



MEHARRY
SCHOOL OF MEDICINE

5-YEAR STRATEGIC PLAN

Through AY 2030-2031

Advancing Health Equity Through Education: MMCSOM 5-Year Strategic Plan

Strategic Objectives at a Glance

This plan is organized around four strategic priorities and a focused set of objectives that will guide MMCSOM decision-making, investment, and accountability through Academic Year 2030-2031

Strategic Priority 1: Student Success and Academic Excellence

- **Objective 1.1:** Improve academic performance and USMLE outcomes with equity in preparation.
- **Objective 1.2:** Strengthen career advising and match outcomes, with emphasis on mission-critical and shortage specialties.
- **Objective 1.3:** Optimize operational processes for students (clear policies, reliable scheduling, timely grades and feedback).

Strategic Priority 2: Faculty Development, Culture, and Academic Excellence

- **Objective 2.1:** Ensure sufficient, supported faculty to deliver a modern, high-quality curriculum.
- **Objective 2.2:** Improve faculty compensation, advancement pathways, and scholarly productivity.
- **Objective 2.3:** Build a Center for Teaching and Learning to strengthen teaching excellence and educational innovation.

Strategic Priority 3: Clinical Partnerships, Regional Campuses, and Community Impact

- **Objective 3.1:** Develop a coherent regional campus structure and ensure comparable clinical training across sites.
- **Objective 3.2:** Strengthen partnerships with Nashville General Hospital and community organizations to advance health equity and chronic disease care.
- **Objective 3.3:** Prepare graduates to lead in primary care, chronic disease management, and mental health in underserved communities.

Strategic Priority 4: Financial Sustainability, Wellness, and Continuous LCME Readiness

- **Objective 4.1:** Leverage philanthropy and financial aid to reduce financial barriers and support service-aligned outcomes.
- **Objective 4.2:** Promote student and faculty wellness as a core feature of the learning environment.
- **Objective 4.3:** Maintain continuous LCME readiness through an integrated CQI system with defined metrics, data owners, and routine review.
- **Objective 4.4:** Implement a planned student tuition increase to support long-term financial sustainability and protect core educational and student-support services.

From the Desk of the Dean



Meharry Medical College School of Medicine exists to advance health equity through transformative education by preparing physicians who combine clinical excellence with a lifelong commitment to service. For 150 years, our institution has fulfilled a mission that remains profoundly relevant today: improving health outcomes for communities that have historically been underserved and overlooked. The MMCSOM 2025–2030 Strategic Plan is an operational expression of that mission, designed to guide our decisions, investments, and partnerships over the next five years.

This plan was shaped by listening and learning. We engaged students, faculty, staff, trustees, and community and clinical partners to understand what is working, what is not, and what must change.

Students have been clear about the need for earlier and more structured academic and career preparation, consistent expectations, and a learning environment defined by professionalism and support. Faculty have emphasized the importance of sufficient staffing, fair workload distribution, stronger support for teaching and scholarship, and reliable infrastructure. The Board has underscored the importance of preparing graduates to lead in primary care and chronic disease management, strengthening community partnerships, and sustaining a diverse physician workforce that stays and serves in the communities that need physicians most.

Our response is a plan anchored in action. We will elevate student outcomes through an equitable academic support ecosystem and predictable operational basics. We will invest in faculty development, mentoring, and recruitment to ensure every course and clerkship has the leadership and capacity it requires. We will stabilize and strengthen clinical education through coherent regional campus structures and routine comparability review, while deepening our partnerships with Nashville General Hospital, the Meharry Medical Group, and community organizations. We will also steward resources responsibly through mitigation of financial barriers, strengthening wellness supports, and embedding continuous accreditation readiness into our daily operations through clear metrics and transparent reporting.

I am grateful to all who contributed their insight and energy to this work. Meharry’s legacy is not simply what we have been, it is what we are called to become. Together, we will deliver on that calling and advance health equity through education with greater excellence, greater consistency, and greater impact.

