The Strategic Plan of the

Ohio University College of Osteopathic Medicine

April 7, 2008

http://www.oucom.ohiou.edu/strategicplan

Introduction

In December of 2001, Jack Brose, D.O., the newly appointed OU-COM dean discussed with the OU-COM Deans and Chairs the need for a strategic planning effort. The decision was made that the effort should be an inclusive process carried out at the grass roots level. John Howell, Ph.D., was asked to chair the effort and agreed to do so. A pre-planning group was called together to chart the course of the effort. That group consisted of Keith Watson, Judi Rioch, Steve Swart, Richard Klabunde and John Howell. A tentative time line was established, with a target date for completion on July 1, 2002. Three phases of the process were identified: focusing, data gathering, analysis and reporting. A list of stakeholders to be included in the process and a list of people to be asked to serve on the Strategic Planning Committee (SPC) were generated. Dr. Brose personally requested the listed individuals to serve and the first meeting was held January 24, 2002.

Dr. Brose charged the Committee to: (1) review and reassess the mission statement; (2) establish goals; (3) develop objectives, which would be measurable; and (4) create strategies specific to the goals and objectives. He offered support for the Committee from the Dean's office. Committee members were reminded of the need to look to the global interests of the College.

Ten meetings were scheduled, February through June. During that period the mission statement was reviewed and alternatives considered. An analysis of College strengths, weakness, opportunities and threats was carried out. Core values of the College community were identified. Five focus groups met, consisting of randomly selected individuals representing students, faculty, administrative, classified, and University Osteopathic Medical Center (UOMC) staff. Focus group sessions were facilitated by experienced facilitators provided by the Institute for Local Government Administration and Rural Development (ILGARD). Notes were taken and distributed to SPC members for analysis. Twenty-seven individuals in leadership positions in the University, the Centers for Osteopathic Research and Education (CORE) system, the College, and the local community were interviewed.

The Environment of OU-COM in 2001

Two important current realities are that OU-COM is facing difficult financial circumstances and that there is new leadership, both in the College and in the University provost's office. This confluence of circumstances simultaneously forces us to look at the need for change and provides an opportunity to look at the possibilities change might offer. While there is apprehension over the financial circumstances, there is new optimism for many possibilities for cooperation between the College and its various partners within the University, with the community of local health-care providers, and with the hospitals of the statewide CORE system.

We live in a time of enormous uncertainty for medicine and medical schools. In his book, Time to Heal, Kenneth Ludmerer points out that the social contract that supported the rise of academic medicine for most of the 20th century has been broken. The rapid pace of medical progress dealing with infectious and other acute diseases during that time led to public expectations unfulfilled in the present era of chronic and degenerative diseases and skyrocketing costs the public is unwilling to bear. The perceived transformation of medicine from public

service to a business has changed the image of medical schools and of doctors in society, and has eroded the public support of medicine and medical education. The financial pressures felt by OU-COM today are part of a continuing story of hospital closures and medical school cutbacks nation-wide.

During the evolution of American medical schools a transformation occurred. Medical schools began as proprietary institutions founded by groups of doctors, focusing on training of physicians. Following the Flexner report of 1910, an association between allopathic medical schools and universities emerged, leading to the ascendance of medical research, which came to eclipse medical education in importance in major medical centers. After 1965, when Medicare was initiated and the rate of increase of federal support for research was leveling off, clinical service became the dominant source of income for academic medical centers and surpassed both research and medical education in importance in these institutions. With the current declining profit margins for clinical services, which can often be provided more efficiently by community-based, non-teaching hospitals, Ludmerer suggests that medical schools are being forced back toward the proprietary model of the late 1800's, a circumstance in which they will have to fend for themselves financially, without the largesse of the public through research grants or generous third party reimbursement for clinical services.

Private osteopathic colleges remained largely untouched by this evolutionary process. They remained close to the proprietary model throughout their history, concentrating on educating students to practice osteopathic medicine. Compared to academic medical centers these institutions had small faculties and very limited capacities for research and clinical service. Although it has not always been clearly articulated, the aspiration of OU-COM, as a university-affiliated medical school, has been to become a regional academic medical center, sustaining meaningful research programs and providing clinical service to the people of southeast Ohio. The current national trends and their effects on OU-COM finances may require future reassessment of our aspirations, and of our emphases on, and approaches to, teaching, research and clinical service. The plan that follows, however, reaffirms the aspirations upon which the College was founded and which are currently widely shared within the College community.

Committees and Contributors

The first verison of the OU-COM strategic plan completed under Dean Brose was based on the October 1, 2002 final report of the OU-COM Strategic Planning Committee:

Strategic Planning Committee Members (2001-02)

John N. Howell, Ph.D., Chair, Associate Professor of Physiology

Bonita Biegalke, Ph.D., Associate Professor of Virology

James Bove', III, D.O., Associate Professor of Surgery

Rosemary Butcher, Records Management Coordinator

David Eland, D.O., Associate Professor of Family Medicine (OMM)

Mario Grijalva, Ph.D., Assistant Professor of Microbiology

Richard Klabunde, Ph.D., Associate Professor of Physiology

Lynn McCormick, UOMC Chief Operating Officer

Norma Perez, Family Medicine Fellow

Jay Shubrook, D.O., Assistant Professor of Family Medicine

Steven Swart, Chief Financial Officer

Keith Watson, D.O., Assistant Dean for CORE System

Robert Woodworth, D.O., Associate Professor of Social Medicine (PM/PH)

Sharon Zimmerman, Director of Alumni Affairs

Staff: Carol Blue

In September, 2003, the Dean's Advisory Group asked the following Strategic Planning Issue Groups to develop measures of progress and achievement for each of the goals in the strategic plan:

Strategic Planning Issue Groups

1. Osteopathic distinctiveness – DAG (Dean's Advisory Group). Issue group leader: Norm Gevitz.

2. Primary care/family medicine theme – Issue group leader: Chris Simpson (DFM Chair), with Tom Clark (Pediatrics), Steve Carin (Internal Medicine), and Sharon Zimmerman.

3. Research – RSAC (OU-COM Research and Scholarly Affairs Committee, Gillian Ice, Chair), and Joy Matthews-Lopez.

4. Clinical practice – The UMA (University Medical Associates) Board (James Bove', succeeded by Wayne Carlsen in March 2004, as UMA President and Board Chair).

5. Matching faculty job descriptions to the needs of the medical school – Issue group leader: Ed Rowland, with the other faculty chairs (Steve Carin, Wayne Carlsen, Tom Clark, Norm Gevitz, Chris Simpson), and Peter Bell and Keith Watson.

6. Matching reward systems to the College mission and goals – Issue group leader: Beth Maxon, with the OU-COM budget unit managers.

7. Curriculum theme – Curriculum Advisory Committee (Ken Goodrum, Chair).

8. Diversity – Issue group leader: Pat Burnett, with Pat Gyi, Harold (Clay) Thompson, Sarah McGrew, Bonita Biegalke, John Schriner, Nancy Stevens, Nicole Wadsworth, Tyrone Carr, and Keith Watson.

9. Communication – Communication Group (established by Dean Brose, Nov. 2001)
   Goal #1: Barbara Pfeiffer (chair for goal #1), Brian Phillips, Robert Woodworth, Jill Breeze, Chip Rogers, Judy Graffius, Pat Gyi, Kathy Trace, Anita Yates.
   Goal #2: Mike Weiser and Bobbi Conliffe (goal # 2 facilitators), Brian Phillips, Beth Maxon, Robert Woodworth, Joanne McMullen, Andy DePalma, Anita Yates, Jill Harman, Dan Johnson.
   Goal #3: Joanne McMullen (facilitator), Kathy Brooks, Chip Rogers, Dan Smith, Jill Breeze, Mike Weiser.

10. Special programs –
    International Programs: Ed Gotfried (chair), Barb Pfeiffer, Gillian Ice, Mario Grijalva.
    Community Service Programs: Kathy Trace, Margo Marazon
    Professional development programs: Nancy Cooper, Margo Marazon
    Postdoctoral programs: Felicia Nowak

11. Clinical education in the CORE system – DAG (Dean's Advisory Group) subcommittee: Jack Brose, Keith Watson, Peter Dane, Cheryl Riley, Doug Mann.

A revised version of the OU-COM strategic plan was approved on April 1, 2004 by the Dean's Advisory Group.

Dean's Advisory Group Members (2004)

Susan Blanchard, Assistant Dean for Development

Jack Blazyk, Ph.D., Associate Dean for Research

Kathy Brooks, Director, COM Financial Affairs

Steve Carin, D.O., Chair, Department of Specialty Medicine

Wayne Carlsen, D.O., Chair, Department of Geriatric Medicine/Gerontology

Tom Clark, D.O., Chair, Department of Pediatrics

Peter Dane, D.O., Associate Dean for Predoctoral Education

Norm Gevitz, Ph.D., Chair, Department of Social Medicine

Doug Mann, Ph.D., Executive Assistant to the Dean

Brian Phillips, Chief Information Officer

Cheryl Riley, Assistant Dean for CORE Operations and Academic Affairs

Ed Rowland, Ph.D., Chair, Department of Biomedical Sciences

Chris Simpson, D.O., Chair, Department of Family Medicine

David Stroh, D.O., Associate Professor of Family Medicine

Steven Swart, Chief Financial Officer

Keith Watson, D.O., Associate Dean for Graduate Medical Education

Strategic planning facilitator: Doug Mann

Subsequent annual review cycles by strategic planning issue groups and OU-COM leadership produced new versions of the OU-COM strategic plan issued on the following dates:

February 17, 2006

October 10, 2007

April 7, 2008

The Mission of OU-COM

The strategic planning process is guided by the mission of an institution. The mission statement is reviewed every two years or more frequently if needed, with the last revision approved by the OU-COM Executive Committee in July, 2007. The 2006-07 revisions accomplished several goals: 1) to more clearly align the structure of the mission statement with OU-COM's teaching, research, and service missions; 2) to provide a brief, memorable "stem" for the mission statement ("Innovative learning, focused research, and compassionate care for Ohio and beyond"); and 3) to proclaim in the first bullet point that OU-COM is committed to the use of cutting-edge, learning-oriented educational methods to train osteopathic physicians.

