# Agenda
# COM Education Leadership Team Meeting
# January 4, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, January 4, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| AAMC Update | All | All |
| Medical Education Research Labs | Dr. John Mahan | Faculty Teaching Excellence |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, January 18, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Faculty Matters Update | Heather Brod | Faculty Teaching Excellence |
| Admissions Update | Dr. Quinn Capers | All |

**Friday, February 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBA | TBA | TBA |
| TBA | TBA | TBA |

**Friday, February 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Overview of Plans for LCME | Dr. Robert Ruberg | All |
| Restructuring of CES | Victoria Cannon | Faculty Teaching Excellence |

# January 4th CELT Summary

Minutes approved w/o changes

**AAMC Updates**

- HSL – Pam Bradigan
  - Putting customers first in acquisitions
    - Broad perspective
    - Similar approach here at OSU
    - HSL faculty most active in selecting titles
  - Building bridges with BMI
- Carla Granger
  - Diversity
    - Several sessions
    - Ways people are trying to change culture
    - Pipeline programs
  - Learner mistreatment
    - How to be more vocal if they see other faculty engaging in learner mistreatment, teaching students and residents to speak up
    - Doing some sessions here at OSU for faculty staff and students on diversity
      - Benchmarking, see what other people are doing elsewhere at OSU and in other medical schools
      - Collaboration b/w outreach programs and diversity office
      - Met w/ HR and Les Ridout about strategies for directors and managers about increasing diversity in applicant pool
    - Student mistreatment – not just faculty
    - Also evaluate learner mistreatment in HRS and clinical environments
    - Students occasionnaly report mistreatment by nurses, staff, etc.
    - Message needs to get out – treat learners with respect
    - FD4ME module? Core ability our faculty should have since we have diverse learners in a diverse environment
- Disaster planning –
  - 3 schools – University of Alabama Tuscaloosa (14 tornados, lost all power to med school)
    - Finding students, if students were safe
    - Students showing up in the ED to help
    - Families of med students contacted school
    - What if that happened here? We have students all over
    - If we lost electronic resources, we lose contact info and list of students
    - Used Facebook page
      - Contact students
      - Set up volunteer schedule

    - Similar to NY – internet best mode of communication when cell towers are down
    - Recommend that the school have a way of communicating if you lose everything
- UPMC – 57 bomb threats in April and May
    - Every time they got a threat, they had to evacuate and that interrupted coursework
- SARS outbreak – med students died after exposure to patient
    - How they managed student fears
    - How do we support the hospital rather than hurt the hospital?
    - Residents had to be shipped out to other hospitals w/ patients in NY after the hurricane
    - Need to think about this beforehand
- Dr. McDougle – diversity and inclusion
    - Signature program – LGBT Summit with UCSF
        - Safe Zone Treaining – training in learning how to be more accommodating w/ LGBT populations w/in the institution
        - Valerie has already completed
        - Very well received
    - Convened National Post-Bacc Collaborative
        - Post-baccs desidnged to enhance diversity of workforce
        - Natl survey on service provided by post back programs
            - Cutting edge
            - Osu is taking the lead on this
            - First time someone's looked at services provided to underserved communities by LGBT faculty
                - More likely to provide underserved
        - Also race neutral activities to enhance diversity
        - Picking certain schools based on demographics to target recruitment
        - Will be able to make adjustments as needed
- Valerie Blackwell-Truitt – diversity affairs townhall
    - What are we doing and what kind of impact are we making
    - National medical school outreach program
        - Pilot program in 2011
        - Encourage Community outreach and diversity
        - Send info to CODA group (Community of Diversity Affairs) so this can be highlighted on the website
        - Of 141 schools, they got 10 responses
        - What projects do we need to work on to make systematic changes w/in the AAMC?
        - What do we want to do?
- Victoria Cannon – LSI curriculum
    - AAMC building new curriculum inventory portal
    - Helping other colleges w/ implementation and advising AAMC on this portal
    - People very interested, other schools behind us on rollin gout competency based curriculum
    - Would like to talk to more people and visit OSU
- Mahan – physicians don't tend to reflect or ask for help
    - How can we get students to be more respectful and capable?

    - We try to promote w/ reflection and portfolio coaches
    - Richie – faculty development guru from Univ of Washington
        - How to make large group presentations interactive
        - FD4ME module for us
    - Contact w/ southern Illinois, asked to join as associate editor for teaching and learning in medicine
        - Professionalism
    - Rachel Remens – the healers' art
        - Cynthia kreger
        - Course is very aligned to original vision
        - 25 medical students
- Pfeil – working group looking at metric of evaluating faculty teaching and curriculum development
    - How types of activities can be measured for promotion and tenure
- Georgia palette
    - MCAT sessions – expected change in 2015
    - Don't know all details yet
    - 4 new categories include social sciences and statistics
        - Do we make social sciences a prereq or just recommend it?
        - Same w/ statistics
    - Don't know
    - Move away from prerequisites to a focus on MCAT score
    - Might impact ability to use GPAs in evaluating students
    - Unless the majority move away from prereqs, most people will probably still take them and some schools are very conservative and will not move away form this
    - On the website – make new friends but keep the old – a true mixed use space

**Medical Education Labs**

- Promote more med ed research and scholarship
- Idea moving from concept to creation
- MERG – Medical Education Research Group
- Concept to Creation
    - What do innovators share?
        - Medical education as a pillar of providing best patient care
        - Continous process of improvement
        - Required research and scholarship to promote that
        - How do you demonstrate the effectiveness of ideas and disseminate best practices?
    - Evolving, dynamic
    - Collaborative groups of faculty and trainees
    - Mirror what we do in basic science and clinical research – "research labs" around med ed topics
    - Organized effort
        - Director
        - Continuring ed of group

        - Sharing of methods and critique of each others work
        - Productivity catalyze by continued group identity and effort together
        - Formality in meetings and communications to foster scholarly effort
        - Systematic work plan measured by grants, publications, presentations
    - 
        -

- Tational
    - Mentorship from leaders
    - Promote collaboration
    - Facilitate right kind of support
        - Intellectual
        - Emotional
        - Access to resources and knowledge
    - Academic output, promotion and tenure
- Proposed Topic Areas
    - Draft – continuing to work on this
    - Areas where we have strength, interest and expertise
    - Promotes ability to make scholarship out of LSI
    - Grant experiment underway
    - Variability and activity needed for science – instead of microbes we have students
    - Capitalize on learning tech
    - Clinical coaching and feedback
    - Clinical reasoning skills in learners
    - Curricular innovation – everything we're doing that doesn't fit into one area
    - Eportfolio and self directed learning
    - Professionalism – burnout and emotional intel
    - Interpfoessional learning
    - Evaluation and assessment
    - Foundatinal science integration
    - Great vehicle for students interested in med ed research
    - New faculty and junior faculty also interested in med ed research, more formalized system to involve people
    -
- Logisitics
    - Priority in OSU COM research support
    - Access to LSI evaluation assessment data
    - Recognition/support from COM
    - Group leaders:
        - Responsibilities include:
            - Knowing who's in the group
            - Setting up meeting times/formats – many ways for group to have identity (see slide)
            - **Promote collaborative projects**
            - Work w/ role definitions
            - Identify resources
            - Support scholarly efforts

        - Propsed structure
- Conclave – January 16th
    - Generate ideas and decisions
    - 2 hour session in BRT
    - Organized and supported by office of evaluation, curricular research and development
- Questions and comments:
    - Feedback on groups:
        - Evaluation and assessment taken out as specific group
        - Some things will cut across different areas
        - Where will diversity come in?
            - Working on longterm outcome studies
            - Want to study enhancing diversity of faculty
            - Develop a separate group or fold it into an existing group?
            - Track record of collaboration and scholarship
            - Open to looking at areas of interest
            - Doesn't really fit under curriculum innovation
    - Plan for conclave
        - People to select categories when they RSVP
        - Tables set up for people to come together discuss and form teams
        - If people are interested in things not on the list, we will have tables set up for those
        - This is just out best guess
        - Main goal is to be productive – will support anyone interested ins cholarship
        - Also open to HRS faculty
    - **Send out link to video**

**CELT Meeting Summary**
**January 4, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Coranita Burt, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, James King, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Randall Longenecker, Joanne Lynn, John Mahan, Leon McDougle, Georgia Paletta, Cheryl Pfeil

Dr. Clinchot introduced Dr. Sheryl Pfeil to the COM Education Leadership Team.

The summary from the December 7, 2012 was approved without changes.

## AAMC Updates

### Health Sciences Library – Pam Bradigan

- Attended sessions on putting customers first in acquisitions
  - Broad perspective
  - OSU takes a similar approach to acquisitions for Health Sciences Library – faculty are active in selecting titles
- Building bridges with BMI
- Presenters: Pam Bradigan, Carol Hasbrouck, James Beck, and Dr. Sheryl Pfeil presented this video at the AAMC meeting: https://hsl.osu.edu/make-new-friends-keep-old-true-mixed-use-space

### Diversity and learner mistreatment – Carla Granger

- Diversity sessions focused on ways people are trying to change the culture at their institutions and setting up pipelines
  - Benchmarking – see what other colleges at OSU and other medical school are doing to promote diversity
  - Collaboration between outreach programs and the diversity office
  - Will meet with HR and Les Ridout about strategies for increasing diversity in the applicant pools for managers and directors
- Learner mistreatment focused on teaching faculty, residents and students to be more vocal if they see others (faculty, staff) engaging in learner mistreatment
  - Student are not just mistreated by faculty, students occasionally report mistreatment by nurses, staff etc.
  - Learner mistreatment in HRS and clinical environments also needs to be investigated
  - We need to get the message out to treat learners with respect
  - Dr. Mahan suggested making avoiding learner mistreatment an FD4ME module since treating learners with respect is a core ability all our faculty should have

**Disaster planning – Dr. Clinchot**

- Three schools presented on how they handled recent disasters
- Facebook proved to be an effective method of communicating with students in crisis situations, especially situations in which cell towers were down like in NY earlier this year
    - Ex. The University of Alabama at Tuscaloosa used their Facebook page to communicate with students when the med school lost power following a tornado
        - Staff needed a way of finding students and making sure they were in a safe place
            - If we lost electronic resources we also lose all contact info and the list of students
        - Staff also used Facebook to set up a volunteer schedule to eliminate students flooding the ER and offering to help, which overwhelmed ER staff
            - How do we support rather than hurt the hospital?
        - Families were also contacting the med school to see if students were safe since they had been unable to reach them
- Schools should have a way of communicating even if they lose everything

**Diversity and inclusion – Dr. McDougle**

- Signature program – LGBT Summit with UCSF which was very well received
- Safe Zone Training – learning how to be more accommodating of LGBT populations within the institution
    - Valerie Blackwell-Truitt has already completed Safe Zone Training

**Diversity affairs townhall – Valerie Blackwell-Truitt**

- What are we doing and what kind of impact are we making?
- National Medical School Outreach Program – pilot program started in 2011 to encourage community outreach and diversity
    - 141 schools were asked to respond to the Community of Diversity Affairs (CODA) with information and Ohio State was only of the 10 schools that responded
- What projects do we need to work on to make systematic changes within the AAMC?

**LSI Curriculum – Victoria Cannon**

- AAMC is building a new curriculum inventory portal and Ohio State will help advise the AAMC on rolling this out
- People are very interested in this as many other schools are in the process of rolling out competency based curriculums
- Several people mentioned wanting to further discuss the curriculum and possibly visit Ohio State

**Faculty development – Dr. Mahan**

- Rachel Remen's special presentation: Physicians sometimes don't reflect or ask for help well, to their detriment later in their careers; how can we get students to be more reflective, resilient and capable?

    - We try to promote this using reflections and portfolio coaches
- Able to connect with faculty from U of Washington who are interested in partnering with us to create a FD4ME module on making group presentations interactive
- Dr. Cynthia Kreger has developed a course for based on Dr. Rachel Remen's *The Healer's Art*
    - Limited Capacity: only 25 students can enroll and benefit

**Metrics of evaluating faculty teaching – Dr. Pfeil**

- A working group has been assembled to evaluate how activities related to faculty teaching and curriculum development can be measured for promotion and tenure

**Changes to the MCAT – Georgia Palletta**

- The MCAT is expected to change in 2015 but all the details have not been released yet
- There will be four new categories added including social sciences and statistics
    - Should these classes be made prerequisites or should they just be recommended for admission?
- Should we move away from requiring prerequisites and instead focus more on MCAT scores?
    - This may impact our ability to factor in GPA when evaluating potential students
- Unless the majority of schools move away from requiring prerequisites for admission, most students will still probably take those classes

**<u>OSU COM Medical Education Research Groups – Dr. John Mahan</u>**

- Medical education research groups will be useful to promote more medical education research and scholarship
- What qualities do innovators in medical education share?
    - Medical education as a pillar of providing the best patient care
    - Continuous process of improvement
    - Medical education research is required to advance education efforts and scholarship is necessary to disseminate that research
    - How do you demonstrate the effectiveness of ideas and disseminate best practices?
- Medical education research groups at OSU will be an evolving process and dynamic
    - Collaborative groups of faculty and trainees
    - Mirror what we do in basic science and clinical research with "research labs" with these grouped around medical education topics
    - Provide organized efforts with a "PI" or director and systematic work plan
    - Group members will be better able to share methods and critique each others' work
    - Productivity measured by grants, publications and presentations
- Having formal groups allows for priority in OSU COM research support and access to LSI evaluation and assessment data
- Responsibilities for group leaders include:
    - Knowing who is in the group
    - Setting up meeting times and formats, which can include reviewing new ideas, critiquing study designs, journal club, etc.

