

***The Strategic Plan of the
Ohio University College of Osteopathic Medicine***

September 2, 2003

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OU-COM Strategic Planning schedule, 2003-04 academic year

1. August, 2003: The DAG (Dean's Advisory Group) will issue a revised Strategic Plan, including the revised mission statement and some revised or reorganized goals under the 10 issues. The Plan will be available as a pdf (Adobe Acrobat) file on the OU-COM web site, www.oucom.ohiou.edu.

2. September – December 1, 2003: DAG asks existing groups and committees to specify criteria to measure improvement or accomplishment of each goal listed under the issue assigned to each group.

EXAMPLE: The CAC will be asked to work on Issue #7: Curriculum Theme, with six goals. Curriculum Theme goal 2 is to "Validate the curricula and take steps to address any identified weaknesses." For this goal, the CAC will define what must be measured in order to validate the curricula and identify any weaknesses. Possible criteria could include:

1. NBOME scores (maintain at/above national average? Or improve, by how much? Why?)
2. Progress exam scores should...
3. Develop and administer an exit exam covering...
4. Measure growth of lifelong learning skills and habits by...

The groups can consult with the DAG as needed. **A written statement is needed by December 1, 2003** that includes clear, measurable criteria for each goal under the strategic plan issue assigned to each group.

3. December, 2003: The DAG will review the measurement criteria generated for the goals for all 10 SP issues.

4. January – February 15, 2004: The same groups and committees will be asked to generate at least one action plan recommendation for each goal under the issue they addressed in the Fall. The question to be answered is "What is the best way to achieve this goal, or the most important thing to do first to achieve this goal?"

An action plan should include the following elements:

- a clearly defined action (in quantifiable terms if possible);
- who might be responsible to carry out the action;
- resource requirement estimates (time, money, facilities; startup and annual);
- a desired time frame to carry out the action;
- a rationale as to why this action plan is the best way to achieve the goal (what other action plans were considered?).

The groups can also recommend a prioritization for the goals under their issue. The question to be answered is "Which goal is the most important and cost-effective to address first, under this issue?"

5. Feb. 15 – March 15, 2004: The DAG will review the recommended action plans and priorities for each of the 10 issues. The resulting version of the Plan will be issued and will be used in 04-05 budget planning. *The Strategic Plan will be reviewed annually by the DAG and used throughout the College for programmatic and fiscal planning.*

***The Strategic Plan of the
Ohio University College of Osteopathic Medicine (OU-COM)***

The plan is based on the October 1, 2002 final report of the OU-COM Strategic Planning Committee.

Strategic Planning Committee Members

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

The latest revision of the plan was on September 2, 2003 by the Dean's Advisory Group.

Dean's Advisory Group Members

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

Process

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

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.

Strategic Planning

The strategic planning process is guided by the mission of an institution. The Committee was asked to consider the College mission statement. The mission statement below, recommended by the Committee, deviates little from its predecessors. The major change is that, while listing the same four mission areas, it specifies that the primary mission of the College is the education of medical students.

The OU-COM Mission

The mission of OU-COM is to educate students to become physicians practicing osteopathic medicine in service to the region, the state, and beyond. Integral to that mission, OU-COM commits itself to:

- ***generating and disseminating new knowledge and understanding through research and scholarly activities;***
- ***servicing the health needs of people within the Appalachian region;***
- ***embracing diversity and public service, with integrity and respect for those served; and***
- ***emphasizing primary care and improving the well-being of underserved populations.***

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. The Committee identified the following as 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

Strategic planning is an ongoing process. The Committee members who drafted this report recognize that it falls short of the charge given the Committee by the dean at the beginning of the process to start with the mission and to proceed to goals and on to specific benchmark objectives. The report does spell out goals, which, in some cases, are sufficiently specific to serve the function of objectives. In this time of challenge of medical schools in general, and OU-COM in particular, the Committee members did not feel we were in the position to provide answers to some of the major questions before us. We hope that simply framing the questions may contribute to the efforts of those charged with finding answers. We trust that our analyses will contribute to the decision-making processes that will occur in the coming months and years, as OU-COM moves forward to fulfill its mission.

Issue #1: Osteopathic Distinctiveness

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 distinctiveness. Although uniform agreement on just what constitutes osteopathic distinctiveness is lacking, it seems clear that osteopathic principles and practice (OPP) are central, and osteopathic manipulative medicine (OMM) is central to OPP.

Osteopathic distinctiveness 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. No systematic exposure of osteopathic students to OMM occurs in Years 3 and 4, internship or residency. Increasing numbers of osteopathic graduates are pursuing allopathic, instead of osteopathic, residencies. In the past, it could be argued that osteopathic distinctiveness 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, and systematic OMM training, therefore, ceases.