Mission

college of osteopathic medicine

Innovative learning, focused research, and compassionate care for Ohio and beyond

Integral to this mission, the OU-COM community commits itself to:

- **educate competent, well-rounded osteopathic physicians by providing a clinically integrated, learning-centered, osteopathic medical education continuum for students, interns, residents, and fellows;**
- **generate and disseminate new knowledge and understanding through research and scholarly activities;**
- **embrace diversity and public service;**
- **emphasize primary care and improve the well-being of underserved populations; and**
- **serve the health needs of people within the Appalachian region.**

How the College approaches its mission is shaped by the core values of the people who make up the College. Strategies must be consistent both with the College mission and with its **core values:**

1. Pursuit of excellence
2. Integrity
3. Community of mutual respect
4. Acceptance of others, embracing diversity
5. Climate of scholarship
6. Commitment to service, generosity and compassion
7. Wholeness and balance within each person

Institutional Planning Framework

Planning processes

1. Review Strategic Plan goals and measures annually, and select annual priorities from the updated SP.

Measures:

1.1 By March 1 each year, all strategic plan goals and measures will have been reviewed by appropriate groups within OU-COM, and revisions accepted by the College leadership will be integrated into the Strategic Plan and posted to the web site.

1.2 By April 1 each year, the Executive Committee will identify funding priorities from the Strategic Plan for the following fiscal year, and they will be posted to the web site.

2. Interact with CORE and UMA strategic planning in a collaborative manner that acknowledges the different priorities of each organization.

Measures:

2.1 Review CORE and UMA strategic planning documents whenever the OU-COM strategic plan is under revision, and acknowledge the parallels and differences among the plans.

3. Coordinate the College strategic planning process with Vision Ohio processes and goals.

Measures:

3.1 Meet OU deadlines to incorporate points from the OU-COM strategic plan into Vision Ohio processes and documents as needed.

3.2 Maintain the distinctive structure and the independent revision cycle of OU-COM's strategic plan.

Finances

4. Develop and maintain a fiscal reserve sufficient to buffer the College against the many budget variables that are beyond our control.

Measures:

4.1 In 2007 and for the foreseeable future, a fiscal reserve of 10-12% of the total OU-COM budget will be maintained.

4.2 Obtain a permanent formal endorsement of the OU-COM fiscal reserve from the Ohio administration and Board of Trustees.

5. Raise sufficient funds through development efforts to support several significant and ongoing College priorities.

Measures (for the next 2-3 years, as of summer 2007):

5.1 Support OU-COM by developing a College endowment.

5.2 Support the College's academic mission (teaching, learning, and research) by raising funds to support the ILRF (Integrated Learning and Research Facility), student scholarships, and endowed professor and chair positions.

5.3 Support the College's service and diversity mission by raising funds to institutionalize and strengthen diversity programs.

6. Conduct an annual budgeting process that is transparent, fair, mission- and goal-driven, and fiscally responsible.

Measures:

6.1 At regular intervals, the CFO provides detailed budget information about major sections of the budget (personnel, operating, CORE, development, special projects) at Executive Committee meetings, to be shared with faculty and staff as needed.

6.2 Justification for unit budget proposals will include reference to related aspects of the College mission and strategic plan.

6.3 Rolling four-year budget projections will be continued.

6.4 All new position requests (faculty and staff) will be available for discussion at the Executive Committee level, before final decisions are made by the Dean. The Dean will carefully consider the financial and organizational impact of all open positions before approving. The status of open positions will be reported to the Executive Committee. The College will continue to closely examine all aspects of the expenditure plan and carefully consider the financial and organizational impact before filling any vacant position or creating any new positions.

6.5 By May 15 each year, the Dean and CFO will meet with each department/unit to discuss budget planning for the following fiscal year and future goals/planning.

7. Use the annual Strategic Plan priorities to guide new expenditures.

Measures:

7.1 Proposals for new or continued funding (e.g., unit base budgets in spring, requests for carryover funds in the fall, requests for new or to fill vacant positions, etc.) will refer to the annual Strategic Plan priorities for justification.

8. Work at the state level to secure additional base and one-time-only funding for OU-COM.

Measures:

*Collaboration with Ohio medical school deans
*OU and OUCOM and OOA legistative representatives
*Dean's personal visits and presentations
*Invite state reps to College
*Communication - get message in media so that state reps see OU-COM's contribution to Ohio

9. Negotiate and maintain a fair, equitable, itemized service payment with OU.

Measures:

9.1 Within the Ohio University responsibility-centered budgeting approach, keep OU-COM's total service payment below or equal to 15% of the portion of the

OU-COM budget defined by State Share of Instruction, Clinical Teaching Subsidy, and tuition/fees.

Facilities

10. Develop an OU-COM facilities planning, construction, and renovation cycle that implements OU-COM programmatic priorities.

Measures:

11. Keep OU-COM current in adopting instructional technologies that best support learning in a cost-effective manner.

Measures:

Technology (developed and approved in March 2008)

12. Develop and implement a technology planning and approval process, focused on predoctoral educational and administrative technology, which includes relevant stakeholder groups (e.g, ISIT, Academic Affairs, the Executive Committee, faculty, staff, and students). The technology planning process should be transparent and accessible to the entire OU-COM community.

Measures:

12.1. Create an accessible inventory of current and proposed educational and administrative technology projects.

12.2. Conduct a startup and maintenance cost analysis for each project in the inventory.

12.3. Evaluate proposed projects for benefits related to the mission and specific goals of the College.

13. Define the organizational process for initiating and managing educational and administrative technology projects.

Measures:

13.1. Maintain a list of contact people for different types of projects.

13.2. Create a flowchart for project development.

14. Provide education/training and develop policies to institutionalize the technology planning process.

Measures:

15. Work in concert with Vision Ohio.

Measures:

Faculty and Staff

16. Support faculty succession planning within academic departments to maintain sufficient Group 1 faculty in appropriate disciplines to carry out the College's academic mission.

Measures:

16.1 Maintain at least two tenure-track faculty members in each department who are receiving faculty development in administrative skills.

17. Conduct market-based review of salaries for faculty and staff on a regular basis.

Measures:

17.1 Continue annual market-based salary comparisons using MGMA (Medical Group Management Association) data for clinical faculty and appropriate comparative data sources (e.g., AAMC) for non-clinical faculty.

17.2 Work within the mandatory Ohio University pay structure to provide compensation appropriate to medical school administrative and classified staff, while monitoring internal OU-COM equity issues.

Students

18. Determine OU-COM's capacity for an increase in class size and secure COCA approval for a modest and appropriate increase. This will provide needed flexibility in the admissions process, and facilitate possible increases in class size after careful analysis and planning.

Measures:

18.1. Evaluate the advantages and disadvantages of specific possible increases in class size.

Issue #1: Osteopathic Identity

The future of the College is linked to that of the profession. There is a strong desire within the College community to strengthen its osteopathic identity. In pursuit of this goal, OU-COM has adopted its own eight-point statement of osteopathic identity. The Ohio University College of Osteopathic Medicine:

1. Emphasizes the importance of understanding and treating the whole patient.
2. Teaches that structure and function are interdependent.
3. Recognizes that people have innate abilities to resist and overcome illness.
4. Believes that students should be broadly educated in medicine to address the full range of common diseases competently and confidently.
5. Embraces all appropriate diagnostic, preventive and therapeutic modalities.
6. Believes that the neuromusculoskeletal system plays a significant role in maintaining health and aiding recovery.
7. Maintains that osteopathic theories and practices must be carefully investigated, using scientific methods, in order to provide our students with an evidence-based approach to learning.
8. Affirms that all people should have access to quality health care, particularly those from underserved populations.

Osteopathic principles and practice (OPP) are central to osteopathic identity, and osteopathic manipulative medicine (OMM) is central to OPP. Osteopathic identity is threatened in today's milieu of hospitals and healthcare financing. Osteopathic hospitals are gone, reducing the osteopathic influence on our students past Year 2 of their training. In our own CORE system, the goal for each CORE hospital to establish an OMT (osteopathic manipulative treatment) service was never met. Systematic exposure of osteopathic students to OMM occurs in Years 3 and 4. Internship or residency participation is now mandated by the AOA. Increasing numbers of osteopathic graduates are still pursuing allopathic, instead of osteopathic, residencies. In the past, it could be argued that osteopathic identity was maintained in training sites in osteopathic hospitals, even if OMM wasn't a prominent feature. This argument has been made untenable with the changes in hospital ownership of recent years. The net result is that, although committed students can seek out OMM experiences following their seven quarters in Athens, most do not. Systematic OMM training needs to be reinforced at the preceptor level.

Students report that even while in Athens, in the course of their experiences with clinical preceptors (ECC's and ICOM's), they seldom see OMT applied. Compounding the difficulty is that OMM instruction lacks the integration throughout the curriculum and thus falls short of the mark of interesting students in the practice of OMM. In years 3 & 4 initiative is most often driven by preceptor expectations. The question is whether students appear to be gaining a sufficient sense of OMT competence to take the initiative to use it in Years 3 and 4 and beyond. Data gathered by Dr. Jay Shubrook suggest that students are most comfortable with OMM just before they go into the clinics and hospitals. This comfort level gradually declines in years 3, 4 and beyond. Given these student trends in OMM use, three curricular components need attention: (1) curricular integration in the first seven quarters in Athens, (2) instruction at the CORE sites for Years 3 and 4 and beyond, and (3) preceptor expectations.