    - Promote collaborative projects
    - Define roles within the group, within specific projects and in authoring work from the projects
    - Identify necessary resources
    - Support scholarly efforts
- Medical Education Research Conclave – January 16, 2013
    - The purpose of the conclave is to generate ideas and help process of deciding which topics are of most interest to people (see slide 7 for proposed topic areas)
    - This will be a two hour session in the BRT organized and supported by the Office of Evaluation, Curricular Research and Development
- Questions and comments:
    - Feedback on proposed topics:
        - Evaluation and assessment was taken out as a specific topic group since that theme cuts across all topics
        - Some subjects will cut across different topics and there will need to be collaboration between topic groups
        - Diversity and Inclusion has a track record of collaboration and scholarship at OSU COM and perhaps that should be its own topic since it's not really a natural fit under Curriculum Innovation
    - Plan for conclave:
        - People will select which topics they're interested in when they RSVP for the conclave
        - Tables will be set up where people can come together and discuss the topics, then form teams
        - Extra tables will be set up for people who are interested in topics not on the list
        - The main goal for conclave is to be productive – MERG will support anyone interested in scholarship
        - This event is also open to HRS and BMS faculty as well

Dr. Clinchot adjourned the meeting at 11:00am

# Agenda
# COM Education Leadership Team Meeting
# January 18, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, January 18, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Faculty Matters Update | Heather Brod | Faculty Teaching Excellence |
| Admissions Update | Dr. Quinn Capers | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, February 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| SciVal Update | Karla Gengler-Nowak | Faculty Teaching Excellence |
| Marketing/COM Brand Update | Kathleen Kemp | All |

**Friday, February 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Overview of plans for LCME | Dr. Robert Ruberg | All |
| Restructuring of CES | Victoria Cannon | Faculty Teaching Excellence |

**Friday, March 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

Minutes: changes;

Heather Brod – Faculty Matters Update

- Newsletter sent to faculty
- January 2012 – multiple factors precipated created
- Reduce redundancies
- Model after research update
- Allows for analytics
- CM led the charge
- Identified stakeholders
- Established framework
- Needs assessment
- Talk about everything academic related aside from hard research in research update
- Promotion and tenure, etc. faculty development
- Identify distritbuion tool
- Content is unique, timely and faculty oriented
- Bimonthly distribution
- Represent broadly needs of faculty
- 10 sections/issue
- Welcome message
- 13 issues
- Steadily increasing open rates and click throughs
- Click thorugh – clicks for more information
- Distribution list 1500-2000
- Most things are short and don't click through
- Anecdotal – received several requests from people to be added (about 25)
- Top stories
    - SAME inaugural leadership institute
    - Why are ¼ faculty leaving academic medicine?
    - Welcome message: career development resources
- Going forward
    - Goals – emphasize career development
    - Strategically seek input
    - Integrate w/ other comm. Vehicles
    - Asses content areas using analytics
    - Present national viewpoints on topics
- Questions
    - Kathleen forwards content from marketing when appropriate
    - Matrix process –
    - Most stories the team finds themselves but some have been submitted
    - Not a perfect process, but
    - Faculty council does not have a section, but that would be very welcome
    - HRS doesn't have a dedicated section, but is included

- Typically go to osumc email addresses, but have tried to build in children's addresses
- Sometimes people don't get it, we don't know why that happens
-

Quinn Capers – Admissions Update

- 2011-2012 admissions cycle – current med 1 class
- Vision – self directed learners driven to become empathetic physicians
- Record breaking apps 4,909
- 736 interviews
- Acceptance 330
- Class: 195
- 17% underrepresented
- 44% women
- Competitive class
- Ave gpa 3.68
- Total mcat 34 – only 2nd time in 10 yrs we've reached this
- 57% non ohio residents
- 51% white, 49% nonwhite
- Come from great schools, OSU, Berkeley, Northwestern, Miami of Ohio, Duke, BYU, Case Western, San Diego, Michigan, Washington
- 1 in 4 students attended a top 20 college, 1 in 5 this year
- Attracting students from the top colleges in terms of prestige
- 7.5% increase in applications
- Non residents 7.3% increase in applicants
- Women applicant increased by 5%
- 10.8% increase in minority applicants
- Increasing in every metric we're trying to increase
- Applications for this year 5,716 – every year we've had a significant increase
- 5,000 is a mark of excellence – our aspirational peers are similar based on last year's numbers
- Changed the whole experience of interviewing here at ohio state
- Let us tell you why this medical school is a great place
- "admissions ladies" always get high marks
- Applications come in and screeners (faculty volunteers, must be eligible) sift through applications and advise on who to invite to interviews
- When screeners decline to invite to interview, there is automatic 2nd opinions by cochairs of admissions committee
- After interview: accepted, defer, rejected, postbac – MEDPATH
- Holistic review –espoused by AAMC
    - Put together to enhance diversity
    - Structural framework to how to consider applicants
    - Balance emphasis – experience, attributes, metrics
    - Fully embedded in screening system and deliberation system
    - MCAT

        - Will change
        - Three subtest – highest possible score 45
        - Natl avg is 28
        - Natl avg for matriculants is 31
        - Med 1 class as avg of 34
        - Interviews are blinded to students metrics
- Metrics went up when we stopped looking at them before interviews URM increased along with metrics, which goes against conventiral wisdom
- Joint acceptance – do very well against in state peers 90% or more come to ohio state
- Case is a strong rival for us
- In state applications – number of ohians that apply to medical school is pretty fixed for the past 10 years we get about 1000 out of 1500
- Ohio residents have a much higher chance of being accepted (2.5-4x more likely than someone from out of state)
- Want to increase female applicants, put together task force to look at women premed students
- Implicit association test – unconscious bias for admissions committee
    - To the degree it is possible, minimize bias in this proves
- Involve others in selecting doctors, bursing, patient advocates and laypeople
- 140 folks on admissions committee
    - Black/white – higher, much more in men for whites
        - Faculty have significant higher white race preference
    - Hetero/homo – men have a more significant bias against hetero candidates
    - Male/female – not much diff b/w implicit explicit, more women biased than men
        -
- First asked own bias
- Tell us that our admissions committee have preference for white, hetero men
- Worked w/ tony greenwald who developed test, can take test on web
- This data is the same as everyone, physicians are not different than non physicians intheir biases
- Questions:
    - How are questions related to men and women related to career and home? How are they asked?
    - Bias does not mean discrimination, it's just a preference
    - This can be very educational, it helps you remember to check your own biases
    - Correlations between standard deviations and actual discriminations?
    - What makes Case Western so appeling?
        - Excellent school w/ an innovative curriculum
        - Most presitigious medical school in ohio, although we're catching up
        - Case also has more scholarship dollars
    - Ever tries to overload admissions committee w/ women?
        - Task force looking into this
        - Admissions committee should mirror class we're trying to matriculate
    - Do have some thresholds, some are rejected before going to screeners, but obvver 3,000 go to screeners
    - URM broken down to male/female

        - 65% of AA students are female
        - Nice increase in AA males this year
        - Relfection of what we see in college – most AAs are women
        - Engage AA and latino male students earlier in the pipeline
        -
    - Are MCATS and GPAs included in final decisions? Yes
    - Interview, report card for interview, deliberator looks at EVERYTHING and puts it all together to be voted on
    - Surveys sent to students – students who choose case will say it's prestigious and scholarship money
    - People who get into Harvard odn't care about money, prestigious counts a lot
    - Gleanred anything in surveys about getting more money? Not yet
    - Survey will be retooled
    - Women moreso than men are more likely to want to go to medical school in the same state

New branding guidelines released

- New visual identity for university utilizing block o in all different areas
- Medical center not driving the bus, university is
- Very complex
- Over the next 8 weeks we'll have an idea of what it will be for HRS, Wexner and college
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**CELT Meeting Summary**
**January 18, 2013**
**10:00 -11:00am**
**234 Meiling Hall**

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**Attending:** Jessica Backer, Pam Bradigan, Victoria Cannon, Quinn Capers, Dan Clinchot, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, James King, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, Bryan Martin, Leon McDougle, Georgia Paletta, Sheryl Pfeil, Sabrina Ragan

**Guests:** Heather Brod, Flo Krull, Christine O'Connell

The summary from the January 4, 2013 meeting was approved without changes.

## Faculty Matters Update – Heather Brod

- Faculty Matters is a email newsletter sent out to faculty on the first and third Wednesday of every month that covers faculty oriented topics including career development, education and academics
- A number of factors precipitated the launch of Faculty Matters
    - It is a re-tooling/expansion of CES's Education in Action
    - Suggested by Dr. Ruberg, Dr. Lockwood and Kathleen Kemp to reduce redundancies (January 2012)
    - Coincided with FAME coming online
- Faculty Matters was modeled after Research Update
- Process for developing Faculty Matters:
    - Identify stakeholders – CES, FAME, OAA, FD4ME, LSI, CTT, Marketing and Communications
    - Performed needs assessment
    - Formed advisory committee
    - Established framework and processes for completing each issue of Faculty Matters
    - Identified distribution tool – Constant Contact, which allows for analytics
- Kathleen Kemp and the COM Communications and Marketing led the charge with Faculty Matters
    - Kathleen, Heather and Adam Maloon (Marketing intern) work together to identify content and put the newsletter together
- Analytics:
    - "open rate" – number of people who open the email, not just read it in the preview pane of Outlook
    - "click through" – people who click on a link to view additional or expanded content (note: not all articles include links)
    - First issue: June 27, 2012
        - 26.3% open rate with 49 click throughs
    - 12th issue: December 19, 2012
        - 16.9% open rate with 29 click throughs

    - Average – 20% open rate (249) opens per issue with 37 clickthroughs
    - Anecdotally, about 25 people have asked to be added to the distribution list
    - Based on click through rates, most popular stories included:
        - FAME Faculty Leadership Institute Seeks Inaugural Class (November 21, 2012) with 49 clicks
        - Faculty Development: Why are a quarter of faculty leaving academic medicine? (July 18, 2012)
        - Welcome Message: Career Development Resources (September 19, 2012) with 19 clicks
- Potential sections per issue include: news, featured sessions, upcoming events and seminars, calls for nomination, recognition and awards, faculty spotlight, education journal club/faculty development, LSI corner, Ask Bob, and resources
- Faculty Matters always includes a welcome message from Dr. Lockwood, Dr. Clinchot, Dr. Bornstein and Dr. Binkley that ties in to what is going on at the College
- Goals going forward:
    - Continue to emphasize faculty career development across all mission areas
    - Better integrate with other communication vehicles and social media
    - Assess content areas and adjust as necessary and use analytics to assess and respond to leadership needs
    - Present national viewpoints on topics such as tenure policies and healthcare reform
- Questions and comments:
    - Where does content come from?
        - Matrix process between Heather and Communications and Marketing
        - The team finds most of the stories published in Faculty Matters, but some have been submitted
    - Faculty Council does not have its own section, but that would be a very welcome addition to the newsletter
    - HRS doesn't have a dedicated section, but they do include information in Faculty Matters
    - Faculty matters typically goes out to people with OSUMC email addresses, but the team has tried to build in NCH addresses when possible
    - Sometimes people don't get the newsletter and we're not sure why
        - It's possible that at some point they've unsubscribed from Constant Contact and didn't realize it

**2011-2012 Admissions Cycle (Current Med 1 Class) Update – Dr. Quinn Capers**

- Dr. Capers reviewed the mission and vision for the Department of Admissions
- The COM received a record breaking 4,909 applications during the 2011-2012 admissions cycle which represents a 7.5% increase in applications
- 736 applicants were selected for interviews and 330 of those interviewees were accepted for an incoming class totaling 195 students
- Metrics for this year's Med 1 class:
    - 17% are minorities underrepresented in medicine
    - 51% white, 49% nonwhite
        - 10.8% increase in minority applicants this year

    - 44% are women
        - Women applicants increased by 5%
    - Average GPA: 3.68
    - Average total MCAT: 34 – this is only the second time in 10 years that the total MCAT has been this high
    - 57% non Ohio residents
        - 7.3% increase in non-resident applications
- Students in this year's Med 1 class come from great schools – one in five comes from a Top 20 college
- Undergraduate schools most represented in the Med 1 class: OSU, Berkeley, Northwestern, Miami of Ohio, Duke, BYU, Case Western, San Diego, Michigan and Washington
- The COM has received 5,716 applications for this year – every year there has been a significant increase
    - 5,000 is a mark of excellence according to our aspirational peers' metrics from last year
- Ohio State has changed the whole experience of interviewing here – instead of saying "Why should we let you in?" we say, "Let us tell you why this medical school is a great place"
    - Our "admissions ladies" always gets high marks from potential students
- Interviewers use the holistic review system espoused by the AAMC
    - Holistic review is a structural framework on how to consider applicants put together in order to enhance diversity
    - It emphasizes a balance of experience, attributes and metrics

Application process:

1. Screeners (eligible faculty volunteers) review applications and advise which applicants to bring in for interview
    a. When screeners decline to invite an applicant to an interview the application will be reviewed by one of the co-chairs of the admissions committee for a second opinion
2. Students come to the College of Medicine to interview
    a. Interviewers have all the applicants' information except their metrics
    b. Not having metrics reduces interviewers' bias
    c. Contrary to conventional wisdom, class metrics went up and the number of underrepresented minority students increased after interviewers stopped looking at the metrics before the interview
3. After the interview, the admissions committee makes a decision on the applicant and applicants are either accepted, deferred, rejected, or referred to MEDPATH

