until 2018.

The Osteopathic Postdoctoral Training Institution (OPTI) at KCUMB is known as the Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine Educational Consortium (KCUMB-COME) [K28]. It is a consortium formed through affiliations between KCUMB and freestanding hospitals and health-care institutions providing medical education to osteopathic medical students, interns, and residents. On Sept. 9, 2006, the Bureau of Osteopathic Education (BOE) of the American Osteopathic Association (AOA) granted KCUMB-COME continued specialized accreditation for three years [K30] [K31]. On Dec. 5, 2009, the BOE granted the Consortium continued specialized accreditation for an additional four years. As such, the Consortium will be reviewed for continued specialized accreditation in January 2014.

KCUMB's Office of Continuing Medical Education is a dually accredited CME provider, accredited to provide Category 1 CME credits to both allopathic and osteopathic physicians. KCUMB's CME Department is

accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Osteopathic Association (AOA) [K215].

Initially accredited by the ACCME in 2010 for the standard two-year provisional accreditation period, KCUMB has maintained ACCME accreditation through 2012. A required progress report is being prepared that details updates with evidence demonstrating performance-in-practice, including:

- Demonstration of a mechanism to resolve conflict of interest.
- Implementation of receipt and disbursement for commercial support.
- Analysis of changes in learners’ competence, performance, or patient outcomes achieved as a result of the overall program.
- Program-based analysis on the degree to which KCUMB met its mission.
- The impact of implemented changes on KCUMB’s ability to meet its mission.

This report is due in July 2013 for the 2012-2016 ACCME accreditation cycle. Once KCUMB demonstrates the compliance criteria are met, full four-year accreditation for the 2012-2016 accreditation cycle is expected. KCUMB does not anticipate any issues with finalizing this next step in full specialized accreditation.

COM POSTGRADUATES

KCUMB follows COM postgraduates by tracking the residency match rates by University affiliation, site, and specialty through the Graduate Medical Education Survey [K64]. The last three years (2010-2012) of Electronic Residency Application Survey (ERAS) and Residency Match data are posted by the Registrar’s Office to the institutional website [K105]. Figure 4.2 shows match statistics for 2013.

KCUMB also receives data from AACOM in the form of Survey of Graduating Seniors Summary Report. AACOM posts the results of the survey from all member colleges on its website [K245]. These data include graduates’ debt load, opinions of their medical education, and future career plans. Individual COM reports are also provided to the dean of each osteopathic college.

GRADUATES EMPLOYMENT DATA

Post-residency tracking of graduates’ achievements is accomplished through a collaborative effort. The Department of Advancement/Alumni Relations and the Department of University Relations systematically track traditional and social media online for mention of anyone associated with KCUMB or its prior names (e.g., University of Health Sciences). Recently, the University con-

Figure 4.2 | 2013 Match Stats

Site Affiliation, Site, Specialty	Match Type			
	ACGME	AOA	Military	Total
Adena Regional Medical Center				
Traditional Rotating Internship	1			1
Advocate Christ Medical Center				
Preliminary Internal Medicine	1			1
Albert Einstein Medical Center				
Psychiatry	1			1
Allegiance Health Hospital				
Traditional Rotating Internship		1		1
Arrowhead Regional Med Ctr				
Psychiatry		1		1
Aultman Hospital				
Obstetrics-Gynecology	1			1
Baptist Health System Program				
General Surgery	1			1
Internal Medicine	1			1
Blue Ridge Healthcare				
Family Medicine	1			1
Bluefield Regional				
Traditional Rotating Internship		1		1
Boston University Medical Center				
Obstetrics-Gynecology	1			1
Botsford General Hospital				
Diagnostic Radiology		1		1
Emergency Medicine		1		1
Orthopedic Surgery		1		1
Traditional Rotating Internship		1		1
Capital Regional Medical Center				
Traditional Rotating Internship		3		3
Children’s Mercy Hospital				
Pediatrics	4			4
Chino Valley Medical Center				
Traditional Rotating Internship		1		1
Christiana Care Medical Center				
Obstetrics-Gynecology	1			1
Clarkson Family Med Res				
Family Medicine	1			1
Cleveland Clinic Foundation				
Anesthesiology	1			1
Columbia St. Marys				
Family Medicine		2		2
Coney Island Hospital				
Traditional Rotating Internship		1		1
Danville Regional Medical Center				
Family Medicine		1		1
Deaconess Hospital				
Family Medicine	1			1

tracked with the National Center for the Analysis of Healthcare Data (NCAHD) to locate all alumni and collect information regarding location and practice type [K65]. Alumni were tracked nationally, regionally and on the state level. The NCAHD report reveals that 72 percent of KCUMB alumni practice a primary care specialty. One quarter of alumni practice in a rural area, and slightly less (23 percent) practice in a medically underserved area or with a medically underserved population. In Missouri alone, six counties would have no primary care physicians if not for KCUMB graduates [K65]. These data provide actionable information to support KCUMB's mission for faculty, staff, students, and alumni to improve the well-being of the communities served.