The goals listed below focus on increasing resources in the OMM area. It must be acknowledged, however, that simply doing more of what we are doing now may not fully

address the problems. In an age of evidence-based medicine, the credibility of OMM depends at least in part on the ability to distinguish between theories generated to account for clinical observations and evidence-based conclusions as to outcomes and mechanisms of action of treatment modalities. This distinction is also vital to the design of meaningful research to test outcomes and hypotheses related to OMM. This distinction needs to be made in all areas, but it is especially important in OMM for which systematic research studies are often lacking. With regard to OMM teaching, questions have been raised regarding the balance between theory and practice in meeting the needs of our students as they move on to CORE sites for their clinical training. While OU-COM increases its resources for teaching and research of OMM, the importance of OMM to the future of osteopathic medicine demands that these issues of content be fully and openly addressed by the Curriculum Advisory Committee (CAC) of the College in consultation with members of the OMM section. Future commitment of OUCOM resources to OMM integration across the full spectrum of the curriculum is indicated.

Goal #1: Strengthen OPP training in Years 1 and 2 with emphasis on integration of OPP throughout the curriculum.

Measures:

1.1 Each student will be competent in the demonstration of two method of diagnosis and three approaches to treatment by the end of summer after year 2; also, each student will be able to summarize the basic science and research evidence for the use of this method.

Action plan: Provide the opportunity for extended student time with a patient during CCEs, for the purpose of osteopathic diagnosis and possible supervised treatment.

Action plan: Develop a student clinic for years 1 and 2. This addresses the issues of practice and exposure to 'real' patients.

1.2 The goal of teaching Osteopathic theory, methods and practice is to be rooted in, and consistent with, broadly accepted anatomic and physiologic principles and research evidence. Basic scientists and clinicians need to produce a plan to improve the integration of the sciences into OMM teaching throughout the curriculum (e.g., in case content, CBL facilitation, learning issues, presentations, and exams). Similarly, Osteopathic theory, methods and practice concepts need to be integrated into basic, clinical, and social science teaching where applicable.

1.3 Support & encourage Athens-based clinical faculty and ECC preceptors in the appropriate integration of OMM into practice, and discuss this integration with each student. Students will see OMM applied and participate in treatment where appropriate.

Action plan: Faculty development for the Athens-based clinical faculty and preceptors with the exchange of ideas and concerns; focus: 1) Explore the medical culture that limits integration of OMM, 2) demonstrate time effective OMM, 3) review documentation guidelines, 4) effective approach OMM billing & coding.

Goal #2: Find ways, in conjunction with the hospitals of the CORE, to improve the OMM experiences for students in Years 3 and 4, and in osteopathic

postgraduate programs.

Measures:
2.1 Each student will be able to summarize the basic science and research evidence for the use of palpatory diagnosis, manipulative intervention and management for specific conditions and types of patients.

2.2 Students will see OMM applied and participate in treatment where appropriate.

2.3 Support preceptors in the appropriate integration of OMM into practice, and discussion of this integration with each student.

Action plan Faculty development for the preceptors at each CORE site with the exchange of ideas and concerns; focus: 1) Explore the medical culture that limits integration of OMM, 2) demonstrate time effective OMM, 3) review documentation guidelines.

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Goal #3: OU-COM will help its graduates to overcome the practical barriers to use of OMM in clinical practice, by developing and teaching practical, time-efficient, reimbursable ways to apply OMM. What makes a technique practical and time-efficient is the skill of the physician. Skill is a function of practice. Given less than two hundred hours of training during the first two years,
Measures:
3.1 Studentswill utilize time-efficient Osteopathic methods

3.2 Students will know how to obtain appropriate reimbursement from third party payers for OMT services.

Action Plan: Develop a module on Billing and Coding for Year 4 and Internship/Residency

Action Plan: Skill is, in part, dependent upon **practice** and **reinforcement** of the value of the osteopathic diagnostic and therapeutic process, intellectually and practically. We wish to promote student practice of OMM skills: 1) by exploring the feasibility of adding additional supervised practice in OMM lab. Students would bring friends, family or neighbors for evaluation and treatment, 2) adding a student clinic in year 2.

Action Plan: Initiate a research project to define: What is practical? What is time-efficient? Each of these questions needs to be addressed as a continuum, i.e. for years 1&2, the clinical years, intern/residency and subsequent practice.

Goal #4: Support biomedical and clinical research in neuromusculoskeletal medicine (this goal is consistent with goals articulated under Issue 8: Research), particularly, biomechanics, immunology, physiology and neurosciences.
Measures:
4.1 larger number of concurrent research projects

4.2 increased student participation in this type of research

4.3 number of grants, publications

4.4 Continue to maintain at least one active biomedical researcher to lead the effort to research topics in OMM.

Goal #5: Continue our educational emphasis on primary care/family medicine and the production of physicians for medically underserved areas (repeated from Issue 2: Primary Care/Family Medicine Theme, Goal #1).

Measures:
(see Issue 2: Primary Care/Family Medicine Theme)

Goal #6: Demonstrate and explain the quality of D.O. physician/patient interaction.

Measures:
6.1 Conduct publishable research about this interaction.

6.2 Present and discuss the research on this interaction within the OU-COM community, the osteopathic profession, and the entire medical community.

Issue #2: Primary Care/Family Medicine Theme

An emphasis on primary care/family medicine was mandated in the founding legislation and is something for which OU-COM has become widely known. It is our recognized niche in Ohio. The reputation of the College for producing primary care physicians undoubtedly attracts students interested in primary care. The relatively large size of our Family Medicine Department provides models for students and opportunities for exposure of students to the practice of family medicine. Operation of the UMA clinic as a teaching clinic with a preponderance of office-based primary care represents a significance cost to the College. These costs are more than offset by the need to train students in clinical medicine and provide role models for our students to emulate. Trends in medicine are such that the osteopathic dominance in primary care may in the long run be threatened, not primarily by allopathic physicians, but by non-physician providers. At present the need remains for more family physicians, especially in southeast Ohio, and OU-COM remains committed to meeting it.

Goal #1: Continue our educational emphasis on primary care/family medicine and the production of physicians willing and able to practice in areas of need. (I eliminated the HPSA designation since we are no longer a HPSA an area of need can encompass urban as well.)

Current Data ♦Alumni in Primary care (56%-2002 data);

♦ Size of community where alumni practice (15% of alumni in communities <10,000 and 24% in communities of 10,000-49,999; 2002 data)

Measures:

1.1 Gather and analyze additional baseline data concerning medical education and health care in our region of the state.

1.1.1 Count all physicians from Appalachian counties; what % from each medical school (in current absolute numbers).

1.1.2 Compare health care in the region before OU-COM, and now.

1.1.3 Examine our recruitment statistics concerning students from our region of the state.

1.1.4 Study physician retirement patterns and how the gaps will be filled in our region.

1.1.5 Track care provided for prevalent illnesses such as diabetes for underserved populations. Ensure that disease prevalence data is accurately reported to data repositories.

1.2 Maintain the % of graduates in underserved areas. Medically underserved areas can be defined as Health Profession Shortage Area, (HPSA), and Medically Undeserved Area (MUA). These are currently labor-intensive to track.

We have this data on an annual basis for OBOR reports. How do we compare a) statewide and b) in our own region of the state to the other medical schools?

1.3 Maintain output of primary care providers at 50% of graduates (currently averaging 53-55%/yr).

1.4 Increase the primary care presence in the college and curriculum as follows:

1.4.1 Years 1 & 2: Expand DFM and PC emphasis on all academic assignments, block teams, CORE committees, Admissions, CAC.

1.4.2 Years 3 & 4: Expand cooperative relationship with local rural providers. This could include those federally subsidized practices that exist as a regional safety net for the poor and undeserved. Include Family health in Athens, Meigs, Hocking and Family Health Care in Pike and Vinton Counties. These practices can show ECC and ICOM students rural practice in areas of need. Use these practices as rural rotation tracts throughout the CORE.

Issue # 3: Diversity

Ohio University is committed to promoting an atmosphere where understanding and acceptance of cultural differences are ensured, including race, gender, sexual orientation, socio-economic class, religion and physical abilities. As President Robert Glidden stated in his 1995 State of the University Address:

> A commitment to academic excellence carries with it the responsibility of seeing to it that Ohio University is a just and diverse community -- that everyone who comes here has an equal opportunity to develop his or her talents to the fullest. Education is not well served by homogeneity; it is diversity that enriches learning and diversity that prepares our students for the realities of the world -- especially the world of the future. We need to find more ways to engage the full range of abilities of all our people, and we need especially to attend to changes that will promote recognition and appreciation of accomplishments by women and minorities so that all persons in the university are equally respected and empowered.
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> Ohio University is bound morally, emotionally, and intellectually to pursue the realization of a vision of real community. As a result, it is committed to equal opportunity for all people and is pledged to take direct and affirmative action to achieve that goal. In upholding its commitment, Ohio University will not accept racism, sexism, homophobia, bigotry, or other forms of violations of human rights. Such actions are inconsistent with, and detrimental to, the values that we hold essential as an institution of higher learning. All students, faculty, and staff of Ohio University are expected to uphold the university's commitment to a just and diverse community and to take a leadership role in ensuring an atmosphere of equality.

OU-COM has done well in recruiting and graduating underrepresented minority students. The 2002 graduating class of 94 listed 24 as minorities, of which 12 were African-American. OU-COM is the only medical school in Ohio and the only osteopathic college in the country to have a federally funded Center of Excellence program. The programs of the Center have played a major role in channeling underrepresented minority students into the College and in providing support for students challenged by the environment of medical school. However, the program has not met the goal of recruiting a more diverse faculty.

The grant funded Health Careers Opportunity Program, by reaching out to underrepresented minority and disadvantaged students at middle school, high school and college levels, has also helped to provide a pipeline to the admissions offices of both Ohio University and OU-COM.