- The MCAT will change in 2016
    - Currently the MCAT is composed of 3 subtest worth 15 points each
    - The national average MCAT score is 28
    - The national average for matriculating students is 31
    - The average MCAT score for our Med 1 class is 34
- OSU does very well in joint acceptance metrics

    - We do especially well against our in-state peers, 90% or more students who are accepted to both OSU and another Ohio medical school choose OSU
    - Case Western is a strong rival for us
- The number of Ohioans who apply to medical school has been fixed at about 1500 for the past 10 years, and we generally get 1000 of those students
- Ohio residents who apply to OSU are more likely (2.5-4x more likely) to be accepted to the COM than non-Ohio residents
- The COM wants to increase female applicants has put together a task force to look at what is most important to women premed students when choosing a medical school
- All 140 members of the admissions committee has gone through training on recognizing bias in an effort to eliminate conscious and unconscious bias in the admissions process
    - The admissions committee was given the implicit association test to determine what unconscious biases they have
        - Tony Greenwald, who developed the test, delivered it himself and did a workshop for the admissions committee
        - The committee was first asked their own biases
        - The committee was then briefly shown photos of different kinds of people ask asked questions
            - Ex. "do you associate this person with work or home?"
    - Overall, there is an unconscious bias for white, heterosexual males
    - See slides for survey results
    - Bias does not mean discrimination, it's just a preference
    - The data on unconscious bias in our admissions committee is similar to the data on everyone else who has taken the test – physicians are not alone in their biases
    - This can be very educational as it reminds people to check their own biases
- Questions and comments:
    - How are bias questions related to women the workplace asked?
        - Even women who have careers are still expected to take on more duties at home and the unconscious bias test could reflect that
    - Is there a correlation between actual discrimination and a higher than normal standard deviation on the unconscious bias test?
        - We don't have this data
    - Why is Case Western such a popular choice for students applying to medical school vs. Ohio State?
        - Case Western has an excellent medical school with an innovative curriculum
        - It is also the most prestigious medical school in Ohio, although OSU is catching up
        - Case Western also has more scholarship dollars available, which may appeal to some students
    - Have we tried to overload the admissions committee with women in order to attract more female students?
        - This is one strategy the task force will look at
        - Our admissions committee should reflect the kind of students we want to have

- Are there thresholds that applications must meet before being passed on for an initial screening?
  - Yes, there are some initial thresholds that must be passed but over 3,000 applications go to the screeners for review
- We haven't broken down underrepresented minorities by male/female, but that information would be interesting to have
  - We do know that 65% of African American students are female and this is a reflection of what we see on an undergraduate level
  - There was a nice increase in male African American students this year
  - We need to engage African American and Latino male students earlier in the pipeline
- MCATs and GPA are included in final admissions decisions, just not during the interview part of the process
- The COM still sends surveys out to students who interview
  - Prestige counts for a lot – students who get into Harvard will usually go whether they get scholarship money or not
  - The survey is the in process of being retooled
  - Women are more likely than men to want to go to medical school in the same state they currently live

**Updated Branding Guidelines – Kathleen Kemp**

- The University has released its new visual identity, which utilizes the block O across all different areas
- Over the next eight weeks we'll have a better idea of what branding guidelines will look like for the WMC, COM and HRS
- Kathleen will speak more in-depth about this at the CELT meeting on February 1, 2013

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# February 1, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, February 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| SciVal Update | Karla Gengler-Nowak | Faculty Teaching Excellence |
| Marketing/COM Brand Update | Kathleen Kemp | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, February 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Overview of plans for LCME | Dr. Robert Ruberg | All |
| Restructuring of CES | Victoria Cannon | Faculty Teaching Excellence |

**Friday, March 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**Friday, March 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Strategic Plan Update | Jessica Backer | All |
| TBD | TBD | TBD |

COM Education Leadership Team Meeting

SciVal Update

- SciVal Experts
- What is it?
    - Searchable database based on publications of people we've chosen to profile
    - Elsevier publication
    - Algorithims looks at abstract, title and extract meaning from that
    - Use meaning to figure out which medical heading subject terms best describe that paper
    - Take all publications and figure out what those terms best describe
    - Public facing website everyone can see
- Who is profiled?
    - All health sciences faculty
    - Faculty in delect depts. That frequently work w/ health sciences
    - Not staff or aux faculty
- Why?
    - Research networking systems
    - No input from faculty
    - Clean, fast way of accessing information
    - 
    - Institutional reporting via a separate module – Strata
        - Better built out then it is for other systems
        - Does not replace research in view that the university is using
    - Data comes from eleseview database – scopus – of peer reviewed literature
    - If publication is not in scopus, it will not be in scival
    - Will add publications if we ask and they fit in the criteria
        - We've asked to add some in emergency medicine
        - Peer reviewed, English may not ne added
        - Scopus is very comprehensive
        - Scopus is bigger than pubmed
        - Some business lit and bioinformatics
        - If our faculty publish in a journal we can add it to the list
        - It will be added to scopus for everyone
        - Anyone can request it, there is a link oin the scopus website
- On office of research website
- Or google search OSU SciVal
- FAQs and User Guide available
- Training sessions available
- If you want people added, contact Karla
- Separated by tenure granting units
- Divisions are also profiled
- System tells you who has similar interest within OSU, but not necessarily the College of Medicine
- Publications are updated once a week

- Publications can be easily exported into endnote
- The system likes to search as specifically as possible
- To find collaborators, look at the community bar and it will show you people who have experience strong in your search terms
- 20 some institutions are using this systems, so you can connect with any of them
- Direct2experts is larger – some institutions ex. Harvard have developed their system and direct2experts will show you results for those
- Will include full publication, not just when they've done at Ohio State
- Institutional network shows which units are collaborating both internally and externally
- Shows different relationships b/w different individuals
- Based on faculty list as of the end of last summer
    - People will appear until we drop them off
    - We have to tell Elsevier to eliminate them
    - Shows interaction w/ present OSU faculty members
    - Why would you want to eliminate someone?
- Similar experts – who else at OSU have overlapping profiles but is a non-coauthor
    - Especially useful for young faculty looking for collaborators
- Free text entry allows us to input information ex. Funding opportunity and choose a domain from analysis and it will profile it like a publication or an individual and come back with overlapping experts
    - Also works w/ CV
- Questions:
    - Huge for mentoring
    - Helps match students and early researchers with faculty, also helpful for graduate program
    - Can't be used for promotion and tenure – osu is using research in view for that
    - Cannot export into research in view
    - Might be away for people's assistant to help them w/ research in view
- Institutional reporting
    - Experts is an expertise profiling system designe for networking
    - Strata is the institutional reporting tool
        - Strength – using same units we designed for expets
        - Access to broad numbers of documents
        - Quality indices
        - No impact factor – that is Thompson reuters proprietary
        - Strata is password protected, contact karla for access
    - More information than we've ever had access to, but it's not perfect
    - Can do h indices for individuals
    - Adding publications will only pull from this point forward, it won't capture past publications in that journal

Marketing and Communications/Branding Update

- New branding guidelines from university sent out by Melinda church on January 11th
- WMC branding – 1 year ago

- Early thought – spirit mark would be used everywhere
- Brought in consultants to reevaluate
- Already discussed mission statement and values
- This is the first indication of how the hallmark will change
- Sets the strategy, doesn't provide specifics
- Different from the name change last year
- Won't be using spirit mark a year from now
- Will be using a different version with wexner medical center
- Initial discussions:
    - Not a "big bang" like the wexner name change
    - Very gradual
    - One of the biggest facing public entities, they're starting wexner medical center and we will be part of that
    - BOT meeting yesterday
- What logo do I use now? What logo do I use June 1? What logo do I use in September?
- From now until may, use spirit mark, wexner, college of medicine underneath
- Hold of on ordering business cards, letterhead if you can
- Admissions stuff – in the fall we'll have a new look that we carry into the centennial
- Needed: list of all the different pieces visual identity appears on
    - Agree on which pieces are priorities, especially for the centennial
    - What needs to be changed first
    - There are some things we'd like to use the seal for, this should be included
    - Starting the process now will help us
    - Anything with a longer shelf life needs to have priority
    -
- Questions:
    - How will it work for the COM logo?
        -

**CELT Summary**
**February 1, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Terry Bahn, Valerie Blackwell-Truitt, Pam Bradigan, Coranita Burt, Victoria Cannon, Dan Clinchot, John Davis, Ryann Eff, Carla Granger, Joanna Groden, Kathleen Kemp, Sorabh Khandelwal, James King, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, John Mahan, Bryan Martin, Leon McDougle, Bill Orosz, Georgia Paletta, Sabrina Ragan

**Guests:** Karla Gengler-Nowak

The summary from the Friday, January 18, 2013 meeting was approved without changes.

**SciVal Update – Karla Gengler-Nowak**

- **http://www.experts.scival.com/ohiostate/default.asp**
- SciVal Experts is a searchable database that is based on publications of the people we've chosen to profile
- The algorithms looks at the title and abstract of each publication and extract meaning from that to organize people and departments into subject areas
- SciVal is an Elsevier publication and is an external facing website that anyone, not just people from Ohio State, can see
- All Health Sciences faculty is profiled on SciVal, in addition to:
    - Faculty in select departments that frequently collaborate with Health Sciences
    - Faculty in other departments are members of the CCC, CCTS or DHLRI
    - Faculty is defined as research, regular or clinical track faculty – auxiliary faculty and staff do not have SciVal profiles at this time
- The purpose of using SciVal is establish a networking system for research – it is a clean, fast way of accessing information that requires no input from the faculty
- All data in SciVal comes from Scopus, a database of peer reviewed literature
    - If a publication is not in Scopus, it will not be included in SciVal
    - Scopus is very comprehensive and includes more publications than PubMed
        - Scopus also includes some business literature and bioinformatics publications
    - Elsevier will add publications to Scopus by request if they fit the criteria, although publications will be added from this point forward only and will not encompass earlier issues
        - OSU has already asked to add some Emergency Medicine publications that were not originally part of Scopus
        - Some reasons a publication would not be included might be: not peer-reviewed, the abstract isn't in English, etc.
        - Anyone can request that a publication be added to Scopus, and there is a link on the website to make the request
- To find the SciVal website, visit the Office of Research website or Google "OSU SciVal"

- FAQs and a user guide are available, and Karla will do training sessions for groups upon request
- SciVal will tell you who has similar interests across the university, not just in the College of Medicine
- Publications are updated once a week
- 37 other institutions are using SciVal, and we can see information for their faculty as well
- Direct2Experts is a larger database that shows experts from even more institutions
    - Some institutions, like Harvard, use their own networking systems instead of SciVal but will still show up in Direct2Experts
- SciVal will show a person's entire publication history, not just what they've published at Ohio State which can be a helpful feature or a drawback depending on how you're using SciVal
- The list of faculty profiled in SciVal is based on the faculty list from the end of last summer
    - Faculty who have moved on till we request the Elsevier eliminate them
- The institutional network feature will show relationships between current OSU faculty only
- The "similar experts" feature allows you to see who at OSU has a similar profile to you but is not a co-author, which can be especially helpful for young faculty looking for collaborators
- Free text entry allows people to input information like a funding opportunity or CV from a non-faculty member and find overlapping experts as well
- Institutional reporting:
    - We have more access to information than we've ever had before, but it's still not a perfect system
    - SciVal experts is an expertise profiling system designed for networking while Strata is the institutional reporting tool
    - Strata provides access to a broad number of documents
    - Quality indices, but no impact factor as that is proprietary for Thompson Reuters
    - Strata is password protected, so please contact Karla Gengler-Nowak for access
- Questions and comments:
    - SciVal could be huge for mentoring
        - It could help match students and early researchers with faculty, and could also be helpful for the graduate program
        - SciVal cannot be used for promotion and tenure – OSU is still using Research in View for promotion and tenure
        - SciVal cannot be directly exported into Research in View

**CELT Meeting Summary**
**February 15, 2012**
**234 Meiling Hall**
**10:00 -11:00am**

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**Attending:** Jessica Backer, Terry Bahn, Barbara Berry, Pam Bradigan, Victoria Cannon, Dan Clinchot, Sorabh Khandelwal, James King, Deb Larsen, Cynthia Ledford, Joanne Lynn, John Mahan, Bryan Martin, Leon McDougle, William Orosz, Georgia Paletta, Sheryl Pfeil, Sabrina Ragan

**Guests:** Rollin Nagel, Nicole Verbeck, Dave Way, Aiko Yonamine

**Restructuring of the Office of Evaluation, Curricular Research and Development – Victoria Cannon:**

- 2012 was a year of change for the OECRD, formerly Center for Education and Scholarship (CES)
- Staffing changes:
    - Victoria Cannon (director), Nicole Verbeck (program development specialist) and Aiko Yonamine (instructional design specialist) have joined the OECRD
    - John Mahan has transitioned into the Center for FAME
    - Three members of the OECRD have left for other positions or retired
    - There are currently two open position in the OECRD, associate director and program coordinator
- Areas of focus for the OECRD are:
    - Medical education research
    - Program evaluation
    - Instructional design
    - Curriculum development
    - Project management
    - Educational technology
- The OECRD is assisting with the coordination of the LSI Umbrella IRB project in collaboration with Dr. Burgoon and the CITL
    - Research project to investigate the outcomes of the LSI curriculum
    - Dr. Clinchot is the PI on this project.
    - The umbrella project includes data from students 10 years pre and post LSI

