Report to the AOA Board of Trustees
American Association of Colleges of Osteopathic Medicine
June 30, 2017

Board of Deans Update

AACOM Board of Deans Executive Committee:

- **Chair**: Thomas A. Cavalieri, DO, Dean, Rowan School of Osteopathic Medicine
- **Immediate Past Chair**: Michael B. Clearfield, DO, Dean, Touro College of Osteopathic Medicine – California
- **Vice Chair**: William D. Strampel, DO, Dean, Michigan State College of Osteopathic Medicine
- **Secretary/Treasurer**: Lori Kemper, DO, Dean, Arizona College of Osteopathic Medicine of Midwestern University
- **Branch Campus Representative**: H. William Craver III, DO, Dean and Chief Academic Officer, Osteopathic Medical Program, Georgia Campus – Philadelphia College of Osteopathic Medicine
- **At-Large Member**: Wolfgang G. Gilliar, DO, Dean, New York Institute of Technology College of Osteopathic Medicine
- **At-Large Member**: Kayse M. Shrum, DO, President, Provost and Dean, Oklahoma State University Center for Health Sciences College of Osteopathic Medicine
- **At-Large Member**: Margaret A. Wilson, DO, Dean, A.T. Still University - Kirksville College of Osteopathic Medicine
- **Assembly of Presidents Chair**: Kenneth H. Johnson, DO, Executive Dean, Ohio University Heritage College of Osteopathic Medicine

College of Osteopathic Medicine Dean Updates (as of June 2017):

- **Peter A. Bell, DO**, Dean, Liberty University College of Osteopathic Medicine
• **Darrin D’Agostino, DO,** Executive Dean, VP for Health Affairs, Kansas University of Medicine and Biosciences

### Government Relation Update

#### COM Day

On March 8, osteopathic medical deans, students, and educators from 24 colleges of osteopathic medicine convened in Washington, DC, for the association’s annual advocacy day. Participants held nearly 100 congressional meetings, gave attendees the chance to share their stories with their legislators and voice their support for education and health care policy changes to protect the future physician workforce. On social media, AACOM’s 2nd annual Virtual Hill Day engaged the wider osteopathic medical education (OME) community to speak up on issues affecting graduate student financial aid and debt, and federal funding for medical residency training. Eighteen ED to MED campus ambassadors participated in the in-person advocacy day as well as being active on social media.

During the Joint AACOM and AODME 2017 Annual Conference, AACOM debuted a new video showcasing the importance of advocacy for osteopathic medical education and beyond. Deans, faculty members, students, and AACOM leadership describe why they advocate and why the OME community should be civically engaged. [Watch the video](#).

See the [March 24 ED to MED blog post](#) highlighting COM Day and Virtual Hill Day outcomes and engagement.

#### AACOM FY18 Federal Funding Priorities

AACOM recently submitted [testimony](#) to the Senate LHHS-Ed Appropriations Subcommittee outlining its FY18 funding priorities, with particular regard to health professions workforce development programs. Earlier in March, AACOM submitted [testimony](#) on its FY18 funding priorities to the House LHHS-Ed Appropriations Subcommittee.

#### Online Financial Aid Debt Management Modules for DO Students

AACOM recently released another series of educational debt management modules designed to help osteopathic medical school students and graduates. Osteopathic medical school financial aid professionals are encouraged to use these modules to support and enhance their school’s educational debt management programs and counseling. Modules may also be utilized within schools’ general financial literacy programs. Each module contains specific information and resources to help osteopathic medical students borrow strategically as well as ensure they are prepared to responsibly repay their loans after they graduate and enter residency training.

The modules cover a broad scope of important financial aid and budgeting topics:

- Borrowing Considerations and Repayment Options
- Student Loan and Financial Best Practices
• Choosing Between Federal and Private Repayment and Forgiveness Programs
• Modern Student Loan Repayment Case Studies for Today's Osteopathic Medical School Graduates
• Managing Your Income and Finances Early in Your Career

AACOM offers these modules as part of a continuing commitment to help provide financial aid professionals at our schools with the best educational debt management assistance possible for students and graduates. Access the modules on the AACOM website.

**Osteopathic Medical School Applications Update**

**Application Cycle Update**

The 2017 application cycle closed April 15, with a total of 21,427 paid applicants. These applicants submitted an average of 8.7 applications each. The 2018 application cycle began May 4 with the opening of the 2017 AAMCOMAS application.

**Applicant Resources**

The online edition of the 2018 Osteopathic Medical College Information Book (CIB) was published several weeks prior to the opening of the 2018 application cycle. The CIB is a long-standing annual publication produced by AACOM both digitally and in print, and includes up-to-date information on each of the nation’s accredited osteopathic medical colleges, as well as other pertinent information on osteopathic medical school and the AACOMAS application and process.

**Single Accreditation System and Graduate Medical Education Update**

In April, AACOM published a report which showcases a sample of AACOM’s data collection and analysis efforts. This book, though not inclusive of all data collection and analysis AACOM undertakes, is intended to serve as a quick reference for researchers in undergraduate and graduate medical education and was developed to assist residency program directors, residents, fellows, and others in graduate medical education (GME) interested in conducting research projects on trends and data on osteopathic medical schools and students. The report was presented for the first time at the Joint AACOM and AODME 2017 Annual Conference. View the 2017 AACOM Data Reports on Osteopathic Medical Education, as well as available SAS session presentations and presentations from the Osteopathic Recognition Pre-conference Workshop from the conference.

In addition, the Accreditation Council for Graduate Medical Education (ACGME) has posted new SAS resources on their website. The new pages provide specific information for AOA-approved programs and institutions applying for accreditation under the terms of the Memorandum of Understanding. This information has been organized by stages in the accreditation process: application, pre-accreditation, and Initial Accreditation.
For the latest information and links to resources related to implementation, visit the [AACOM SAS webpage](#).

**Research Activities**

**Research Dashboard**

AACOM recently launched a new Research Dashboard, which provides an interactive environment for users to explore the distribution of AAMCOMS applicants and matriculants by U.S. state/territory and college of osteopathic medicine (COM) for the 2016 entering class. The new dashboard allows users to control how data are presented by adjusting built-in filters, to gain insight tailored to user needs and preferences. This dashboard is a test implementation of new approaches to presenting the various data that AACOM collects from the annual survey, special surveys, AAMCOMS applications, and the entering and graduating student surveys, along with data from other sources. Comments and suggestions are welcome to research@aacom.org.

**GME 2017 Match Report**

AACOM recently released its [Report on Osteopathic Medical Placements in 2017 Matches](#). Highlights include:

- Anticipated number of graduates eligible for GME placement is 5,984, with a total of 5,937 graduates seeking GME positions
- 5,898 graduates seeking GME, or 99.34 percent, matched/placed into a GME position
- 51.74 percent matched through the NRMP match and SOAP
- 42.53 percent matched through AOA accredited GME positions
- 4.28 percent of graduates matched into the military match
- 0.79 percent of graduates matched into other GME positions

**AACOM Medical Education Research Grant**

Through the AACOM Medical Education Research Grant program, OME researchers are encouraged to submit proposals on topics related to workforce issues such as the implications of the expansion of osteopathic medical colleges, branch campuses, additional teaching sites, and class sizes, as well as other areas of interest. The goal of the AACOM Research Grant program is to promote excellence in osteopathic medical research. Read AACOM’s [newsletter article](#) on this year’s grant recipients.

**New Task Force on Clinical Training & the Continuum of Osteopathic Medical Education**

AACOM is pleased to announce the establishment of a new task force that will embark on a strategic process of examining and responding to changes in the health care system and in medical education that may impact OME. The task force will examine the current environment, build strategy, and execute initiatives related to clinical training throughout the continuum of OME. Issue-based sub-groups led by task force members will be created and engage experts and thought leaders in medical education.

The distinguished members of the UME-GME Task Force Steering Committee will officially began work in June 5-6, 2017 with a kick-off meeting and will continue efforts for the next three years. This
work will be supported by AACOM President and CEO, Stephen C. Shannon, DO, MPH and staff, and facilitated by Josh Mintz of Cavanaugh Hagan Pierson & Mintz.

**Task Force Steering Committee Membership**
- Boyd Buser, DO, Vice President for Health Affairs and Dean & AACOM Board Member 
  University of Pikeville-Kentucky College of Osteopathic Medicine (UP-KYCOM)
- Robert Cain, DO, Associate Dean for Clinical Education 
  Ohio Heritage College of Osteopathic Medicine (OU-HCOM)
- Thomas A. Cavalieri, DO, MS, Dean, Endowed Chair of Primary Care Research, Professor of Medicine, & AACOM Board Chair 
  Rowan University School of Osteopathic Medicine (Rowan SOM)
- Michael Finley, DO, Associate Professor of Medicine, Associate Dean—Graduate Medical Education 
  Western University of Health Sciences College of Osteopathic Medicine of the Pacific (Western-U/COMP)
- Kari Hortos, DO, Interim Senior Associate Dean, Chief Academic Officer 
  Michigan State University College of Osteopathic Medicine (MSUCOM)
- Joanne M. Jones, MBA, Designated Institutional Official, Executive Director 
  Philadelphia College of Osteopathic Medicine (PCOM)
- John Kauffman, DO, Chair, Dean and Chief Academic Officer & AACOM Board Member 
  Campbell University School of Osteopathic Medicine (CUSOM)
- Richard LaBaere, DO, Associate Dean for Postgraduate Training, Adjunct Professor of Family Medicine 
  Kirksville College of Osteopathic Medicine (ATSU-KCOM)
- Lisa Nash, DO, Vice Chair, Senior Associate Dean for Graduate Medical Education 
  University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine (UNTHSC-TCOM)
- Karen Nichols, DO, Dean, Professor of Internal Medicine 
  Chicago College of Osteopathic Medicine of Midwestern University (CCOM/MWU)
- Lorenzo Pence, DO, Senior Vice President, Osteopathic Accreditation Accreditation Council for Graduate Medical Education (ACGME)

**Interprofessional Education Collaborative**

**Interprofessional Deans Leadership Program**

AACOM continues to be a member and sponsor of the Interprofessional Education Collaborative (IPEC), which has recently launched the inaugural Interprofessional Deans Leadership Program (IDLP), a three-day, interactive professional development experience customized to the needs of senior academic leaders. The interactive program is facilitated by faculty from the Academy for Academic Leadership (AAL), as well as other national and internationally recognized leaders. View the announcement for more information on this program.
LECOM Awarded in IPEC USPHS Award

On May 22, IPEC and the U.S. Public Health Service (USPHS) announced their inaugural USPHS award winner and finalists recognized for excellence in interprofessional education. Lake Erie College of Osteopathic Medicine (LECOM) received Honorable Mention for their submission Community Paramedicine in the category Health Communications and Health Technology. Award nominations submitted by interprofessional teams were evaluated by their contribution to public health promotion through multidisciplinary collaboration among health professionals and the community. Read the press release for additional details.

Senior Leadership Development Program

AACOM in partnership with the Academy for Academic Leadership (AAL) was pleased to launch the SLDP program. Drs. Thomas Cavalieri, Kenneth Veit and Lori Kemper will act as participating advisors to the program and participants. Dr. Lori Kemper (who chairs this effort) along with Dr. Margaret Wilson and AACOM staff are coordinating efforts with Karl Haden, PhD, President of AAL. Fifteen approved applicants met for the first time during the AACOM/AODME Annual Conference in April. Phase II will take place on July 19, during the AOA meetings in Chicago and will include such topics as Faculty and Staff Management, Reframing Academic Leadership, Strategic Planning, and the Peer Coaching Process. Phase III will occur in November around the AACOM Board of Deans Retreat and meeting.

AACOM Health Policy Fellowship

AACOM is supporting the continuation of the Health Policy Fellowship. The AACOM Board of Deans has committed to dividing the operational fee for the program amongst the college members, to pay for its continuation in the 2017-2018 academic year and beyond. An Advisory Committee including Drs. Barbara Ross-Lee, Kenneth Johnson, Thomas Cavalieri, Marc Hahn, and Stephen Shannon and HPF Director, Nancy Cooper has been formed, and has met. The 2017-2018 Application Cycle is now closed and current applications are being vetted. AACOM will host two Health Policy meetings in its Washington, DC and Bethesda offices.

Joint AACOM and AODME 2017 Annual Conference

The Joint AACOM and AODME 2017 Annual Conference was held April 26-29 in Baltimore, MD. This year’s event drew just over 900 attendees to the Baltimore Marriott Waterfront Hotel to experience a program carefully crafted by the conference planning committee under the leadership of conference co-chairs Isaac J. Kirstein, DO, Dean of the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), and Lisa R. Nash, DO, MS-HPEd, Associate Dean of DME at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine (UNTHSC/TCOM).

The theme for this year’s event was “Educating Leaders for Integrated Health Systems,” and the programming focused on all the various interweaving elements that make up the OME landscape, including GME, the SAS, interprofessionalism, entrustable professional activities, advocacy, medical education best practices, and so much more. The theme was chosen to provide programming for
osteopathic medical education professionals working to advance osteopathic medicine and medical education.

2017 AACOM Awards and Honors

Robert A. Kistner Award: This award is presented to individuals who have made a significant contribution to osteopathic medical education.

Barbara Ross-Lee, DO, Vice President for Health Sciences and Medical Affairs
New York Institute of Technology College of Osteopathic Medicine (NYITCOM)

Dale Dodson Award: This annual award recognizes a current or past CEO or COA of an osteopathic medical college who has made significant contributions to the advancement or support of osteopathic medical education.

Michael D. Adelman DO, DPM, JD, President
West Virginia School of Osteopathic Medicine (WVSOM)

Society of Osteopathic Medical Educators (SOME) Innovation in Medical Education Awards: These awards recognize the year’s educational innovations that have resulted in meaningful change at the developer’s institution.