CONNECTING WITH ALUMNI

KCUMB connects with its alumni through several initiatives: personal visits and travel, on- and off-campus events, print publications, mailings and online communications. The primary alumni print publication is *KCUMB Magazine* [K59], which is produced three times annually, and includes class notes, reminders about reunions and other alumni events, as well as feature articles on notable alumni, students, and other University news. The primary email newsletter for alumni is *Alumni Connections*, which is also produced three times annually. Both *KCUMB Magazine* and *Alumni Connections* include reminders for alumni to visit a specific URL on the KCUMB website and update their information. This online form, hosted on the KCUMB website, provides a means for KCUMB alumni to update personal information, provide career highlights and achievements, and post a copy of their latest curriculum vitae [K220]. KCUMB alumni who are serving in the military are able to provide updates on their career path and achievements via an additional form [K221] hosted on the KCUMB website. The data from both of these online forms is sent to a proxy email address, alumni@kcumb.edu, and the information is managed by the KCUMB Advancement/Alumni Relations Office.

ALUMNI SURVEY TO ASSESS QUALITY OF KCUMB EDUCATION

In 2009, KCUMB surveyed a select group of alumni regarding their current practice [K222]. In the same year, clinical preceptors were surveyed for feedback regarding COM performance and how it relates to their current specialties, practice type, level of experience, and faculty development training needs [K223]. These results are used to guide faculty development and CME training for clinical preceptors. In 2010, the Department of Advancement/Alumni Relations distributed a survey to alumni asking for information on career choices, practice type and location, community service, and CME [K222]. KCUMB participates in a directory project every four years in which all KCUMB alumni are contacted and asked to update their personal and professional contact information. In the last update, 7,351 alumni were contacted. Of those alumni, 4,557 did not respond and a National Change of Address search was performed. An additional 52 were returned with incorrect addresses. Alumni who



updated their information did so in one of three ways: 2,081 called in, 256 utilized an online form, and 405 answered an outbound call.

COB STUDENTS AND ADVANCED DEGREE PROGRAMS

Because it is the goal of the two COB programs to prepare graduates for professional programs, KCUMB tracks COB graduates, including the number that leave KCUMB right after receiving their master's degrees, and the number that enter into the COM. COB graduates who graduate from COM are tracked with the respective class cohort. Of the 7,351 alumni surveyed in the last three years, 95 were graduates of COB and COM.

OPPORTUNITIES AND INITIATIVES

- Clinical departments are in the process of undertaking external departmental reviews. The Department of Family and Community Medicine will be evaluated in 2013. The departments of internal medicine and obstetrics and gynecology have reviews planned for 2014.
- Tracking of College of Bioscience graduates was found to be inconsistent in the past. A COB graduate survey was then developed and deployed in early May 2013. The survey asked demographic and professional information, as well programmatic feedback. Initial results strongly demonstrate programmatic success in preparing scientists for continued training in the various health professions. A final report will be available in the Electronic Resource Room by fall 2013.

SUMMARY STATEMENTS

- The institution's data on graduates show that the training they receive prepares them for advanced training that is consistent with the educational goals of the academic programs.
- The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs. The mechanisms used address oversight of student learning and performance includes committee oversight, electronic journaling, and monitoring of exam performance.
- Applicants for faculty status must meet institutional standards and approval of the Rank and Promotion Committee before an appointment is granted.
- Program reviews have been carried out in all basic medical science departments, the biomedical sciences and bioethics departments, and some administrative areas. Additional program reviews are planned for the remaining clinical science departments. This is a new effort by the institution.
- The institution has drafted a program review policy to ensure that program reviews are conducted systematically and regularly.
- The institution does not offer dual-credit courses or programs for high school students.
- KCUMB engages in transcribing institutional credit utilizing metrics and assessment standards reflective of industry best practices. Each KCUMB academic course offering is vetted and endorsed by the Curriculum Committee and approved by the appropriate academic dean.
- The institution has transfer credit policies in place that appropriately address comparability of the nature, content, and level of transfer credit coursework and the applicability of the credit toward program requirements. Due to the curricular structure of the institution's programs and the fact that students are admitted in cohort groups that progress through KCUMB's academic programs in a set sequence of course offerings, particularly in the COM, transfer admission and credit is a rarity.

- Decisions for transfer credit equivalencies are made by the appropriate college dean, in collaboration with faculty and in compliance with University policy.
- The University maintains specialized accreditation for the College of Osteopathic Medicine (COM), the Osteopathic Postdoctoral Training Institution (OPTI), and its Continuing Medical Education (CME) program.

4.B. THE INSTITUTION DEMONSTRATES A COMMITMENT TO EDUCATIONAL ACHIEVEMENT AND IMPROVEMENT THROUGH ONGOING ASSESSMENT OF STUDENT LEARNING.

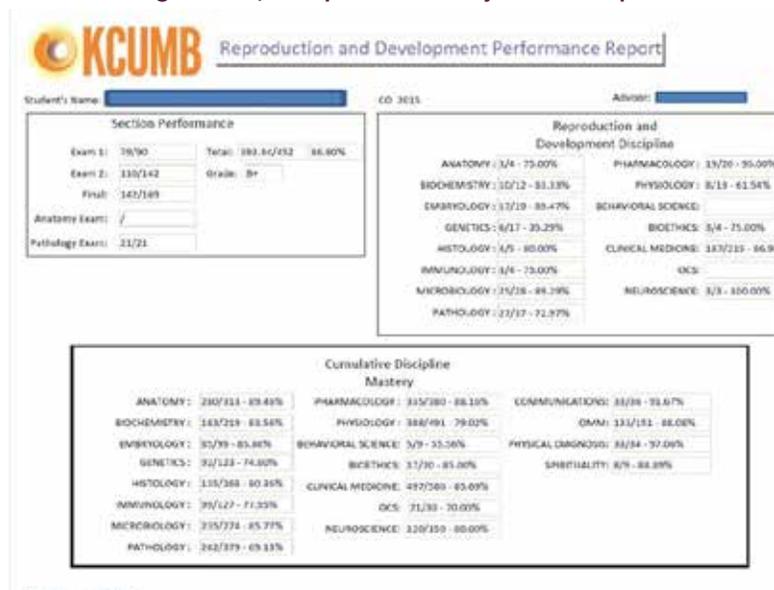
Throughout this self-study report, KCUMB has provided evidence of its ongoing commitment to the educational achievement of its students. The University utilizes assessment of student learning, as well as other assessments discussed in this self-study report, to determine if it is meeting its mission and goals and to identify areas of improvement.