Sonja Harris-Haywood, MD, MS, MA
Dean, School of Medicine

From Legacy to 2030: Our Mission, Vision, and Future Direction

Meharry Medical College is a global academic health sciences center advancing health equity through innovative research, transformative education, exceptional and compassionate health services, and policy-influencing thought leadership. True to its legacy, Meharry empowers diverse populations to improve the well-being of humankind.

The school of medicine's 2025–2030 strategic plan is an operational expression of that mission. By 2030, Meharry Medical College School of Medicine (MMCSOM) envisions itself as a nationally recognized leader in medical education that combines excellence with equity. MMCSOM will increase its physician output to meet pressing workforce needs, especially in underserved communities, while expanding a national and global network of clinical and educational partnerships. Clinical affiliates will be organized into four coherent regional campuses that deliver consistent, high-quality training. The curriculum will incorporate innovative technologies such as artificial intelligence, telehealth, and data-driven tools to enhance student learning and outcomes. Clinical practice under the Meharry Medical Group (MMG) and collaboration with Nashville General Hospital (NGH) and local academic health centers will be optimized to provide compassionate, evidence-based, value-driven care across diverse settings.

Throughout this period, MMCSOM's work will be guided by Meharry's core values: accountability with transparency; equity with inclusion; respect with collegiality; service with compassion; and integrity without exception. The strategic plan aims to honor Meharry's SOM historic mission while charting a forward-looking path that responds to contemporary educational, clinical, and community needs.

Where We Stand Now: Strengths, Challenges, and the Road Ahead

MMCSOM enters this planning period with significant assets and real challenges. Its greatest strength remains in its historic mission: a deep, long-standing commitment to serving underserved communities and addressing health inequities. The medical school trains one of the most diverse student bodies in the country, aligned with national priorities to diversify the physician workforce. This mission has drawn students who are motivated by service, social justice, and leadership in health equity.

Internally, MMCSOM is building a more mature infrastructure for continuous quality improvement and accreditation. A dedicated Continuous Quality Improvement Office, more systematic data collection, and the development of Liaison Committee on Medical Education (LCME) dashboards mark a cultural shift toward evidence-informed decision-making. Recent listening efforts with students, faculty, and the board of trustees have also clarified priorities:

students have been explicit about needing explicit exam and career preparation, reliable operational basics, more thoughtful clerkship design, stronger faculty capacity and professionalism, modernized service and research pipelines, and better financial and wellness support. Faculty have emphasized the need for sufficient staffing, competitive compensation, a balanced workload, stronger support for teaching and scholarship, and more reliable operational and IT infrastructure. The board has underscored the importance of preparing graduates to manage chronic disease and primary care, embedding learners in communities over time, strengthening community partnerships, and sustaining a diverse workforce that stays and serves in underserved areas.

At the same time, MMCSOM is aggressively addressing internal weaknesses. Faculty sufficiency remains a challenge, with ongoing recruitment and retention issues in both basic science and clinical departments and persistent expansion of responsibilities among existing faculty. Student academic performance has been a concern, with recent declines in USMLE Step 1 and Step 2 CK pass rates and a need for earlier, more structured academic and career support. Physical and technological infrastructure require investment: aging facilities, limited on-campus clinical capacity, variable Wi-Fi and learning management system performance, and overreliance on unaffiliated clinical sites created barriers to delivering a consistently high-quality learning environment.

Externally, the college is operating in a complex and evolving landscape. On the opportunity side, recent LCME guidance allows schools to define their own internal benchmarks for key performance indicators, enabling MMCSOM to set realistic, mission-aligned goals rather than be constrained solely by national norms. The Bloomberg Philanthropies endowment and other donor funding streams create a historic opportunity to support student scholarships, academic support, wellness initiatives, and pipeline programs in a sustainable way. There is growing demand for a diverse physician workforce and for primary care and shortage specialties, aligning closely with Meharry's mission. Regional partnerships in chronic disease care, maternal health, mental health, telehealth, and community-based research offer additional avenues to expand the school's impact.