While many faculty, staff and students of the College have embraced diversity, a lack of awareness and sensitivity to differences still exists. The College continues to reflect the homogeneous nature of Ohio University, the city and the region, despite continued ongoing efforts and initiatives to create an environment that is both diverse and inclusive. OU-COM has been fortunate to have had individuals of color in positions of leadership within the last decade and more. These individuals have served as visible role models for potential minority applicants and currently enrolled minority students, and contributed in important ways to the College efforts toward cultural diversity. Several of these people are approaching retirement age. Vigorous

attempts at faculty and staff recruitment will be necessary to avoid losing ground in our commitment to diversity.

Goal #1: Continue and institutionalize efforts to recruit and graduate underrepresented minority students.

ASSUMPTION: Historically, both the Health Careers Opportunity Program (HCOP); and more recently the Center of Excellence (COE) have provided strong support to accomplish this goal through personnel and programming dollars. During the most recent grant cycle, grant renewal was jeopardized because of the lack of institutionalization of the programs.

Measures:
1.1 By the next COE grant cycle renewal (September 2006), sufficient College funds will be allocated to integrate the current COE position (Academic Enrichment Administrator) into the College's budget line items for salary and benefits. This position supports retention primarily and recruitment secondarily.

1.2 By the next COE grant cycle renewal (September 2006), sufficient College funds will be allocated to begin integrating the current COE position (Director) into the College's budget line items for salary and benefits. This position supports programming and both retention and recruitment of faculty, administrators and students.

1.3 By the next COE grant cycle renewal (September 2006), sufficient funds or faculty/personnel time will be allocated annually (currently the program costs minimally $20,000 for faculty and $42,000 for student stipends for a class of 20) to maintain the 6 week Prematriculation Program for underrepresented minority students.

1.4 By the next Health Careers Opportunity Program grant cycle, future funding for the post-baccalaureate tuition waivers will be solidified. Currently funded out of the provost's office, there should be assurance from this office, or contingency plans, to protect the longevity of the program. The College recruits *at least* 6-8 URMs from this program annually.

ASSUMPTION: Historically, the College offered out-of-state tuition waivers to all underrepresented students admitted to the College. URMs are primarily out- of-state admits who must fulfill the out-of-state contract. Currently, the College is limited to 7 out-of-state waivers and $20,000 of general scholarship funds to incoming URMs. Tuition and fees have increased from $12,714 in academic year 1999 to $20,061 in 2003. This is an increase of increase of $7,347 in less than 5 years.

1.5 By the next COE grant cycle renewal (September 2006), sufficient College or development funds will be allocated to provide a fee waiver for each out- of-state URM matriculating.

1.6 By the next COE grant cycle renewal (September 2006), sufficient College or development funds will be allocated to compete financially with the College's main competitors in the State of Ohio and within the Osteopathic profession.

1.7 The composition of each incoming class should reflect no less than 15% URM enrollment. The College should strive toward a composition of 20% URM enrollment. Baseline: the Center of Excellence Grant requires a total school URM enrollment of 15.75% to participate in the

grant. The URM first year enrollment and total enrollment over the past 4 years has been: 1999 10.2%/16.7%; 2000 13.3%/16.2%; 2001 17.6%/16.2%; and 2002 16.9%/15.75%.

1.8 The percentage of URM cohorts graduating in 4 or 5 years will be no less than 85%. The College should strive toward a URM graduation rate of 92%. Baseline: the Center of Excellence Grant requires a URM graduation rate of at least 85% over 4 or 5 years. The College's URM graduation rate for 1998-2002 is 88%.

Goal #2: Recruit and graduate students from diverse socioeconomic backgrounds.

Assumption: The College has enjoyed a strong record of matriculating students from disadvantaged backgrounds. (Disadvantaged at this institution is defined as: (1) the federal requirement that parents meet the federal low-income guidelines; or (2) neither parent has received a 4-year college degree.) The College has received HHS federal financial aid funding based on the number of disadvantaged students enrolled. A number of changing variables (increasing cost of attendance at state medical schools, dropping numbers of medical school applicants, and the large level of student indebtedness to fund education), could challenge the College's ability to attract disadvantaged students.

HHS requires that *at least* 10% of the institution's enrollment be disadvantaged to obtain disadvantaged aid funds. In the past, the College has enrolled as high as 20% disadvantaged students, and generally does not fall below 15%. The enrollment and graduation of disadvantaged students can be a factor in helping the College meet part of its mission—the production of family physicians working in underserved areas. With these factors in mind, the following measurement is offered.

Measures:

2.1 The composition of the incoming class should reflect no less than 15% of students coming from disadvantaged backgrounds. Disadvantaged refers to the financial, as well as the educational, backgrounds of the parents. The financial criteria are set by HHS. The Office of Student Affairs currently uses the following definition for educationally disadvantaged: neither parent has a 4-year college degree.

2.2 The College will continue to qualify for, and receive, funding for disadvantaged students from the federal HHS programs (assuming funding is available) consistent with its history.

Goal #3: Develop and pursue recruitment strategies for filling faculty and staff openings, striving for a richer racial, gender, and cultural mix.

Measures:

3.1 The presence of a College based data bank which (1) represents the different professions within the College (e.g. medical, educational, scientific, research, etc.); and (2) reflects a diverse body of potential employment applicants.

This employment bank would reflect professional organizational contacts focused on reaching a diverse audience. This would expedite advertising to reach broad audiences when advertising dollars are limited. Often, these resources do not have fees associated with the list-serve, etc. that reach a diverse audience.

3.2 The College's Director of Institutional Equity is involved in every faculty or staff personnel search. This would provide each search with the expertise, ability and focus to assure the broadest audience has been reached in the advertising, interviewing and hiring process at OU-COM. See Goal 6, Item 3 on Director of Institutional Equity.

3.3 Progress toward the goal that the composition of the clinical faculty more closely represents the degree of diversity that currently exists in the profession.

Goal #4: Increase the presence of meaningful multicultural issues, which can affect the health of patients, in classroom activities of both curricula, including lectures, simulated patient labs, and clinical experiences.

Measures:

Lectures/Labs

4.1. The willed body program, and the anatomy lab, will include cadavers representing a widely diverse population.

4.2. All CPC lectures on bio-psycho-social issues will include cultural perspectives.

4.3. Synthesis and Integration sessions will include a multicultural medicine component.

Cases/problem-based learning

4.4. By September 2004, all CPC cases will be reviewed for a diverse representation of patients and appropriate cultural representation.

4.5. CPC focus groups will include an assessment of the degree to which multicultural issues were discussed in CBL groups.

4.6. The degree and quality of discussions about multicultural issues will be assessed by students as part of the CPC and PCC case review process.

Simulated Patient Labs

4.7. Simulated patients will reflect the broad diversity of patients in the general population.

In the simulated patient lab, students will receive evaluation of their sensitivity and handling of cultural issues as part of the feedback process on student performance.

4.9. Beginning in the spring of 2004, students will achieve an average Global Patient Assessment score of 6.5 on the OSCE.

Clinical Experiences

4.10. Patients in our training sites will report satisfaction with the manner in which OU-COM physicians and physicians-in-training attend to cultural issues.

General Requirements

4.11. All students will complete at least one multicultural immersion experience (travel, study or research) by the beginning of their 4th year.

4.12. Faculty development will include an emphasis on continuing education on multicultural issues.

4.13. Faculty will be recognized for their continuing education and teaching on multicultural issues.

4.14. Faculty will report an improvement in their understanding of, and ability to facilitate the teaching of multicultural healthcare issues, by the summer of 2005.

Goal #5: Find ways to help students become more comfortable in addressing issues of sexuality in order for them to be able to serve patients effectively, regardless of sexual orientation.

Measures:

5.1 Assess student's level of comfort in addressing issues of sexuality (including sexual orientation) at the time of entrance into the College. This evaluation could be part of a larger Entrance Interview at the time of orientation. This Entrance Interview could also assess attitudes toward diversity issues (i.e., sexual orientation, age, gender, ethnic background, religious beliefs, race, disability, etc.) as well as other areas of interest to the College.

5.2 Assess student's level of comfort in addressing issues of sexuality (including sexual orientation) at the time of graduation from the College. This evaluation would be part of a larger Exit Interview process of surveying students. The change (or lack of) would be measured from the point of entrance (variables would be repeated in the exit interview) to the point of graduation from the College.

5.3 Assess a student's ability to produce a sensitive and thorough sexual history with gay and lesbian patients as part of the OSCE process.

Goal #6: Seek, through the daily activity of each individual within OU-COM, a community of mutual respect that embraces diversity.

Measures:

6.1 Build a baseline measurement of variables which reflect satisfaction with the institutional climate. The baseline could be based on various institutional measurements which occurred in

the decade from 1990-2000. The College's current Director of Institutional Equity has a library of the various surveys which were completed.

6.2 Identify a standard organizational climate instrument (which can then be compared with other institutions). This instrument should be sufficiently inclusive to assess the different sub-populations of the institution (e.g. students, faculty, administrators, civil service, CORE, etc.) in terms of their perceptions of the quality of the institutional climate. Administer the instrument every two years. Instrument should be able to track satisfaction according to demographic factors. Compare the measurements from this instrument, where possible, with baseline measurements obtained from the instruments from 1990-2000.

6.3 Identify dollars which would continue, or expand, the College's Director of Equity position in the coming years. Part of the measure of success of this position, is the level of influence it is granted in the institution.

Issue # 4: Communication (updated in March 2008)

The Office of Communication supports and promotes the image and mission of OU-COM through a variety of communication strategies and services.

Mission: Innovative learning, focused research, and compassionate care for Ohio and beyond.

"Communication" encompasses …

- … Media relations
- … Print design and production
- … Electronic communication design and production (web, digital signage, kiosk, e-mail, multimedia presentations)
- … Editorial guidance, editing and writing
- … Marketing communications, advertising and p.r. assistance
- … Graphics and illustrations in support of research and academics
- … Photography
- … Broadcast media

The communication office also handles all these services for CORE communications.