Clear learning objectives are provided in all course and section syllabi and typically for individual faculty lectures or other educational activities [K225]. Overarching program-level learning outcomes have also been identified for academic programs in both colleges [K226]. KCUMB has established multiple processes for assessment of these student-learning outcomes. Questions on midterm and final section examinations in years one and two of the COM are linked to specific learning objectives. To demonstrate mastery of learning objectives in the COM, integrated examinations are used to determine the section grades. A report is provided to students and advisors that segregate section performance by discipline as well as cumulatively across all sections (See Figure 4.3 for an example report). This longitudinal data is augmented by COMSAE and other national exam data to support student achievement of competencies [K5]. These provide external validation that students achieve institutional learning goals.

ASSESSMENT OF ACHIEVEMENT FOR COM STUDENTS

For COM years one and two, the clinical and basic science faculty develop test questions from their learning objectives for lectures and other learning activities (e.g., labs). Passing a given course or section requires a 70 percent minimum score [K227]. Students who are not successful in a section must remediate the entire section [K228]. At the end of year two, students who have not achieved competency in a specific discipline must remediate that discipline before moving on to clerkships. In years three and four, students self-report meeting broad learning objectives permitting assessment as to whether proposed objectives are met during clinical training. Data also are received, sorted, and collapsed into site reports [K113].

Figure 4.3 | Sample Student Performance Report



Data allow assessment of multiple aspects of a student's clinical experience: completion of learning objectives, patient encounters, diagnoses, procedures, role in procedures, and comfort/skill with procedure. With these, a student can be compared with other students in the same core clerkship and site, with other sites, or an aggregate of sites.

ASSESSMENT OF ACHIEVEMENT FOR ALL COB STUDENTS

Both COB programs have established program learning outcomes that have been assessed in numerous ways. Student learning in the biomedical sciences program is assessed through performance in each course in the curriculum. Course performance metrics vary between courses, but include quizzes, exams, problem sets, data interpretation and analysis, laboratory reports, review of the medical literature, and journal club. The cumulative exam has been disaggregated to ascertain performance in each of the content areas, which allows measurement of achievement of the learning objectives. For students in the two-year research track, assessment includes original research, grant preparation, and submission and preparation of publishable research articles. As in the COM, student performance is reviewed by course directors as well as the dean and associate dean, and is presented for evaluation and discussion at Curriculum Committee. Biomedical sciences students must also complete a thesis and present a seminar on their work. Members of the faculty have developed a rubric to improve evaluation of student thesis [K234].

Student learning in the bioethics program is assessed through performance in each course in the curriculum. Student performance is reviewed by course directors, the chair of bioethics, associate dean and dean of COB, and is presented for evaluation and discussion at Curriculum Committee meetings [K231] [K232]. The assessment matrix identifies where each learning objective can be achieved throughout the curriculum. In addition, student learning is assessed through a variety of other modalities, including classroom discussion, ethnographic and health policy analyses, and written and oral presentations of a variety of topics [K233]. Bioethics students also complete a thesis under the direct supervision of a faculty committee. The thesis and presentation are then evaluated against specific requirements [K234]. Successful written and oral presentation of the thesis is required for degree completion.

USING DATA TO IMPROVE STUDENT LEARNING

Both formative and summative assessments are used to assess student learning. Members of the COM Curriculum Committee receive information on the performance of students, particularly summative assessments, accompanied by a summary of each course prepared by the curriculum director (who is a faculty member). Each summary contains information from both faculty and students on course activities that were well received as well as those that needed improvement. Because the curriculum director also reviews lecture presentations to students, the director has direct experience with the quality of presentations and the sequencing of information. After discussion by the Curriculum Committee, if needed, the curriculum director will restructure elements of the course to improve student learning. Student and faculty feedback have been instrumental in realignment of lecture sequences in multiple sections to better integrate basic and clinical science information; in addition, students have suggested specific lecture content be team taught by basic scientists and physicians to model integration. The overall sequence of sections has also been realigned to move Cardiovascular and Renal sections closer together for integration of clinical concepts. The same is true for the merging of Human Development and Reproduction sections in the second year to provide a more efficient and effective delivery of information. Using student course evaluations as proxies for learning, the evidence shows that student evaluations of faculty and content have improved over the past five years.