Jennifer Weiss, DO, Associate Dean and Professor
Touro University California College of Osteopathic Medicine (TUCOM-CA)
“Clinical Distinction: Advancing EPAs through a Required Year 3 Course”

Marilyn R. Gugliucci, PhD, Professor & Director of Geriatrics Education and Research
University of New England College of Osteopathic Medicine (UNECOM)
“48-Hour Hospice Home Immersion Project”

ED to MED Outstanding Advocate of the Year Award: AACOM's first-ever award honoring exceptional dedication to the hard work of advocacy.

Caleb Hentges, Osteopathic Medical Student
Arizona College of Osteopathic Medicine of Midwestern University (AZCOM)

National Student DO of the Year

Daniel S. Ebbs, MS, Osteopathic Medical Student
A.T. Still University-School of Osteopathic Medicine in Arizona

National Student Researcher of the Year

First Lieutenant John E. Cebak, PhD, Osteopathic Medical Student
Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM)
AODME membership this past year included 361 total members; 327 Active members and 34 Associate members which comprised those working as DIO, DME, OPTI members, Program Directors and support personnel working in osteopathic residency programs across the country. Our organization is guided by our 2012 Strategic Plan that focuses on four main pillars:

- Enhancing Communication and Technology
- Expand Education Offerings and Delivery
- Develop Education Leaders and Support Personnel
- Increase and Preserve Clinical Osteopathic Medical Education

2017 Annual Conference
The AACOM/AODME Joint Annual Conference was held April 26 – 29, 2017, in Baltimore, MD. The theme was “Educating Leaders: Integrated Health Systems” and there were over 900 attendees combined. With eight themes of presentations, our members could find topics to meet all of their needs. The program featured over 30 sessions dedicated to GME and SAS.

OPTI Council
The OPTI Council of the AODME meets several times throughout the year. Much of their work over the past year has been centered on the single accreditation system and OGME Expansion.

Single Accreditation System
AODME continues to serve as a conduit to keep its members informed on the discussions and developments impacting single accreditation and will continue to do so as new information becomes available. For the first time, ACGME partnered with AODME to put on an Osteopathic Pre-Conference on March 9, 2017, prior to their annual meeting. There were 100 attendees. The Pre-Conference had both plenary and break out presentations that allowed programs in any stage of the process (new application, pre-accreditation, continued pre-accreditation, Initial Accreditation, and Osteopathic Recognition) to gain insight and knowledge about the process for achieving and maintaining accreditation as well as Osteopathic Recognition. Program directors, DMEs, and DIOs also had the opportunity to attend sessions with Review Committee Executive Directors.

Strategic Planning
This week, members of the AODME Board of Trustees will meet in Chicago to engage in strategic planning to develop a plan to guide the organization into the future as we pursue unification with AACOM. Strategic planning consultant John Beckwell, PhD will assist the organization through the process. He facilitated our retreat last year and is well versed on our organization and our past. A survey was sent to all AODME board members prior to the strategic retreat. We received a great response that will aid the organization in plan development and direction towards unification with AACOM and strategic planning for services to our membership as well as pursuing other GME organizations that we can work with to extend our mission of support for Osteopathic Recognition.
Increasing Communication
AODME has continued to contract with a consultant, Margaret Hardy, JD, for part-time communications support and legislative consulting services. We have increased communications with a monthly newsletter and President’s letter to update the members on activities related to GME and AODME as well as issues related to Single Accreditation System. AODME has increased its presence in social media as well. We have increased the numbers of webinars that were hosted by AODME for our members over the year. AODME held 17 webinars and posted them to our website for our members to access at any time. There are two more on the calendar yet to come. The list includes the following:

Tailoring Primary Care Training for the Physician Shortage: Does Detroit Have The Solution?
Presenter: John W. Sealey, DO, FACOS

Deficit or Defiance? Addressing Barriers to Learning in the Clinical Setting
Presenter: Rica Amity, Phd, NCC

Integrating an Osteopathic Curriculum into Your Residency
Presenter: Sandy Snyder, DO

Lessons Learned from a Resident Wellness Program
Presenter: Sharon Rouse, DO

Resident Resilience
Presenter: Kristina Sturgill, DO

Osteopathic Recognition: Understanding the Application and Common Pitfalls
Presenter: Tiffany Moss, MBA

AOA Board Certification/The Match: Fact vs. Rumor
Presenter: Boyd R. Buser, DO

From Patient to Paper: How to Create Scholarly Activity for the Clinician
Presenter: Robert Orenstein, DO

Presenter: Kimberly Wolf, DO

Osteopathic Research: A How To Guide, Part 1
Presenter: Kimberly Wolf, DO

Directing Osteopathic Education in the New Postgraduate World
Presenter: Sarah James, DO

Navigating the Osteopathic Recognition Application
Presenter: Sarah James, DO

Confronting Reality, Part 1 – Addressing Mental Illness among Medical Students and Physicians
Presenter: Ulrick Vieux, DO, MS

Confronting Reality Part 2: Suicidal Risk Among Medical Students and Physicians
Presenter: Ulrick Vieux, DO, MS

Scholar Overview, Part 1
Presenter: Robert Hostoffer, DO and Brian Peppers, DO

Scholar Overview, Part 2
Presenter: Robert Hostoffer, DO and Brian Peppers, DO

Medical Student Rotation Availability: Innovative Ideas to Meet Training Needs
Presenter: Anita Showalter

The ACGME Accreditation Site Visit
Presenter: Ingrid Philibert, PhD, MBA
August 23, 2017

OPP Integration Benefits
Presenter: Russell Maier, DO
September, 2017

Unification with AACOM
Throughout the year, there have been several meetings held between our executive leadership and the leadership of AACOM to come to a mutual understanding of how both organizations could work together towards a common purpose. Drs. Mark and Cain met with the AACOM board in November of 2016 to further discuss how our organizations could work together in a formal agreement. After consulting with our attorney on the best method to join the two organizations, the decision was made to dissolve AODME and pursue unification with AACOM in the form of an Assembly of Osteopathic Graduate Medical Educators (AOGME).

The concept of unification with AACOM and the proposed structure of the newly formed AOGME was presented in multiple forums to the AODME members, including, a town hall meeting at the annual conference, the annual business meeting and an evening interactive webinar. Afterwards, the AODME
membership with voting privileges voted in accordance with Illinois laws to dissolve the organization. 55% of our active members voted as follows; 166 for the proposal, 13 against the proposal and 1 member abstained.

Therefore, the AODME board has begun the work of creating bylaws to address the needs of AOGME as it will exist within AACOM and on the details of dissolving AODME. The organization will continue to function as before for all of our members with monthly webinars, communications and continued work to collaborate with our GME organizations to share the mission of Osteopathic Recognition in ACGME programs as we transition to a Single Accreditation System.

We anticipate the dissolution process will begin after a new set of bylaws are presented and approved by the AACOM board in November. Our lawyer anticipates this process to take us into early 2018. AODME will be extending our contract with AOA for our management services until the unification and dissolution process is complete.

**Upcoming Meetings**
AODME will meet on July 19-20, 2017 in Chicago for its annual strategic planning session and board meeting. The AODME 2018 Annual Conference will be held as a joint meeting within AACOM in Washington D.C. April 18-20, 2018. Program information will be published in January.
SOMA National Leadership 2017-2018

Board of Trustees:
- **National President**: Katharyn Cassella, OMS IV, MUCOM
- **National Vice President/Speaker of the House**: Simran Behniwal, OMS IV, TUNCOM
- **National Treasurer**: Reeya Patel, OMS IV, DMUCOM
- **National Board of Directors Chair**: Nicholas Tackett, OMS IV, MWU-CCCOM
- **National Parliamentarian**: Jenni Adams, OMS IV, ATSU-COM
- **National Secretary**: Crystal Cobb, OMS IV, CUSOM
- **Region I Trustee**: Sarah Friedrich, OMS IV, PCOM
- **Region II Trustee**: Graham Wilm, OMS III, VCOM-CC
- **Region III Trustee**: Sarah Cottrell-Cumber, OMS III, VCOM-VC
- **Region IV Trustee**: Kate de Klerk, OMS III, MWU-CCCOM
- **Region V Trustee**: John Rajala, OMS II, BCOM
- **SOMA Foundation Chairperson (ex officio)**: Katherine Kirby, OMS IV, VCOM-VC
- **Student Representative, AOA Board of Trustees (ex officio)**: Jordan Hitchens, DO

National Board of Directors:
- **Strategic Partnerships Director**: Harris Ahmed, OMS II, BCOM
- **Convention Director**: Victoria Bogen, OMS III, ATSU-KCOM
- **Health Disparities Director**: Nasir Malim, OMS III, TouroCOM-Middletown
- **Membership and Alumni Affairs Director**: Amy Schlegel, OMS III, VCOM-CC
- **Osteopathic Principles and Practice Director**: Mikey Padilla, OMS IV, MWU-CCCOM
- **Senior Pre-SOMA Director**: Rachel Abramczyk, OMS IV, Rowan SOM
- **Junior Pre-SOMA Director**: Megan Dondarski, OMS III, Rowan SOM
- **Political Affairs Director**: Adam Coridan, OMS III, OU HCOM-Dublin
- **Professional Development Director**: Dennis Datuin, OMS III, MWU-AZCOM
- **Public Relations Director**: Paige Langhals-Totino, OMS IV, MUCOM
- **Research Director**: Charles Lopresto, OMS IV, TouroCOM-Harlem
- **Community Service Director**: Zachary Gottleib, OMS III, UNTHSC-TCOM
**Membership Details**

- 2016-2017 total membership: 14,375
- Total number of SOMA chapters: 45
- Total number of Pre-SOMA chapters: 35

The Fall 2017 Membership Drive began in June and will run through mid-October. SOMA thanks the AOA for their continued support of our recruitment efforts by providing the *Gilroy Atlas of Anatomy* from Thieme Publishers as a membership incentive.

**Leadership Changes**

- As of the 2016 Fall Convention, SOMA was restructured to accommodate the growing number of colleges of osteopathic medicine and a fifth regional division was created. The Region V Trustee was elected for the first time.
- As of the 2017 Spring Convention,
  - A new, appointed position of Secretary was created to serve on our Board of Trustees
  - The Community Outreach Directorship was re-established on our National Board of Directors.

**National SOMA:**

This year, SOMA is working to solidify our identity by exploring new ways to reach our members and aligning each of our initiatives with the pillars of our strategic plan: voice, development, accountability, visibility, mentorship.

**Voice**

- **Political Affairs:**
  - DO Day on the Hill: SOMA leaders heavily emphasized attendance and we produced a record turnout for the event. We look forward to facilitating an even larger turnout in 2018.
  - We became an official partner of AACOM's ED to MED campaign. Our goal is to involve SOMA members in the campaign and the student debt discussion.
  - The @SOMApolitics Twitter handle was created to inform our members of important, relevant political issues, and connect them to resources for political activism. We use the handle to mobilize political activism within the SOMA network.
  - Our Get Out the Vote Campaign in Fall 2016 incentivized our chapter leaders to register their classmates and encouraged members to vote. Over 700 osteopathic medical students pledged to exercise their democratic right in the election as a part of the campaign.

- **Parliamentary Procedure:**
  - We will have SOMA representation at all AOA reference committees discussing SOMA submitted resolutions at the AOA HoD.
  - Our bi-annual sessions of the House of Delegates (HoD) at our Spring and Fall Conventions allow any SOMA member to submit resolutions on issues about which they are passionate. This past year twenty four resolutions were submitted for consideration by the House.
  - Four of the resolutions receiving the approval of our house were submitted for consideration to AOA HoD this year:
    - Standing Against Sexual Orientation Change Efforts (SOCE)
- Interstate Opioid Database
- Abolishment of Patient Load Restrictions to Increase Pharmacological Opioid Addiction Treatment Access
- A Clearly Articulated Protocol for Sleep Facilities and Safe Transportation in All Physician Residencies

**Goals:**

- **Twenty resolutions** will be submitted by SOMA members to both the Fall HoD and the Spring HoD. We will track our resolutions to ensure that those referred to their authors are re-submitted the next HoD and given appropriate support for revisions.
- Our **constitution and bylaws** will be evaluated to ensure they appropriately reflect SOMA’s activity, and to ensure we are running in accordance with document. We will submit any constitution and bylaw changes to the AOA BoT for approval as per the AOA Constitution and Bylaws.
- A **policy compendium** for SOMA is being considered to evaluate the re-affirmation of these policies during HoDs similarly to how it is done during the AOA HoD.
- We are evaluating an online open reference committee process that would allow SOMA representatives and members to publically comment on resolutions ahead of the HoD.

**Development**

- **Strategic Partnerships:**
  - To ensure SOMA and its members receive the highest quality services and benefits we have created a **new affinity partnership contract system** consisting of a **tiered partnership structure**. This allows SOMA to better capture direct value from our partners while ensuring our affinity partnerships are consistent across agreements, easing future development and negotiation.
  - We began the process of enrolling partners into this new system just last week and two partners have already agreed to transition to the new system.
  - **Goals:**
    - All partners will be enrolled into tiered agreement to streamline activities for both SOMA and partners as well as increase revenue for SOMA.
    - We will continue to establish new partnerships with organizations most beneficial and relevant to our members’ needs.
    - We will establish the viability of SOMA as a strategic partner and further expand SOMA’s value as an affinity partner.

- **Professional Development:**
  - We are compiling a **bank of high value resources** and online videos that will support the professional development of all SOMA members.
  - A basic **resource curriculum** will be created for the year to dictate the dissemination of professional development resources to SOMA members. The Professional Development Director will support the implementation of these resources and related workshops held at local chapters.
  - New, unique resources and workshops continue to be internally developed and disseminated to SOMA members.
  - We are interviewing prominent DO’s across the nation and compiling the footage into a project aimed at inspiring SOMA members and provide career advice.
• **Insight Project:**
  - Insight facilitates an opportunity for medical students, residents, and physicians to **share their story** with peers, mentors, and those following in our footsteps. Through this project we will continue the conversation about mental health. Insight is run on StoryCorps technology, allowing us to record the interviews and archive them in the National Library of Congress where they can be publicly enjoyed.
  - We encourage all interviews to cover any topic relevant to medicine, but ask that each interview includes the following questions:
    - What are your goals in medicine?
    - What types of relationships do you want to build with your patients?
    - What obstacles have you faced in reaching this point?
    - What fears do you have about being in medicine?
    - If you had the chance to change your career, would you choose medicine again?
  - **Goals:**
    - By interviewing hundreds of medical professionals and medical students, we want to help bring empathy and humanism back to the center of the physician-physician and physician-patient relationship.
    - The StoryCorps archive in the Library of Congress is a natural database for **empathy research**, and we are developing a 5-year research plan.
    - An Insight **Podcast** for easily accessible interviews.