**Faculty development and the OECRD**

- Rollin Nagel and Dave Way have been serving as Faculty Teaching Scholars Program mentors for research projects
    - This year the COM is on its fifth FSTP class
    - Some Faculty Teaching Scholars have been very productive and contributed to our publications résumé
- Many FSTP graduates are now curriculum leaders, which speaks to the success of the program and how its helping faculty members develop their education, leadership and research skills
- Many of the scholars in this year's FSTP program have chosen to focus their research on LSI
- The OECRD also coordinates Teaching and Scholarship Education Sessions

- The program coordinator in the OECRD will be responsible for the logistics of these sessions including scheduling rooms, speakers, catering, etc.
- Publication and journal productivity
    - OSU COM faculty produced 42 journal publications in 2012 that are relate to medical education
    - Seven of these publications had CES/OECRD staff as co-authors
    - 17 of these were co-authored by graduates of the FTSP
    - COM faculty also participated in the National Medical Education Conference with four posters and seven presentations

**Medical Education Research Groups**

- Organized, collaborative groups of faculty and trainees
- Systematically plan and deliver work products
- Develop faculty and trainees and promote scholarship, grants and presentations
- Approximately 100 people attended the January Medical Education Research Conclave
    - The conclave generated more than 200 potential ideas for research
    - Currently holding MERG meetings with people interested in joining the groups and going through ideas
    - Will form teams around promising ideas and projects
    - A needs assessment for MERG members will help determine next steps

**Program evaluation:**

- The OECRD evaluates residency program directors
- Getting ready to launch a study of 2012 residency program graduates in which we review the graduates themselves
- The COM gets a lot of good information from this study

**Testing and assessment:**

- The OECRD is very involved with electronic methods and survey projects
- Finishing four national survey projects (see handouts for details) – these projects are high quality and will bring a lot of recognition to the OSU COM

**Instructional design services:**

- Instructional design services make creating Articulate modules a simpler process so faculty know exactly what they need to do, which increases the quality of the modules
- The revamped website in the eLearning ~~assistant~~ assistance section of the OECRD website explains the simple steps for turning a PowerPoint presentation into an Articulate modules
- Feedback from students helps create better modules because faculty can incorporate the elements that are most helpful to students, for example:
    - Students prefer podcasts, so they can speed them or slow them down as needed
    - PowerPoints allow students to take notes
- We are still learning – we've found that students miss having lectures and regular face-to-face interactions
    - It helps if the Articulate modules have a more instructional, conversational tone

- 255 Articulate modules have been developed
- The OECED holds regular workshops with faculty since much of this technology focused

**Educational technology:**

- The OECRD collaborates with ~~with~~ the OCIO, HSL, OSUWMC IT and the College of Nursing to provide technology services and drive technology decisions in the college
    - Lecture capture
    - ePortfolio
        - Investigating how other medical schools use Evernote for their students' ePortfolio rather than our current WordPress model
    - Mobile devices and applications
        - Articulate does not work on iOS devices, so students need Puffin in order to watch Articulate modules on their iPad or other device
- The OECRD also participates in the AAMC group on information resources

**Special Projects:**

- LCME self study
    - Educational Standards Working Group
    - Medical Student Working Group
    - AAMC MedBiquitous implementation and training
- LSI pilot programs
- Learning community evaluations

**LCME Update – Dr. Robert Ruberg:**

- LCME – Liaison Committee for Medical Education
    - The LCME is charged with accrediting medical education programs
    - The LCME does not accredit medical schools, it only accredits medical education programs
    - The AMA and AAMC are both members of the LCME
- As part of the accreditation process, the OSU COM will perform a self study and then representatives from the LCME will come for a site visit
- Dr. Ruberg is the faculty accreditation lead for the LCME self study
- The LCME has 131 accreditation standards organized into five categories: institutional setting, educational program, medical students, faculty and resources for the educational program
- Self study structure:
    - The self study is organized into five working groups around the five sections, each with an executive steering committee
        - Institutional Setting – E. Funai
        - Educational Program for the MD Degree – D. Clinchot
        - Medical Students – J. Lynn
        - Faculty – R. Bornstein
        - Education Resources – T. Bahn
        - Independent Student Survey – D. Wieser, B. Schnedl
    - Working groups are expected to review aspects of the database and answer the questions in the self study guide

    - Once the database and questions are complete, the executive committee creates a self study summary document
- We have been working on this since last June when executive steering committee leaders were appointed in June
- It is expected that the subgroups will be done by the end of May
- Reports will be compiled by July and then Dr. Ruberg will take the responses from each individual and organize it into a comprehensive, coherent narrative
- We have contracted with a group that will perform a mock site visit and review our report
- Timetable:
    - Complete database entries: January 4, 2013
    - Subcommittees complete self study questions: May 31, 2013
    - Section narratives complete: July 13, 2013
    - Summary report complete: November 17, 2013
    - Database submitted to survey team: December 16, 2013
    - Mock site visit: February 2014
    - LCME site visit: March 23-16, 2014
- During the site visit, the team will look for areas of strength, areas in compliance, areas with a need for additional monitoring and areas of noncompliance
    - "Areas of strength" – particularly noteworthy areas that contribute in a major way to the achievement of our mission that could serve as models for other schools
    - "Areas of compliance with a need for monitoring" –
        - We have a policy, process, resource or system that is required by a standard but there is not sufficient evidence to indicate that it is effective
        - We have a medical education program that is currently in compliance, but known circumstances exist that could lead to future noncompliance
            - Example: upcoming financial difficulties or another medical school opening nearby
    - Most schools have 7-9 areas of noncompliance they have to follow up on, and some are more serious than others
    - Generally schools that have more than 14 areas of noncompliance are in trouble
- Possible LCME actions following full survey visit:
    - Continue accreditation for a full eight year term
    - Continue accreditation for an eight year term with one of more follow up actions
    - Continue accreditation for no fixed term pending the outcome of a follow up visit
    - Continue accreditation but place program on warning
    - Continue accreditation but place program on probation
    - Withdraw accreditation
- Most of our database is complete at this point
    - 585 entries ranging from easy questions like date of establishment to a the average daily census of the hospital or complex financial tables
- Most small groups have begun their meetings or have meetings scheduled
- The student survey is in progress
    - Med students have to construct their own independent survey
    - The Med 2 survey is complete and there was a 97% response rate, which is unprecedented for something like this

        - Incentives like cookies and administering it at a time when all student are present have been factors in the success of the survey
- How can we adequately prepare faculty and staff for the site visit?
- How can we prepare students for the site visit?
- What sort of celebration should have to thank people for their efforts?
- Questions and comments:
    - Dr. Ruberg will be attending another site visit in April as an observer to see ways we can do what we're doing better
    - In terms of preparing people involved in the site visit, we cannot coach them but we want to make sure they have read all the documents so they are prepared to answer questions
    - We cannot coach students, but we can tell them what to expect.

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# February 15, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, February 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Restructuring of CES | Victoria Cannon | Faculty Teaching Excellence |
| Overview of plans for LCME | Dr. Robert Ruberg | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, March 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Virtual patient demonstration | Doug Danforth | Curricular Innovations, Humanism and Professional |
| COM scorecard | Jessica Backer | All |

**Friday, March 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Strategic Plan Update (60 min) | Jessica Backer | All |

**Friday, April 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Interprofessional Education | Doug Post and Beth Liston | Curricular Innovations, Humanism and Professionalism |
| Clinical Skills Center Programs | Dr. Sheryl Pfeil | Curricular Innovations, Faculty Teaching Excellence |

# CELT Meeting Summary Draft

**CES Restructuring Update – Victoria Cannon**

**LCME Update – Dr. Ruberg**

**LCME ACCREDITATION TIMETABLE** (Revised 10/18/12)
Ohio State University College of Medicine

| **2012** | | **Months Ahead** |
|---|---|---|
| October 19 | Self-study Kick-off (Dr. Barbara Barzansky) | **17** *(12)* |
| October 22 to January 4 | Committees continue work on, and complete database. Student study is initiated | **17** *(15)* |
| **2013** | | |
| January 7 to May 31 | Subcommittees prepare answers to questions in Connections document. Student study completed | **14.5** *(12)* |
| June 1 to July 31 | Faculty Lead/Task Force Leaders create and finalize Subcommittee reports | **9.5** |
| August 1 to November 15 | Task force/Faculty Lead review subcommittee reports and prepare self-study summary report. Final additions/revisions to database are done. | **7.5** *(6)* |
| November 18 | OSU sends database, self-study summary report, other required documents to DJW Associates for preliminary review | **4** |
| December 16 | LCME Secretariat sends instructions for survey and list of survey team members.<br>OSU sends database, self-study summary report, other required documents to each member of survey team and to each LCME Secretariat office. | **3** *(3)* |
| **2014** | | |
| February 14 | OSU sends database additions or changes to survey team members and to both LCME Secretariat offices | **1** *(1)* |
| February 17 – 21 | Mock Site Visit (DJW Associates) | **1** |
| March 23 – 26 | Site Visit | **0** *(0)* |

**Note:** *Italics* = Maximum time suggested by LCME

Research Highlights:

Four National Studies

**A National Evaluation of Long-term Outcomes for Premedical Postbaccalaureate Programs Designed to Advance Workforce Diversity and Health Equity**

This is a controlled retrospective investigation into the outcomes of institutions that have postbaccalaureate programs designed to improve access of underrepresented minorities and economically disadvantaged students into the field of medicine. We surveyed 1300 physicians in practice who graduated from medical school between 1996 and 2002.

Subjects were physicians who participated in postbaccalaureate programs at Georgetown University School of Medicine, Michigan State University College of Human Medicine, Ohio State University College of Medicine, Southern Illinois University School of Medicine, University of California Davis School of Medicine, University of California Irvine School of Medicine, University of California San Diego School of Medicine, University of Hawaii School of Medicine, Wake Forest University School of Medicine, or Wayne State University School of Medicine. These institutions provided a matched sample of traditional graduates (i.e. those who did not participate in Postbaccalaureate programs).

We compared the two groups on their current practice characteristics: whether they work in federally designated underserved communities, provide indigent care as part of their practice, volunteer their services to indigent or uninsured patients , or participated in the National Health Services Corps.

We received a 42.1% return rate. Preliminary results indicate that postbaccalaureate graduates are significantly more likely to: Work in underserved communities, provide indigent care, and participate in National Health Services Corp. They are also more likely to be planning to volunteer services to indigent or uninsured patients outside of their practices.

**The Sonographic "Flexner Report:" The State of Ultrasound in Undergraduate Medical Education**

We recently surveyed all of the curriculum /education deans or their counterparts at all U.S. medical schools (including Puerto Rico) on their inclusion of ultrasound in their undergraduate medical curriculum. We achieved a 60.7% return rate (82 of 135 institutions). We found that 62% of the schools teach ultrasound somewhere in their curriculum.

We found that In years 1 and 2, ultrasound is generally a required, formal topic used to teach science or how to obtain scans. In years 3 and 4, it is less often required, and focused on scan interpretation. Respondents agreed that ultrasound-guided procedures can improve patient safety, facilitate medical students' ability to diagnose problems, and should be part of UME. There was less agreement about where in the UME or GME curriculum ultrasound teaching was most appropriate.

**Do OB/GYN Clerkships Cover Psychosocial Topics Related to Women's Health in Their Curriculum?**

We surveyed OB/GYN clerkship directors at all U.S. medical schools (including Puerto Rico) on their inclusion of formal instruction of four important psychosocial topics related to women's health. These include peripartum mood disorders/ postpartum depression, premenstrual syndrome/premenstrual dysphoric disorder, female sexual dysfunction, and issues related to domestic violence and sexual assault.

The survey was just recently closed and we are beginning to analyze the results. An initial estimate of the return rate we achieved is 66.7%.

## State of the EM Clerkship 2012: A National Survey of Emergency Medicine Clerkship Directors

In an attempt to describe the state of Emergency Medicine education in U.S. Medical schools, we surveyed all of the clerkship directors of emergency medicine clerkships, including those who do not have emergency medicine departments. We achieved 57.3% return rate. A very detailed profile of Emergency Medicine education at the undergraduate level in the United States was obtained through the data gathered. Briefly, we found that 52.3% of LCME accredited medical schools require an EM experience. This experience typically lasts four weeks and takes

place in the fourth year of medical school. On average, clerkship directors report using 18 hours of lectures per clerkship and many of these lectures are based on a National Curriculum Guide which was produced by the SAEM in 2006.

**Publication Productivity**

In 2012, the OSU-COM faculty produced 42 journal publications related to medical education.