Information on student performance, including student feedback, also is solicited to improve student learning. Feedback was instrumental in the reconfiguration of several COB courses, including the Research Design and Methodology, and Epidemiology courses. Molecular Biology or Immunology was also added as a separate course as a result of student feedback. Based on the 2009-2010 evaluations and focus group results, the curriculum in biomedical sciences has changed to incorporate Immunology, and faculty have been hired to improve curriculum delivery in Physiology, and Research Design and Methodology courses. An additional follow-up focus group for students was implemented in 2009-2010 and involved former biomedical sciences students who matriculated to the College of Osteopathic Medicine and were in their second year of training. Students were asked to evaluate the biomedical sciences program from the perspective of the medical school experience, including how well biomedical sciences courses prepared them for medical school and whether there was additional coursework that could have improved their preparedness. The students were also asked, “What would you tell the dean of the College of Biosciences now that you’ve been in medical school for a while?” Students offered options regarding specific biomedical sciences courses and suggestions for continued improvement.

Student learning in the first two didactic years in the COM is assessed by performance on written exams and clinical skills assessments, including osteopathic clinical skills, standardized patient examinations and human patient simulator examinations. Curriculum and discipline directors review performance and prepare a report at the end of each section that includes summative results as well as information from



the Continuous Quality Improvement (CQI) report prepared by the students. This report is then presented for evaluation and discussion to the Curriculum Committee [K144]. Faculty who teach in each section are responsible for development and maintenance of the curriculum and are charged with keeping curricular content up-to-date. The Department of Curricular Affairs centrally manages the curriculum. Except for electives, delivery of curriculum content is not the responsibility of a single faculty member. Rather, all levels of faculty participate substantially in oversight of the curriculum, assurance of the consistency in the level and quality of instruction, establishment of academic qualifications for faculty personnel, and analysis of and action on assessment of student learning.

The Office of Community Clinical Education (OCCE) and the Department of Curricular Affairs review the clinical performance assessment (CPA) [K208] of third- and fourth-year medical students, as determined by the

preceptor. The student's progress and performance is compared to other students at the same educational level to determine grades. Performance on four subject exams in the core rotations is required, as well as COMSAE II (Comprehensive Osteopathic Medical Self-Assessment Examination), COMLEX 2-CE AND 2-PE licensure examinations. Core sites are reviewed annually via site visits and review of written reports. Student feedback on their training at a site also is obtained [[K113](#)].

In the College of Biosciences, student satisfaction with curricular content and faculty instruction is measured by responses to the questions for individual course evaluations and by responses during focus group evaluations. Course evaluations are completed online by all students at the end of the fall and spring semesters [[K213](#)]. Course and faculty evaluations are reviewed by the dean and associate dean of the College and shared with individual course directors. Yearly focus groups, in which five to eight volunteer students are interviewed, are facilitated by the director of learning enhancement.

As with student academic performance, bioethics course and faculty evaluation data are reviewed by the chair of the Department of Bioethics with individual course directors and shared with the dean for the College of Biosciences. Beginning in the 2009-2010 academic year, student course/faculty evaluations and focus group evaluations, along with results of student performance data for all courses, are presented to the University's Curriculum Committee for review [[K231](#)] [[K232](#)].

OPPORTUNITIES AND INITIATIVES

External review of the biomedical sciences program indicated that students expressed a desire for greater opportunity and encouragement to be included in other co-curricular programs on campus. The Community Affairs Committee has been charged with the task of identifying opportunities to increase COB participation in community outreach and co-curricular activities.

Postgraduate perception surveys will add important and actionable information to facilitate continued program improvement. The College of Biosciences developed and launched a survey of all graduates to collect feedback on the effectiveness of all programs.

In the COM, the development of a longitudinal curricular student database for objective data allows meaningful discipline data to be reviewed by students, advisors, and departments. Additionally, the COM is working to improve assessment tools to incorporate more independent thinking and responses to clinical-based scenarios.

SUMMARY STATEMENTS

- Overarching program-level learning outcomes have been identified for academic programs in both colleges. Both formative and summative assessments are utilized to evaluate student learning. The institution uses external metrics to assess achievement of learning goals for the large majority of its enrolled students. The institution uses student feedback, as well as feedback from faculty, curriculum coordinators, external assessment measures, and focus groups to assess and improve student learning.
- Faculty and staff of both colleges actively participate in the assessment of student learning and use the results to modify and improve instruction. COB and COM have made substantive improvements in their respective curricula based on student and faculty feedback and student performance. Continuous Quality Improvement of the curricula is an iterative and ongoing process.

4.C. THE INSTITUTION DEMONSTRATES A COMMITMENT TO EDUCATIONAL IMPROVEMENT THROUGH ONGOING ATTENTION TO RETENTION, PERSISTENCE, AND COMPLETION RATES IN ITS DEGREE AND CERTIFICATE PROGRAMS.

KCUMB has defined goals for student retention, persistence, and completion for all of its academic programs. Specific goals for retention and completion include: 1) Retain student enrollment by class level at a rate equal to or better than the mean of benchmark institutions; and 2) Graduate students at a rate equal to or better than the mean of benchmark institutions. Information on retention and completion rates is collected and made available to internal and external constituents on KCUMB's consumer information page of the website [K239].

Comparative data on benchmark institutions is provided annually by the American Association of Colleges of Osteopathic Medicine (AACOM) (See Tables 4.2 and 4.3).

Student performance and persistence are tracked by section and clerkship for the COM students and by course for the COB students. Graduation rates are shared annually with the curriculum committees, the Promotion and Graduation Committee, and the Faculty Senate [K242]. KCUMB also tracks and utilizes common data metrics (see Table 4.4 Fall Enrollment Statistics) for self-edification and to identify opportunities for improvement and/or growth. These processes include the development of data sets and product purchases to assist with predictive modeling/enrollment forecasting, the use of first-to-second year retention and graduation rate comparisons [K243], and student performance and academic progress data.