• **Promotion of Osteopathic Medicine:**
  - SOMA and the Student American Academy of Osteopathy are collaborating to celebrate the **regional diversity** in approaches to Osteopathic Manipulative Treatment (OMT) by conducting a workshop during our Fall Convention at OMED in which representatives from different schools teach an OMT modality and technique in which their school specializes (e.g. Muscle Energy, Counterstrain, Myofascial Release, Balanced Ligamentous Tension, etc.), and students are given the opportunity to practice the techniques.
  - We are recording interviews with "**Friends of Osteopathic Medicine**" with non-osteopathic physicians and students on their attitudes and perspectives towards osteopathic medicine in order to validate the osteopathic identity and philosophy.
  - A task force is being assembled to ensure the success of these goals and to embrace the centrality of osteopathic principles and practices within SOMA.

• **Collaborative Efforts:**
  - Council of Student Government Presidents (**COSGP**):
    - National Osteopathic Student Caucus (**NOSC**) gives all osteopathic medical students the opportunity to participate in the discussion of select resolutions submitted to the AOA House of Delegates. SOMA is always strongly in attendance at this event and we are co-hosting a social event to follow this year’s NOSC to facilitate SOMA and COSGP bonding.
    - The Mental Health Awareness Task Force (**MHATF**) continues to build momentum, bring attention to, and address the mental health of osteopathic medical students.
  - **Student National Medical Association (**SNMA**): We are in early talks concerning a joint health disparities project.
  - **National Outreach for Diversity (**NOD**) in Medicine coalition**: SOMA was a founding member with the American Medical Student Association, the Asian Pacific American Student Association, the Association of Native American Medical Students, and the
Latino Medical Student Association. NOD’s mission is to inspire, recruit, and retain Underrepresented In Medicine youth in the future of the medical profession. SOMA was the most active organization in the coalition hosting seventeen events across the nation in its inaugural year.

- **ED to MED**: We are an official partner of AACOM’s ED to MED Campaign, where we are committed to energizing students to participate in the negotiation and reauthorization of the Higher Education Act.
- The **SOMA Foundation** continues to offer scholarships and grants to Osteopathic Medical Students across the country, and collaborate with SOMA on philanthropic efforts at each of our conferences.

**Accountability**

- Our 2015-2018 Strategic Plan is in its final year. We reference, amend, and improve upon our Strategic Plan throughout the year to ensure the strongest identity and future for SOMA. The primary Critical Success Factors for each of our pillars are as follows:

  - **Voice**:  
    - **Establish student opinion interface**: We are developing an interface on our new website allowing direct communication from members to SOMA, as well as actively engaging our members by streaming liveOffice Hours for a real-time opinion interface.
    - **Identify advocacy issues/priorities**: Throughout the year, we successfully identify and address our advocacy priorities based on member feedback at our HoDs, DO Day on the Hill, and with consistent advocacy-related communications.

  - **Development**:  
    - **Develop resources useful to members in each year of medical training**: Our BoT and NBD have developed these resources, and are in the process of prioritizing, chronologically organizing, and re-formatting them for our new website to allow dissemination in a class-year specific manner to our members.
    - **Increase opportunities to engage members**: We have approved four task forces to be filled by members not currently in national leadership positions for 2017-2018, and we encourage ongoing member participation and feedback on the majority of our National SOMA initiatives.

  - **Accountability**:  
    - **SOMA Legacy implementation, certification, and recertification**: 26 SOMA Chapters are Legacy certified. 18 SOMA Chapters are in the process of becoming certified.
    - **Hold annual National SOMA officers transition meetings**: Successfully held at Spring Convention 2017.
    - **Clarify the SOMA and SOMA Foundation relationship**: Delineated in affiliate agreement in 2016.

  - **Visibility**:  
    - **Space for active re-discovery of our identity**: Our BoT and NBD work consistently to define and develop our identity via direct member feedback.
• **Mentorship:**
  - Collaborate with SOMA Foundation to establish growing database of SOMA/Pre-SOMA alumni: Our Membership & Alumni Affairs Director is developing a comprehensive alumni capture and communication system.
  - Establish ways to utilize alumni database: Once the database has been established we plan to hold regular SOMA Alumni mixers at events like OMED, DO Day on the Hill, and the AOA HoD allowing alumni and SOMA members networking opportunities as well as continuity of knowledge and organizational energy.
  - Define relationships between SOMA and affiliates/partners: We created a tiered system for affinity partnerships with standardized contracts for each tier. SOMA and the AOA renegotiated and signed our affiliate contract.

- **SOMA Sundays** are a weekly email communication to chapter leaders with national updates, deadlines, scholarships, and opportunities from our NBD and affiliated organizations from which they build their weekly “Member Monday” email for their chapter. This ensures comprehensive dissemination of information to our membership while limiting the number of regular email communications they receive weekly to one message.

- Our chain of communication does our best to uphold **48h response time** to email, keeping us connected as a national board and helping our members accomplish their goals under tight deadlines.

- **Master Action Item Lists** have been developed, providing a centralized document for both BoT and NBD to remain accountable throughout the year.

- The **National Treasurer** is currently reviewing and updating our financial policies and creating a budget for the 2017-2018 fiscal year.

- The **Revenue Task Force** meets throughout the year to evaluate and brainstorm sources of revenue. We hope to create more incentives for SOMA Chapters throughout the year.
  - 2016-2017:
    - Revenue Goal: $10,000
      - Actual: $13,400
    - Membership Drive Goal: $189,000
      - Actual: $161,270
  - 2017-2018
    - Revenue Goal: $12,000
    - Membership Drive Goal: $175,000

- We are currently developing our **2018-2022 Strategic Plan**, to be implemented April 2018.

**Visibility**

- **Charity Miles** is our biggest summer initiative, encouraging medical students to stay active during their summer breaks (June 1-September 1). Chapters can create a team on the “Charity Miles” app, and each mile they walk, run, or bike, earns money for the charity of the member’s choice while expanding SOMA’s philanthropic reach and visibility. Options for charity donations include, but are not limited to, Wounded Warrior Project, the Michael J. Fox Foundation, ASPCA, and the American Diabetes Association.
  - As of June 25, 10,375.33 miles were walked, ran, or biked, totaling $2,093.43 raised for the designated charities.
- The first edition of the **SOMA Newsletter** was sent out directly to our members on May 1. Our national projects, as well as the successes of our chapters, will be highlighted and shared in each edition. The second edition will be distributed in the first week of July.
- **Presidential Office Hours** gives our National President a direct approach to ask and answer questions, engage directly with members, and develop ideas. There have been two sessions held so far via Facebook Live with each session reaching over 6000 people, and being viewed 2000 times.
- Our new **website** is in production. We are expecting to roll this out before our Summer Leadership Meeting in late July.
- **Research:**
  - A **SOMA Research Tool-Kit** will be created for SOMA members seeking answers to common questions on all research-related topics.
  - An exhaustive **list of research opportunities** will be created and organized by national, state, COM-specific, or specialty-specific, designations. The database will include application deadlines as necessary.
  - **Research Liaisons** will be identified at each COM. The Research Task Force will develop a systematic approach to communicating with and ensuring continuation of this Research Liaison position year to year.
  - A Journal of the American Osteopathic Association (JAOA) Research Update Media Project has been introduced to JAOA leadership, and is under consideration as a partnership with SOMA.
  - SOMA’s Research Director serves as the **student member of the JAOA Editorial Board**.
  - **AOA OMS Research Fellowship Grants** are actively promoted.
  - We partner with the AOA Research Development and the Bureau of International Osteopathic Medicine (BIOM) to promote the **AOA-SOMA Research Poster Competition** and the BIOM’s Symposium hosted at OMED 2017. Additionally SOMA contributes financially to the AOA-SOMA Research Poster Competition and our Research Director serves as a judge for these competitions.
  - We hope to create **two additional award categories** for the AOA-SOMA/BIOM-SOMA OMED Research Poster Competitions:
    - “SOMA Excellence In Research Award”, to be awarded to the poster that has the most clinical impact and thus has the highest potential to launch a student into a career as a physician-researcher, and
    - “SOMA Member’s Choice Award”, to be awarded to the poster that was most popular or interesting to the general SOMA Membership.
- **SOMA’s Social Media** presence continues to grow, with almost-daily posts, shares, and updates from National SOMA and our affiliated partners.
  - Facebook: National SOMA
  - Instagram: @NationalSOMA
  - Twitter: @NationalSOMA, @SOMAPolitics
  - SnapChat: @NationalSOMA
Mentorship

- Outreach to Pre-Medical Students (Pre-SOMA):
  - We are currently reconciling our active chapters.
  - Around 1200 members have joined but are not part of a local chapter.
  - We are preparing for our Association of State Executive Directors (AOSED) meeting in July. Our aim is to brainstorm ways to expand on shadowing opportunities for pre-meds.
  - Our Pre-SOMA at OMED Conference planning is underway. Sessions at the conference will include “Intro to Osteopathic Medicine”, a resident panel, an interview workshop, an opportunity to meet with admissions directors, and more.
  - The Pre-SOMA Directors work with and support the SOMA Chapter Leaders in hosting events like the National Osteopathic Night Out, and ShaDO Week. Both of these events allow undergraduate students to interact directly with osteopathic medical students. During National Osteopathic Medicine Week in April, 195 pre-medical students participated in ShaDO events at nineteen campuses.
  - Pre-medical students email our Pre-SOMA Directors on a daily basis looking for advice and mentorship. We love working with them on a 1-on-1 basis during their first steps to becoming osteopathic physicians.

- Research:
  - The “AOA Research Mentor Request Form” has been developed and distributed. This aims to connect a group of career researchers identified by the AOA Research Department with interested Osteopathic Medical Students, to assist the students in finding a Research Mentor for either the purposes of applying for the AOA Osteopathic Medical Student Research Fellowship Grants, or for general research interests.
  - Research programming is being developed for SOMA Conferences to inspire members to brainstorm about research as a medical student and as a future physician, allowing opportunities for active in-person mentorship, and opportunities to establish mentorship in the future. This gives students insight into research leadership within the Osteopathic Community.

- Our Summer Leadership Meeting (SLM) in July focuses on leadership development and mentorship for our new chapter leaders to support their success on their local campuses. We provide guidance on effectively carrying out national SOMA initiatives like the membership drive, Insight, and advocacy efforts.

- The Fall Convention aligns with OMED, and is the location of our Fall HoD session. This year we look forward to our members participation in the Bureau of Emerging Leaders student track in addition to our own programming.

- Our Resolutions Committee allows senior members to work with chapter leaders representing their region to form a consensus opinion on resolutions at each of our HoD.
Scholarships/Grants/Awards 2016-2017

- **Golden Femur** (Established Chapter of the Year): Midwestern University Chicago College of Osteopathic Medicine
  - This is CCOM’s seventh time winning the Golden Femur. By recruiting 74% of their incoming class, promoting diversity and community service, advocacy, and professional development at their campus, CCOM SOMA set an extraordinary example of student leadership.

- **Golden Tibia** (Young Chapter of the Year): Touro College of Osteopathic Medicine - Middletown
  - TCOM-Middletown accomplished incredible feats as a young chapter. Their SOMA Chapter hosted over 20 projects throughout the year, and participated in both local and national advocacy events.

- **Officer of the Year**: Dennis Datuin, OMS II, Arizona College of Osteopathic Medicine - Midwestern University
  - Dennis enthusiastically embraced his position of SOMA Chapter President and built upon the MWU-AZCOM SOMA presence. He established SOMA Travel Scholarships for members to attend DO Day on the Hill and SOMA Spring Convention. His passion for advocacy inspired him to apply for our National Board of Directors, and we are honored to have him serve as our Professional Development Director for 2017-2018.

- **SOMA SAM** (Most Politically Active Chapter): Edward Via College of Osteopathic Medicine, Virginia Campus
  - VCOM-Va created a Political Affairs Committee, attended DO Day on the Hill and White Coats on Call, and participated in the ED to MED Campaign. Their Political Affairs Committee held six forums on healthcare and politics throughout the year.