Goal # 1: Develop and implement external and internal college communications that support the OU-COM mission and goals and OU-COM's Vision Ohio goals.

Measures:

Conduct communication planning and assessment with associated internal and external stakeholder groups.

Goal # 2: Develop a college-wide culture that encourages mission-related communications and asks the questions:

Who is it for?

Why are we doing it?

What do we hope to achieve? What are the best means to achieve our desired outcomes with this audience?

How do we make this activity sustainable?

Goal # 3: Assess our communication initiatives to help inform decision making, planning and improvement, and to help us answer questions like: "How will we know when we've achieved our communications goals?"

Issue #5: Matching Faculty Job Descriptions to the Needs of the Medical School

At the end of the Strategic Planning process, the Dean, with input from the Chairs, had already formulated a proposal for the new descriptions and titles for the clinical faculty. He had also discussed these issues with the Provost. Since that time, the Dean has submitted the proposal to the Faculty Senate, which will vote (on May 16th) on a document processed by the P&T Committee. Approval of this proposal will permit the follow-up of the remainder of the measures for this issue as indicated below.

Goal#1: *Establish a College task force charged with defining new faculty categories, and submitting them for approval to the OU administration and Faculty Senate for inclusion in the Faculty Handbook, in order to improve the match between the College needs and faculty categories available*.

As indicated above, this goal is almost completed.

Measures:

1.1 Establish clear definitions for the groups of clinical faculty (including CORE faculty), and…

This has been done in the proposal to the faculty Senate. Application to CORE faculty should follow passage.

1.2 …passage of these definitions by OU's Faculty Senate for Goal #1.

In progress.

1.3 Match faculty workforce/composition to the needs of the College to fulfill its mission (use data from faculty pay plan project.)

This process is ongoing and the new definitions will help clarify the situation.

1.4 Provide appropriate titles and recognition for all personnel who deliver the curriculum.

This is a reasonable measure and will follow 1.1, 1.2 and 1.3 above.

Goal #2: *Alter or create new OU-COM promotion and tenure documents to match new faculty categories with the missions of the College.*

This goal is not only reasonable, but also necessary for the new faculty categories to be functional.

Measure:

Have a tenure document for the appropriate group for Goal #2.

Family Medicine is already in the process of working on their new P&T document.

Issue #6: Curriculum Theme

Curricular revisions resulted in the initiation of the Patient Centered Continuum (PCC) in 1996 and initiation of the Clinical Presentation Continuum (CPC) in 1999. As a result of these curricular changes, materials in the Learning Resources Center are utilized much more extensively by students. No discernable changes in national board scores have occurred as a result of curricular changes. Both curricula use faculty time differently than the previous Systems-based curriculum, with more time spent in facilitating small group discussions and less time lecturing. Although the two curricula appear to be effective for student learning, no curricular change can be expected to do everything right, and vigilance will be needed to identify weaknesses in the curricula. In continuing curricular planning, it will be necessary for the leadership of the College to seek an appropriate balance between future curricular changes and the effort required to institute those changes, while maximizing efficient use of faculty time.

The CPC relies heavily on the centralized support of the Curriculum office. Efforts to streamline planning in the CPC should be continued. Modifications of CPC materials for ease of searching and editing will help decrease the maintenance efforts. A balance must be struck between a desire for consistency within the curriculum and a need for faculty, through block teams, to tailor their blocks in ways they see as optimal.

On February 16, 2004, the following remarks were submitted by CAC (Curriculum Advisory Committee) chair Kenneth J. Goodrum, Ph.D., to the Dean's Advisory Group:

" The attached document lists both the Curricular Goals and associated Action Plans in order of their relative priority as discussed by members of the Curriculum Advisory Committee (CAC). There was consensus support to assign highest priority to action plans that would achieve curricular Goals # 1 and # 2.

Increasing the efficiency of teaching (Goal #2) is a major concern of both clinical and non-clinical faculty. Duplicate activities in two curricula are difficult to schedule and such duplication is considered a strain on faculty, resources, and facilities. In particular, the delivery of separate anatomy, microanatomy, OMM, and Clinical courses greatly burdens those faculty involved in both curricula. The strict assignment of some faculty (gross anatomy, microanatomy) to the PCC vs. CPC courses restricts the access of students to the breadth of faculty expertise and limits the available faculty resources in each curriculum. Since the organization and content of gross anatomy and OMM receive perennial complaints from students and faculty, an effort to consolidate and integrate these activities for both curricula should be explored. For laboratory-based and skill-based activities in the two curricula, quality issues that may prevent consolidation must be addressed.

Validation of the College's two relatively new curricula (Goal #1) is essential for the future of the College and for decisions regarding curricular revision. Validation will require significant data collection on our curricula and on our student/graduate performance and success. Data corresponding to the validation criteria previously identified by the CAC will be collected and analyzed vs. benchmarks to be established by the CAC. Data collection and benchmark determination is thus judged to be a priority action plan.

The ranking of the other Goals represents a pattern of support and not a consensus recommendation from the CAC. Multiple action plans were proposed for each goal, and opinions

were quite divergent on their merits and relative priorities. For Goals #3,#4, and #5, no single action plan received support that was significantly stronger than others under the same goal. The priority action plan for Goal #6, to hire a Faculty Development director, has been achieved, so secondary plans are listed. Action plans for Goal #2 and Goal #6 are anticipated to require new resources (equipment, supplies, and new personnel). Goals #1,#3,#4, and #5 require primarily efforts by current faculty and staff to implement curricular activities in support of the goals, though the resources for data collection in Goal #1 will also provide the data needed for establishing benchmarks and measuring achievement of the other goals." (end quote)

THEREFORE, the goals, measures, and action plans for the Curriculum Theme issue have been rearranged below in the priority order recommended by the CAC.

Goal #1: Validate the curricula and take steps to address any identified weaknesses.

Premises: Validity (quality) measurements of the curricula are proposed in terms of *content, learning process*, and *outcomes*. Quality measurements can be determined using either (or both) internal or external standards.

1.1 *Measures of <u>content</u> quality:*

Content includes:

- *CPC content (enabling objectives, CBL cases, Skills labs)*
- *PCC content (PBL cases, faculty identified case issues, student identified learning issues, Skills labs):*

Compare CPC/PCC content to external standard for coverage and topic weighting and compare content to internal standards for achievement of internal goals.

Validation of content is also indicated by successful performance of students on objective assessments (see also OUTCOMES below)

Prioritization of the many external and internal standards listed was not determined, however those most relevant to osteopathic medicine would likely be selected.

1.1.1 External Validations

- COMLEX performance data
- NBOME Content Areas
- AACOM annual report (graduating seniors'
    - ranking of program topic adequacies)
- AOA 7 CORE competencies
- CurrMIT (AAMC database of curricula from
    - U.S. medical schools)
- National Board COMAT exams (for clinical years)

1.1.2 Internal Validations

- CPC: 10 curricular goals
- PCC: student-identified learning issues

- PCC: faculty-identified learning issues
- CPI exam scores
- Discipline specific exam scores (CPC)
- Future criteria identified by the Strategic Planning process
- Post-rotation exams
- Preceptor evaluations

1.2 *Measures of learning process quality:*
Criteria for learning process quality include:

- *Engaged/Active Learning*: Compare total hours and weighting of various class formats to internal and external standards to determine achievement of goals for active learning format.
  --Assess trends in student use of library resources and in student-reported estimates of time spent in preparation for class as indicators of active learning
  --Surveys of faculty and student opinion can assess the nature of the learning process as active or not.
  --Promotion of life-long learning as a goal of the learning process can possibly be assessed by survey.
- *Multidisciplinary/integrative CPC structure*:
  Assess students' cumulative performance for each discipline over years 1 & 2 CPC in order to assess the success of the CPC in promoting student minimal competency in each discipline.

1.2.1 *External Validations*
--AACOM data on hours in various class formats in other institutions.

--CurrMIT database analysis

1.2.2 Internal Validations
--Hours in various class formats (CBL, problem set-discussions, panel discussions)
--LRC usage
--Faculty & student surveys on perceptions of student engagement in learning process
--Lifelong Learning Assessment Tool
--Assess student cumulative performance for each discipline over years 1 & 2 CPC.

1.3 Measures of curricular outcomes quality:

Student OUTCOMES [**A**ttitudes, **S**kills, **K**nowledge]

- *Knowledge:* Objective assessments (test scores) and subjective survey data of peers and co-workers of practicing graduates can measure content knowledge.
- *Skills (Clinical problem solving, team work, Life Long Learning)*: Objective assessments (OSCE) and subjective survey data can measure skills achievement. Student ease of transfer from years 1 & 2 to clinical years (determined by interviews & surveys of students and preceptors) may indicate success of biomedical/clinical integration and problem-solving curricula.
- Attitudes (Primary care/rural medicine emphasis, application of osteopathic manipulative therapy, interest in clinical research): Attitudes can be measured by enumeration of graduates in each category.

Other Outcomes

- *School reputation*: Compare applicant interest in OUCOM vs. other medical schools
- *Faculty and student satisfaction*: Measure by opinion survey and attrition data.

Benchmarks. Designations of benchmark values for goal measurement are not included. Benchmarks must be established based on historical or baseline data collected from the suggested measures.

1.3.1 External Validations

- COMLEX Scores of graduates (**K-S**)
- Specialty certification exam performance (**K-S**)
- OSCE exam performance (**S**)
- Opinion surveys of peers and co-workers (**A-S-K**)
- Opinion surveys of year 3 students (**S-K**)
- Life Long Learning Survey (**S**)
- Numbers of graduates in primary care, rural practice (**A**)
- Numbers of graduates using OMM in practice (**A-S-K**)
- Numbers of graduates doing research (**A**)
- Number and quality of applicants (school reputation)
- Matriculation rate [(Number of matriculating students)/ (number of students accepted for admission)]
- seven AOA competencies

1.3.2 Internal Validations

- Faculty & student retention/attrition (**A**)
- OSCE exam performance (**S**)
- CPI exam scores (**K**)

Action Plan for Goal #1 : The Curriculum Advisory Committee (CAC) will establish "benchmarks" for determining goal achievement based on curricular data and student data from OUCOM and from other medical schools. This plan proposes the creation of an internal curricular database and utilization of appropriate external curricular databases for this purpose.