Table 4.2 | Applications: First-Year Enrollment, Total Enrollment, and Graduates by Osteopathic Medical Schools

College	2008-09				2009-10				2010-11				2011-12				2012-13			
	Applications	First-Year Enrollment	Total Enrollment	Graduates	Applications	First-Year Enrollment	Total Enrollment	Graduates	Applications	First-Year Enrollment	Total Enrollment	Graduates	Applications	First-Year Enrollment	Total Enrollment	Graduates	Applications	First-Year Enrollment	Total Enrollment	Graduates
ATSU-KCOM	3,176	177	690	166	3,234	177	690	165	3,473	177	701	175	3,566	154	692	156	3,796	153	696	
ATSU-SOMA ³	2,812	103	204		3,277	110	314		3,619	113	409	91	3,709	111	419	87	4,012	100	425	
AZCOM/MWU	2,892	250	705	149	3,200	267	799	137	3,547	261	913	149	3,755	264	1,010	226	3,841	256	1,024	
CCOM/MWU	4,928	181	676	163	5,169	202	722	171	5,348	207	754	174	5,712	208	770	163	5,997	206	797	
DMU-COM	3,265	228	850	197	3,185	222	849	207	3,407	230	871	205	3,567	221	886	214	3,700	224	892	
KCUMB-COM	2,950	269	1,022	234	3,067	251	1,015	239	3,052	244	905	246	3,188	253	908	236	3,360	259	971	
LECOM	3,744	274	973	217	4,424	374	1,091	215	4,619	390	1,136	244	5,749	373	1,345	240	6,200	389	1,457	
LECOM Bradenton ⁴	2,823	166	632	159	3,464	169	626	142	3,860	169	626	149	4,584	202	671	152	4,840	202	708	
LMU-DCOM ⁵	2,016	168	330		2,297	167	475		2,616	166	620	122	2,820	166	617	131	3,255	234	697	
MSUCOM	3,128	221	845	196	3,430	327	959	187	3,610	340	1,066	202	3,852	315	1,161	209	4,147	321	1,256	
NSU-COM	3,442	239	925	218	4,184	241	926	215	4,555	254	954	219	4,801	254	970	226	5,103	254	976	
NYT-COM ⁶	4,410	290	1,175	290	4,656	315	1,182	289	4,996	301	1,178	287	5,389	300	1,186	286	5,667	310	1,190	
OSU-COM	1,712	95	354	82	1,871	98	357	82	1,848	95	359	91	1,962	105	365	85	2,154	114	305	
OUI-HCOM	3,170	120	447	105	3,365	120	463	110	3,634	121	465	100	3,801	140	492	113	4,025	146	513	
PCOM	5,573	271	1,088	269	6,120	272	1,083	235	6,343	274	1,100	262	6,726	273	1,087	259	7,078	277	1,091	
GA-PCOM ⁸	2,364	91	330	73	2,677	88	339	66	2,903	89	343	81	3,077	144	390	74	3,191	140	435	
UP-KYCOM	1,879	83	306	74	2,302	83	302	66	2,513	83	304	64	2,722	83	309	66	2,883	139	373	
PNWU-COM ⁹	1,940	75	75		2,251	78	149		2,331	75	224		2,365	77	284	61	2,664	81	300	
RVCUM ¹	2,112	159	159		3,164	171	312		3,331	169	464		3,550	160	600	126	3,813	169	631	
TouroCOM-NY ²	3,217	137	240		3,752	138	388		3,895	141	510	107	4,024	133	528	118	4,503	138	537	
TUCOM-CA	3,248	144	551	133	3,652	135	550	129	3,725	135	551	120	3,862	134	562	126	4,139	142	559	
TUNCOM ⁷	2,245	139	484	91	2,400	137	523	120	2,417	143	531	115	2,533	138	538	125	2,589	141	541	
UMDNJ-SOM	3,306	110	418	92	3,664	134	463	100	3,733	154	510	105	3,879	154	549	109	4,210	163	597	
UNECOM	3,372	134	505	116	3,403	128	495	112	3,381	129	508	123	3,635	127	500	129	3,822	126	500	
UNTHSC/TCOM ¹	1,983	185	637	128	2,047	190	685	151	2,096	219	728	159	2,297	239	800	166	2,647	239	849	
VCOM ¹⁰													4,152				4,401			
VCOM-CC													182		182		162		321	
VCOM-VC	2,732	192	676	159	3,154	194	707	149	3,522	190	719	166	3,895	189	748	170	4,339	186	756	
WesternU/COMP	3,196	222	847	196	3,875	226	873	205	4,207	228	875	213	3,955	340	988	203	4,339	354	1,110	
COMP-Northwest ¹¹													2,056				2,245			
WCU-COM ¹²									1,099	110	110		1,704	109	211		1,927	109	317	
WVSOM	2,862	211	695	101	3,274	215	776	161	3,384	219	811	197	3,530	222	813	180	3,957	216	837	
Total	84,723	4,950	16,893	3,588	94,864	5,227	18,143	3,631	101,027	5,428	19,427	4,159	110,522	5,788	20,663	4,458	118,329	5,986	21,741	