- **Excellence in Promoting Osteopathic Medicine**:
  - Region 1: Touro College of Osteopathic Medicine - Middletown
  - Region 2: Lincoln Memorial DeBusk College of Osteopathic Medicine
  - Region 3: A.T. Still University Kirksville College of Osteopathic Medicine
  - Region 4: Arizona College of Osteopathic Medicine of Midwestern University

- **Excellence in Community Service and Outreach**:
  - Region 1: Lake Erie College of Osteopathic Medicine
  - Region 2: Ohio University Heritage College of Osteopathic Medicine - Dublin
  - Region 3: Des Moines University College of Osteopathic Medicine
  - Region 4: Touro University Nevada College of Osteopathic Medicine

- **SOMA Foundation George Northup Educator of the Year**: Dr. Thad Wilson, Marian University College of Osteopathic Medicine
  - “Dr. Wilson is a Professor of Physiology and the Physiology Lead for Biomedical Sciences at MU-COM... Dr. Thad Wilson is a true role model, both in the classroom and in the community. He cares more of his students than he does himself, and we believe he is more than deserving of this prestigious award. It is our honor to recommend Dr. Wilson for the George Northup Educator of the Year Award, and we cannot thank him enough for his service to our school.” - Marian University College of Osteopathic Medicine students

- **SOMA Foundation**:
  - This past year the SOMA Foundation awarded $13,500 in Scholarships for SOMA Members.
  - Each year the SOMA Foundation awards eight $500 Grants to SOMA Chapters to help them carry out events on campus. This year the awards were given out for projects related to mental health.
Region Reports

Region I:
- Composed of:
  - Lake Erie College of Osteopathic Medicine (LECOM)
  - Lake Erie College of Osteopathic Medicine - Seton Hill (LECOM Seton Hill)
  - New York Institute of Technology College of Osteopathic Medicine (NYIT-COM)
  - Philadelphia College of Osteopathic Medicine (PCOM)
  - Rowan University School of Osteopathic Medicine (RUSOM)
  - Touro College of Osteopathic Medicine - Harlem (TouroCOM-Harlem)
  - Touro College of Osteopathic Medicine - Middletown (TouroCOM-Middletown)
  - University of New England College of Osteopathic Medicine (UNECOM)
- 2017 School Successes:
  - Region I’s leaders bring new ideas and continued passion for student leadership and political advocacy.
  - Rowan SOM & PCOM: each chapter hosted a Health Policy Forum where representatives from local, state, and national organizations, and state societies were welcomed onto campus in order to connect with students, demonstrate ways to become involved in advocacy, and draft ideas for future resolutions.
  - UNECOM participated in Maine’s Physician’s Day at the Legislature where students had the opportunity to actively engage in discussions on pertinent health care issues with Maine legislators and take an active role in the political process.
  - LECOM-Erie participated in an “adopt-a-hospital” program with a hospital in Uganda, raising over $1000 to help pay for medical treatments for underprivileged children. They sent out donation boxes to collect medical supplies that could be donated to the hospital.
  - Many new events are planned for the upcoming year, and center around improving health disparities, education communities, and advocating on behalf of patients and our colleagues.

Region II:
- Composed of:
  - Alabama College of Osteopathic Medicine (ACOM)
  - Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM)
  - Lake Erie College of Osteopathic Medicine - Bradenton (LECOM Bradenton)
  - Lincoln Memorial University DeBusk College of Osteopathic Medicine (LMU-DCOM)
  - Nova Southeastern University College of Osteopathic Medicine (NSU-COM)
  - Philadelphia College of Osteopathic Medicine - Georgia Campus (GA-PCOM)
  - Edward Via College of Osteopathic Medicine Virginia - Auburn (VCOM-Auburn)
  - Edward Via College of Osteopathic Medicine - Carolina Campus (VCOM-CC)
  - William Carey University College of Osteopathic Medicine (WCUCOM)
- Region Report:
  - Region II has been busy this year, making a lot of headway in promoting the goals of SOMA and the AOA. The primary focus in our region this year has been to increase communication between the respective chapters, while working on unique projects that would promote SOMA on each campus. Chapter leaders have provided strong member feedback the value of the research grants that have been provided through the AOA.
○ Charity Miles has played a strong role in unifying our new Region I leaders. Chapters have been posting results and progress on Facebook weekly, increasing participation and camaraderie between schools in the name of friendly competition.

○ Several of Region I’s chapters have also focused on Pre-SOMA events, particularly with ACOM hosting a ShaDO day event that included students from three different states.

○ Our chapter leaders have also focused on social events to increase the recognition of SOMA on their campuses.

○ Several COM’s are hosting 5K’s and walks in order to promote a presence in the community, including Walk a Mile in Her Shoes at ACOM and the Peachtree Road 5K at PCOM-Ga. Our chapter leaders are also helping to facilitate service events in the community, such as a prom for a local nursing home, health fairs, food drives at local food pantries, and volunteer work at local rescue missions.

○ Finally our chapters have been hard at work finding ways for members to be involved. They committees for students to join, discussing policy, and addressing questions regarding SOMA

Region III:

● Composed of:
  ○ University of Pikeville Kentucky College of Osteopathic Medicine (KYCOM)
  ○ Liberty University College of Osteopathic Medicine (LUCOM)
  ○ Marian University College of Osteopathic Medicine (MUCOM)
  ○ Ohio University Heritage College of Osteopathic Medicine - Athens (OU-HCOM Athens)
  ○ Ohio University Heritage College of Osteopathic Medicine - Cleveland (OU-HCOM Cleveland)
  ○ Ohio University Heritage College of Osteopathic Medicine - Dublin (OU-HCOM Dublin)
  ○ Edward Via College of Osteopathic Medicine - Virginia (VCOM-Virginia)
  ○ West Virginia School of Osteopathic Medicine (WVSOM)
  ○ Michigan State University College of Osteopathic Medicine (MSUCOM)

● 2017 School Successes:
  ○ Charity Miles: four participating chapters
  ○ MUCOM: During NOM week, ShaDO was a huge success at Marian University. They had over thirty five students attend from thirteen undergraduate schools. There was even a pre-med advisor from IU-Kokomo in attendance. The day consisted of breakfast, an admissions lecture, a mock MMI, a mock Neuroscience lecture, lunch, a student panel, a mock OMM lab, and a tour of our medical building/simulation center. All of the students asked many questions about applying to medical school, osteopathic medicine, and more. There were significant interest in starting Pre-SOMA at their undergraduate campus by the time the day was done.
  ○ VCOM-Virginia: Twenty student leaders from VCOM-Virginia drove three hours to Jonesville, Virginia to spend the day cleaning up the park that is dedicated to the founder of Osteopathic Medicine, A.T. Still. One group of students painted the four pavilions that house picnic tables, trash can holders, and the surrounding fence, while a second group of students dedicated their hard work to the garden area planting flowers, mulching, adding gravel and trimming the surrounding bushes. After finishing up improving the park, everyone participated in a brainstorming activity. Student leaders helped each other build ideas for fundraising, future workshops, club goals and mind, body, and spirit events. By working with leaders of other organizations, students were able to gain insightful ideas for
future events and expand on their current plans. It was a very fun and rewarding day and everyone was happy to give back to the founder of the field.

○ **OU-HCOM Dublin & OU-HCOM Athens**: SOMA members from OU-HCOM Dublin and Athens volunteered at the State Science Day for Ohio. Osteopathic medical students judged projects for middle and high school students from all over the state. Additionally there was a sponsored award for osteopathic considerations. SOMA students had a fantastic day interacting with future scientists, engineers, and physicians. The article from the Ohio Osteopathic Association is here: [https://associationdatabase.com/…/PAR…/layout_details/false](https://associationdatabase.com/…/PAR…/layout_details/false)

○ **MSUCOM SOMA Research Spotlight**: This June, Dr. Vincent Young, MD, PhD, came to speak to SOMA members about his research on the Microbiome and GI disorders. The broad goal of the research in the Young Lab is to understand the role of bacteria in acute and chronic gastrointestinal illness. A multifaceted approach is used to examine various aspects of the host/microbe interaction.

**Region IV:**

- **Composed of:**
  - A.T. Still University Kirksville College of Osteopathic Medicine (ATSU-KCOM)
  - Midwestern University Chicago College of Osteopathic Medicine (CCOM)
  - Des Moines University College of Osteopathic Medicine (DMU-COM)
  - Kansas City University of Medicine and Biosciences College of Osteopathic Medicine (KCU-COM)
  - Oklahoma State University College of Osteopathic Medicine (OSU-COM)
  - Rocky Vista University College of Osteopathic Medicine (RVU-COM)
  - University of the Incarnate Word School of Osteopathic Medicine (UIWSOM)
  - University of North Texas Health Science Center Texas College of Osteopathic Medicine (UNTHSC-TCOM)
  - Arkansas College of Osteopathic Medicine (ARCOM)
  - New York Institute of Technology College of Osteopathic Medicine - Arkansas (NYIT-AR)

- **2017 Chapter Successes:**
  - **NYIT-AR** held their first official membership drive and they already have seventy nine members.
  - **DMU-COM** has partnered with several other entities on their campus to offer a lecture series about health disparities, and provide a certificate to participants who complete at least five sessions. They've hosted several volunteer outreach events called "What's in a Doctor's Bag".
  - **ATSU-KCOM** hosted a large and successful clothing drive to support the organization Clothes Closet, which provides clothing free of charge to people in need in the community.
  - **OSU-COM** continues to maintain a strong relationship with it's state organization OOA, and brought in a representative to speak to students early in the fall.

- **Region goals:**
  - We hope to continue to maintain strong involvement in the HoD, submitting a minimum of three resolutions from our region to each HoD.
  - We are looking to support other activities on each of our campus for medical advocacy, a topic that we committed to revisit in the summer.
We are hoping to increase membership in the region in general by twenty five percent by starting the planning for everyone’s membership drives early. We also plan to share resources within the region to help ensure success.

We will continue to support NOD on each of our campuses, and hold a St. Baldrick’s event.

Increasing intra-region collaboration and resource-sharing will be a focus of our SLM Region meeting.

Region V:

- Composed of:
  - A.T. Still University School of Osteopathic Medicine - Arizona (ATSU-SOMA)
  - Arizona College of Osteopathic Medicine (AZCOM)
  - Burrell College of Osteopathic Medicine (BCOM)
  - Western University College of Osteopathic Medicine of the Pacific (WUCOMP)
  - Western University College of Osteopathic Medicine of the Pacific, Northwest (WUCOMP-NW)
  - Pacific Northwest University of Health Sciences College of Osteopathic Medicine (PNWU-COM)
  - Rocky Vista University College of Osteopathic Medicine - Utah (RVUCOM-SU)
  - Touro University California College of Osteopathic Medicine (TUCOM)
  - Touro University Nevada College of Osteopathic Medicine (TUNCOM)

- 2017 Chapter Successes:
  - **ATSU-SOMA**: Twenty five students participated in D.O. Day on the Hill.
    - In May 2017, ATSU-SOMA helped perform needs assessments for the community health centers they will travel to as part of their second year curriculum. The needs assessments consisted of evaluating the demographics, main illnesses encountered, as well as barriers to care for each clinical location. They then presented these needs assessments the following day to their entire class. As part of their initiative to foster an interest in osteopathic medicine, ATSU-SOMA helped host a pre-medical student workshop in conjunction with their program’s Health Disparities Interest Group. They hosted about forty students from various local colleges and universities on campus. These students went through workshop-style sessions on applying to medical school, and life as a medical student.
    - ATSU-SOMA partnered with MWU-AZCOM during the Spring to collect and donate educational books to the Arizona State Prison (Phoenix West). There were over 500 books donated.
  - **BCOM**: A resolutions workshop was hosted during their last month of school and multiple students have expressed their interest in working on a resolution regarding more holistic consideration of osteopathic applicants. They hope to have this resolution ready to submit in the fall.
  - **WUCOMP**: Their focus since Spring Conference has been strengthening SOMA’s relationship with their administration. They have met with their Dean, who is a strong advocate for SOMA and were able to secure funding for conference visits. They are aiming to broaden that funding so that non-exec board SOMA members can attend events such as DO Day on the Hill.
  - **TUNCOM**: 
- SOMA hosted two presentations in May in regards to Mental Health Awareness. The talks, titled “The Ups and Downs of Bipolar Disorder,” and “Anxiety: What Are We Afraid Of,” were kicked off by Dr. Carla Perlotto, TUN’s psychiatrist. The talks concluded with a Q&A session. Approximately fifty students attend each presentation.
- TUNCOM SOMA sold flowers for their various commencement ceremonies. They had flowers donated by Trader Joe’s and Sprouts, and were able to raise $400 for their chapter.
- TUNCOM SOMA helped to support/coordinate Joy Prom, an annual all-night event for teens and adults with mental disabilities. SOMA has hopes to sponsor the event next year, and maintain this as a yearly event.

- Region goals:
  - As a region, our focus will be on mental health initiatives. Our goal is to coordinate campus-specific mental health awareness activities with the COSGP/SOMA Mental Health Awareness efforts.
  - As a region, I’d like to work with my chapters to establish longevity with their community-based projects. I believe building long-term relationships with community members is part of how we get the word out about SOMA and Osteopathic Medicine. Long-term relationships also help us accomplish more with the communities we’re trying to serve. We will be talking about ways to accomplish this at SLM.
SOMA Foundation Board Transition
We are excited for our new board members who began in their respective roles April 2017 as indicated above. Plans are underway for many new projects during the upcoming year. As always, we welcome all AOA members to participate in our annual service projects, SOMA Foundation Night Out’s, and SOMA Foundation Reception.

Scholarships
Our Spring Scholarship winners were announced during the National SOMA Spring Convention April 3-4, 2017.

- Total scholarships distributed: 8
- Total amount disbursed: $8000.00
- Titles of scholarships: *AT Still Memorial, Teget Leadership, International Medicine, Ed and Melissa Loniewski Medically Underserved*
- For more information: [http://www.somafoundation.org/scholarships--grants.html](http://www.somafoundation.org/scholarships--grants.html)

Grants
During the spring semester we distributed 1 grant to student leaders for the following COM project. The project request was required to address the collaborative National SOMA, COSGP, and MHATF goal of addressing the mental health of osteopathic students.

- Total Grants distributed: 1
  - RVUCOM - Tranquility Room
- Total funding: $500.00

DO Day on the Hill
All previous and upcoming Foundation Board members participated in the AOA DO Day on the Hill event on April 5, 2017. We look forward to participating next year as well.
2017-2018 Board of Directors:
Katherine Kirby, OMS IV Foundation Chairperson
Mitali Mali, OMS III Director of Membership
Hannah Mirzakhani, OMS IV Director of Scholarships and Grants
Sara Kaskowitz, OMS III Director of Financial Affairs
Sneha Shah, OMS III Foundation Associate Liaison

Upcoming Events:

- Developing our 2017-2018 Strategic Plan
- Fall Scholarship Drive 2017
- Grant Distribution for 2017-2018
- National SOMA Summer Leadership Meeting 2017 - hosting several community outreach opportunities, SOMA Foundation Night Out, and introducing our 2017-2018 agenda.
- AOA House of Delegates 2017 - hosting a booth
- OMED 2017 SOMA Foundation Reception - presentation of the 2017 Northup Educator of the Year and Fall Scholarship winners.
- OMED 2017 - plan to co-host a booth

Call for new partners: Please contact us today if any AOA member is interested in sponsoring a new scholarship for osteopathic medical students.