- Seven of these had CES/OECRD staff as co-authors (7/42=16.7%)
- Seventeen of these were co-authored by graduates of the FTS Program (17/42=40.5%)

Current and Former FTSP Projects (in progress)

- Submission to CGEA on research productivity of primary care vs. specialty care faculty
- Support of Stemmler Grant on Virtual Patients
- Study on Plastic Surgery patients acceptance of care administered by trainees
- OB/GYN educational culture investigation
- Study on the effectiveness of e-learning module for undergraduate neuroscience students
- National study of standards for PhD program for genetic counselors
- Study on the effectiveness of intervention to prepare cardiology fellows for their board examination
- Study on the effectiveness of the use of patients with real neurological findings in teaching the neuro exam
- Support for grant for the development of an instrument for assessing fellows skill in communicating with families in palliative care setting/Study of effectiveness of educational intervention for teaching communication skills to fellows in palliative care
- Validation of an instrument for measuring Evidence-Based medicine (EBM) knowledge & skills among pediatric residents/Study of the effectiveness of an EBM curriculum for pediatric residents
- Study on the effectiveness of concussion education module for athletic trainers
- Study on the effectiveness of an educational intervention to improve Emotional Intelligence in EM residents

Program Leader Projects

- Needs assessment on Maintenance of Certification (MOCs) education for OSU Faculty
- Comparison of African American-black medical students prepared by Historically Black Colleges & Universities HBCU's to those prepared by traditional colleges and universities
- 3 manuscripts on ultrasound in the curriculum in progress
- Study on IM faculty's interest and development needs to teach ultrasound
- Standard setting for grading students on the OB/GYN clerkship
- Publication of study on faculty attrition in academic surgery

Program Evaluation

- Annual summary of AAMC Graduate Questionnaire results
- Residency director survey of OSU Graduate's preparation for residency
- OSU Graduate survey of effectiveness of medical school education in preparing them for residency
- Standard setting for grading students on the OB/GYN clerkship
- L.S.I. Pilot of OB/GYN Surgery Ring

Presentations at Regional Conferences

- SGEA: Evaluation of board preparation program for dental students
- SGEA: Study of medical student's perceptions of away electives in emergency medicine
- SAEM: Study of medical student's perceptions of away electives in emergency medicine

**CELT Meeting Summary**
**March 1, 2013**
**234 Meiling Hall**
**10:00 – 11:00am**

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**Attending:** Jessica Backer, Barbara Berry, Pam Bradigan, Ginny Bumgardner, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, Leon McDougle, William Orosz, Georgia Paletta, Sheryl Pfeil, Sabrina Ragan

**Guests:** Doug Danforth

**Virtual Patient Demonstration – Dr. Doug Danforth**

- Virtual patient – Virtual Standardized Patient for Medical Education
- The virtual patient is an interactive computer simulation of clinical scenarios to develop, enhance and assess medical decision making
- There are generally two types of virtual patients –
    - Computer cases like CLIPP, DecisionSimm, eVIP or TheraSim where students log into software and are presented with scenarios
    - Simulators
- The virtual standardized patients are virtual versions of the standardized patients students interact with during Objective Structured Clinical Examinations (OSCEs)
- OSCEs – valuable role play scenario (in which some suspension of disbelief is required)
    - Allows students to practice with real human beings and is the next best thing to a real patient
    - Very useful in assessing interpersonal skills, empathy, eye contact, etc.
    - Students may get immediate feedback on their performance
    - Some disadvantages to using standardized patients are:
        - Using standardized patients is expensive
        - Maintaining consistency can be challenging
        - Training standardized patients and evaluating student performance required considerable faculty time
- Virtual standardized patients (VOSCEs) utilize the same role playing scenario
    - Students can develop their professional behaviors in a risk-free environment
    - Immediate summative and formative feedback
    - Provides students a variety of undifferentiated patients to sharpen diagnostic skills
        - We've heard from students that they very rarely see a completely undifferentiated patient during their clerkships
- Virtual standardized patients provide more consistency than standardized patients
    - Each virtual patient case is exactly the same
    - Feedback from the virtual patient is an objective analysis of the content of the dialogue, removing variability between raters
- There are some downsides to using the virtual standardized patient:
    - Not as good as real standardized patients at measuring interpersonal skills like eye contact

    - Case complexity is still limited, so they can only be used for fairly straightforward cases
- As part of the Stemmler grant, the VP program is focusing on these research questions:
    - Can virtual patients be used to accurately assess the quality of the learner's information gathering skills?
    - Can systematic analysis of questions asked in virtual simulations provide insight into the assessment of clinical reasoning skills?
- The program began using the Second Life program, but avatars were too low fidelity and there was too steep a learning curve with students needing to control their own avatars
- We switched to Unity (high end gaming platform) for the VPs, which easier to use, higher fidelity and conversational
- VPs are capable of "narrow but deep" conversation –
    - We've focused on the kind of questions a doctor would need to ask a patient, like "When did that start?" or "How bad is it?" vs. chit chat like "Who will win the next election?"
- Created four VP avatars ~~s~~ so far – an old man, a young man, an old woman and a young woman
- Avatars were created by a graduate student in the Advanced Computing Center for Arts and Design
    - How realistic do we need the VPs to be in order to be effective? The more complex they are, the more expensive they will be the larger demand they will place on the processing system
- There are two versions of the VP – one in the CSEAC and one web-based version ~~in EPIC~~
- Preliminary data from Med 3 students shows that the VPs are getting smarter and that the VPs are an effective tool
- The version in the CSEAC is built to be as immersive as possible
    - Questions are spoken instead of typed like in the web-based version
    - Microsoft Kinect allows the VP's eyes to follow students around the room
    - The voice quality is still robotic, but we're looking for a more natural voice
    - The built in pause is so that the VP knows when the question is done, because if the question is submitted before it is completed then it won't make sense
        - Would like to move to a system that is more similar to Watson on Jeopardy
- The benefits to the virtual patient are:
    - It may enhance~~s~~ students' history taking and clinical skills
    - We could save money by using fewer standardized patients
    - Possible tech transfer to other medical and nursing schools
- ~~Four~~ Two graduate students are working on the VP program in collaboration with HRSA, the Stemmler grant, ACCAD and CSE/Linguistics
- Questions and comments:
    - Currently trying to decide if the VP is more useful as a ~~content delivery~~teaching tool or an assessment tool
    - Since dialogue in the web-based version is chat based, is the avatar more effective than just a photo?

        - The high fidelity avatar is useful in CSEAC because spoken dialogue is much different than typed dialogue
- We're trying to make the virtual patient more conversational, because it's harder to interview someone who won't talk to you
- In the future, we'd like to examine:
    - How faculty evaluate students' performance vs. how the computer evaluates it
    - Are students different when interacting with the virtual patient or the standardized patient
        - Can VPs realistically substitute for a real standardized patient and elicit the same dialogue?
- Right now there are four ~~cases~~ chief complaints – back pain, chest pain, abdominal pain and headache

**COM Scorecard Update – Jessica Backer**

- The scorecard represents the COM, HRS and the School of Biomedical Sciences
- It is updated twice per year – in January-February and August-September
- Over the past few months, Dr. Clinchot and Jessica Backer have gone through the process of adding some metrics and taking others off
- Are these the right metrics? Is there anything that should be added or removed?
- The US News metric includes: MCAT scores, GPA and faculty/student ratio
- Research grants are included in the research mission scorecard, and the research mission scorecard and COM scorecard both roll up into the Medical Center scorecard
- Would it be possible to include service the reputation as part of the national reputation metrics?
    - There is not a good, consistent way of tracking this information
- CCME is not represented in the scorecard at this time, but we should think about a metric that would be a good measure for that
    - Number of offerings
    - Productivity
    - Customers
    - International representation
- If one of our students publishes something it gets included on the education training grants scorecard
- We might include a section for student extramural awards or publications
    - We haven't advertised to them what to do when they get published
    - Each individual program collects this data
    - Would it be possible to populate students in SciVal and pull from there?
- Targets are determined by:
    - Average financial aid and student indebtedness are measured through comparison with other public institutions
    - The development metric is provided by Sue Frost
    - Percentage of URM, GPA and MCATS are provided by Dr. Lockwood
    - HRS and BMS targets were set arbitrarily based on improvements from last year
    - Dr. Clinchot provided targets related to publications and training grants
    - US News targets are set by the G%
    - Satisfaction metrics are targeted to where satisfaction used to be before it dropped

- Diversity from HRS on the scorecard is not correct, this metric appears just to be for graduate students and not undergraduate students
- PhD time-to-degree is set slightly lower than last year, but we never want it to be lower than four
    - We need to examine if this is still realistic, as it may push people out who are not ready yet
- GME should be represented by more than just resident satisfaction
- If we met the metric and goal will not change, we need to get it off the scorecard to make room for something else since we only want to track the most meaningful items
- Please email Jessica Backer with any additional questions or suggestions.

Kathleen Kemp will be sending out a preliminary list of all items that need to be updated with the logo. Please review and add items.

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# March 1, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, March 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Virtual Patient Demonstration | Doug Danforth | Curricular Innovations, Humanism and Professionalism |
| COM Scorecard | Jessica Backer | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, March 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Strategic Plan Update (60 min) | Jessica Backer | All |

**Friday, April 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Interprofessional Education | Doug Post and Beth Liston | Curricular Innovations, Humanism and Professionalism |
| Clinical Skills Center Programs | Dr. Sheryl Pfeil | Curricular Innovations, Faculty Teaching Excellence |

**Friday, April 19, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

Wexner Medical Center

# Education Mission Performance Scorecard
## 2013

| Key Results Area | 2012 Actual | 2013 Target | 2013 YTD Actual | Performance |
|---|---|---|---|---|
| **Financial Performance** | | | | |
| Average Financial Aid per Student* | Medicine: $8,254 | Medicine: $8,502 | To be reported in June | |
| Average Student Indebtedness* | Medicine: $150,990 | Medicine: $158,140 | To be reported in June | |
| Total Scholarship Outright Gifts and Pledges | Total: $2,178,657 | Total: $1,255,000 | Total: $709,305 | |
| Total Scholarship Planned Gift Commitments | Total: $547,571 | Total: $860,000 | Total: $45,634 | |
| Total Scholarship Endowment Income | Total: $895,493 | Total: $1,870,000 | Total: $975,374 | |
| **Innovation & Strategic Growth** | | | | |
| Percent of Under-Represented Minority Students (2012-2013 = entering Fall 2013) | Medicine: 16.8%<br>HRS: 9.5%<br>BioSc: 17.24% | Medicine: 17.8%<br>HRS: 10%<br>BioSc:: 18% | Medicine: 14.8%<br>HRS:<br>BioSc: 12% | M B |
| Number of Publications in Education (calendar year) | 34 | 40 | 37 | |
| Grants for Training and Education Scholarship | 5 | 7 | 21 | |
| Publications from Training Grants | | 3 | 11 | |
| **Productivity and Efficiency** | | | | |
| PhD Time-to-Degree | HRS: 4.4<br>BioSc: 5.29 | HRS: 4.0<br>BioSc: 5.29 | HRS: May 2013<br>BioSc: May 2013 | |
| **Quality** | | | | |
| Undergraduate GPAs of Entering Students (2012-2013 = entering Fall 2013) | Medicine: 3.64<br>HRS: 3.36<br>BioSc: 3.53 | Medicine: 3.7<br>HRS: 3.4<br>BioSc: 3.6 | Medicine: 3.8<br>HRS:<br>BioSc: 3.53 | M B |
| Average MCAT/GRE Score (2012-2013 = entering Fall 2013) | Medicine: 11.3<br>HRS: 52(V);48(Q);49(A)<br>BioSc:74(V);71(Q);55(A) | Medicine: 11.3<br>HRS:53(V);49(Q);50(A)<br>BioSc: 75% scores | Medicine: 11.6<br>HRS:<br>BioSc: 77(V);77(Q);57(A) | M B |
| Outcome Assessment Scores (average) | USMLE Step 1: 95.2%<br>USMLE Step 2: 98.1%<br>PT Board Exam: 100%<br>OT Board Exam: 97% | USMLE Step 1: 96%<br>USMLE Step 2: 98%<br>PT Board Exam: 100%<br>OT Board Exam: 100% | USMLE Step 1: March 2013<br>USMLE Step 2: 99.5%<br>PT Board Exam:<br>OT Board Exam: | |
| **Service and Reputation** | | | | |
| Student Overall Satisfaction with Medical Education – Strongly Agree + Agree | Medicine: 93.5% | Medicine: 93.9% | Medicine: July 2013 | |
| USN&WR Best Medical Schools | #39 | #38 | To be reported in April | |
| USN&WR Rankings – AMP Programs (Reputation Based) | 2008<br>PT: 19 / 199<br>OT: 21 / 152 | Top 15% | To be reported in April | |
| **Workplace of Choice** | | | | |
| Resident/Fellow Overall Job Satisfaction – Satisfied + Somewhat Satisfied | 91% | 93% | To be reported in June | |

Favorable: At or above target

Caution: 0-5% below target

Unfavorable: Greater than 5% from target.

* Metrics have a 1 year lag in reporting. Data reported under 2013 are for 2011-2012 academic year
Note: Biomedical Science includes just PhD program.