Table 4.3 | COM Attrition Summary, 2010-2011

KCUMB-COM	Total Attrition 1st Yr Enrollees		Total Attrition 2nd Yr Enrollees		Total Attrition 3rd Yr Enrollees		Total Attrition 4th Yr Enrollees		Total Attrition
	Rate		Rate		Rate		Rate		
School									
KCUMB-COM	2.46%		4.24%		3.42%		1.24%		2.84%
#1	4.13%		2.63%		1.64%		0.00%		2.15%
#2	0.43%		1.40%		6.25%		0.50%		2.18%
#3	2.82%		0.00%		2.87%		2.25%		2.00%
#4	5.29%		1.96%		10.05%		2.35%		4.68%
#5	1.83%		1.13%		1.78%		0.00%		1.24%
#6	5.26%		3.33%		1.14%		1.16%		2.79%
#7	1.30%		0.76%		0.00%		1.71%		0.98%
#8	3.65%		1.53%		2.67%		0.96%		2.22%
#9	2.30%		0.77%		13.25%		7.64%		5.59%
#10	3.70%		10.22%		13.10%		0.00%		6.90%
#11	4.83%		1.54%		6.43%		6.63%		4.77%
#12	0.73%		0.00%		2.23%		1.42%		1.09%
#13	6.64%		2.56%		11.15%		1.86%		5.60%
#14	9.64%		7.32%		1.39%		0.00%		4.93%
#15	3.07%		3.17%		6.51%		4.74%		4.34%
#16	2.31%		0.85%		2.04%		1.20%		1.62%
#17	1.55%		0.00%		0.75%		0.00%		0.59%
#18	1.97%		0.42%		2.61%		0.43%		1.36%
#19	4.90%		3.13%		2.27%		3.13%		3.39%
#20	1.18%		0.63%		0.67%		0.00%		0.64%
#21	4.49%		2.33%		0.00%		3.41%		2.62%
#22	14.29%		12.18%		5.13%		4.29%		9.19%
#23	4.42%		0.98%		2.06%		0.00%		1.96%
#24	4.26%		3.08%		6.50%		3.45%		4.31%
#25	3.68%		0.00%		4.35%		0.65%		2.23%
Mean All COMs	3.68%		2.23%		4.76%		1.93%		3.18%

Table 4.4 | Fall Enrollment Statistics

2012 Fall Enrollment Totals – Professional & Graduate			
Student Non-Duplicated Counts	Full-Time	Part-Time	Total
Men			
Non-Resident Alien	2	0	2
Hispanic/Latino	4	0	4
American Indian or Alaskan Native	2	0	2
Asian	69	0	69
Black/African American	2	0	2
Native Hawaiian or Pacific Islander	0	0	0
White, non-Hispanic	481	0	481
Two or more races	8	0	8
Race/Ethnicity Not Reported	14	0	14
Women			
Non-Resident Alien	5	0	5
Hispanic/Latino	6	0	6
American Indian or Alaskan Native	2	0	2
Asian	61	1	62
Black/African American	6	0	6
Native Hawaiian or Pacific Islander	3	0	3
White, non-Hispanic	321	4	325
Two or more races	11	0	11
Race/Ethnicity Not Reported	10	0	10
Student Count by College			
Subtotal - Professional (COM)	971	3	974
Subtotal - Graduate (COB)	36	2	38
Grand Total All Students	1007	5	1012

The University uses student academic performance, retention, and completion metrics to refine University processes and services. For example, as part of the annual University Admissions Committee retreat, the Office of Institutional Effectiveness and Accreditation provides an analysis of the graduating class's retention and graduation rates, including specific analysis of demographics and academic profiles of students who did not complete each program. In addition, profiles of the first- and second-year osteopathic medical students are reviewed. Student performance data are disaggregated by initial program (matriculated directly in the COM, or graduated from the biomedical sciences or bioethics programs or the Partners Program) and evaluated. These data, in conjunction with an identified need to better align admissions processes with University mission, vision, and objective statements, are used by the Admissions Committee to suggest changes to admissions standards and procedures. As a result, eligibility criteria for both colleges were reviewed and adjusted in each of the last three years (Figures 4.4, 4.5 and 4.6).

Students leave the institution for four primary reasons: 1) poor academic performance; 2) reconsideration of medicine/biosciences as a potential career; 3) personal leave requests related to individual or family circumstances; and, 4) unprofessional performance. In an effort to proactively address poor academic and/or unprofessional performance, student retention data are also shared with Enrollment Management, Student Affairs, Curricular Affairs, Community Clinical Education, and the Student Academic and Professional Progress Committee to determine what could be done to provide additional academic or behavioral assistance to increase student retention rates. Additionally, the Provost's Academic Council is examining the data and reviewing proposed changes.

All osteopathic medical colleges are provided with comparative data annually by AACOM (see Tables 4.2 and 4.3). The University also utilizes environmental and economic forecasting data from external resources [K245] that can affect enrollment.