On behalf of the SOMA Foundation, I thank you for your continued support as we strive to celebrate the education and accomplishments of osteopathic medical students and the impact they have within the community.

Sincerely,

Katherine D. Kirby, OMS IV
SOMA Foundation Chairperson
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS & COMLEX-USA

UPDATE TO AOA BOARD OF TRUSTEES JULY 2017

Gary L. Slick, DO, MA  John R. Gimpel, DO, MEd
Board Chair                  President & CEO

2017
The NBOME’s mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions.
Quick Update:

- Assessment across the continuum
- 2017 COMLEX-USA Enhancements
- 2018-2019 New COMLEX-USA Blueprint
- CATALYST platform and OCC
- SAS #PerfectlyMatched
NBOME UPDATE TO AOA BOT 2017

COMLEX-USA
National Board of Osteopathic Medical Examiners

Comprehensive Osteopathic Medical Licensing Examination-USA
Enhancements to COMLEX-USA

1. Embedded Test Item Lab Values and Calculator
2. Optional AM and PM Sessions Breaks (Clock Stopped)
3. Eligibility Modification: Level 3- Attestation of Resident being in “Good Academic and Professional Standing” by an AOA or ACGME- Accredited Residency PD- 2018-2019
5. Two-day Level 3 in 2018-2019 (likely September after blackout May-August 2018); expanded Clinical Decision-Making scenarios and other novel item formats
6. Updated and detailed COMLEX-USA Test Specifications and Guides for 2018-2019 now published on the website www.nbome.org
ENHANCED COMLEX-USA 2018-2019

1. Decision Point 1
   Graduation/DO Degree
   - Level 1
   - Level 2-CE
   - Level 2-PE

2. Decision Point 2
   State Licensure
   - Level 3A
   - Level 3B
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<tr>
<th>LEVEL 1</th>
<th>LEVEL 2-CE</th>
<th>LEVEL 2-PE</th>
<th>LEVEL 3</th>
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<tr>
<td>One-day computer-based examination 400</td>
<td>One-day computer-based examination 400</td>
<td>One-day 12 station standardized patient-based performance evaluation of fundamental clinical skills</td>
<td>Two-day computer-based examination 500-550 MCQs, clinical decision-making cases, and other novel test item formats (up to 30 additional clinical cases)</td>
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<th>IMPLEMENTATION TIMELINE</th>
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<td>MAY 2019</td>
<td>JUNE 2019</td>
<td>MAR. 2019</td>
<td>SEPT. 2018</td>
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Enhanced COMLEX-USA Blueprint Recent Publications


Complete Blueprint available at www.nbome.org
ENHANCED COMLEX-USA 2018-2019

MASTER BLUEPRINT SCHEMATIC

PATIENT PRESENTATIONS RELATED TO:

- Human Development, Reproduction, and Sexuality
- Endocrine System and Metabolism
- Nervous System and Mental Health
- Musculoskeletal System
- Genitourinary/Renal System and Breasts
- Gastrointestinal System and Nutritional Health
- Circulatory and Hematologic Systems
- Respiratory System
- Integumentary System

systems-based practice in osteopathic medicine
osteopathic principles, practice, and manipulative treatment
osteopathic patient care and procedural skills
knowledge for osteopathic medical practice
practice-based learning and improvement in osteopathic medical practice
interpersonal and communication skills in the practice of osteopathic medicine
professionalism in the practice of osteopathic medicine

competency domains dimension 1

clinical presentations dimension 2

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## CONTENT ACROSS THE EXAMINATION SERIES

### COMPETENCY DOMAINS: DIMENSION 1

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<tr>
<th>Competency Domain</th>
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<tr>
<td>2. Osteopathic Patient Care and Procedural Skills</td>
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<tr>
<td>3. Application of Knowledge for Osteopathic Medical Practice</td>
<td>30%</td>
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<td>4. Practice-Based Learning and Improvement in Osteopathic Medical Practice</td>
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<tr>
<td>5. Interpersonal and Communication Skills in the Practice of Osteopathic Medicine</td>
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<tr>
<td>6. Professionalism in the Practice of Osteopathic Medicine</td>
<td>5%</td>
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<tr>
<td>7. Systems-Based Practice in Osteopathic Medicine</td>
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### CLINICAL PRESENTATIONS: DIMENSION 2

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<tr>
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<td>2. Patient Presentations Related to: Human Development, Reproduction, and Sexuality</td>
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</tr>
<tr>
<td>3. Patient Presentations Related to: Endocrine System and Metabolism</td>
<td>5%</td>
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<tr>
<td>4. Patient Presentations Related to: Nervous System and Mental Health</td>
<td>10%</td>
</tr>
<tr>
<td>5. Patient Presentations Related to: Musculoskeletal System</td>
<td>13%</td>
</tr>
<tr>
<td>6. Patient Presentations Related to: Genitourinary/Renal System and Breasts</td>
<td>5%</td>
</tr>
<tr>
<td>7. Patient Presentations Related to: Gastrointestinal System and Nutritional Health</td>
<td>10%</td>
</tr>
<tr>
<td>8. Patient Presentations Related to: Circulatory and Hematologic Systems</td>
<td>10%</td>
</tr>
<tr>
<td>9. Patient Presentations Related to: Respiratory System</td>
<td>10%</td>
</tr>
<tr>
<td>10. Patient Presentations Related to: Integumentary System</td>
<td>5%</td>
</tr>
</tbody>
</table>
## COMLEX-USA MASTER BLUEPRINT

### TEST SPECIFICATIONS FOR EACH EXAMINATION

<table>
<thead>
<tr>
<th>DIMENSION 1: COMPETENCY DOMAINS</th>
<th>Level 1</th>
<th>Level 2-CE</th>
<th>Level 2-PE</th>
<th>Series Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Osteopathic Principles, Practice, and Manipulative Treatment</td>
<td>11%</td>
<td>10%</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>2. Osteopathic Patient Care and Procedural Skills</td>
<td>6%</td>
<td>30%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>3. Application of Knowledge for Osteopathic Medical Practice</td>
<td>60%</td>
<td>26%</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>3.1 Foundational Biomedical Sciences Knowledge Base</td>
<td>75%</td>
<td>25%</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>4. Practice-Based Learning and Improvement in Osteopathic Medical Practice</td>
<td>5%</td>
<td>7%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>5. Interpersonal and Communication Skills in the Practice of Osteopathic Medicine</td>
<td>3%</td>
<td>5%</td>
<td>60%</td>
<td>3%</td>
</tr>
<tr>
<td>6. Professionalism in the Practice of Osteopathic Medicine</td>
<td>3%</td>
<td>7%</td>
<td>30%</td>
<td>6%</td>
</tr>
<tr>
<td>7. Systems-Based Practice in Osteopathic Medicine</td>
<td>2%</td>
<td>5%</td>
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</tr>
</tbody>
</table>

### DIMENSION 2: CLINICAL PRESENTATIONS

<table>
<thead>
<tr>
<th>DIMENSION 2: CLINICAL PRESENTATIONS</th>
<th>Level 1</th>
<th>Level 2-CE</th>
<th>Level 2-PE</th>
<th>Level 3</th>
<th>Series Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community Health and Patient Presentations related to Wellness</td>
<td>12%</td>
<td>12%</td>
<td>14%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>2. Patient Presentations Related to Human Development, Reproduction, and Sexuality</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>3. Patient Presentations Related to Endocrine System and Metabolism</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>4. Patient Presentations Related to Nervous System and Mental Health</td>
<td>10%</td>
<td>10%</td>
<td>14%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>5. Patient Presentations Related to Musculoskeletal System</td>
<td>13%</td>
<td>13%</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>6. Patient Presentations Related to Genitourinary/Renal System and Breasts</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>7. Patient Presentations Related to Gastrointestinal System and Nutritional Health</td>
<td>10%</td>
<td>10%</td>
<td>14%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>8. Patient Presentations Related to Circulatory and Hematologic Systems</td>
<td>10%</td>
<td>10%</td>
<td>14%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>9. Patient Presentations Related to Respiratory System</td>
<td>10%</td>
<td>10%</td>
<td>14%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>10. Patient Presentations Related to Integumentary System</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*HUM: Humanistic Domain | BM/BM: Biomedical/Biomechanical Domain
### Dimension 2

<table>
<thead>
<tr>
<th>CLINICAL PRESENTATIONS: DIMENSION 2</th>
<th>MINIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Community Health and Patient Presentations Related to Wellness</td>
<td>12%</td>
</tr>
<tr>
<td>2 Patient Presentations Related to: Human Development, Reproduction, and Sexuality</td>
<td>5%</td>
</tr>
<tr>
<td>3 Patient Presentations Related to: Endocrine System and Metabolism</td>
<td>5%</td>
</tr>
<tr>
<td>4 Patient Presentations Related to: Nervous System and Mental Health</td>
<td>10%</td>
</tr>
<tr>
<td>5 Patient Presentations Related to: Musculoskeletal System</td>
<td>13%</td>
</tr>
<tr>
<td>6 Patient Presentations Related to: Genitourinary/Renal System and Breasts</td>
<td>5%</td>
</tr>
<tr>
<td>7 Patient Presentations Related to: Gastrointestinal System and Nutritional Health</td>
<td>10%</td>
</tr>
<tr>
<td>8 Patient Presentations Related to: Circulatory and Hematologic Systems</td>
<td>10%</td>
</tr>
<tr>
<td>9 Patient Presentations Related to: Respiratory System</td>
<td>10%</td>
</tr>
<tr>
<td>10 Patient Presentations Related to: Integumentary System</td>
<td>5%</td>
</tr>
</tbody>
</table>
CLINICAL PRESENTATIONS represent the manner in which a particular patient, group of patients, or community present(s) to osteopathic physicians. These are high-frequency, high-impact categories based on evidence from osteopathic medical practice and are further categorized as topics.

Clinical presentations may include, but are not limited to, presentations of patients across all relevant age categories, from special populations, and in varied clinical settings, and the following ways in which patients present for osteopathic medical care:

1. Community Health and Patient Presentations Related to Wellness
2. Human Development, Reproduction, and Sexuality
3. Endocrine System and Metabolism
4. Nervous System and Mental Health
5. Musculoskeletal System
6. Genitourinary/Renal System and Breasts
7. Gastrointestinal System and Nutritional Health
8. Circulatory and Hematologic Systems
9. Respiratory System
10. Integumentary System
Patient presentations span all relevant age categories, special populations, and varied clinical settings.

The Guide to clinical presentations in this category may include, but is not limited to, the following ways in which patients present for osteopathic medical care:

- abuse and neglect, child or elder
- acalculia
- acion tremors
- adjustment disorder
- agnosia
- agraphia
- akinesis
- amyotrophic lateral sclerosis
- anemia
- anxiety disorders, including generalized anxiety, anxiety secondary to another medical condition, anxiety secondary to another mental disorder or induced by illicit, prescribed, or over-the-counter drugs or other substances
- apraxia
- arteriovenous malformations
- astereognosia (tactile agnosia)
- athetosis
- atrophy of extremity muscles
- ballism (ballismus)
- behavioral abnormalities, including avoidance, dependency, and obsessive-compulsive disorder
- bipolar and related disorders
- brain tumors, including sellar/pituitary masses, neoplasms, and metastatic tumors; paraneoplastic syndromes
- cerebral concussion/mild traumatic brain injury
- cerebral palsy
- cerebral vascular disorders, including aneurysms and vasculitis (e.g., temporal arteritis)
- cerebrospinal fluid abnormalities
- chalazion
- chronic fatigue syndrome
- fibromyalgia
- cognitive impairments, including altered level of consciousness, mild cognitive impairment, amnesia, coma, confusion, delirium, disorientation, subcortical and cortical dementia (e.g., Alzheimer disease, Huntington disease, Parkinson disease)
- cogwheel rigidity
- cyclothymic disorder
- depressive disorders
- disruptive behaviors, including attention deficit/hyperactivity disorder, pediatric anxiety (e.g., disruptive mood dysregulation disorder, selective mutism, separation anxiety)
- dizziness and true vertigo, including peripheral or central vestibular dysfunction, benign paroxysmal positional vertigo, labyrinthitis, Meniere disease
- dysautonomias
- dyskinesias
- dystonias
- ear and hearing disorders, including acoustic neuroma and other neoplasms; conductive, sensorineural, or neurogenic hearing loss; presbycusis; otosclerosis; ototoxic drugs; Meniere disease
Patient presentations span all relevant age categories, special populations, and varied clinical settings.