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 during Years 1 and 2 appears to be falling short of the mark of interesting students in the practice of OMM. Although the OMM Section is staffed by two individuals very highly regarded as OMT practitioners, few 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. No portion of the curriculum has come under greater criticism from students over the past three years than OMM.

These considerations cry out for something to be done, for some changes to take place in OMM instruction. Two components need attention: (1) instruction in the first seven quarters in Athens, and (2) instruction at the CORE sites for Years 3 and 4 and beyond. 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 to scientifically trained medical students 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.

- Goal #1:** Strengthen OMM training in Years 1 and 2 with emphasis on integration of OMM throughout the curriculum.
- 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.
- Goal #3:** Seek appropriate levels of reimbursement from third party payers for osteopathic evaluation/management and for osteopathic manipulative treatment.

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 UOMC clinic as a teaching clinic with a preponderance of office-based primary care represents a significance cost to the College. 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 for medically underserved areas.

Issue #3: 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.

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

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

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

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

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.

Issue #4: Clinical Practice

UMA and the College's other associated practices serve the College mission in several ways. Educationally, they provide opportunities for OU-COM students to experience osteopathic medicine, while they are in Athens. They provide services to the local community in terms of health care. They also 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:** Improve access to healthcare in the region by expanding primary care facilities into rural counties in southeast Ohio, which are currently poorly served by healthcare providers, and linking them to a central facility in Athens that offers services in a range of medical specialties.
- Goal #2:** Use available resources to establish the infrastructure needed to qualify for state and federal funds available for the support of community and rural healthcare.
- Goal #3:** Enhance clinical operations to expand the scope and volume of clinical teaching in Athens.

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

The current categories of faculty in the Ohio University Faculty Handbook were drawn up before the University had a medical school. The categories described are Group I-IV. Group I is tenure-track faculty, which may be full- or part-time. Groups II-IV are non-tenure track. Group II is for part-time faculty “who are primarily considered instructional personnel.” Group III is also for part-time faculty “primarily considered instructional personnel,” but whose employment is less regular than Group II faculty. Group IV includes both full-time and part-time faculty with temporary appointments, such as visiting professorships, not to exceed three years, with certain exceptions, namely ROTC and OPIE instructors who are continuing Group IV faculty exempted from the three-year limitation. These categories do not meet the needs of OU-COM.

OU-COM, like every other medical school in the country, has hired clinicians whose primary responsibilities are to provide clinical service through the College clinics. The Handbook category, which has been used for this purpose, is Group II. Contracts are typically written for 90% of service in order to fulfill the part-time requirement. The misfit between the Faculty Handbook description and reality is obvious. It is time to draw up new categories of faculty that correspond to the real needs of the medical school and to have these incorporated into the Faculty Handbook.

Ohio State University, for instance, has a category of “regular clinical faculty,” a non-tenure track limited to colleges providing clinical services. This category is for individuals hired to provide clinical service and to teach. These individuals are appointed with renewable term contracts. University of North Texas Health Science Center (housing the Texas College of Osteopathic Medicine) similarly has a non-tenured, multi-year contract track for clinical faculty members, who provide clinical service and teach. This track has a one-time opportunity to apply for a switch into the tenure stream for those who have also done scholarly work.

The expectation implicit in the promotion and tenure system that all tenure-track faculty members will be effective in teaching, research, and service leads to a rigidity, which does not always encourage the most effective use of talents. Both the teaching and research missions might be better served with more flexible requirements or interpretation of requirements, allowing some to focus efforts on education and others to focus on research. These considerations have led other institutions to identify within the tenure stream multiple pathways reflecting different distributions of effort. Ohio State University, for instance, recognizes three pathways:

1. Researcher/Educator
2. Educator/Scholar
3. Researcher/Clinician

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.

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

Issue #6: Matching Reward Systems to the College Mission and Goals

Reward systems have many components. They include not only salary and wages; they also include other aspects of the work environment, including time availability as determined by work assignments, the quality and quantity of physical space assigned, other resources made available, and special public acknowledgements. Reward systems must also acknowledge market forces that play a role in determining where people choose to work. It is important that reward systems remain consistent with the fundamental goals of the College and not be too heavily influenced either by outside forces or by institutional inertia.

Goal #1: The College and its budget units will identify and examine reward systems and seek to bring them as closely as possible into alignment with the College missions.

Issue #7: 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.

- Goal #1:** Find ways to increase the efficiency of teaching in both curricula while maintaining overall quality.
- Goal #2:** Validate the curricula and take steps to address any identified weaknesses.
- Goal #3:** Offer medical students a thorough grounding in the scientific basis of medical practice in the context of the biopsychosocial model.
- Goal #4:** Incorporate research design and analysis into the student experience.
- Goal #5:** Provide dynamic curricula open to new developments in medicine and in society, and open to questioning by students, faculty, and staff.
- Goal #6:** Reestablish faculty development programs to support the teaching, research, and clinical missions of the College in Athens and throughout the CORE system.