Figure 4.4 | Changes in Admissions Criteria for the College of Osteopathic Medicine

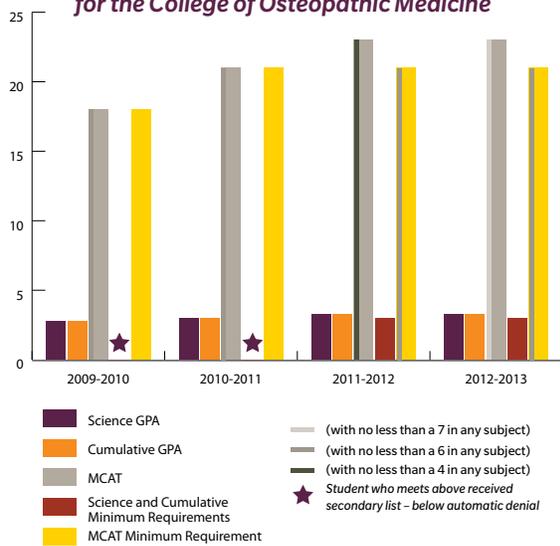
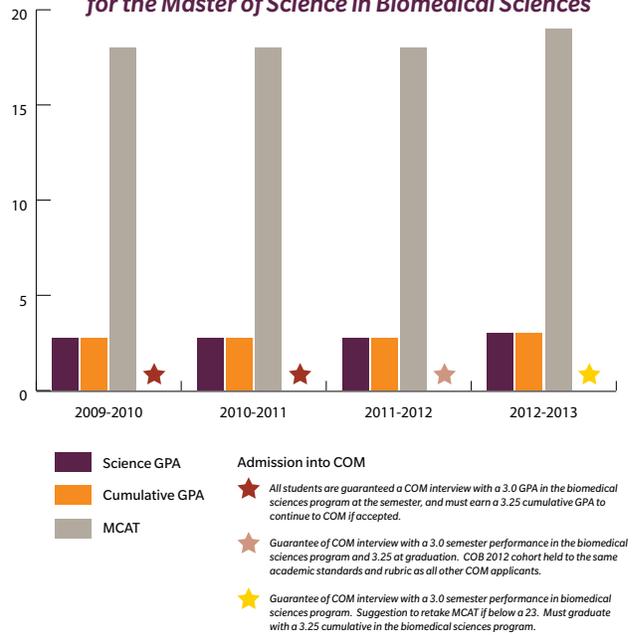


Figure 4.5 | Changes in Admissions Criteria for the Master of Science in Biomedical Sciences

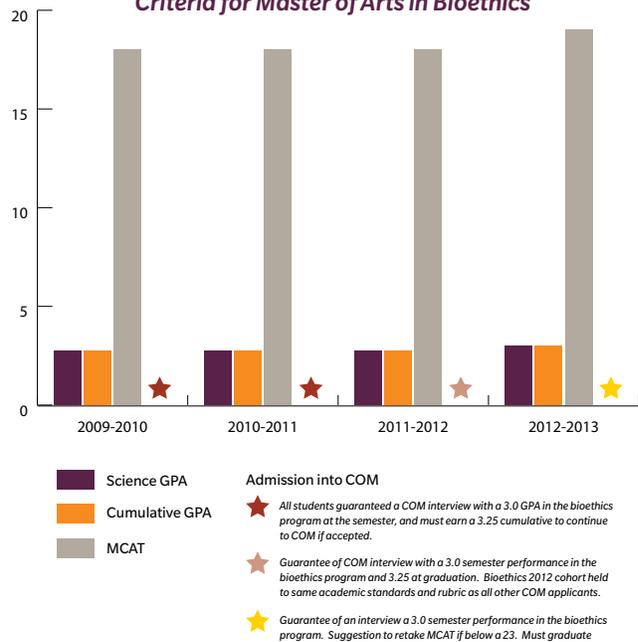


OPPORTUNITIES AND INITIATIVES

While benchmark data are readily available for the COM, there are no comparative data regarding student retention, persistence or graduation in other COM-sponsored biomedical or health science programs. Fifteen osteopathic institutions offer such programs; however, to date no institution has attempted to collect and provide comparative data. KCUMB has identified the collaborative compilation of student retention, persistence or graduation in other COM-sponsored biomedical or health science programs as an important initiative.

During the process of self-study for both the Higher Learning Commission and the Commission on Osteopathic College Accreditation, several opportunities to improve the educational programs were identified. Among these was a need to improve data collection about students during their education as well as post-graduation training for graduates of both colleges. The Graduate Medical Education Survey queries students and compiles information regarding participation and satisfaction with the AOA and ACGME match process, as well as various aspects of their graduate medical education plans, and future specialty and practice plans. It has been refined to not only improve graduate tracking, but also help KCUMB to improve the quality of service with regard to those practices which improve student retention and graduation [K64].

Figure 4.6 | Changes in Admissions Criteria for Master of Arts in Bioethics



KCUMB has also created a survey of graduates of the College of Biosciences [K258]. This survey was deployed in May 2013 to gather data on student satisfaction, current and future educational and professional plans, and programmatic feedback for improvement of KCUMB's educational programs.

The University has created an Enrollment Management Advisory Committee to discuss, review, and provide advice and counsel to all aspects relating to the recruitment, enrollment, retention/support, and graduation of students, and to assist with the development, implementation, and evaluation of the Enrollment Management strategic plan. This committee is advisory to the provost and is charged with assisting the University in achieving optimal enrollment (quantity, quality, demographic, and diversity mix) and improving student life and learning to ensure student success. The Committee will:

- Assist in the development of recruitment/marketing, retention/student support, and graduation goals and objectives, with particular emphasis on growing the applicant pool and improving the diversity, retention, and academic profile of enrolled students.
- Assist with the identification and elimination of recruitment, enrollment, and student service barriers within current operational practice, procedures, and/or policy.
- Generate suggestions for strategies, operational practice, and/or activities that promote the attainment of enrollment and retention goals and objectives.
- Assist with the education of constituencies and the campus, in general, regarding the holistic view of enrollment management.