At the same time, MMCSOM remains committed to addressing past citations and is focused on the upcoming LCME limited survey visit. The school must demonstrate visible, measurable progress across a range of elements. Competition for clinical sites is intensifying as other regional schools expand, creating pressure on affiliations and preceptor availability. The broader healthcare environment is shifting rapidly toward value-based care and digital transformation, requiring curricular adaptation and faculty development. Finally, reductions in certain federal funding streams may constrain resources for program expansion and student support.

This situational analysis underscores that MMCSOM's future success will depend on its ability to translate mission into measurable student and faculty success metrics, stabilize and elevate clinical training, strengthen partnerships, and build resilient financial and operational systems, all while maintaining continuous LCME readiness.

Defining Our Ambition: Goals and Objectives for 2025–2030

In response to this context, MMCSOM’s 2025–2030 strategic plan is organized around a focused set of five goals and associated objectives.

The first goal centers on **student success and academic excellence**. By 2030, MMCSOM aims to meet or exceed national pass rates on USMLE Step 1 and Step 2 CK, while narrowing performance gaps between student subgroups to no more than five percentage points. The school will strive to ensure that every student has funded access to high-quality exam preparation tools and that academic support is proactive rather than reactive. At the same time, career advising will shift from episodic to longitudinal: all students will participate in a structured four-year advising program, and match rates overall will be at or above national averages, with at least half of graduates entering primary care or other shortage specialties. Students should also experience operational basics, such as grading, scheduling, policies, and professionalism processes, as predictable, transparent, and fair, with the majority reporting that expectations are clear, and timelines are honored.

The second goal is to advance **faculty development, culture, and scholarly excellence**. MMCSOM will work to ensure that every core course and clerkship has a designated director and adequate faculty FTE support. By the end of the planning period, most teaching faculty will participate in meaningful faculty development each year, and junior faculty will have mentors and individualized development plans to support their advancement. The school also aims to increase scholarly productivity, particularly in health equity and educational scholarship, by at least 50 percent over current baselines, recognizing that academic output strengthens the institution’s reputation, attracts resources, and models scholarly inquiry for students.

The third goal focuses on **clinical partnerships, regional campuses, and community impact**. MMCSOM intends to organize its clinical affiliates into four coherent regional campuses, each with defined leadership and governance structures, and to conduct regular comparability reviews to ensure that students receive consistent, high-quality experiences regardless of site. Partnerships with Nashville General Hospital (NGH) and community organizations will be deepened through jointly governed programs in chronic disease, primary care, and maternal and mental health. The school will prepare graduates not only to be competent clinicians but also to be leaders in primary care and health equity, with most students experiencing longitudinal community or continuity placements and demonstrating competence in managing chronic disease, addressing social drivers of health, and integrating behavioral health care.

The fourth goal addresses **financial sustainability, wellness, and LCME readiness**. MMCSOM seeks to use philanthropic resources, including Bloomberg funds, to reduce financial barriers for students through expanded scholarships and more predictable financial aid. The school will work to bring median graduate debt in line with or below national medians while increasing the proportion of students receiving service-tied scholarships. Parallel to financial stability, MMCSOM will elevate wellness as a core feature of the learning environment, ensuring that students and faculty are aware of and willing to use mental health and wellness supports and that perceptions of well-being improve over time. The school has also embedded

LCME readiness into its ongoing operations by mapping each LCME element to specific metrics, data owners, and review processes, and ensuring timely closure of all citations and notifications. Lastly, the SOM plans to implement a planned student tuition increase following a five-year tuition freeze to support long-term financial sustainability and protect core educational and student-support services.

Together, these goals and objectives provide a clear roadmap for where MMCSOM intends to be in 2030: educating successful graduates, supporting thriving faculty, delivering comparable and community-rooted clinical training, stewarding resources responsibly, and sustaining full accreditation with confidence. The goals are perfectly aligned with the College's strategic plan and are fully supported by its executive leaders and board.