# Agenda
# COM Education Leadership Team Meeting
# March 15, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, March 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Strategic Plan Update (60 min) | Jessica Backer | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, April 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Interprofessional Education | Doug Post, PhD<br>Beth Liston, MD | Curricular Innovations,<br>Humanism and Professionalism |
| TBD | TBD | TBD |

**Friday, April 19, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**Friday, May 3, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Clinical Skills Center Programs | Sheryl Pfeil, MD | Curricular Innovations |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**March 15, 2013**
**234 Meiling Hall**
**10:00 – 11:00am**

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**Attending:** Jessica Backer, Barbara Berry, Pam Bradigan, Coranita Burt, Dan Clinchot, Ryann Eff, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, James King, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, Bryan Martin, Alicia Stokes

## OSUWMC Strategic Planning Overview – Jessica Backer

- What is strategic planning?
  - Strategic planning creates a roadmap for the future
  - The organization does not commit funds to fully support items the strategic plan, that is where yearly operational plans and budgets come in
  - Strategic plans are living documents that will change as the environment around us changes
  - Every strategic plan has a scorecard so we know if we achieved our objectives
- Why strategic planning?
  - Strategic planning helps align the organization with a common direction
  - Anticipate problems, prepare for the future, identify strengths and improve decision making
- Why do strategic plans fail?
  - Lack of focus – it's hard to focus if we have too many goals and multiple high-level, time intensive projects going on
  - Lack of energy and resources – If the timeline for completing the strategic plan fails, energy begins to wane and the plan might be rewritten two or three times before it's completed
  - Lack of understanding of what strategic planning is – getting too caught up in the resources we currently have, rather than thinking long term
  - Lack of accountability – if no one is assigned to executive this plan, nothing will happen
  - Lack of follow up – the strategic plan needs to be reviewed regularly and relevant goals need to be inserted into P3s
    - There need to be checkpoints at which the strategic plan can be adjusted on an annual or semiannual basis
- Business plans are separate from strategic plans, and different in many ways –
  - Business plans are shorter (3-6 months in length)
  - Business plans are usually opportunistic rather than programmatic visionary planning
    - a business plan would be created for opening a new center or institute, hiring high level recruits, or buying new surgical robots
  - Both strategic plans and business plans have scorecards
- Strategic planning framework
  - The University has its own strategic plan that the Medical Center plan rolls up to

    - The Medical Center needs to align with the University to help it achieve its goals
        - All entities in the Medical Center must also roll up to the Medical Center strategic plan
    - Integrated strategic plan – six organization-wide components have their own strategic plans that also roll up to the University plan, including: Program Development, Human Resources, Technology, Facilities, Marketing, and Financial
- Strategic planning process:
    - Pre-work:
        - Identify executive sponsors – who are the executive leaders requiring the development of the plan?
        - Who will own the plan once it's developed?
        - Who will be on the team that develops the plan?
        - What is the timeline for developing the plan?
        - How will this project be managed?
    - Strategy formulation
        - Identify mission, vision and values
            - A mission explains why the organization exists while a vision explains what it will become
            - Surveys, interviews and benchmarking are all tools in this process
        - Internal and external analysis including analysis of regulatory and healthcare trends, etc.
    - Strategy translation – setting specific goals (usually 4-6 of them) and a strategy to achieve them
        - In our original plan, there were no action items but in the new plan there will be tactical items that can be assigned to specific people in addition to a timeline for implementing those items
        - We also need to prioritize things based on what will have the greatest impact in helping us achieve our goals
    - Strategy Execution – after developing specific action items and assigning responsibilities, we need to determine what resources will be needed to accomplish these
        - Resources include people, space, technology, etc.
        - What tradeoffs can we make?
        - We also need to identify different sources of revenue
    - Monitor and review - dentify metrics by key results areas
- Discussion: 10 years from now, what do you want people to say about OSUWMC's educational programs?
    - If we're trying to increase our reputation, we need to think about what we want people to say about our graduates – we need a "quality product"
    - We want people to say that we attract the best students and the best faculty
    - "I was taught by the best so I could become the best"
    - Educational programs are not really under the Medical Center, they're under the College which is part of the University
    - Innovation is also a central component of what we aspire to

        - This is not just the best place to be educated, it's also the best place for innovation
            - Less traditional
    - Educational programming that is responsive to individual student needs
    - Diversity
- What are the healthcare trends that will have the greatest impact on the Education Mission in next 3-5 years?
    - Money to pay faculty – expenses rise as reimbursements go down
    - What competencies will students need in order to deal with population growth and data analytics?
    - Physician shortage
    - How the spectrum of healthcare providers impacts patient care
- What factors come to mind when you think of a successful program? What makes Michigan a top 20 school?
    - Reputation or success if often an accident of a medical college – it often comes from the reputation of the health system it is associated with
    - While out health system is appropriately patient centered, the college must be student centered – how do we effectively prepare students for the current healthcare world?
    - Having our strategic plan roll up to the Medical Center does not limit us, it simply helps us align with the rest of the University
- Discussion: What are our greatest strengths that we should continue to leverage?
    - We're one of the few universities in the national with seven health sciences colleges
    - How often do we utilize the resources available at the university level?
        - We automatically align with the Medical Center because that's where some of our funding comes from
    - Collaboration for the best interest of our students
    - The diversity of our programs contributes to the healthcare work force
- Discussion: What are some our gaps we need to close in order to meet our goals?
    - Endowment
    - Dissemination of innovation and research
    - We need to be better at telling stories
- Discussion: What do we need to stop doing to ensure we meet our goals?
    - We need to be less rigid
    - We need to be less siloed
    - We need to stop being so traditional
    - Focus more on outcomes and less time on tasks
- Please see the strategy map on slide 51 of the attached PowerPoint presentation
- Since our last strategic plan, the landscape has changed and the University has gone through its own strategic planning process
- Strategic Planning has already identified discovery themes and has already allocated money to developing these
- Between 60-80 University and Medical Center leaders and the Board of Trustees were interviewed as part of this process

- Strategic planning has also sent surveys out to staff and done extensive benchmarking and internal analysis
- We hope to have the Medical Center Strategic Plan distributed by late July- early August
- We can begin pre-work for the College of Medicine Strategic Plan now, but we will not begin developing the plan until October after LCME accreditation is finished
- Questions and comments:
    - How long will the COM strategic planning process take?
        - There is no timeline yet, but that will be set by Dr. Lockwood
            - We can move as quickly or as slowly as this group wants
            - Last time the plan was completed in 1-2 months since the University wanted it to be complete by a certain date
            - We can identify initial steps at another upcoming meeting

Dr. Clinchot adjourned the meeting at 10:50am for Match Day.

**CELT Meeting Summary**
**April 5, 2013**
**10:00 – 11:00am**
**234 Meiling Hall**

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**Attending:** Jessica Backer, Barbara Berry, Pam Bradigan, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, James King, Deb Larsen, Cynthia Ledford, John Mahan, Bryan Martin, Bill Orosz, Sheryl Pfeil

**Guests:** Darlene Gluck, Beth Liston, Doug Post

**Interprofessional Education – Beth Liston, MD and Doug Post, PhD**

- Interprofessional education is changing for a lot of reasons
  - People don't always necessarily realize what interprofessional education is
  - It tends to happen in silos and pockets
  - The College does not currently have any overarching, system-wide practices involved with interprofessional education
- Interprofessional education in LSI Part 1: students learn about it, see it in practice and then apply it themselves
  - Skills based training – students are taught by other professions, so they recognize members of other professions as teachers
  - Students do readings on interprofessional education
    - Why is interprofessional education important?
    - What does a pharmacist/physical therapist/etc. actually do?
  - Longitudinal group sessions incorporate opportunities for collaboration and how to access those for the treatment of patients
- Interprofessional education is also being taught as part of the old curriculum
  - Doc 1 – medical and pharmacy are together in ER situations
  - Doc 2 – required PowerPoint presentation on team care, which includes the roles other health care professionals
  - Doc 3 – Interdisciplinary Approach to Chronic Care Management
  - Doc 4 – nursing and medical students do mock cross-cover phone calls in their OSCEs
    - This tests skills rather than communication
    - Will also be part of the AMHBC
- Interprofessional education as part of CAHPS:
  - Small group sessions on the challenges of adherence to complex regimen
    - Med students in years 1-4 each have different roles in this activity
    - This session has been highly rated by students, and the narrative comments have been particularly positive.
  - Violence panel conducted by professionals who work in this field, including social workers, police, nurses, physicians, attorneys and judges
    - One physician whose sister was murdered by her husband shares his experience, and this has been particularly powerful for students to hear
- LSI Part 2:
  - Students are required to participate in social work consultations

    - Students in the OB/Gyn rotation participate in genetic counseling with patients and learn how to perform an obstetric ultrasound with Sonography
    - There will be an interprofessional component to ground school, but this has not been defined yet
- LSI Part 3 – Advanced Management of Relationship Centered Care
    - Proposals include an interdisciplinary component
    - Geriatrics, Social Work, Nutrition, PT and OT all help with learning about teams
    - Pain management, hospice and holistic medicine are also very interdisciplinary
    - Student will be exposed to a lot during their eight week block
- 12 students from various disciplines also have the opportunity to participate in a seminar on interprofessional care
    - Ethics from different disciplines including allied medicine, education, law, medicine, social work, nursing and theology
    - We hope to move this from something only some students have the opportunity to do to something all students can do
- Additional opportunities for interdisciplinary education:
    - The Interprofessional Approach to Patient Care runs both semesters with support from MEDTAPP
        - Med 2 students receive two weeks of Med 3 elective credit
        - Focus on working through patient cases together as it relates to teamwork
        - This course has gradually become more focused on community health poverty issues
        - About eight students per semester participate in this course
    - The College of Nursing simulation center runs complex rounding simulations centered on patients in the ICU with multiple health care issues involving students from Nursing, Pharmacy, Medicine, Respiratory Therapy, PT, Dietetics and Social Work
        - This simulation is required for nursing and has been required for pharmacy in the past, but it is not part of specific course for the medical students
        - We've gotten great feedback from students on the simulation and there is an opportunity for growth
    - PT, OT, Family Medicine and Nursing also runs simulations
    - Rardin Free Clinic – Dr. Stephanie Cook is developing a longitudinal service learning course for multiple professions
        - Established for nursing students – they commit to coming once/month for credit for a certain period of time
        - Currently in the planning stages for medicine
    - Global Health specialization – requires nine credit hours and field experience
        - The COM and CON both have global health electives available and the coursework is interprofessional
    - Lifeline of Ohio does an interprofessional event to talk about organ donation
    - Healthy Weight and Nutrition at NCH and the eating disorder clinic also provide opportunities for interprofessional interaction
- Challenges in developing interprofessional opportunities:
    - Scheduling is a real challenges because students in different areas have very different schedules that do not easily mesh

    - It has also been a challenge finding time within the curriculum for interprofessional activities without taking away from clinical experiences
    - There's also an issue with students get credit for interprofessional coursework – two elective credits don't help them very much
    - We get some support from MEDTAPP, but more funds are required for additional interprofessional coursework
    - Student volume is also a challenge – bringing together 1000 medical students in addition to everyone else at different points is not an insignificant challenge
- Scholarship in interprofessionalism:
    - Previous work on medication regimen adherence simulations, nursing/med student simulations and national surveys on interprofessional education has been presented in the past
    - MERC group
    - An Interprofessional Approach to Patient Care – a Master's student is assessing previous years surveys to assess their impact on developing an assessment of future impact
    - Respiratory Therapy is also studying interprofessional simulations
    - Dr. Cook is also doing some scholarship related to the Rardin Clinic
- Future opportunities:
    - Expanding components in Projects 4 and 5 – the quality of healthcare delivery culminating in a quality improvement project
    - Expand our involvement in An Interprofessional Approach to Patient Care
    - Include more medical students in CON simulations
    - Include interprofessional collaboration as part of field experience – the College of Nursing has been giving credit to students for doing field experience in Honduras
        - This would be a great service opportunity for medical students as well
        - Physical Therapy has also been doing some interprofessional learning Rwanda
    - Include community health in the advanced competencies for LSI part 3
    - Health coaching project – there has also been a strong interest in health coaching from nursing and vet med
        - It might be possible to pair students from different disciplines and have them work on this together
    - Community health education
    - Placing students in patient centered medical homes also provides a lot of opportunity for interprofessional collaboration
        - How can we put students in these clinics strategically?
        - Doug Danforth is working on creating a video using a virtual patient in which you seem a team huddle and create a plan so students can see interprofessional work in action
        - This is growing in terms of Family and General Internal Medicine
- Questions and comments:
    - The deans have discussed finding a way to do a college-wide disaster simulation along with ROTC
    - We would like to see this become more mainstream with all the medical students participating, rather than just providing a few medical students to the CON for their simulations

- The new PA program also presents an opportunity – interprofessional education could be built into the PA program
    - It might helpful to convene a group within the COM and HRS and define a strategy
- We should define this competency, as it is very unique and excellent skill for residents to have

**Deferred Maintenance Update – Darlene Gluck and Bill Orosz**

- Bill Orosz introduce Darlene Gluck, Operations District Leader for district 2, which includes the College of Medicine
- There is a strategy plan in place and we are currently working on that plan
    - "Keep up costs" – the annual investment required for all buildings to perform properly
- Energy is one of our largest expenses, but as we continue focusing on making our buildings more "green," this picture will get brighter
- We are currently below our target in stewardship, but none of our institutional peers are meeting the target either so we are not out of the norm in this
    - The good news is that the University is focused on this challenge so the gap is not getting worse and we're starting to turn the corner
- FCI – 64 attributes of buildings that are tracked on GSF
- The decline in state funding will be a real challenge for us
    - For the first time in University history, an academic building will be built with no state funding (music building)
    - This is a dramatic, glacial shift that means we'll really have to improve buildings and redirect money
- Capital investment program – we're currently in year two of our five year plan
    - It would take approximately $50M to get up to 80% level
- CIP process – this surfaced through the deans as something deserving priority and attention
- Graves Hall – there is a tipping point as to how much repair work we can do since Graves is scheduled to come down in 10 years
- Safety and accessibility are also folded up into deferred maintenance
- Darlene Gluck is about to submit $250,000 in repair projects related to asbestos and steam stations that have caused considerable problems in Medical Center buildings
    - This will also include repairs to the roof of Graves Hall
- We need to be more strategic in how we look at maintenance and how provide services
- Projects in Atwall Hall: capital equipment including boilers, fans and pumps
- Many years of inadequate support for Medical Center buildings and we are now at a critical state
- We need to understand real programmatic needs to get the right things in the right buildings with the right amount of support
- Leaders can contact Darlene Gluck directly to discuss issues:
    - Darlene Gluck
    - 221 Pomerene Hall
    - Office: 614-247-0016
    - Cell: 614-357-4555
    - Email: gluck.17@osu.edu