4.1 ANXIETY
4.2 DISTURBANCES OF MOOD/DEPRESSIVE DISORDERS
4.3 COGNITIVE DISTURBANCES
4.4 DISTURBANCES OF BEHAVIOR AND PERCEPTION
4.5 LIFE ADJUSTMENT AND STRESSORS
4.6 DISTURBANCES OF THE SPECIAL SENSES
4.7 HEADACHE
4.8 SPEECH AND LANGUAGE DISTURBANCES
4.9 MOVEMENT DISTURBANCES
4.10 SEIZURES
4.11 SENSORY DISTURBANCES AND PAIN
4.12 SLEEP DISTURBANCES
4.13 SUBSTANCE ABUSE
4.14 NERVOUS SYSTEM TRAUMA
4.15 WEAKNESS AND PARALYSIS
4.16 PHYSICAL EXAM FINDINGS RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH
4.17 LABORATORY TEST FINDINGS AND DIAGNOSTIC IMAGING RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH

The Guide to clinical presentations in this category may include, but is not limited to, the following ways in which patients present for osteopathic medical care:

eating and feeding disorders (e.g., anorexia nervosa, bulimia nervosa, pica, binge-eating) • elimination disorders (e.g., enuresis, encopresis) • encephalopathies (e.g., Reye Syndrome, Wernicke-Korsakoff encephalopathy, shock) • epidural hematoma • eye and vision disorders, including discharge, pain, lacrimal drainage, blepharitis, iritis, subconjunctival hemorrhage, hordeolum, floaters, cataracts, glaucoma, red eye(s), eye trauma (e.g., orbital floor fracture), diplopia, amblyopia, nystagmus, strabismus, refractive error, ptosis, optical migraine, photophobia, blurred vision (e.g., acute narrow-angle glaucoma), unilateral and bilateral vision loss, acute vision loss (e.g., amaurosis fugax [temporary blindness]) • fasciculation • gambling disorder • gender dysphoria • grieving and normal bereavement • head and spinal cord injury • headache (acute and chronic), including cluster, migraine, tension; episodic and constant; unilateral and bilateral; primary and secondary, with and without red flag symptoms (e.g., aura); trigeminal autonomic cephalalgia; headache attributed to a substance or its withdrawal; headache from trauma/traumatic brain injury • hoarding disorder • Huntington disease • hypomania • infantile and pediatric seizures and spells • infections (e.g., systemic, central nervous system, sinusitis, encephalitis, meningitis) • learning disorders • malingering • mood disorders, including depressed mood, elevated mood, elevated mood with or without depressed mood, mania, cyclothymia • mouth and jaw disorders, including taste disorders, mastication pain • movement disorders, including voluntary and involuntary abnormal movements, such as cerebellar and sensory ataxias, chorea, and other hyperkinetic (e.g., Tourette syndrome) and bradykinetic (e.g., Parkinson disease) disorders and diseases • myoclonus • nerve-, muscle-, and pain-related syndromes, including complex regional pain syndrome, post-herpetic neuralgia, meralgia paresthetica,
Patient presentations span all relevant age categories, special populations, and varied clinical settings.

| 4.1 | ANXIETY |
| 4.2 | DISTURBANCES OF MOOD/DEPRESSIVE DISORDERS |
| 4.3 | COGNITIVE DISTURBANCES |
| 4.4 | DISTURBANCES OF BEHAVIOR AND PERCEPTION |
| 4.5 | LIFE ADJUSTMENT AND STRESSORS |
| 4.6 | DISTURBANCES OF THE SPECIAL SENSES |
| 4.7 | HEADACHE |
| 4.8 | SPEECH AND LANGUAGE DISTURBANCES |
| 4.9 | MOVEMENT DISTURBANCES |
| 4.10 | SEIZURES |
| 4.11 | SENSORY DISTURBANCES AND PAIN |
| 4.12 | SLEEP DISTURBANCES |
| 4.13 | SUBSTANCE ABUSE |
| 4.14 | NERVOUS SYSTEM TRAUMA |
| 4.15 | WEAKNESS AND PARALYSIS |
| 4.16 | PHYSICAL EXAM FINDINGS RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH |
| 4.17 | LABORATORY TEST FINDINGS AND DIAGNOSTIC IMAGING RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH |

The Guide to clinical presentations in this category may include, but is not limited to, the following ways in which patients present for osteopathic medical care:

- compression or diabetic neuropathy, spinal stenosis, Guillain-Barré syndrome, multiple sclerosis, Bell palsy, myasthenia gravis
- neurocognitive disorders
- neurologic gait disorders (eg, hemiplegic gait, spastic diplegic gait, neuropathic gait, myopathic gait, Parkinsonian gait, choreiform gait, ataxic [cerebellar] gait, sensory gait)
- obsessive-compulsive and related disorders (eg, body dysmorphic disorder, trichotillomania, excoriation disorder)
- olfactory disorders
- pain, chronic nonmalignant
- pain, neuropathic, nociceptive, mixed, sympathetic
- panic disorder, phobias (eg, specific phobias, agoraphobia), social anxiety disorder
- paraphilias
- personality disorders (eg, paranoid, schizoid, schizotypal, antisocial, histrionic, borderline, narcissistic)
- postpartum depression or psychosis
- premenstrual dysphoric disorder, dissociative disorders
- psychogenic and illicit, prescribed, or over-the-counter drug or substance-induced seizures
- psychotic disorders, hallucinations, delusions, and disturbances of perception
- psychotic disorders, brief, including schizophréniform disorder, schizophrenia spectrum, and other psychotic disorders
- psychotic disorders, specific, including delusional disorders; shared psychotic disorder; psychosis secondary to illicit, prescribed, and over-the-counter drugs and substances; psychosis secondary to medical conditions
- pupillary abnormalities (eg, isocoria, anisocoria, mydriasis, miotic pupils)
- relational problems
- resting tremors
- seizures, atomic or convulsive, including epilepsies and secondary seizures
- seizures, including focal and generalized
- sleep disorders, including obstructive sleep apnea, somnambulism, insomnia, excessive daytime sleepiness, sleep-wake disorders, narcolepsy, night terrors, parasomnias
- somatic symptoms and related disorders (eg, conversion disorder, factitious disorders, psychological factors affecting other conditions)
Patient presentations span all relevant age categories, special populations, and varied clinical settings.

4.1 ANXIETY
4.2 DISTURBANCES OF MOOD/DEPRESSIVE DISORDERS
4.3 COGNITIVE DISTURBANCES
4.4 DISTURBANCES OF BEHAVIOR AND PERCEPTION
4.5 LIFE ADJUSTMENT AND STRESSORS
4.6 DISTURBANCES OF THE SPECIAL SENSES
4.7 HEADACHE
4.8 SPEECH AND LANGUAGE DISTURBANCES
4.9 MOVEMENT DISTURBANCES
4.10 SEIZURES
4.11 SENSORY DISTURBANCES AND PAIN
4.12 SLEEP DISTURBANCES
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4.16 PHYSICAL EXAM FINDINGS RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH
4.17 LABORATORY TEST FINDINGS AND DIAGNOSTIC IMAGING RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH

The Guide to clinical presentations in this category may include, but is not limited to, the following ways in which patients present for osteopathic medical care:

speech/language-related disorders, including alexia, aphasia (fluent and nonfluent), dysphasia, and dysarthria • stereotypy • stroke (e.g., transient ischemic attack, hemorrhagic stroke) • subarachnoid hemorrhage • subdural hematoma • substance-related and addictive disorders, including oral and intravenous abuse of tobacco, alcohol, opioids, cocaine, and cannabis; intoxication; withdrawal symptoms (e.g., delirium tremens) • suicidal ideation • tactile disturbances, including sensory loss, numbness, vibration/temperature/proprrioception loss, tingling, and paresthesia • tics and tic disorders (e.g., Tourette syndrome) • tinnitus, unilateral or bilateral, with or without hearing loss, including tinnitus secondary to ototoxic medications, tinnitus with somatic triggers (e.g., labyrinthitis, Morierro disease) • trauma and stressor-related disorders (e.g., adjustment disorders, post-traumatic stress disorder) • vascular and inflammatory masses • weakness and paralysis, focal (e.g., hemiplegia); postural instability or tremors

CONSTITUTIONAL SIGNS AND SYMPTOMS
fatigue • fever • generalized weakness • involuntary weight loss • malaise • night sweats • pallor

PHYSICAL EXAM FINDINGS
abdominal reflex • Chvostek test • clonus, Glasgow coma score, mini-cog testing • corneal reflex, nystagmus • cranial nerve examinations • cremasteric reflex • decreased muscle tone • dysdiadochokinesia • fundoscopic findings and cup/disc ratios • heel to shin test • Hoffman reflexes
Patient presentations span all relevant age categories, special populations, and varied clinical settings.

4.1 ANXIETY
4.2 DISTURBANCES OF MOOD/DEPRESSIVE DISORDERS
4.3 COGNITIVE DISTURBANCES
4.4 DISTURBANCES OF BEHAVIOR AND PERCEPTION
4.5 LIFE ADJUSTMENT AND STRESSORS
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4.15 WEAKNESS AND PARALYSIS
4.16 PHYSICAL EXAM FINDINGS RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH
4.17 LABORATORY TEST FINDINGS AND DIAGNOSTIC IMAGING RELATED TO THE NERVOUS SYSTEM AND MENTAL HEALTH

The Guide to clinical presentations in this category may include, but is not limited to, the following ways in which patients present for osteopathic medical care:

- increased muscle tone
- light reflex
- micro-aneurysms
- mini-mental status examination
- ptosis
- nuchal rigidity
- Kernig sign
- Brudzinski sign
- deep tendon (stretch) reflexes and grading
- papilledema, cotton wool spots
- plantar (Babinski) reflex
- proliferative changes
- red reflex
- Romberg test
- slitlamp exam findings
- tuning-fork testing
- visual-acuity testing

LABORATORY TEST FINDINGS AND DIAGNOSTIC IMAGING
- angiography
- cerebrospinal fluid evaluation
- computed tomography imaging
- electroencephalography patterns
- elevated serum creatine kinase
- lab findings, vitamins (e.g., B12 deficiency)
- magnetic resonance imaging
- nuclear medicine imaging
- radiography
- sonography
C2: Lifelong Learning/ CME

- Self-assessments – pre and post tests for on-line or traditional CME courses or modules
- NBOME’s Learning Center, CME

C3: Cognitive Assessment

- Secure, proctored examinations
- Test development: Item development, computerized item banking, customer service/administrative support
- Customized score reporting
- Psychometric consulting
- CATALYST- continuous assessment program

C4: Practice Performance Assessment and Improvement

- Performance Testing and Clinical Skills assessments
- OPAI M practice appraisal and improvement program
INTRODUCTION TO CATALYST

CATALYST – A Software Platform

• Easily accessible on smartphones, tablets or computers 24/7
• Email notification of new questions
• Short questions to fit busy schedules
• Continuous assessment and learning
• Immediate performance feedback
• Directed to improvement resources
• Enables spaced repetition
• Exploring adaptive learning engines
CATALYST – AOA OCC

CATALYST – content

- Assessment content determined by each Certifying Board/Client
- Questions aligned to scope of practice
- Questions vary based on learner needs
- Enables continuous assessment and learning
CATALYST – PILOTS IN PROCESS

Goals for AOBIM & AOBP CATALYST Pilots:

- Active participation in the pilot
- Perceptions of the face validity of CATALYST
- Assess convenience, user acceptance of CATALYST assessment
- Ease of registration and access
- Relevance to practice
- Usefulness of the item-level feedback
- Comparison to traditional secure MCQ examination
- Preparation to associate (correlate) participants’ performance on CATALYST to traditional measures
AOBP Week 8 Update

- 131 diplomates invited to participate in CATALYST-AOBP
- 41 accepted
- 37 (90%) are “engaged” (answered all questions)
- 34/37 (92%) answered Midpoint survey

AOBIM Week 8 Update

- 514 diplomates invited to participate in CATALYST-AOBIM
- 81 accepted
- 58 (72%) are “engaged” (answered all questions)
- 45/58 (78%) answered Midpoint survey
### CATALYST MID-POINT SURVEY

* 1 = Strongly Agree; 2 = Agree; 3 = No opinion; 4 = Disagree; 5 = Strongly Disagree

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Average rating*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average rating</strong></td>
<td>AOBIM n = 45</td>
</tr>
<tr>
<td>(45/58 - 78%)</td>
<td>34/37 - 92%</td>
</tr>
<tr>
<td>Registering for CATALYST was easy and quick.</td>
<td>1.38</td>
</tr>
<tr>
<td>The process for answering the questions was convenient.</td>
<td>1.56</td>
</tr>
<tr>
<td>The CATALYST format provided a good opportunity to learn/reinforce Internal Medicine/Pediatrics material.</td>
<td>1.67</td>
</tr>
<tr>
<td>The rationales included with the answers to the CATALYST questions were effective learning tools.</td>
<td>1.67</td>
</tr>
<tr>
<td>Evaluation Question</td>
<td>Average rating*</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>AOBIM n = 45</td>
</tr>
<tr>
<td></td>
<td>(45/58 - 78%)</td>
</tr>
<tr>
<td>I found the references included with the answers to the CATALYST questions to be</td>
<td>1.96</td>
</tr>
<tr>
<td>useful.</td>
<td></td>
</tr>
<tr>
<td>I would rather answer a fixed number of CATALYST questions periodically to help me</td>
<td>1.24</td>
</tr>
<tr>
<td>keep current rather than take the traditional high-stakes certification/recertification</td>
<td></td>
</tr>
<tr>
<td>examination administered in a test center.</td>
<td></td>
</tr>
<tr>
<td>Participation in the CATALYST program will help me provide better care to my patients.</td>
<td>1.58</td>
</tr>
<tr>
<td>Evaluation Question</td>
<td>Average rating*</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Participation in the CATALYST program will help me stay current in Internal Medicine/Pediatrics.</td>
<td>1.42</td>
</tr>
<tr>
<td>I would recommend CATALYST to others in my specialty</td>
<td>1.38</td>
</tr>
<tr>
<td>How did you access the questions?</td>
<td>Smartphone = 20</td>
</tr>
<tr>
<td></td>
<td>Tablet = 2</td>
</tr>
<tr>
<td></td>
<td>Laptop = 18</td>
</tr>
<tr>
<td></td>
<td>Desktop = 5</td>
</tr>
</tbody>
</table>

AOBIM n = 45 (45/58 - 78%)  
AOBP n = 34 (34/37 - 92%)

* 1 = Strongly Agree; 2 = Agree; 3 = No opinion; 4 = Disagree; 5 = Strongly Disagree
AOBP

- Convenient to Use – 65% Strongly Agree; 29% Agree = 94%
- Prefer CATALYST Over Traditional Recertification Exam – 85% Strongly Agree; 9% Agree = 94%
- Accessed CATALYST on Smartphone – 38%

AOBIM

- Convenient to Use – 58% Strongly Agree; 33% Agree = 91%
- Prefer CATALYST Over Traditional Recertification Exam – 82% Strongly Agree; 11% Agree = 93%
- Accessed CATALYST on Smartphone – 44%
CATALYST MID-POINT SURVEY
SUMMARY OF RESPONSES

AOBP

• CATALYST Will Help Me Provide Better Care to Patients – 53% Strongly Agree; 35% Agree = 88%

• Would Recommend CATALYST to Others in My Specialty – 68% Strongly Agree; 32% Agree = 100%

AOBIM

• CATALYST Will Help Me Provide Better Care to Patients – 56% Strongly Agree; 31% Agree = 87%

• Would Recommend CATALYST to Others in My Specialty – 64% Strongly Agree; 33% Agree = 97%
What did you like about CATALYST?