Who is involved? A time commitment by current information technology personnel will be required. A time commitment by the Associate Dean of Predoctoral Education and the Director of Program Evaluation will be required to evaluate the types and benefits of analyses available from external databases, prior to purchase, to see if they support the validation measurements desired. Retrieval of existing internal data from several separate databases will require an ongoing effort by personnel controlling these databases (Student Services, Curriculum Office, Student Admissions, Alumni Office, etc.).

Additional Resources required: One new fulltime employee may be required to help construct the internal curricular database, to perform data entry, and to perform data analysis. Research assistants or work study students may be employed to generate a PCC case content database. Funds for computer hardware and software may be required if current resources (University Student Information System) will not support the needed data or its analysis. Funds will be required for purchase or subscription to an external database (eg.CurrMIT).

Timeline: Initiate the project at the start of the 2004-2005 academic year. Begin analysis for benchmark decisions by end of the 2004-2005 academic year.

Rationale: The gathering of internal data (goal measurement criteria) for internal or external validation must precede development of validation benchmarks.

Goal #2: Find ways to increase the efficiency of teaching in both curricula while maintaining overall quality.

Premise: Efficiency = quality/cost

QUALITY and measures of quality. Goal #1 (above) will attempt to define quality and measures of quality.

COSTS (faculty time, facilities and resources required):
Faculty time devoted to teaching related activities in current curricula can be compared vs time requirements in former systems-based curricula and/or compared to faculty workloads in other medical schools. Curricular quality must be assessed and quality benchmarks must be established in order to interpret efficiency values.

Benchmarks. Designations of benchmark values for goal measurement are not included. Benchmarks must be established based on historical or baseline data collected from the suggested measures.

Measures:

2.1 Quality

See Goal 1.

2.2 Cost Factors

- Faculty workload (hours devoted to preparation and classroom teaching) in both PCC and CPC curricula
- Amount of duplication of teaching/learning activity in both curricula (e.g. GA labs, H/P labs, Simulated Patient labs, etc.)
- Actual dollar cost for materials/resources for curricular implementation
- Amount (positions, dedicated time) of non-faculty support personnel effort
- Actual dollar cost of classroom space renovation/maintenance requirements

Action Plan for Goal #2: Identify faculty efforts unnecessarily duplicated in both the PCC and CPC and propose means to consolidate efforts.

Who is involved? CPC and PCC Curricular Steering Committees; CAC

Additional resources required: none

Timeline: Begin immediately, to be accomplished by the beginning of AY 05-06.

Rationale: Demands on faculty time, especially resulting from duplicated effort in two curricula, is a major concern of faculty. Quality measures for curriculum validation must be identified before decisions about efficiency of faculty effort can be made.

Goal #3: Offer medical students a thorough grounding in the scientific basis of medical practice in the context of the biopsychosocial model.

Indicators of evidence-based medical education and of biopsychosocial content can be measured. Results can be compared with internal standards or external content standards as in other goals.

Cultural competence of graduates, if measurable, could be considered here and as an OUTCOME under goal #2 as part of Knowledge, Skills, or Attitudes.

Benchmarks. Designations of benchmark values for goal measurement are not included. Benchmarks must be established based on historical or baseline data collected from the suggested measures.

Measures:

3.1 Total hours and percentage of scheduled curricular time (learning activities) devoted to discussion of biomedical and psychosocial issues in a case based format

3.2 Frequency with which primary (research-based) literature citations are given as reading assignments or used in support of learning activities

3.3 Student use of resources (LRC data, surveys)

3.4 Frequency with which biopsychosocial issues appear as enabling objectives (CPC) or learning issues (PCC)

3.5 Objective knowledge assessments (COMLEX)

3.6 OSCE

Action Plan for Goal #3: The CPC and PCC Steering Committees will include Social Medicine faculty in the CBL and PBL case review process, including for years 3 & 4.

Who is involved? A significant time commitment by Social Medicine faculty is Required. Social Medicine faculty time may be a limiting factor.

Additional resources required: none

Timeline: begin immediately; ongoing

Rationale: Inclusion of Social Medicine faculty in the case review processes will promote the biopsychosocial context.

Alternate Action Plan: CPC and PCC Course coordinators (Block Team collaboration for CPC) will incorporate at least one learning activity per quarter that explicitly promotes discussion of evidence-based medicine among students and faculty from biomedical, clinical, and social medicine departments.

Who is involved? Steering Committees, Course coordinators, Block teams, teaching faculty.

Additional resources: none

Timeline: Begin immediately, to be accomplished by the beginning of AY 05-06.

Rationale: Such activities have proven effective in CPC blocks and PCC clinical activities.

Alternate Action Plan: Facilitators in PCC and CPC case discussion groups will prompt students to discuss the scientific basis of medical practices for each clinical case.

Who is involved? Case writers and block teams (CPC) to provide discussion questions and facilitator guidance; trained facilitators in both CPC and PCC.

Additional resources: none

Timeline: Begin immediately, to be accomplished by the beginning of AY 05-06.

Rationale: Facilitators are in a position to regularly encourage students within the case discussions to investigate the evidence that supports medical practices.

Goal #4: Reestablish faculty development programs to support the teaching, research, and clinical missions of the College in Athens and throughout the CORE system.

Once established, the quality of faculty development programs can be assessed.
Measures:

4.1 Identify Faculty Development Director

4.2 Frequency of faculty development activities (Athens, CORE-wide)

4.3 Surveys of faculty needs

4.4 Surveys of faculty satisfaction with support for skill development to achieve college's missions

Action Plan for Goal #4: Identify (with Faculty Development Director) goals of faculty development relative to curriculum goals.

Who is involved? CAC, Faculty Development Director

Additional resources: none

Timeline: begin immediately; ongoing

Rationale: Effective faculty development is crucial to goal achievement.

Goal #5: Provide dynamic curricula open to new developments in medicine and in society, and open to questioning by students, faculty, and staff.

The existence of regularly conducted review and evaluation processes involving faculty and students indicates a dynamic curriculum.

Measures:

5.1 Frequency of consistently scheduled curriculum review activities for all four years of the predoctoral program

5.2 Frequency of course and rotation evaluation processes

5.3 Presence of a process that permits quick additions or modifications of content

5.4 Presence of ongoing curricular development activities for all four years of the predoctoral program (CAC discussions, submission of curricular development grant proposals, etc.)

Action Plan for Goal #5: Incorporate into the CPC and PCC review and revision process a routine solicitation from faculty of objectives (or cases,etc.) on new developments and request suggestions on alternative module activities.

Who is involved? Steering committees, Block teams, case writers, all faculty

Additional resources: none

Timeline: begin immediately; ongoing

Rationale: The curricula may become stagnant if faculty do not sense that the process supports innovations and change.

Goal #6: Incorporate research design and analysis into the student experience.

Research design and analysis content and opportunities for research experience can be measured. Results can be compared with internal standards or external content standards as in other goals.

Benchmarks. Designations of benchmark values for goal measurement are not included. Benchmarks must be established based on historical or baseline data collected from the suggested measures.
Measures:

6.1 Number of contact hours for instruction on research design and analysis

6.2 Number of problem sets/exam assessment items, case learning issues, on research design and analysis and/or evidence-based medicine.

6.3 Number of opportunities for student participation in active research projects

6.4 Number of students designing or participating in research projects

6.5 Number of students authoring publications or presenting research talks

Action Plan for Goal #4: Based on the measurement criteria proposed by the CAC, the steering committees should identify the current research-related objectives and activities in the CPC and

PCC. Data should be analyzed vs. internal or external standards and used as a basis for curricular revision.

Who is involved? Steering committees, block teams, faculty delivering research design or analysis components of the curricula.

Additional resources: Those resources needed for the Curricular database in Goal #1.

Timeline: as for action plan in Goal #1.

Rationale: Baseline data on the current curricular content is needed and benchmarks should be established before any need for change can be determined.

CAC Strategic Plan Update

May 2005

Dr. Brose asked that the CAC review the goals and measures listed under the "Curricular Theme" of the COM Strategic Plan. Specifically, we have been asked the following questions:

- Have goals been conclusively accomplished? Do any goals need to be added, edited, or deleted?
- Are the measures for each remaining goal clear, measurable, and achievable?

The following goals are ordered according to their priority as given in the Strategic Plan (http://www.oucom.ohiou.edu/strategicplan/OU-COM_SP_pdf_4-1-04.pdf):

Goal #1 Validate the curricula and take steps to address any identified weakness

Action plan: Establish benchmarks based (in part) on creation of an internal data base.

Timeline: Begin the project at start of 04-05 year and begin analysis for benchmark decisions by end of 04-05 year.

The CAC established the Subcommittee on Assessment and Validation of the Curricula at the beginning of the 04-05 year. The Subcommittee has identified data needed to go into the data warehouse in order to facilitate assessment and validation of the curricula. The College administration has moved toward implementation of a data warehousing system through the efforts of Doug Mann and Brian Phillips, who have proposed a budget required for the project for next year. The CAC Subcommittee has begun the processing of data regarding one of the benchmarks, NBOME scores and is on track for completing an initial analysis before the end of this academic year.

This goal does not need to be revised at this time. As to whether the goal is clear, measurable, and achievable, depends on the meaning of the terms, "validation" and "assessment." Some outcomes can be easily measured, such as NBOME scores. Others are not so easily reduced to numbers and will require judgment. Many types of data are of potential value. The task of analysis is potentially enormous..

Goal #2 Find ways to increase efficiency while maintaining quality

Action plan: Identify faculty efforts unnecessarily duplicated in both the PCC and CPC and propose means of consolidation.