# Agenda
# COM Education Leadership Team Meeting
# April 5, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, April 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Inter-professional Education | Doug Post, PhD<br>Beth Liston, MD | Curricular Innovations,<br>Humanism and Professionalism |
| Deferred Maintenance Update | Bill Orosz | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, April 19, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Contemporary Issues in Medicine – feedback on course proposal | Sorabh Khandelwal, MD | Curricular Innovations |
| TBD | TBD | TBD |

**Friday, May 3, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Clinical Skills Center Program | Sheryl Pfeil, MD | Curricular Innovations |
| TBD | TBD | TBD |

**Friday, May 17, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**April 19, 2013**
**234 Meiling Hall**
**10:00-11:00am**

---

**Attending:**

**<u>Contemporary Issues in Medicine – Course Proposal Feedback – Dr. Sorabh Khandelwal</u>**

- Contemporary Issues in Medicine would be an undergraduate course for pre-med students at Ohio State
- Dr. Lucey originally recommended this and Dr. Khandelwal has been working on a course proposal
    - Dr. Khandelwal would like a junior faculty member to take this on and is not planning on being the course director
- This course would help students answer two important questions:
    - Do I want to be a physician?
    - Why do I want to be a physician?
- There are 3,000 pre-med students at Ohio State
    - Only about 1,000 of those students will actually go into medicine
    - Of the 1,000 students that go into medicine about 300 go on to medical school per year
- Pre-med is a very broad designation that tells academic advisors that a student is potentially interested in going into one of the medical professions
    - Students take courses that meet the pre-requisites that medical school expect and cover material they will need to know for the MCAT
- 25 Alpha Epsilon Delta (honor society) students provided feedback on this course, and they had an overwhelming positive response to this idea
- The AED students indicated that lack of advice and the availability of shadowing opportunities is an obstacle to students interested in the health profession
    - There is no formal shadowing program, so only students who are aggressive about seeking people out get to shadow
    - Most students don't understand that they can just call a physician and ask to shadow
    - Physicians also get nothing out of allowing a student to shadow since there is no formal program
- Students are hungry to get involved here
    - They want to get a feel for what the life of a physician is like
        - We could bring in research and MD/PhD programs at this point
    - They want to have classes here in Meiling Hall
    - They want to meet physicians and work in the Clinical Skills Lab
- How do we create a course that helps students navigate the difficult path to medical school?

    - Students don't get a lot of advising on what their personal statement should like, what medical schools are looking for or how to act in interviews
    - Dr. Capers is excited about how this course can help Admissions
- Students in the AED were really interested in being able to go through cases as a group
    - Similar programs in Denmark have been very well received
    - Students can solve problems just by looking things up even though they don't have training yet
- Students will also have the opportunity for autonomy and reflection, which will make the shadowing experience more meaningful for them
- Barriers and questions:
    - Size of class –
        - Students surveyed said it would be unfair if 90% of students were closed out of the class, but a large group may take away from intimate discussion
        - Some students, however, wanted to keep the size of the class around 22-23 people
        - Academic advisors want the class to be as big as possible – they feel that a class with 200-300 seats will be packed since students want to get their foot in the door
        - Since honors student can schedule two weeks before other students, the class would probably be mostly honors students
            - This is appropriate, since honors students are the most likely to be accepted to medical school and they are the kind of students we want
    - Can we limit the class to students who maintain certain GPAs?
        - We can limit the class to sophomores and juniors who maintain above a 3.3 and still have a decent sized class
        - Opening the class to seniors wouldn't make sense since they should already be doing med school interviews by then, unless it was Fall semester only
        - Some students had an issue with the GPA requirement since students can bring their GPAs up quickly within the first two years
    - This class will require a lot of resources –
        - Faculty commitment and time
        - Admin time
        - Could we hire med students as TAs? This would be ideal for LSI 4 students on the educator track
            - Could make this a course requirements, since finding a way to pay students would be complicated
    - Things we used to do for free, like shadowing, would now produce revenue in this program
    - 100 students in a three hour course would produce $60,000 in revenue after taxes in addition to technical fees (this was calculated for quarters, not semesters and will have to be adjusted)

- Discussion and ideas:
    - Is this feasible and worth pursuing?
    - Do other schools have this?
        - Other schools have a one credit hour Intro to Health Professions Class, but they don't have anything like this
        - Carol Powell, one of the librarians, did some research on similar courses and didn't find anything
    - We don't have much data on what undergraduate students really know about medicine
        - According to students, most of their information comes from friends and family
    - HRS does a couple of courses with a similar concept and they have proven to be a good way for students to find out if the profession they are interested in is a good fit
    - How many students can we handle shadowing? That may require us to limit class size
        - Right now the plan is for one shadowing experience/semester, but students want more than that
        - Departments will credit for shadowing
        - Utilize all faculty
        - Students don't mind shadowing on weekend or overnight shifts
    - Would undergraduate students compete with other learners in the environment?
        - Undergraduates generally don't interrupt, they observe and take notes but don't take away from other learners in the environment
        - The ED is a big space, so it wouldn't be a concern there
    - This is a good way for undergraduates to get comprehensive information
    - It will also give our medical students a chance to be mentors or undergraduates, which the medical students will like
        - Matching URM and women students would be a great pipeline to increase diversity
    - If you limited the class to students that were honors eligible only, what size class would that give us?
        - The problem within the past few years is that we're admitting so many good students we've had to look at changing the criteria for honors eligibility?
        - Sometimes freshmen get pummeled in their first year, which makes the GPA requirement problematic
    - The target for this class would have to be primarily sophomores or juniors in the Autumn semester, since juniors will need to take the MCAT in the spring
    - Should this course be offered both semesters?
    - One possibility would be conducting a large lecture course in addition to a lab course that would be much smaller and more selective – around 25-30 students
        - Students in the lab course would do shadowing

            - Doing background checks, immunizations and drug screen on 30 students is more manageable than doing it on 400
        - We could use the first course to screen students for the lab course – only those who do well could get into the lab
    - One concern is that pre-med students can be very “checkbox oriented” and we don’t want this course to become just another checkbox for them
    - Opening this course beyond pre-med students may allow us to attract some students that hadn’t necessarily been thinking about medicine
    - Advisors need help – they can’t keep up with all the students that want to go into medicine
    - This would be an equalizer for students to allow all of them to make connections at the medical school and participate in shadowing
    - We don’t have an answer yet for how faculty would be rewarded for shadowing experiences
    - Limiting class size the first year will be very important so we can work out the kinks
    - One of the key decisions that needs to be made is the primary purpose for this course
        - PR?
        - Helping undergraduate students become better educated about medical school?
        - Recruiting top students?
        - Screen top students on competencies that are difficult to assess?

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# April 19, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, April 19, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Contemporary Issues in Medicine – feedback on course proposal | Sorabh Khandelwal, MD | Curricular Innovations |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, May 3, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Clinical Skills Center Program | Sheryl Pfeil, MD | Curricular Innovations |
| TBD | TBD | TBD |

**Friday, May 17, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**Friday, June 7, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**April 19, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Barbara Berry, Victoria Cannon, Dan Clinchot, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, John Mahan, Bryan Martin, Georgia Paletta, Sheryl Pfeil, Alicia Stokes

**Contemporary Issues in Medicine – Course Proposal Feedback – Dr. Sorabh Khandelwal**

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- Dr. Lucey originally recommended this and Dr. Khandelwal has been working on a course proposal
    - Dr. Khandelwal would like a junior faculty member to take this on and is not planning on being the course director
- This course would help students answer two important questions:
    - Do I want to be a physician?
    - Why do I want to be a physician?
- There are 3,000 pre-med students at Ohio State
    - Only about 1,000 of those students will actually go into medicine
    - Of the 1,000 students that go into medicine about 300 go on to medical school per year
- Pre-med is a very broad designation that tells academic advisors that a student is potentially interested in going into one of the medical professions
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- 25 Alpha Epsilon Delta (honor society) students provided feedback on this course, and they had an overwhelming positive response to this idea
- The AED students indicated that lack of advice and the availability of shadowing opportunities is an obstacle to students interested in the health profession
    - There is no formal shadowing program, so only students who are aggressive about seeking people out get to shadow
    - Most students don't understand that they can just call a physician and ask to shadow
    - Physicians also get nothing out of allowing a student to shadow since there is no formal program
- Students are hungry to get involved here
    - They want to get a feel for what the life of a physician is like
        - We could bring in research and MD/PhD programs at this point
    - They want to have classes here in Meiling Hall
    - They want to meet physicians and work in the Clinical Skills Lab
- How do we create a course that helps students navigate the difficult path to medical school?
    - Students don't get a lot of advising on what their personal statement should like, what medical schools are looking for or how to act in interviews
    - Dr. Capers is excited about how this course can help Admissions
- Students in the AED were really interested in being able to go through cases as a group
    - Similar programs in Denmark have been very well received
    - Students can solve problems just by looking things up even though they don't have training yet

- Students will also have the opportunity for autonomy and reflection, which will make the shadowing experience more meaningful for them
- Barriers and questions:
    - Size of class –
        - Students surveyed said it would be unfair if 90% of students were closed out of the class, but a large group may take away from intimate discussion
        - Some students, however, wanted to keep the size of the class around 22-23 people
        - Academic advisors want the class to be as big as possible – they feel that a class with 200-300 seats will be packed since students want to get their foot in the door
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            - This is appropriate, since honors students are the most likely to be accepted to medical school and they are the kind of students we want
    - Can we limit the class to students who maintain certain GPAs?
        - We can limit the class to sophomores and juniors who maintain above a 3.3 and still have a decent sized class
        - Opening the class to seniors wouldn't make sense since they should already be doing med school interviews by then, unless it was Fall semester only
        - Some students had an issue with the GPA requirement since students can bring their GPAs up quickly within the first two years
    - This class will require a lot of resources –
        - Faculty commitment and time
        - Admin time
        - Could we hire med students as TAs? This would be ideal for LSI 4 students on the educator track
            - Could make this a course requirements, since finding a way to pay students would be complicated
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- Discussion and ideas:
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    - Do other schools have this?
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        - Carol Powell, one of the librarians, did some research on similar courses and didn't find anything
    - We don't have much data on what undergraduate students really know about medicine
        - According to students, most of their information comes from friends and family
    - HRS does a couple of courses with a similar concept and they have proven to be a good way for students to find out if the profession they are interested in is a good fit
    - How many students can we handle shadowing? That may require us to limit class size
        - Right now the plan is for one shadowing experience/semester, but students want more than that
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        - Students don't mind shadowing on weekend or overnight shifts
    - Would undergraduate students compete with other learners in the environment?
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    - Should this course be offered both semesters?
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        - Students in the lab course would do shadowing
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    - Opening this course beyond pre-med students may allow us to attract some students that hadn't necessarily been thinking about medicine
    - Advisors need help – they can't keep up with all the students that want to go into medicine
    - This would be an equalizer for students to allow all of them to make connections at the medical school and participate in shadowing
    - We don't have an answer yet for how faculty would be rewarded for shadowing experiences
    - Limiting class size the first year will be very important so we can work out the kinks
    - One of the key decisions that needs to be made is the primary purpose for this course
        - PR?
        - Helping undergraduate students become better educated about medical school?
        - Recruiting top students?
        - Screen top students on competencies that are difficult to assess?

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# May 17, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, May 17, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Carmen Overview | Valerie Rake | Curricular Innovations |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, June 7, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**Friday, June 21, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| LSI Update | Dr. Dan Clinchot | All |
| TBD | TBD | TBD |

**Friday, July 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**May 3, 2013**
**10:00-11:00am**
**6th Floor CSEAC**

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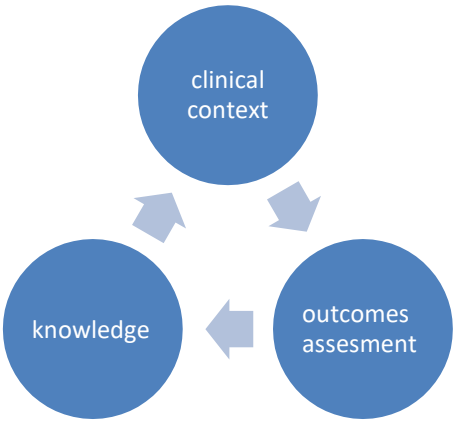
**Attending:** Valerie Blackwell-Truitt, Ginny Bumgardner, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, James King, Deb Larsen, Cynthia Ledford, Joanne Lynn, Bryan Martin, Sheryl Pfeil, Sabrina Ragan, Alicia Stokes

## Clinical Skills Center Programs Updates – Sheryl Pfeil, MD

- Medical simulation is a new field, but there has been an explosion in this area and almost all medical schools now use some degree of simulation in their curriculum
- Simulation is a method used in health care education to replace or amplify patient experiences using scenarios designed to replicate real health encounters using lifelike mannequins, physical models, standardized patients or computers
- Within the past few years, an accreditation program has been developed for simulation centers similar to the accreditation of a residency program
    - This is a complex process, but Ohio State is planning on seeking this certification for the Clinical Skills Center
- There is also now a Certification in Health Care Simulation
    - Certification is given for demonstrated experience since the field is so new
- Why simulation?
    - See one, do one, teach one is no longer appropriate in the current health care model
    - We are moving away from using animals for teaching purposes
    - Recall if information is better if it's taught and rehearsed in conditions as similar to real life as possible



    - There are many uses for simulation, including emergency simulations and interdisciplinary disaster simulations
        - Advanced Topics in Emergency Medicine – students run through scenarios including a poisoning case and a trauma case with triage
    - At least half of the HRS programs at Ohio State do something with simulation
- Scope of simulation:
    - Simulation can be used in teaching and assessment
    - Simulation can also be helpful in faculty development – in some fields, use of simulation allows for fewer procedures required to maintain credentialing
    - Summative vs. formative assessment – these are very wrapped together
        - Even when students just use task trainers and mannequins to practice, there is feedback built in so they get feedback even if there's no one else there
    - Standardized patients are more and more integrated with technology
        - Ex. In OB/GYN runs a simulation with a person on top and a task trainer on the bottom
        - Standardized patients can also play other roles during simulations so students learn how to deal with family members, etc.
    - Debriefing and feedback are crucial to the learning process
    - Repetitive practice is also key to learning – we want to be to be unconsciously competent
    - The Clinical Skills Center can adapt to a number of different learning strategies including large groups, lecture, small groups and independent learning
        - Individualized learning – the colonoscopy simulator has haptics in that reveal how much pain the patient was in and for how long
    - Simulation also allows for a variation of experiences
        - We can recreate high severity, low occurrence situations like an airway fire in the OR
        - Learners have the opportunity to make and detect errors without consequence in a controlled environment
- Simulation has many, many applications
    - Organ donation conversations with families – these are difficult and it's good for learners to have the opportunity to practice
        - This can be extended to difficult conversations outside the medical field
    - Informed consent sessions
    - Leadership skills and how people function as teams
    - Electronic medical records
        - Ex. Training for nurses on how to document in IHIS during a code
    - There are infinite possibilities for how we can use simulation
    - The Clinical Skills Center occupies an expensive space, so it we track exactly who uses and what they use it for
- Questions and comments:
    - How long does it take for faculty members to develop the materials and assessments for simulations?