Issue # 8: Diversity

Ohio University is committed to promoting an atmosphere where understanding and acceptance of cultural differences are ensured, including race, gender, sexual orientation, socioeconomic 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.

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.

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

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

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.

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.

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

Issue # 9: Communication

At the same time the Strategic Planning Committee was established, a College Committee on Communication was also established, in recognition of the need for better communications both within the College and between the College and the outside world. To avoid unnecessary duplication of effort the Strategic Planning Committee did not investigate this area. A draft of the report of The Communication Committee included two goals related to communication within the College, namely to continue the regular communications from the Dean, and to extend this practice to department heads for their own departments. Two goals relating to extramural communication dealt with website development and management and better reception and directions for people coming into the College buildings from outside. The Committee also recommended ways to improve communication between the College and the CORE sites. A final item in the Communication Committee's report related to unclear expectations and ambiguous priorities within the College. OU-COM, like other modern medical schools, has multiple components to its mission. These components sometimes compete with each other for the time and attention of faculty and staff, creating apparent ambiguity. It is possible to be drawn into activities, which may have value to society or some segment of it, but which are not firmly related to the College missions. College managers have the responsibility to keep the College missions in mind in assigning tasks, and articulating how the activities of their units serve the College missions. Improvement in channels of communication needs to be sought between various areas of the College, including academic departments, administrative units, the CORE, research and sponsored programs, and clinical programs and affiliations.

Goal #1: Foster a college climate that values and respects communication to and from all students, faculty and staff.

Goal #2: Use information resources as a tool to further link faculty, staff, students and community to information and services.

Goal #3: Facilitate communication between the Athens campus, CORE System and statewide affiliated 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.

Revision History, OU-COM Strategic Plan

(maintained by Doug Mann)

10-1-2002: Final report issued by SPC (Strategic Planning Committee) in WordPerfect.

10-25-2002: Mission statement revised by DAG (Dean's Advisory Group).

6-3-2003: Revised mission statement integrated into SPC report, in Microsoft Word (D. Mann).

6-3-2003: DAG made the following changes to "Issue 7: Curriculum":

Goal 2 was shortened to read: "Validate the curricula and take steps to address any identified weaknesses." (It is anticipated that details of curriculum evaluation will be added as action plans.)

Goal 3, *phrase added* to read: "~~Continue to~~ Offer medical students a thorough grounding in the scientific basis of medical practice *in the context of the biopsychosocial model.*"

6-10-2003: DAG made the following changes to "Issue 3: Research":

Goal 1.b was modified to read: "Emphasize the expectation that all *Group I faculty basic and social scientists* will generate extramural support for their research."

Goal 11 was replaced with: *Increase the level of OMM research. Bring the OMM Section to full staffing with members committed to research.*

6-17-2003: DAG approved a reorganization of "Issue 3: Research," condensing the original 11 goals into five goals, with some of the original goals recast as action plans.

DAG made changes to "Issue 8: Diversity":

Goal 1 was shortened to read: "Continue and institutionalize efforts to recruit and graduate underrepresented minority students."

Goals 2 and 3 were recast as recommended action plans.

A new goal was added: *2. Recruit and graduate students from diverse socioeconomic backgrounds.*

8-19-2003: DAG made the following changes:

The text of "Issue 4: Clinical Practice" was changed to reflect the transition to UMA. The goals of Issue 4 are unchanged.

For "Issue 9: Communication," the 11 goals articulated in the OU-COM Communication Plan (adopted 9-10-2002), were adopted as written. Also, a wording change to the last sentence of the text, recommended by Brian Phillips, was adopted.

8-26-2003: DAG made the following changes:

For the purposes of the next step in strategic planning (the specification of measurement criteria for each goal), the DAG removed all of the suggested subgoals and action plans from the Plan, so that groups such as CAC and RSAC could take a fresh look at the goals and how to measure progress toward a goal's achievement.

Brian Phillips offered to consolidate the 11 goals under "Issue 9: Communication" into a smaller number of goals, and this proposal was accepted.

Revision History, OU-COM Strategic Plan, continued

9-2-2003: DAG made the following changes:

Accepted Doug's reformatting of the Plan so that each Issue begins on a new page.

Moved the revision history to the end of the document.

Accepted the revised Issue 9: Communication goals, reduced from 11 to three goals by the communications group, convened by Brian Phillips.

Made two minor changes to the introductory section of the Plan:

The Environment of OU-COM ~~in 2002~~

"Following the Flexner report of 1914, an association..."