Turning Strategy Into Action: Programs, Partnerships, and Investments

To move from goals to results, MMCSOM will implement a series of coordinated action plans across the 5-year period.

For **student success**, the school will build a more equitable academic support ecosystem. This includes centrally funding USMLE preparation resources such as Q-banks and NBME practice exams for all students and establishing an Academic Success Program that identifies at-risk learners early, offers structured tutoring and case-based learning, and ensures that exam preparation emphasizes both knowledge and clinical reasoning. Course and clerkship leaders will be required to publish objectives, syllabi, and assessments in advance, aligning content with national standards and reducing ambiguity. Career advising will be redesigned as a four-year longitudinal program led by the Assistant Dean of Student Affairs, with dedicated advisors for pre-clerkship and clinical phases, clearly defined specialty pathways—including surgical subspecialties and emergency medicine—and a centralized system for tracking student engagement and outcomes.

To support **faculty development and culture**, MMCSOM will create a prioritized hiring plan that specifies needed faculty positions, timelines, and funding strategies, and will work toward bringing faculty compensation closer to regional benchmarks. The Office of Faculty Affairs and Development (OFAD), supported by additional personnel, will act as a catalyst for teaching innovation, providing training in case-based and problem-based learning, assessment design, educational technology, and the integration of AI and telehealth into instruction. A formal mentoring program will connect junior faculty with senior mentors, and promotion workshops will demystify advancement pathways. The school will also strengthen research infrastructure by providing seed funding, administrative support for grant submissions and management, and recognition for faculty who contribute to health equity and educational scholarship.

With a focus on **clinical and community environments**, MMCSOM will define four regional campus structures, each with leadership that is accountable for educational quality, site culture, and LCME comparability. Clerkships will be standardized in length, core exposures, and assessment frameworks, and an annual site review process will evaluate patient mix, teaching quality, mistreatment and learning environment data, and student feedback. To deepen partnership with NGH and the community, MMCSOM will create joint steering mechanisms with NGH for clinical and educational program development and formalize relationships with community organizations through memoranda of understanding that specify shared goals, responsibilities, and evaluation plans. The school will invest in co-branded mobile clinics and screening events and scale continuity clinics and community placements, such as free-clinic models, that enable students to build sustained relationships with patients and neighborhoods.

To strengthen **financial sustainability, wellness, and LCME readiness**, the school will align its philanthropic and financial aid strategies with its mission. This includes expanding need-based and service-tied scholarships, simplifying and publishing financial aid disbursement timelines, and monitoring both debt levels and perceived financial stress. MMCSOM will expand counseling and mental health services, promote WellConnect and other supports more aggressively, and introduce wellness days and structured wellness programming in collaboration with student and faculty advisory groups. Finally, the CQI Office will work with school leadership to ensure that every LCME element has clearly defined metrics, data sources, and review cycles, using the LCME Data Collection Instrument (DCI) and the immediate briefing book template and associated dashboards as the central tools for monitoring progress and triggering corrective action when needed.

These action plans are sequenced over the five-year period, acknowledging resource constraints and dependencies, but the overall direction is clear: MMCSOM will address the specific concerns raised by students, faculty, and the board with targeted, resourced initiatives that directly support its goals.

Staying on Course: Monitoring Progress and Proving Our Impact

A strategic plan is only meaningful if it is monitored and adjusted over time. MMCSOM has therefore established a robust system to track performance, learn from data, and make ongoing improvements.

A Strategic Plan Steering Committee, chaired by the dean or a designated senior leader and including representatives from the Offices of CQI, Academic Affairs, Student Affairs, Faculty Affairs, NGH, and community partners, will oversee implementation. This group will meet regularly (i.e., quarterly) to review a concise set of key performance indicators aligned with each goal and objective. These indicators will include measures such as USMLE pass rates and score gaps, match outcomes, on-time grading, student and faculty satisfaction with operations and wellness, faculty hiring and development data, scholarly output, the status of regional

campuses and clinical comparability, alumni practice locations, scholarship awards and debt levels, and the status of LCME citations and element coverage.