SUMMARY STATEMENTS

- The University has clearly defined goals for student retention. The institution collects and analyzes information on student performance, retention, and persistence through the collaborative efforts of a variety of institutional constituents, including, but not limited to, Enrollment Management, Student Affairs, Curricular Affairs, Community Clinical Education, and the Student Academic and Professional Progress Committee.
- The Admissions Committee's annual retreat serves as a review of the admissions process as well as an opportunity to discuss student performance, retention, and completion for all University programs. This review facilitates continued improvement and change in the admissions process as well as an opportunity to analyze important predictive measures of student success.
- Student performance, retention, and completion metrics are used to refine University processes and service. One result of this process has been changes in admissions eligibility criteria for both colleges.
- The institution has embraced strategic enrollment management and employs a variety of processes, methodologies, and strategic initiatives for student recruitment and admission, academic program delivery and monitoring, and enhancement of student support services to attract, retain, and graduate students at an improved rate. In addition, the University utilizes strategic enrollment management to better understand and define its optimal enrollment within the context of existing academic programs and in support of its mission, vision, and stated program objectives.
- The institution utilizes multiple external resources for environmental and economic forecasting that can affect enrollment.

Exhibit #	CRITERION FOUR EXHIBITS
K5	COMLEX REPORT (PDF) - PASSWORD PROTECTED
K28	KCUMB-COMEC
K30	KCUMB-COMEC SELF-STUDY (PDF)
K31	KCUMB-COMEC ACCREDITATION LETTER (PDF)
K59	KCUMB MAGAZINE
K64	GME SURVEY (PDF)
K65	ALUMNI SERVICE MAPS (PDF)
K104	COCA ACCREDITATION LETTER (PDF)
K105	ERAS MATCH RESULTS
K106	UNIVERSITY ASSESSMENT REPORT - EXHIBIT NOT AVAILABLE
K112	LEARNING OUTCOMES AND ASSESSMENT RUBRIC - BIOMEDICAL SCIENCES (PDF)
K113	SITE PERFORMANCE REPORT (PDF)
K119	EXTERNAL REVIEW REPORT - BIOETHICS (PDF)
K120	EXTERNAL REVIEW REPORT - BIOMEDICAL SCIENCES (PDF)
K123	PRECEPTOR EVALUATION - FORM (PDF)
K141	RANK AND PROMOTION COMMITTEE AND MINUTES (PDF) - PASSWORD PROTECTED
K144	CQI PROCESS (PDF)
K157	ADMISSIONS
K190	PROGRAM REVIEW POLICY (PDF)
K191	EXTERNAL DEPARTMENT REVIEWS (PDF) - PASSWORD PROTECTED
K192	DEPARTMENT RESPONSES TO EXTERNAL REVIEW REPORT (PDF) - PASSWORD PROTECTED
K194	INTERNAL REVIEW REPORT - FAMILY AND COMMUNITY MEDICINE (PDF) - PASSWORD PROTECTED
K195	CREDIT HOUR POLICY
K196	COURSE PROPOSAL FORM (PDF)
K198	D.O./M.B.A. DUAL DEGREE - COLLEGE OF OSTEOPATHIC MEDICINE
K199	TRANSFER POLICY (PDF)
K200	ADMISSION POLICIES - COLLEGE OF OSTEOPATHIC MEDICINE (PDF)
K202	CURRICULUM COMMITTEE - MINUTES FOR 10/3/2012 (PDF)
K203	CURRICULUM COMMITTEE - STANDARD OPERATING PROCEDURES (PDF)
K207	STUDENT PERFORMANCE REPORT (PDF) - PASSWORD PROTECTED
K208	CLINICAL CLERKSHIP PERFORMANCE ASSESSMENT - SAMPLE REPORT (PDF)
K209	MED-IQ EVALUATION (PDF)
K211	E-LOG T-RES - SAMPLE REPORT (PDF)
K213	STUDENT EVALUATION OF TEACHING - COLLEGE OF BIOSCIENCES - (PDF)
K215	CONTINUING MEDICAL EDUCATION - ACCREDITATION
K220	ALUMNI UPDATE FORM
K221	MILITARY SERVICE FORM
K222	ALUMNI SURVEY (PDF)
K223	CLINICAL PRECEPTOR - NEEDS ASSESSMENT SURVEY (PDF)
K225	EXAMPLE SYLLABI FOR YEARS 1-4 - COLLEGE OF OSTEOPATHIC MEDICINE (PDF)
K226	PROGRAMMATIC LEARNING OUTCOMES BY COURSE - COLLEGE OF OSTEOPATHIC MEDICINE AND COLLEGE OF BIOSCIENCES (PDF)
K227	GRADING POLICY - COLLEGE OF OSTEOPATHIC MEDICINE (PDF)
K228	REMEDATION POLICY (PDF)
K231	REPORT TO CURRICULUM EXAMPLE - BIOMEDICAL SCIENCES (PDF)
K232	REPORT TO CURRICULUM EXAMPLE - BIOETHICS (PDF)
K233	LEARNING OUTCOMES - BIOETHICS (PDF)
K234	THESIS SCORING RUBRIC (PDF)
K239	RETENTION RATES (PDF)
K242	FACULTY SENATE MEETING MINUTES (PDF)
K243	GRADUATION RATES (PDF)
K245	AACOM - OSTEOPATHIC MEDICAL SCHOOL APPLICANT, GRADUATION, AND RESIDENCY COMPARISON DATA (WWW.AACOM.ORG)
K258	GRADUATE SURVEY - COLLEGE OF BIOSCIENCES (PDF)