The ease of answering questions was great. Allowed me to answer questions whenever I had a few free minutes.

Answering only a few questions at a time instead of investing time in many at one time. I like the mixture of topics and difficulty as well.

Efficient way of reviewing/reinforcing material.

I learn and retain info better in small doses like this compared to cramming for a high-stakes test.....
What suggestions do you have for improving CATALYST?

Explanations could include more commentary on incorrect answers to expand the learning opportunity without having to go to longer references.

None - I think it is really well done, the question and answer format I find really useful.

The graphical user interface is disjointed...it gets confusing as to what to click.

Streamline answering process to minimize clicks/ screen reloads necessary.
CATALYST NEXT STEPS

• Complete AOBI M & AOBP pilots by end of July
• Detailed feedback to AOA, AOBI M & AOBP
• Plan additional pilots:
  o AOBOG and AOBNMM
  o ACOS and ACOEP
  o Planning for COMSAE delivery using CATALYST
• Evaluate ability to have formative activity inform summative decisions for boards
• AOA approval of new OCC-3
SINGLE ACCREDITATION SYSTEM FOR GME

Osteopathic Recognition and Opportunity!
**2017 Main Residency Match®**

Largest in NRMP History

<table>
<thead>
<tr>
<th>Category</th>
<th>Registered Applicants</th>
<th>Matched &amp; PGY-1 Positions Filled</th>
<th>Total Positions</th>
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<tr>
<td>Applicants Matched &amp; PGY-1</td>
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<tr>
<td>Positions Filled</td>
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<td>Total Positions</td>
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<tr>
<td>Increase</td>
<td>493</td>
<td>989</td>
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</tr>
</tbody>
</table>

Talar Kavafyan, Erica Couzens, Carol Conceicao, Kate Phelps, and Kevin Van Smaalen
Loma Linda University School of Medicine
"Matching can be a complex process for osteopathic students. Not only do we have the added pressure of having to choose which match to enter, but we also have been concerned with whether we needed to take both sets of licensure examinations. I chose to use only my COMLEX-USA scores during my match process in both the NMS (AOA) and NRMP (ACGME) matches. I was invited to interview at 10 to 12 NRMP and NMS programs with just my COMLEX-USA score on my application. I am happy to say that my choice had benefited me greatly and landed me a position at the program of my choosing."

Congratulations Angelo!

"I am proud to be an osteopathic medical student and soon to be a physiatrist going to a residency in my osteopathically diverse home state. It has been a huge role in my decision to pursue osteopathic medicine in the USA, as well as the submission of my COMLEX-USA application. Not taking into account the prestige and competitiveness of the osteopathic medical school, I matched into a NRMP-accredited program with the ACGME-accredited program. Students ultimately have to choose what is best for them based on factors such as location, specialty interests, and patient care. I am glad I did not sacrifice their identity as osteopathic medical students and have found a program that will help me grow as a doctor."

Congratulations:
Between July 19-23 post on Facebook or Twitter a photo, video or gif showing something that is Perfectly Matched, just like COMLEX-USA is for osteopathic medical training, licensure and practice.

#PerfectlyMatched!

- 1st Place, $125 (ATSU/KCOM 125th anniversary)
- 2nd Place $97 (97th Annual AOA HOD Meeting)
- 3rd Place $83 (NBOME’s 83 years of protecting the public through assessment)
- Winners will be announced on Monday, July 24, 2017
ACGME AND SAS FOR GME

ACGME Recognizes and Accepts COMLEX-USA

- Dr. Nasca, CEO “COMLEX-USA and USMLE acceptable”
- Common Program Requirements: Fellowship Exception
- ACGME Milestones: COMLEX-USA and USMLE noted as measures of medical knowledge (e.g., ABEM, ABA)
- Widespread recognition of COMLEX-USA by ACGME PDs
- Presentations at ACGME Annual Conference, Program Coordinators Forum
- ACGME Updating Website “Glossary” (2013)
- Numerous publications on COMLEX-USA in JGME
- Opportunities in resident in-service assessment and assessment of MDs for OGME readiness
- Opportunities for education continue to exist
Update on Single Accreditation System for GME with a Focus on Osteopathically Distinctive Assessment in the New GME Arena
The proportion on COMLEX-USA candidates who also took USMLE by examination year

- **Step 1**
  - 2012: 49.4%
  - 2013: 49.2%
  - 2014: 50.7%
  - 2015: 51.6%
  - 2016: 51.9%

- **Step 2 CK**
  - 2012: 33.2%
  - 2013: 37.9%
  - 2014: 38.8%
  - 2015: 41.1%
  - 2016: 41.1%

- **Step 2 CS**
  - 2012: 1.23%
  - 2013: 0.94%
  - 2014: 1.71%
  - 2015: 0.81%
  - 2016: 0.36%

- **Step 3**
  - 2012: 0.0%
  - 2013: 0.0%
  - 2014: 0.0%
  - 2015: 0.0%
  - 2016: 0.0%
Initiatives to Reach Residency Program Directors

- Website, “COMLEX-USA for PDs”, Annual Report to PDs
- Organization of Program Director Associations/Council of Medical Specialty Societies - presentations twice annually
- ACGME Annual Meeting Exhibit, Presentation at ACGME Annual Educational Conference 2017; ACGME on Board’s Liaison Committee; Outreach to AODME
- Research: presentations and publications for PDs; e.g. CORD (EM), SAEM (EM), ACP (IM), JAOA, JGME, Academic Med, etc.
- ERAS links regarding interpretation of COMLEX-USA scores
- Smart Phone App with Percentile Converter
- Grass-roots efforts – DOs and Students have a key role!
Predictive Validity and Score Concordance

O’Neill, Thomas R. PhD; Peabody, Michael R. PhD; Song, Hao PhD. The Predictive Validity of the National Board of Osteopathic Medical Examiners’ COMLEX-USA Examinations With Regard to Outcomes on American Board of Family Medicine Examinations. Academic Medicine (November 2016)

• Evidence was found that the COMLEX-USA can assist family medicine residency program directors in predicting later resident performance on the ABFM’s ITE and MC-FP, which is becoming increasingly important as graduate medical education accreditation moves toward a single aligned model.
Predictive Validity and Score Concordance

Sandella, Jeanne M., DO, Gimpel, John R., DO, MEd, Smith, Larissa L., PhD, and Boulet, John R., PhD. The Use of COMLEX-USA and USMLE for Residency Applicant Selection. Journal of Graduate Medical Education (July 2016)

• The comparability of performance is useful in further validating both examinations in context of allopathic and osteopathic students “crossing over” into their choice of training programs.
Check the NBOME website (www.nbome.org) for updates and notices.

“Like Us” on Facebook and Follow us on Twitter!
THANK YOU!
Consistent with our mission to support and promote the osteopathic profession, the Advocates had another busy year at the national level with the AOA in Chicago and Washington, D.C., and in our work with state affiliates and SAA chapters. Our theme this year was Foundation, Innovation, and Rejuvenation: Embracing a new era of Advocacy, and so the AAOA Board has been using this year to reorganize and reconnect.

We took a look at everything and everyone that we partner with to see which connections needed repair and reinforcement. We also looked at new ways of doing things and new projects to take on as well, such as collaborating with the AOA’s Physician Wellness Task Force, chaired by Dr. Robert Piccinini.

Perhaps our most important activity, though, was the continuation of efforts to identify and nurture young people who might very well be among our next generation of leaders. We are pleased to report that we have the youngest board in many years, so the potential for the infusion of new ideas and energy into our succession of leadership is quite high indeed.

At the risk of repeating comments that groups and individuals will bring up at this AOA Business Meeting and the House of Delegates, as the leader of the AAOA I must share our similar concerns regarding potential challenges we will have to deal with following major changes within the AOA. We will continue to monitor any developments affecting our stakeholders, from AAOA leadership down to the most vulnerable members of our osteopathic family: the students and their families.

**Communication** - In order to help educate the masses regarding our mission I have made it a priority to spend extra time and resources to reach out to our BOT Advisor Dr. Richard Thacker, AOA staff, affiliates, and other important members of our profession. I know my successor – and fellow Texan - Wendy McDonald feels strongly about the importance of this as well.

We have also made it a habit to use Zoom for our board and committee meetings, and Google Chat for our national SAA meetings. Both of these have been a huge success.
Board Development – We had another successful board retreat in Chicago, and this follows in the tradition started by our most recent past presidents.

Membership – Slowly recovering from a catastrophic 70% drop in membership following changes in the AOA dues statement for 2016, we currently have 1,073 members, up from 679 one year ago, but still less than one half our usual census. As this is our greatest source of revenue we continue to explore ways of getting back to – if not greater than - our normal status. Our hope is that our membership and financial shortfall are not compounded by any new drops related to changes in GME, board certification, or other important areas.

Student Advocate Association (SAA) Chapters - The AAOA continues to focus on the support of our current SAA groups at the COM’s.

We have also helped to develop three new SAA chapters: University of the Incarnate Word School of Osteopathic Medicine in San Antonio, Texas; KCUMB Branch in Joplin, Missouri; and the Arkansas College of Osteopathic Medicine in Fort Smith

In addition of helping start the KCU-Joplin SAA group, the AAOA is helping to revitalizing the current SAA chapter at the original campus in Kansas City.

What we learned from the closing our oldest SAA chapter was how to more effectively work with schools that have existing chapters. Our intent is never to take over but rather to be an important support group for the spouses and significant others.

Fundraising - This year’s major efforts will be a departure from our routine as we give the golf tournament a rest. We do, however, look forward to record-breaking fundraising with the Fun Run at OMED in Philadelphia; Dr. Peter Ajluni has agreed to serve as our first-ever “Honorary Chair”.

Travel – Representing the AAOA as President I have been fortunate to have the time and resources to travel to Hawaii, Florida, Ohio, Pennsylvania, Michigan, and several cities in Texas, including Austin, San Antonio, Dallas, and Fort Worth.

In closing, the AAOA plans to continue to grow our membership, groom new leaders, expand our scholarship programs if possible, and in general continue to become more effective in carrying out our mission. Reaching this new plateau, however, will require even more changes in the way the AOA and AAOA work together.

Respectfully submitted,
Linda Kazen Garza
President
This report is for the period from June 1, 2016 through June 15, 2017. During this period the AOA Commission on Osteopathic College Accreditation (COCA) met four times: August 26-28, 2016; December 2-4, 2016; April 6-8, 2017, and June 5, 2017.

**COCA Meeting August 26-28, 2016**
The COCA met on August 26-28, 2016 at the O’Hare Hilton Hotel (Chicago, IL) under the direction of the Chair. Accreditation action items included:

- Five focused site visit reports were reviewed and accepted: Kansas City University of Medicine and Biosciences College of Osteopathic Medicine (Kansas City, MO) – additional location in Joplin, MO; Marian University College of Osteopathic Medicine (Indianapolis, IN); Oklahoma State University Center for Health Sciences College of Osteopathic Medicine (Tulsa, OK); Pacific Northwest University of Health Sciences College of Osteopathic Medicine (Yakima, WA) and Rocky Vista University College of Osteopathic Medicine (Parker, CO) – additional location in Ivins, UT.

- Two Comprehensive site visit reports were reviewed and accepted and continuing accreditation was granted to: Midwestern University/ Chicago College of Osteopathic Medicine (Downers Grove, IL) and Virginia College of Osteopathic Medicine – Auburn (Auburn, AL).

- Fourteen progress reports were reviewed and accepted: Alabama College of Osteopathic Medicine (Dothan, AL); Arkansas College of Osteopathic Medicine (Fort Smith AR); Burrell College of Osteopathic Medicine (Las Cruces, NM); Campbell University- Jerry M. Wallace School of Osteopathic Medicine (Buies Creek, NC); Liberty University College of Osteopathic Medicine (Lynchburg, VA); Lincoln Memorial University- DeBusk College of Osteopathic Medicine (Harrogate, TN); New York Institute of Technology College of Osteopathic Medicine (Old Westbury, NY); Ohio University Heritage College of Osteopathic Medicine - Athens (Athens, OH); Ohio University Heritage College of Osteopathic Medicine - Cleveland (Warrensville Heights, OH); Oklahoma State University Center for Health Sciences College of Osteopathic Medicine (Tulsa, OK); Pacific Northwest University of Health Sciences College of Osteopathic Medicine (Yakima, WA); University of Pikeville –Kentucky College of Osteopathic Medicine (Pikeville, KY); West Virginia School of Osteopathic Medicine – (Lewisburg, WV) and University of the Incarnate Word School of Osteopathic Medicine (San Antonio, TX).

- One request for substantive change – Additional Location and Class Size Increase was reviewed and denied for Lake Erie College of Osteopathic Medicine (Erie, PA) – additional location in Elmira, NY.

- Three Annual and Mid-Cycle Reports were reviewed and accepted: Kansas City University
of Medicine and Biosciences College of Osteopathic Medicine (Kansas City, MO); Pacific Northwest University of Health Sciences College of Osteopathic Medicine (Yakima, WA); and, Rocky Vista University College of Osteopathic Medicine (Parker, CO).

- Four follow up actions resulting from the Annual Report or Mid-cycle report were reviewed and accepted: Midwestern University/Arizona College of Osteopathic Medicine (Arizona); Marian University College of Osteopathic Medicine (Indianapolis, IN); Nova Southeastern University College of Osteopathic Medicine (Fort Lauderdale, FL), and Philadelphia College of Osteopathic Medicine (Philadelphia, PA).