The CQI Office maintains a real-time dashboard that maps each indicator to LCME elements as well as to the strategic plan, ensuring that accreditation readiness and strategic progress are always viewed together rather than as separate efforts. Annual “Strategic and LCME Readiness” reports will be prepared and shared with the school of medicine leadership, the President, and the Board of Trustees, highlighting achievements, areas of concern, and proposed adjustments to action plans.

Students, faculty, staff, and community partners will be kept informed through town halls, newsletters, Accreditation Newsflashes, and other communication channels. Their feedback via formal surveys such as the AAMC Y2Q and GQ, local evaluations and climate surveys, and partner satisfaction assessments will be used to refine both the plan and its implementation.

In this way, the 2025–2030 MMCSOM Strategic Plan is conceived not as a static document but as a living roadmap. It articulates a clear vision and mission, grounds itself in a candid situational analysis, defines ambitious yet achievable goals and objectives, outlines concrete action plans, and establishes mechanisms for monitoring and evaluation that will enable MMCSOM to adapt, improve, and thrive over the next five years, while remaining true to its historic mission of advancing health equity and serving underserved communities.

Align Measurable Outcomes to Priority Areas

Strategic Priority 1 – Student Success & Academic Excellence

Objective 1.1 – Improve academic performance and USMLE outcomes with equity in preparation

By 2030, MMCSOM will meet or exceed national benchmarks on USMLE performance while reducing gaps between student subgroups.

- **KPI 1.1.1 – Access to exam prep tools**
 - *Metric:* % of M1–M3 students with school-funded access to at least 1 major USMLE Q-bank (UWorld/Amboss) and NBME vouchers by M2 Spring.
 - *Target 2030:* **100%** of enrolled students.
 - **KPI 1.1.2 – USMLE Step 1 & Step 2 CK outcomes**
 - *Metric:* First-time pass rates and mean scores
 - *Target 2030:*
 - Overall pass rates \geq **national average** for both exams.
 - Subgroup gap in pass rates \leq **5 percentage points**.
 - **KPI 1.1.3 – Perceived adequacy of exam prep**
 - *Metric:* % of students who “agree/strongly agree” that MMCSOM adequately prepared them for Step 1 / Step 2 CK.
 - *Target 2030:* \geq **85%** on Y2Q (Step 1) and GQ (Step 2 items).
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Objective 1.2 – Strengthen career advising and match outcomes, especially in mission-critical specialties.

By 2030, all students will have longitudinal, structured career advising and competitive match outcomes in both primary care and specialty fields.

- **KPI 1.2.1 – Early and longitudinal advising**
 - *Metric:* % of students with at least one documented career advising visit by end of M2 and annually thereafter.
 - *Target 2030:* \geq **90%** by end of M2; **100%** by graduation.
- **KPI 1.2.2 – Specialty-specific mentorship**
 - *Metric:* % of graduating students with an identified specialty mentor (including explicit pathways for surgery subspecialties and EM/SLOEs).
 - *Target 2030:* \geq **95%** of graduates.
- **KPI 1.2.3 – Match outcomes**
 - *Metric:* Overall match rate; % of graduates matching into primary care/shortage specialties (FM, IM, OB/GYN, Psych) and into self-identified “competitive specialties.”

- *Target 2030:*
 - Overall match rate \geq **national average**.
 - \geq **50%** of grads entering primary care/shortage specialties.

Objective 1.3 – Optimize operational processes for students.

By 2030, core operational processes (grading, scheduling, policies) will be reliable, transparent, and LCME-compliant.

- **KPI 1.3.1 – “Single source of truth” and policy stability**
 - *Metric:* Existence and annual update of a single digital Student Handbook/Policy Portal; # of mid-term policy changes affecting active cohorts.
 - *Target 2030:*
 - One unified portal updated **annually**.
 - **Zero** unannounced mid-term policy changes.
- **KPI 1.3.2 – Timely grading and evaluations**
 - *Metric:* % of courses/clerkships submitting final grades within 4 weeks of course/clerkship end.
 - *Target 2030:* \geq **95%** on-time.
- **KPI 1.3.3 – Student perception of clarity**
 - *Metric:* % of students who “agree/strongly agree” that objectives, assessments, and professionalism processes are clear and fairly applied.
 - *Target 2030:* \geq **85%** across pre-clerkship and clerkship.