Timeline: Begin immediately and implement at the beginning of the 05-06 year.

Although this goal has not been systematically pursued by the CAC this year, one major change for AY 05-06 addresses duplication by bringing together the two curricula for an intensive anatomy segment in August 2005. This was achieved through the efforts of a faculty task force under the CAC. A new Gross Anatomy subcommittee of the CAC will continue to address issues of curricular overlap with respect to gross anatomy.

The CAC will continue in the next year (AY 05-06) to reduce unnecessary faculty duplication in PCC and CPC activities, while retaining the distinctive pedagogical processes of the two curricula. Our goal is to maintain quality for all of our students while improving our efficiency wherever possible.

Reduction of unnecessary duplication within the PCC has been addressed by establishing a subcommittee comprised of Instructors of Record and PCC Steering Committee members to examine the curriculum over the first two years to identify areas of potential overlap. This effort has already resulted in combining and restructuring Resource Hours and Problem Sets, as well as an increased integration of the Year 1 Clinical Sciences quarters.

Reduction of unnecessary duplication within the CPC is fostered by the new composition of the CPC Steering Committee, which has representatives from each block. This provides for communication between blocks. The degree of documentation of the CPC curriculum (especially the availability of schedules and course materials on CD-ROM) also helps in that any block team can examine the contents of other blocks in order look for duplication. Evidence of this has come from the Peds block which realized that some of the material they feel obliged to address is already addressed in preceding blocks.

The evaluation of both curricula in terms of faculty time and overlap needs to be an ongoing process. Therefore, this goal will not be accomplished by AY 05-06 as stated in the Strategic Plan.

Goal #3 Thorough grounding in the scientific basis of medical practice in the context of the psychosocial model

Action plans: One plan and two alternates were listed.

Timeline: This goal was to be accomplished by AY 05-06.

The principle plan was to include Social Medicine faculty in a review of the CPC and PCC cases. This has now been done. The data gathered from the review is already being used in the CPC by having block teams re-examine their cases with attention to the deficits found in the review process. In the PCC, Biomedical Science course Instructors are working to implement changes suggested by Social Medicine faculty and facilitators. This will be an ongoing process for both curricula.

An alternate action plan was to have at least one activity per quarter in each curriculum devoted to evidence-based medicine. The Evidence-Based Medicine subcommittee of the CAC has arranged for provision of databases in the LRC to underwrite these efforts. Pilot EMB activities have been run in both curricula. The EBM subcommittee will put together a plan for more formal integration of EBM into both curricula.

Recent NIH grant submissions by Drs. Simpson and Hatty, both of which involved a number of COM faculty and were thoroughly reviewed by the CAC prior to submission, will help to achieve this goal if these grants are funded.

This goal will continue to be addressed in AY 05-06.

Goal #4 Reestablish a faculty development program. (OUTCOME MEASUREMENT ACHIEVED; see Appendix).

The faculty development program has been reestablished with the hiring of Dr. Steve Davis as the Faculty Development Director. Quarterly workshops have been conducted such as the recent workshop on exam question writing. The Faculty Development website has been re-engineered and updated and there are now monthly faculty professional development emails to all OUCOM faculty members. Dr. Davis has begun an program of Individual Professional Development Program (IPDP) and all Department Heads are encouraging their members to participate. Athens and CORE-wide faculty development activities have been reestablished.

This goal is complete.

Goal #5 Dynamic curricula

Action plan: Solicit objectives from faculty on new developments.

Timeline: Ongoing.

No formal steps have been taken in this regard, although the steering committees, block teams and case writers are encouraged to continually reevaluate what is being learned by our students. This is something most faculty, both basic science and clinical, do routinely as part of being academic faculty. Cases, objectives, learning activities are evaluated on a yearly basis to ensure dynamic curricula.

An extensive overhaul of the PCC Year 1 and Year 2 case content and sequence was conducted by a team of basic and clinical science faculty in Fall of 2004, eliminating redundancy and implementing four new cases in response to medical advances and current treatment dilemmas. We have implemented this as an ongoing strategy with biannual meetings to evaluate the content and sequence of different PCC curricular components, and our goal for AY 05-06 is to continue to improve these aspects of our Problem Sets and Resource Hours.

Goal #6***:*** Incorporate research design and analysis into the student experience.

Action Plan: Based on the measurement criteria proposed by the CAC, the steering committees should identify the current research-related objectives and activities in the CPC and PCC. Data should be analyzed vs. internal or external standards and used as a basis for curricular revision.

Timeline: as for action plan in Goal #2 (Initiate the project at the start of the 2004-2005 academic year. Begin analysis for benchmark decisions by end of the 2004-2005 academic year).

The Evidence-Based Medicine (EBM) Subcommittee was formed in the summer of 2004 (1) to assess the current level of emphasis on research and EBM in both basic science and clinical components of the curricula and (2) to propose methods by which research and EBM can be incorporated into the curricula during all four years of training. While this charge overlaps Goal #4, it is clearly focused on EBM.

The Subcommittee surveyed EBM components in both curricula and then began developing resources and learning activities to enhance the EBM component of OU-COM curricula. These include the OU-COM EBM website with links to powerful EBM databases and a suite of EBM orientation sessions to be delivered during the August Immersion. While the development of EBM resources and student activities is well-underway, faculty and staff orientation lags.

The Subcommittee's efforts to assess OU-COM student involvement in research was stymied by the lack of a centralized and systematic accounting of research activities (especially for years 3-4). These data should be incorporated into the data warehousing system.

Progress Report

The Evidence-Based Medicine (EBM) subcommittee was formed in the summer of 2004 to address these goals:

- Assess the current level of emphasis on research and EBM in both basic science and clinical components of the curricula.

- Propose methods by which research and EBM can be incorporated into the curricula during all four years of training.

EBM subcommittee members include Audrone Biknevicius (chair), Steve Clay, Bobbi Conliffe, Doug Mann, Keith Watson and Leon Wince.

Our accomplishments and current projects include:

1. Listing current EBM-oriented learning activities currently in place in the year 1-2 OU-COM curricula. We relied heavily on previous work accomplished by Gillian Ice.
2. Providing assistance in EBM component of the HRSA application (Chris Simpson, PI).
3. Developing the OU-COM EBM web site (http://www.oucom.ohiou.edu/ebm).
4. Obtaining resources to subscribe to the three most powerful EBM databases. Our evaluation of these databases has already exposed some inadequacies for studies of manual medicine, and we have begun researching other databases to compliment and/or replace the standard EBM databases.
5. Developing introductory sessions on EBM to be delivered during the August Immersion to both CPC and PCC students. These will familiarize both CPC and PCC students with the 5

steps of EBM and provide a foundation for exploring clinical evidence before students embark in their base-based small groups in September.

6. Re-evaluating the EBM elements of each curriculum in the light of items 4 and 5. – This is an ongoing task, e.g., in-depth assessment and recommendation for improvement of the Respiratory Block's EBM problem-set.
7. Drafting a set of objectives for a four-year EBM curriculum, organized around the five steps of EBM. This is a work in progress.

Ongoing resource needs involve subscription to EBM databases through the LRC. These databases are already used by students and faculty to investigate the evidence for clinical practices as well as to investigate research projects.

Discussions are underway on how best to orient faculty and staff to the new EBM focus.

Submitted on May 16, 2005:

Richard Klabunde, Ph.D.
Chair, Curriculum Advisory Committee

Issue #7: Clinical Education in the CORE System (updated in March 2008)

Clinical education in the Centers for Osteopathic Research and Education (CORE) system is of critical importance to the accomplishment of OU-COM's institutional mission to produce physicians to care for the citizens of Ohio. The third and fourth years of each OU-COM student's predoctoral medical education is delivered at affiliated clinical training sites throughout the state. OU-COM is the co-sponsor of all graduate medical education programs at the CORE system hospitals.

OU-COM and the CORE hospitals are jointly responsible for maintaining the high quality of educational programs in the system. The CORE system faces many challenges to maintain and improve its innovative system of clinically based medical education. The financial commitments to deliver quality programs strain tight budgets. Recently, an increasing percentage of OU-COM students have chosen allopathic rather than osteopathic residency programs, and the percentage of students entering primary care practice is decreasing.

To face these challenges and to build on the many successes of the CORE/OU-COM relationship, OU-COM collaborates with the CORE in strategic planning. Indeed, many OU-COM personnel are involved in the working groups that are addressing nine critical goals identified at a strategic planning retreat for the CORE system in May, 2003. OU-COM endorses and supports the achievement of the five strategic CORE goals as of February 2007:

1. Faculty development and training for program directors.
2. Physician satisfaction surveys.
3. Defining what students want from an educational institution (for both pre-doctoral and postdoctoral programs).
4. Cultivate faculty and staff welfare to improve educational services.
5. Analyze program type and availability to address market needs and recruitment.

These CORE goals are being organized in a Baldridge framework from the Excellence in Higher Education framework.

For the OU-COM strategic plan, detailed measures and action plans will be developed for four high-priority goals, which are complementary to the five CORE strategic planning goals.

Goal #1: Promote excellence and innovation in predoctoral and graduate osteopathic medical education by:

-- recruiting and retaining skilled and dedicated clinical preceptors for our trainees.

Measures:
1.1 Provide increased faculty rewards and support for predoctoral clinical preceptors.

1.2 Encourage CORE hospitals to ensure that GME program directors will have paid, protected teaching time

1.3 All clinical preceptors for required rotations will be credentialed as CORE Clinical Faculty.

-- promoting structured, consistent learning experiences and uniform learning outcomes in required rotations.

Measures:
1.4 Explicit learning objectives supported by collaboratively selected and developed online learning materials will provide consistent preparation for the post-rotation exams.

1.5 Key progress indicators such as learning outcomes for the AOA core clinical competencies will be defined and measured.