- The COCA reviewed the University Of North Texas Health Science Center/ Texas College of Osteopathic Medicine’s (Fort Worth, TX) request to evaluate whether their mission change constituted a substantive change or not. Additional information was sought by November 1, 2016 for a review at the December COCA meeting.

Policy discussion items and actions for the agenda included:

- The AOA President addressed the COCA and commented on the results of the COCA’s petition to USDE for renewal of accreditation status as well as the need to address the citations.

- Six nominees have applied for membership in the registry for on-site evaluation teams. These six individuals were approved for membership in the registry.

  Joy P. Henderson, BS  
  Genomary Krigbaum, PsyD, MA  
  Gregg Cary Laud, DO, MS, FAAP  
  Cheryl P. McCormick, PhD, MT (ASCP)  
  Bryan Moody, MEd  
  Sarah H. Parrott, DO  
  Student Services  
  Preclinical Education  
  Administration/Finance, Preclinical Education and Clinical Education  
  Preclinical Education  
  Student Services  
  Clinical Education

- The COCA Standards Review Committee endorsed and the Commission approved revised Standard 2.8 as proposed by AACOM. This standard was to go into effect immediately. Standard 2.8.1 was further revised and posted for public comment.

- The COCA Secretary gave an update on the findings from the USDE petition and the needed standard changes to come into compliance.

- Notification of COM Leadership changes was provided.

**COCA Meeting December 2-4, 2016**
The COCA met on December 2-4, 2016 at the O’Hare Hilton Hotel (Chicago, IL) under the direction of the Chair. Accreditation action items included:

- Three focused site visit reports were reviewed and accepted from: New York Institute of Technology College of Osteopathic Medicine (Old Westbury, NY) – additional location in
Jonesboro, AR; Ohio University Heritage College of Osteopathic Medicine (Athens, OH) - additional location in Dublin, OH; and Touro College of Osteopathic Medicine (New York, NY).

- One Pre-accreditation site visit report for Idaho College of Osteopathic Medicine (Meridian, ID) was reviewed and accreditation decision was deferred.

- Eleven progress reports were reviewed and accepted from: Alabama College of Osteopathic Medicine (Dothan, AL); Arkansas College of Osteopathic Medicine (Fort Smith, AR); Burrell College of Osteopathic Medicine (Las Cruces, NM); Kansas City University of Medicine and Biosciences College of Osteopathic Medicine- Joplin (Joplin, MO); Lincoln Memorial University –De Busk College of Osteopathic Medicine (Harrogate, TN); Liberty University College of Osteopathic Medicine (Lynchburg, VA); Marian University College of Osteopathic Medicine (Indianapolis, IN); Oklahoma State University Center for Health Sciences Colleges of Osteopathic Medicine (Tulsa, OK); Pacific Northwest University of Health Sciences College of Osteopathic Medicine (Yakima, WA); Rocky Vista University College of Osteopathic Medicine (Ivins, UT); and University of the Incarnate Word School of Osteopathic Medicine (Antonio, TX).

- One request for substantive change – Curriculum – was reviewed and approved for Ohio University College of Osteopathic Medicine (Athens, OH).

- Reconsideration of a Substantive Change Requests by Lake Erie College of Osteopathic Medicine (LECOM) (Erie, PA) for a class size increase and an additional location in Elmira, NY, were reviewed and denied. LECOM appealed the decision to the COCA Appeal Panel, and the Appeal Panel affirmed the COCA’s decision.

- Two follow-up actions from the Annual Report or Mid-cycle report were reviewed and accepted: the Philadelphia College of Osteopathic Medicine’s (Philadelphia, PA); and the University Of Pikeville- Kentucky College of Osteopathic Medicine’s (Pikeville, KY).

Policy discussion items and actions for the agenda included:

- The 2018 COM Site Visit Schedule was accepted. (Eight comprehensive accreditation site visits, three provisional accreditation site visits, and two focused visits).

- In regards to changes in the COCA Standards, Sutton Enterprises, a consultant group, was chosen to work on revamping the standards. The COCA chair indicated he would appoint a nine member ad hoc group to work with the consultants on refining the changes. The COCA Vice-chair will lead the group which will consist of 2-3 evaluators; Chair of the COCA Standards Review Committee; COM student; Member of the public; AACOM representative and a COCA member.

- Four nominees have applied for membership in the registry for on-site evaluation teams. These four individuals were approved for membership in the registry.
  - John Graneto, DO, M.Ed. Clinical Education
  - Joe E. Kingery, DO, FAAFP Clinical Education
The AOA President addressed the COCA emphasizing the need for COCA to become modernized through the use of e-accreditation.

The National Chair of the Council of Osteopathic Student Government Presidents spoke to the COCA about additional opportunities to work together on future projects.

A representative of the Student Osteopathic Medical Association spoke about the need to include minority health issues within medical education.

Notification of COM Leadership changes was provided.

**COCA Meeting April 6-8, 2017**

The COCA met on April 6-8, 2017 at the JW Marriott in Washington D.C., under the direction of the Chair. Accreditation action items for the agenda included:

- Two focused site visit reports were reviewed and accepted from: Nova Southeastern University College of Osteopathic Medicine (Fort Lauderdale, FL); and William Carey University College of Osteopathic Medicine (Hattiesburg, MS).

- Four provisional site visit reports were reviewed and accepted from: Arkansas College of Osteopathic Medicine (Fort Smith, AR); Burrell College of Osteopathic Medicine (Las Cruces, NM); Liberty University College of Osteopathic Medicine (Lynchburg, VA); and University of the Incarnate Word School of Osteopathic Medicine (San Antonio, TX).

- Three comprehensive site visit reports for initial Accreditation were reviewed and accepted with accreditation status granted to: Alabama College of Osteopathic Medicine (Dothan, AL); Campbell University-Jerry M. Wallace School of Osteopathic Medicine (Buies Creek, NC); and, Marian University College of Osteopathic Medicine (Indianapolis, IN).

- Four progress reports were reviewed and accepted: Kansas City University of Medicine and Biosciences College of Osteopathic Medicine- Joplin (Joplin, MO); New York Institute of Technology College of Osteopathic Medicine (Westbury, NY); Rocky Vista University College of Osteopathic Medicine (Ivins, UT); and, Touro College of Osteopathic Medicine (New York, NY).

- Additional information from Idaho College of Osteopathic Medicine (Meridian, ID) was reviewed and approved. Idaho College of Osteopathic Medicine was granted Pre-accreditation status.

- A summary of the Annual Report data was reviewed with suggestions made for subsequent annual summaries.

Policy discussion items and actions for the agenda included:
The AOA President addressed the COCA concerning issues facing the AOA and COCA.

An extensive amount of time was spent in reviewing and approving the recommended standards as proposed by the Standards Task Force. It was decided those standards which required a table to be completed would be pulled from the agenda until the table had been developed. When completed, the standards and the accompanied tables would be open for public comment for 30 days and be presented for a COCA vote on June 5, 2017 via a video conference. The COCA meeting would facilitate discussion and voting amongst Commissioners while the public would be able to listen but not contribute during the meeting.

During the same meeting, the COCA determined to review and vote upon standards for New and Developing COMs and Procedures for Substantive Changes at the next meeting of the COCA on June 5, 2017. These were also available for public comment during a 30 day period in the month of May.

The AACOM President addressed the COCA and expressed support for upcoming standards revisions.

The COCA was unable to reach the applications for the Evaluator Registry on its April agenda, and deferred any decisions on those applications until the August 2017.

**COCA Meeting June 5, 2017**

The COCA met by conference call on June 5, 2017 to review and approve the final set of proposed standards changes by the Standards Task Force. The COCA approved the final set of proposed standards and the procedures for substantive change requests.

**COCA - Executive Committee (COCA – EC)**

**October 2016**

The COCA Executive Committee met via teleconference on Monday, October 3, 2016. Several issues were discussed which included:

- Accreditation issues;
- Students concerns;
- Hiring of consultants to assist with the revision of the new Standards document. The field has been narrowed to two agencies and the Executive Committee agreed to let the COCA staff make the selection. The consultants will begin work on October 10, 2016; and
- Scheduling a Standards Forum for Friday, December 2, 2016 which will be held in the Chicago area.

**November 2016**

The meeting was cancelled due to a lack of a quorum.

**January 2017**

The meeting scheduled for January 2, 2017 was cancelled due to a lack of a quorum and rescheduled
The COCA-EC met via teleconference on Wednesday, January 25, 2017. The situation at William Carey University and the destruction resulting from a direct-hit tornado was discussed.

February 2017

The COCA-EC met on Monday, February 6, 2017 via teleconference. The William Carey University’s short-term as well as long-term plans were discussed.

- The feasibility study from a new COM was reviewed by the committee.

The COCA-EC met a second time this month on February 13, 2017 to review the progress being made by William Carey University and its current level of functioning.

- Several accreditation issues were discussed with decisions reached.

- An update on the progress being made by the Standards Task Force was given by Dr. Knebl.

May 2017

The COCA-EC met on Monday, May 16, 2017, via telephone conference, to discuss the following matters:

- Accreditation issues;
- The feasibility study from a new COM;
- Follow-up information regarding the Class Size Survey; and
- Student concerns.

June 2017

The COCA-EC met on Monday, June 5, 2017, via telephone conference, to discuss the following matters:

- Logistics for the on-line COCA meeting to be held the same evening;
- Accreditation issues;
- Student concerns;
- Class Size data update;
- Update on the new Standards effective July 1, 2017; and
- Nominations for COCA commissioners for the 2017-18 academic year.

July 2017

The COCA-EC met on Monday, July 10, 2017. Due to the July fourth holiday, the regular meeting on July 3 was postponed until July 10. The COCA-EC discussed the following matters:
New COM applications;
Complaints against existing COMs;
Substantive change requests submitted by COMs;
Upcoming site visits;
Continuing work of the Standards Taskforce; and
Administrative issues

Annual Report Review Committee
2016-2017 - The Annual Report Review Committee did not meet during this time period.

COCA Appeal Panel
2016-17 - The COCA Appeal Panel the One appeal was heard on May 2, 2017. The Appeal Panel issued its decision on June 30, 2017.

Committee on College Accreditation Training (CCAT)
The CCAT Meeting was held on April 21 and 22, 2017 at the Hilton Hotel in Rosemont, IL. The meeting addressed the revised Standards for Accreditation which had been approved at the April COCA meeting. Also, general information concerning accreditation was addressed as well as proposed changes in the logistics of a site visit. Use of the new COCA On-line system was introduced.

COCA Standards Review Committee (SRC)

Ad hoc Standards Task Force
The ad hoc Standards Task Force met on January 18 and 19; January 31; February 7; February 21; February 28; March 14; March 21; March 29; April 14; May 9; June 1; and June 13, 2017 for a complete review and revision of the Standards. A public comment period addressing the new Standards was held for 30 days culminating with a Standards Forum on March 20, 2017 at the Westin Hotel in Rosemont with approximately 100 individuals attending. Comments and suggestions were received with accompanying changes made by the Standards Task Force. At the April 6-8, 2017 meeting, the COCA approved the proposed revisions, with the exception of those standards that needed additional tables. The tables were developed, sent for public comment and then approved at a COCA video meeting on June 5, 2017.

New Standards for New and Developing COMs plus Substantive Change were developed by the Standards Task Force and approved by the COCA at the video conference meeting on June 5, 2017. All new standards are now effective as of July 1, 2017, with a phase in period across the fall of 2017.

The COCA thanks the Standards Taskforce led by Janice Knebl, DO, (Chair), Thomas Yorio, DO (Vice Chair). The members of the Taskforce include Lori Kemper, DO, Evelyn Schwalenberg, DO, Harriet Arnone, PhD, Ronnie Martin, DO, Karen Johnson, DO, and Louisa Sethi, DO. The Taskforce spent countless hours to develop the COM Standards adopted by the COCA, which could not have been achieved without their efforts. Special recognition should be extended to Alissa Craft, DO, for her leadership and development of the standards leading to their approval.
Continuing Recognition of the COCA by the U.S. Department of Education

The COCA applied to the U.S. Department of Education (USDE) for renewal of its recognition as a reliable accrediting agency in January 2016 and received feedback from its application in October 2016. The COCA will address certain items noted by the USDE to be submitted in a follow-up progress report in November 2017. The COCA continues to work with the USDE staff on these items.

RESOLUTIONS: This report is informational in nature; no resolutions are presented.

Special Recognition of Departing COCA Commissioners

The COCA Chair, Kenneth Johnson, DO, and Commissioner Thomas Cavlieri, DO, have both served the maximum number of terms on the COCA. Each has served the COCA and AOA with distinction, and under Dr. Johnson’s leadership as Chair of the COCA, the COCA is positioned for further growth and successful development. The COCA extends its congratulations, gratitude, and best wishes to both Dr. Johnson and Dr. Cavlieri for their unyielding service.
CONTROLLER'S REPORT
Frank W. Bedford, CPA

The Audit Committee, Investment Subcommittee and the Finance Committee provide stewardship of AOA assets with the goal of improving its financial condition.

AUDIT COMMITTEE – Robert S. Juhasz, DO, Chair
The Audit Committee retained the audit firm of RSM, LLP, the fifth largest accounting firm in the City of Chicago, to audit AOA’s Fiscal Year 2017 financial statements. The audit resulted in an unqualified opinion, the best opinion available. No adjustments were made to the trial balance given to the auditors.

FINANCE COMMITTEE – John W. Becher, DO, Chair

INVESTMENT SUBCOMMITTEE – Robert S. Juhasz, DO, Chair
The Investment Sub-Committee meets on a bi-annual basis to monitor AOA’s investment performance.

As of May 31, 2017, AOA’s portfolios had the following balances.

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<tr>
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<td>$ 5,638,070</td>
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<tr>
<td>DDEF</td>
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Budget
The proposed FY 2018 budget is presented in a condensed version. It has been approved by the Finance Committee and approved for distribution to members of the House of Delegates. A detailed budget is available for review.

The proposed FY 2018 budget presentation has two sections:

1. Strategic Work Plan, and
2. FY 2017-2018 Proposed Budget.