Strategic Priority 2 – Faculty Development, Culture & Academic Excellence

Objective 2.1 – Ensure sufficient, supported faculty to deliver a modern, high-quality curriculum.

- **KPI 2.1.1 – Faculty sufficiency**
 - *Metric:* % of core courses and clerkships with a designated director and adequate FTE faculty as defined by internal benchmarks.
 - *Target 2030:* **100%**.
- **KPI 2.1.2 – Faculty development engagement**
 - *Metric:* % of teaching faculty participating in \geq 2 faculty development (CTL) activity annually (CBL/PBL, tech, assessment, professionalism).
 - *Target 2030:* \geq **75%** of teaching faculty.
- **KPI 2.1.3 – Faculty perception of workload and role clarity**
 - *Metric:* % of faculty who “agree/strongly agree” that their workload is reasonable, and roles are clearly defined.

- *Target 2030: ≥ 75%.*
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Objective 2.2 – Improve faculty compensation, advancement, and scholarly productivity.

- **KPI 2.2.1 – Competitive compensation**
 - *Metric:* % of core faculty at or above AAMC regional median for rank/specialty.
 - *Target 2030: ≥ 50%.*
 - **KPI 2.2.2 – Mentorship and promotion**
 - *Metric:* % of junior faculty with an identified mentor and Individual Development Plan; # of faculty promotions per 5-year period.
 - *Target 2030:*
 - **≥ 80%** of junior faculty with mentor/IDP.
 - **Year-over-year increase in promotions.**
 - **KPI 2.2.3 – Scholarly output**
 - *Metric:* # of peer-reviewed publications and funded grants (with emphasis on health equity/minority-focused trials).
 - *Target 2030: ≥ 50% increase* over AY 24–25 baseline.
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Objective 2.3 – Build a Center for Teaching & Learning (CTL) and educational innovation hub.

- **KPI 2.3.1 – CTL establishment**
 - *Metric:* CTL established with defined mission, director, and annual program offerings.
 - *Target 2030: CTL fully operational by AY 26–27.*
 - **KPI 2.3.2 – Education innovation projects**
 - *Metric:* # of CTL-supported projects (CBL/PBL, AI/telehealth integration, assessment redesign) annually.
 - *Target 2030: ≥ 10 active projects/year.*
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Strategic Priority 3 – Clinical Partnerships, Regional Campuses & Community Impact

Objective 3.1 – Develop a coherent regional campus structure and comparable clinical training.

- **KPI 3.1.1 – Regional campus consolidation**
 - *Metric:* # of clinical affiliates formally organized into regional campuses with defined leadership and governance.

- *Target 2030: 4 regional campuses* operational.
 - **KPI 3.1.2 – Comparability of clinical experiences**
 - *Metric:* Annual comparability review completed for all core clerkship sites (patient mix, teaching time, evaluations, learning environment).
 - *Target 2030: 100%* of sites reviewed annually; corrective action for **100%** of identified gaps.
 - **KPI 3.1.3 – Student satisfaction with clerkship logistics and learning**
 - *Metric:* % of students who “agree/strongly agree” that clerkship structure, travel, and scheduling support their learning.
 - *Target 2030: ≥ 80%*.
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Objective 3.2 – Strengthen partnerships with NGH and community organizations to address chronic disease and health equity.