-- structure the CORE rotation development process to include a team of qualified faculty, similar to a CPC block team.

Goal #2: Work with the CORE member hospitals to recruit and retain OU-COM students and affiliated COM students in CORE GME programs in Ohio.

Measures:
2.1 A majority of OU-COM seniors will matriculate and complete CORE GME programs. (53% of 2004 OU-COM seniors were initially matched to AOA GME programs.)

2.2 80% or more of CORE member hospitals' graduate medical education units will participate in recruitment workshops.

2.3 Increase the visibility of CORE hospital programs on the Athens campus:
- Engage statewide CORE faculty in Athens academic programs (e.g., S&I sessions).
- Prominently display hospital images and activities on the Athens campus (e.g, through photographic displays, CORE bulletin boards, streaming video).
- Encourage on-campus presentations by CORE DME's and program directors.

2.4 develop a student mentorship program.

2.5 Identify 2-5 areas and disciplines for GME opportunities not available in the CORE at sufficient levels to meet trainee demand, and facilitate establishment of such programs in appropriate CORE hospitals.

Goal #3: Optimize the integration and cost-effectiveness of the OU-COM and CORE hospital relationship.

Measures:
3.1 Distinguish essential services and costs from discretionary costs and programs in the CORE system. CEO's and all parties to the discussion will agree on common definitions of fixed costs, variable costs, in-kind costs and other concepts to develop a common language for the CORE budget dialogue.

3.2 Combine or eliminate redundant services offered by hospital medical education staff and CORE staff.

3.3 Achieve economies of scale wherever possible.

3.4 Implement New Innovations software features and enhancements sufficiently to prepare federal reports, accreditation reports (Board of Regents, CORE, AOA COCA, OPTI), and better utilize rotation slots.

3.5 Optimize the outcomes of, and increase the benefit to, CORE system programs for the resources invested.

Goal #4: Develop and expand education programs in strategic areas:
--rural and small-community medicine. (This measure is consistent with measures articulated under SP Issue # 2: Primary Care/Family Medicine Theme, which also emphasizes the training of physicians for underserved areas of Ohio).

Measures:

4.1 Establish a required (or elective) predoctoral rural medicine rotation.

4.2 Establish postdoctoral programs or tracks in rural medicine.

For the following strategic topics,
identify faculty champions;
develop key curricular topics, objectives, and assessment methods;
develop implementation strategies,
and address applications of health information technology

-- practice management
--managed health care
-- patient safety
--risk management
--EBM (Evidence-Based Medicine)

Goal #5: Promote and support research education and research projects for pre- and postdoctoral trainees and faculty.

Measures:

5.1 Support the development of a statewide research education network.

5.2 Establish a continuum of research education beginning in the first year of the predoctoral curricula and continuing through GME and continuing education.

5.3 Increase the numbers of studies involving prospective and/or randomized clinical trials, in comparison to retrospective studies or case studies.

Issue #8: Research

OU-COM is fortunate to have among its faculty very capable and productive researchers. Our overall record of research accomplishments in comparison with other Ohio medical schools is, however, weak, at least in terms of some measures, such as NIH grant support.

Curricular time demands on faculty are heavy relative to other medical schools with whom we compete for research funds. With a small faculty, it is difficult to generate a critical mass of research in any one area to compete effectively for extramural grant funding. Physical facilities for basic science research will improve with the opening of the new Life Sciences Building and the Biochemistry Research Facility, but remaining facilities are marginally adequate at best. Given our history and the niche we fill in Ohio, it is unrealistic to think of OU-COM becoming an academic medical center in the sense of established medical schools in urban centers. Nonetheless, because research and scholarly activities are essential to the academic enterprise, OU-COM must strive to improve its productivity in these areas.

At present the College neither fosters a research culture nor provides an infrastructure to support clinical research. Few of our current clinical faculty members, particularly senior faculty, have either the training or the interest to become productive researchers. Outcomes research on OMM is especially needed, and full staffing of the OMM section can help in this regard. Institutional leadership and commitment of resources will be necessary for outcomes research in this area to yield meaningful results. Research in rural and community medicine may provide opportunities for extramural funding. The newly endowed J.O. Watson Research Chair will provide leadership in rural health research in the areas of diabetes and cardiovascular disease.

Comments from the OU-COM Research and Scholarly Affairs (RSAC) Committee, October, 2003 (Gillian Ice, Ph.D., chair): The committee's recommendations concerning measures for each goal will require assistance from the faculty and departments to ensure that accurate information is collected. Currently, there is no mechanism for collecting data on grants or publications, unless they go directly through the research office. We suggest that a form be developed that is filled out after the departmental annual report is completed by all department heads.

Goal #1: Increase research and scholarly activity as judged by publications and extramural grant funding levels.

Measures:
1.1 The number of publications (including books, chapters & peer reviewed journals)
1.2 The number of grants submitted & awarded
1.3 The number of grant dollars
1.4 Increased research activity (# of projects annually) by OU-COM students, interns, and residents

Goal #2: Promote research expansion in OMM and rural and community medicine.

Measures:
2.1 The number of grants in these specified areas
2.2 The number of papers in these specified areas
2.3 The number of research presentations at the AOA in these areas

Goal #3: Develop and recruit more research-active faculty.

RSAC comment: Hiring is determined at the department level and takes into account more than research. Perhaps this could be measured by examining the number of grants and papers on all new hires. Again, this would require assistance from department chairs. For development, we recommend:

Measure:
The number of research development opportunities for faculty

Goal #4: Provide research-active faculty with appropriate resources, including time.

Measure:
We recommend documenting the following to examine the distribution of resources:

- Start-up packages offered to new faculty
- Faculty buy-out time & ability of departments to provide release time
- Tech support staff
- Equipment
- Monetary incentives
- Graduate students provided by college
- Administrative support for grants management
- Other incentives to be determined
- Resources available to research-active students and staff

Goal #5: Foster interdisciplinary programs with other colleges within the University in order to strengthen the research efforts of the College and Ohio University as a whole.

Measure:
5.1 Number of co-investigators from other colleges on OU-COM grants
5.2 Number of OU-COM faculty as co-investigators or consultants on grants outside of the college

Issue #9: Clinical Practice

University Medical Associates, Inc., (UMA) and the College's associated practices serve the College mission in several ways. Educationally, they provide opportunities for OU-COM students to experience osteopathic medicine, They provide health care services to the surrounding community. They provide a patient population that can serve as research subjects in clinical studies.

Meeting the healthcare needs of the people of southeastern Ohio will require expansion of UMA and the College's associated clinical practices, both in terms of areas served and services offered. However, the medical payer mix for reimbursement in the region presents a challenge to achieving this goal.

Goal #1: Maintain the viability, improve the effectiveness, and expand the clinical services of the practice plan by forming strong partnerships with other healthcare agencies and funders.

Measure:

Establish a new clinical facility for UMA.

Goal #2: Continue to provide excellent learning experiences for osteopathic medical students.

Goal #3: Utilize the patient base for clinical research.

Goal #4: Continue to provide medical care to those unable to pay through the free clinic, the family practice residency program, and other programs.

Issue #10: Special Programs

Special programs contribute to the distinctiveness of OU-COM. Although they do not directly involve all students and can be supported by the College in only limited ways, our special programs establish an important part of our identity. International programs of the College attract students with global interests, and contribute to the richness of the environment of OU-COM as students return from such experiences. The Health Policy Fellowship Program fosters leadership in the osteopathic profession both in Ohio and beyond. This leadership translates into valuable influence on governmental decision-making processes. Predoctoral and postdoctoral fellowships in the clinical and basic sciences, as well as the Academic Leadership Fellowships and community service programs, support teaching, research, and outreach efforts.

Goal #1: Continue to foster growth and leadership opportunities for our students and graduates through special fellowships, international programs, and the like.

Measures:

International programs

1. Measure the impact of International Programs on the OU-COM admissions process.

2. Meet the student demand for a variety of international programs with an appropriate number of opportunities annually in each international program (an action plan could be to survey the students to estimate demand)

3. Document the quality of student experiences through student reports, professional presentations, and publications (set standards for reports across all programs; require submission/track presentations and publications?)

4. Track and identify the effects of special programs experiences on students' careers after graduation.

Community Service programs

5. Provide every OU-COM student with the educational opportunity to work with the uninsured and underserved residents of SE Ohio, so that all of our students are confident and competent to help medically underserved people to access care.

6. All students will, through service learning experiences, recognize and value the importance of giving back to their community.

7. Provide screening and educational services to the uninsured and underserved in SE Ohio.

8. Assist and teach the residents of SE Ohio to access the health care services that they need.

Professional Development programs

9. Continue to provide leadership development in health policy for selected OU-COM faculty and members of the osteopathic profession.

10. Explore new and meaningful ways to help physicians to continue their learning, and to document and provide CME credit for a greater variety of learning experiences that improve patient care.

11. Educate SE Ohio health professionals in the cultural aspects and specific health needs in the region. Include physicians, nurses, and allied health professionals.

12. Continue to assist SE Ohio health professionals to meet ongoing licensure, certification, and accreditation requirements.

Postdoctoral programs

13. Fund more DO/PhD students, with more generous support for each student.
    Ideally, there would be 6-10 students in the program (two in each of the three postdoctoral years, with possible support in the last two years of osteopathic medical school as well).
    Ideally, DO/PhD students would receive a tuition waiver and stipend for most if not all of the OU-COM and postdoctoral years.

14. Market the DO/PhD program. The program would have a strong presence on the OU-COM web site and in student recruitment materials. The program would be prominent during student orientation.

15. Increase the flexibility to take the DO/PhD students that interest OU-COM faculty research mentors.
    Make it possible to enter the program before coming to OU-COM, or after the first year (this is now possible under Biological Sciences graduate program bylaws).
    Relax the GPA/rank in undergraduate or OU-COM class requirements for admission to the DO/PhD program, to give OU-COM faculty more flexibility to select students.