- **KPI 3.2.1 – NGH partnership depth**
 - *Metric:* # of joint clinical/educational programs with NGH (continuity clinics, chronic disease clinics, maternal health, etc.).
 - *Target 2030: ≥ 5* jointly governed programs.
 - **KPI 3.2.2 – Community partnership framework**
 - *Metric:* # of active MOUs with community organizations and frequency of community advisory board meetings.
 - *Target 2030:*
 - **≥ 10** active high-quality MOUs.
 - Advisory board meets **≥ 2x/year**.
 - **KPI 3.2.3 – Co-hosted mobile clinics/screenings**
 - *Metric:* # of MMCSOM/community co-branded mobile clinics/screening events per year and # of community members served.
 - *Target 2030: ≥ 12 events/year* with year-over-year growth in reach.
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Objective 3.3 – Prepare graduates to address chronic disease, primary care access, and mental health in underserved communities.

- **KPI 3.3.1 – Chronic disease and primary care competencies**
 - *Metric:* % of students meeting competency thresholds (OSCEs, NBME content) for diabetes, HTN, CKD, obesity, mental health screening/brief treatment.
 - *Target 2030: ≥ 85%* of students at or above competency.
- **KPI 3.3.2 – Longitudinal community placements**
 - *Metric:* % of students participating in a longitudinal community or continuity clinic experience (≥ 6-month duration).
 - *Target 2030: ≥ 70%* of students.
- **KPI 3.3.3 – Workforce retention in underserved communities**

- *Metric:* % of alumni practicing in underserved or shortage areas within 5–10 years of graduation.
 - *Target 2030:* ≥ **50%** of graduates.
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Strategic Priority 4 – Financial Sustainability, Philanthropy, Wellness & LCME Readiness

Objective 4.1 – Leverage philanthropy and financial aid (including Bloomberg funds) to support student access and service.

- **KPI 4.1.1 – Scholarships & debt**
 - *Metric:* Total scholarship dollars awarded; % of students receiving need-based or service-tied scholarships; median graduate debt vs national median.
 - *Target 2030:*
 - Year-over-year increase in scholarship support.
 - Median debt ≤ **national median**.
 - Service-tied scholarships supporting ≥ **20%** of students.
 - **KPI 4.1.2 – Timely aid disbursement**
 - *Metric:* % of financial aid disbursements released by published timelines.
 - *Target 2030:* ≥ **95%** on-time.
 - **KPI 4.1.3 – Year-over-year increase in student tuition**
 - *Metric:* Annual % change in median graduate debt (and/or average graduating debt) for MMCSOM; annual dollar increase in median debt; gap to national median over time.
 - *Target 2030:*
 - Year-over-year increase in student tuition **6% annually**.
 - Maintain or improve position relative to national median (no widening gap).
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Objective 4.2 – Promote student and faculty wellness as a core element of the learning environment.

- **KPI 4.2.1 – Wellness resource awareness and use**
 - *Metric:* % of students aware of counseling/WellConnect/wellness services; de-identified utilization rates.
 - *Target 2030:*
 - Awareness ≥ **90%**.
 - Appropriate utilization with no reported stigma as barrier.
- **KPI 4.2.2 – Well-being and burnout metrics**
 - *Metric:* % of students and faculty reporting acceptable well-being and manageable stress on climate/wellness surveys.

- *Target 2030: ≥ 75%* positive responses with year-over-year improvement.
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Objective 4.3 – Maintain continuous LCME readiness through integrated CQI.

- **KPI 4.3.1 – CQI coverage of LCME elements**
 - *Metric:* % of LCME elements with defined KPIs, data owners, and at least annual review by the CQI Committee.
 - *Target 2030: 100%* of elements covered.
- **KPI 4.3.2 – Timely closure of LCME findings**
 - *Metric:* % of LCME citations/notifications with documented action plans and evidence of progress within agreed timelines.
 - *Target 2030: 100%* of findings with on-time follow-up.
- **KPI 4.3.3 – Strategic plan alignment**
 - *Metric:* Annual report showing progress on strategic KPIs mapped to LCME Elements 1.1, 1.2, 2.4, 3.2, 5.5, 6.3, 7.x, 8.x, 9.x, etc.
 - *Target:* Report produced **annually** and shared with the Dean, Board, and campus community.