        - Simulationists are adept at understanding the technology and can help make ideas happen
            - Who are your learners, what are your objectives, what equipment will you need, how often will you assess?
        - The amount of time it takes to develop a simulation varies according to the type of simulation
        - There are published templates for mannequin cases that can be adapted
        - There are databases for simulations and we've evolved standards for things like what constitutes informed consent
        - Debriefing is a science – we've learned what's good and bad and are developing standardization
    - Is it a goal to bring nursing students in to collaborate with medical students?
        - We have run interdisciplinary simulations both in the Clinical Skills Center and the College of Nursing
        - This is a hot topic in simulation right now
        - We can do it in deliberate ways
        - There is a gap in this area right now
        - We are also looking for opportunities to do this in an insidious fashion – foundational training skills are done by experts in those skills, which were nurses
    - Sustainability –
        - Always thinking in that realm of possibility
        - How can we apply simulation to solve current problems?
            - Ex. Reduced residency hours, credentialing and maintenance of certifications
    - Is there anything we can't do right now without the accreditation from the Society for Simulation? What are the collateral benefits to getting it?
        - Forces us to develop things like branding, policies and self development
        - This will help as we look ahead to certification maintenance
    - Are we close to developing fellowship programs for advanced certification in simulation training?
        - Some programs are looking at fellowships in simulation, but nothing is accredited or standardized
        - Harvard has one mini-fellowship program, and there is also a program in Akron.

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# May 17, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

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| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
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**Friday, July 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
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**CELT Meeting Summary**
**May 3, 2013**
**10:00-11:00am**
**6th Floor CSEAC**

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**Attending:** Valerie Blackwell-Truitt, Ginny Bumgardner, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, James King, Deb Larsen, Cynthia Ledford, Joanne Lynn, Bryan Martin, Sheryl Pfeil, Sabrina Ragan, Alicia Stokes

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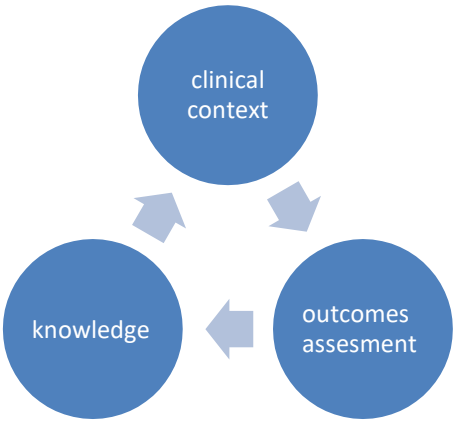

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        - Ex. Training for nurses on how to document in IHIS during a code
    - There are infinite possibilities for how we can use simulation
    - The Clinical Skills Center occupies an expensive space, so it we track exactly who uses and what they use it for
- Questions and comments:
    - How long does it take for faculty members to develop the materials and assessments for simulations?

        - Simulationists are adept at understanding the technology and can help make ideas happen
            - Who are your learners, what are your objectives, what equipment will you need, how often will you assess?
        - The amount of time it takes to develop a simulation varies according to the type of simulation
        - There are published templates for mannequin cases that can be adapted
        - There are databases for simulations and we've evolved standards for things like what constitutes informed consent
        - Debriefing is a science – we've learned what's good and bad and are developing standardization
    - Is it a goal to bring nursing students in to collaborate with medical students?
        - We have run interdisciplinary simulations both in the Clinical Skills Center and the College of Nursing
        - This is a hot topic in simulation right now
        - We can do it in deliberate ways
        - There is a gap in this area right now
        - We are also looking for opportunities to do this in an insidious fashion – foundational training skills are done by experts in those skills, which were nurses
    - Sustainability –
        - Always thinking in that realm of possibility
        - How can we apply simulation to solve current problems?
            - Ex. Reduced residency hours, credentialing and maintenance of certifications
    - Is there anything we can't do right now without the accreditation from the Society for Simulation? What are the collateral benefits to getting it?
        - Forces us to develop things like branding, policies and self development
        - This will help as we look ahead to certification maintenance
    - Are we close to developing fellowship programs for advanced certification in simulation training?
        - Some programs are looking at fellowships in simulation, but nothing is accredited or standardized
        - Harvard has one mini-fellowship program, and there is also a program in Akron.

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# June 21, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, June 21, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| LSI Update | Dr. Dan Clinchot | All |
| Graduation/Match Update | Dr. Joanne Lynn | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, July 5, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**Friday, June 19 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Digital Strategy Update | Megan Stanley | All |
| HSL Acquisitions and E-resources update | Pam Bradigan<br>Joe Payne | All |

**Friday, August 2, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| PA Program Update | Dr. Deb Larsen | All |
| TBD | TBD | TBD |

**COM Education Leadership Team Meeting Summary**
**June 21, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Jessica Backer, Barbara Berry, John Davis, Carla Granger, Jessica Gelin, Deb Larsen, Cynthia Ledford, Joanne Lynn, John Mahan, Leon McDougle, Georgia Paletta, Jeffrey Parvin, Alicia Stokes, Judith Westman

**LSI Update – Dr. John Davis**

- Dr. Davis briefly reviewed the three parts of the LSI curriculum
- The first year of the Part 1 curriculum is complete
- How are students performing?
    - Scores taken from OSCE data from the four blocks
    - Medical knowledge (average): 85.69%
    - Patient care (average): 84.38%
    - Interpersonal communication (average): 87.33%
        - Students assess each others' interpersonal communication skills in their longitudinal groups
        - There was a wide range of scores in the first block, scores in later blocks show that students are becoming demonstrably more proficient
    - Professionalism (average): 98.64%
        - In addition to OSCEs, things like turning in assignments on time and attending small groups factor into the professionalism score
- How do students feel about the new curriculum?
    - The average overall quality score for all four blocks is 3.45/5
        - The MPPC and Neuro blocks were rated lower than B&M and Cardio, and we are in the process of analyzing why this is
            - Example: students felt the neuro block was overloaded and they didn't have enough time to learn everything
    - Preliminary data from the LCME student survey on LSI:
        - Small groups and team based learning ranked well above 4/5
        - Asynchronous learning popular with students – students like learning on their own schedule
            - Still some variation in the quality of the Articulate modules
        - Students value the integration of early clinical skills and also responded positively to the integration of anatomy within the curriculum
        - Students had concerns about the community health education
            - Students felt it was not well integrated into the curriculum or helpful in their learning
            - We are in the beginning stages of a qualitative assessment of this part of the curriculum and should have results soon

- Next year, we plan to split the intro block into two blocks which should work well since it represents a drastic change in learning style for some students
- Beginning with the class of 2017, students will be issued full sized iPads
    - Students in the class of 2016 will get iPad minis since those fit better into the pockets of the white coat
- Development for Part 2 of the curriculum continues
    - Students will do combined clerkship disciplines in broad categories
    - Ground school will encompass the things students will need to get started in a ring
    - Each ring addresses integration of subjects by allowing students to spend time on different services
- Questions and comments:
    - Are there plans to revamp the community health project?
        - Yes, but any changes we make need to be based on solid data
        - The program will be adjusted based on feedback from focus groups
    - Does the new curriculum help from an accreditation standpoint?
        - Yes, because it enables us to monitor student performance in ways we couldn't before
        - The new curriculum also allowed us to build in better standards

**Match Update – Dr. Joanne Lynn**

- Dr Lynn provided a brief overview of the match process, including a timeline that ended with Match Day on March 15th of this year
- 25,463 total residency positions were filled with 17,119 US graduates and 6,307 graduates of internal medical schools (2706 of which are US citizens)
    - 2019 are graduates of osteopathic schools
- OSU Match Day results: (three year aggregate)
    - Military match:
        - Three matched in the Air Force – Radiology, Pathology, Obstetrics and Gynecology
        - Five matched in the Army – Emergency Medicine, Internal Medicine, Orthopaedics, Urology and two in Psychiatry
    - San Francisco match (Ophthalmology):
        - Three of the six students went in the San Francisco match, and all three matched to OSU
    - Three out of three students matched in the American Urologic Association Match (2 out of 3 in 2012)
    - NRMP (main match):
        - 210 students submitted rank lists and 200 of those students matched
        - 10 students (5%) did not match at all, compared to nine (4.4%) in 2012 and 16 (8%) in 2011
    - SOAP:
        - Four students found positions in SOAP including one in prelim IM, two categorical FM and one categorical Anesthesiology

- The most popular specialties for OSU graduates include:
    - Pediatrics – 30 compared to 25 in 2012
    - Emergency Medicine – 26 compared to 18 in 2012
    - Internal Medicine – 24 compared to 47 in 2012
    - Family Medicine – 18 compared to 12 in 2012
- National match trends:
    - Fields filling with 90% or more US grads were Psych/Family Medicine, Otolaryngology, Neurosurgery, Orthopedic Surgery, Plastic Surgery
    - Emergency Medicine programs offered 76 more positions and filled all 1,774 available positions
    - Specialties with the greatest increase in number of positions included:
        - Internal Medicine (1,000 spots), Family Medicine (297 spots), Psychiatry (242 spots), Anesthesiology (177) and Pediatrics (141)
- 38.5% or 80/208 (including military and early matches) of OSU graduates went into Internal Medicine, Family Medicine, Pediatrics or IM-Peds
    - When you add OB/Gyn, this increases to 45%
        - There was a slight jump in the number of OSU students going into OB/Gyn this year
- 100/208 students matched in Ohio
- Dr. Lynn also briefly reviewed the SOAP process, which is now in its second year
- Fewer spots were available in SOAP this year compared to last year
    - 939 spots were available
    - 878 positions were filled, leaving 68 positions open at the end of match week
- Unmatched students:
    - Four of the unmatched students found positions in SOAP
    - Three unmatched students will delay graduation
    - Three students graduated without a position
- There were a couple of small issues with the SOAP this year:
    - The program went down briefly
    - A few of the non-SOAP programs which students were ineligible for showed up on the list
    - Student Affairs deans complained about the inability to advocate for students to programs without the program making initial contact
    - We need to educate our in-house advisors on how to use the system to our students' advantage
- For the first time, fewer than half of US graduates (49.6%) matched to their first choice
- The number of unmatched students is 5.5% across the US, the highest it has been since 1997 and we are worried that this trend will increase
- The politics of GME positions –
    - Medicare is the primary supporter of GME positions and there is a payment cap on Medicare's funding
    - There are newer bills to increase support for GME, but these are long shots

    - We fear the next few years will only get tighter so we will have to do more advising for students on back-ups, etc.
- Questions and comments:
    - Do we have benchmarking stats for how many students went unmatched at other schools?
        - This information is usually closely guarded, but it may be useful to share since other schools are facing the same challenges we are
    - Prelim programs – one year programs that don't necessarily translate into categorical slots
        - Students need at least one year to get their licenses

The July 5, 2013 CELT meeting will be canceled due to attendance.

Dr. Davis adjourned the meeting at 11:00am.

CELT MEETING SUMMARY DRAFT

June 21, 2013

Meeting summary approval - approved

LSI Update

- Completed first year of new curriculum
- 3 part curricculum
    - first part foundations
        - students had orientation then did foundations of medical practice and patient care
            - biochem, cell biology
            - medical practice - geeting them up to speed on clinical skills and starting them in longitudinal groups and longitudinal pactices
        - career exploration, bone an dmuscle, cardiopulmonary block
    - second part applications
    - third advanced clinical management
- based on core educational outcomes
- report based on competencies for each student - they get one at the end of every block
- How are students performing?
    - medical knowledge - average is 85-86%
    - also able to score professionalism, patient care, commuication through OSCEs
        - other items go into professionalism - turning in assignments on time, attending groups, etc.
        - professionalism scores are high - 98%
        - students are doing much better developing professionalism as we hope they would

        - patient care is slightly lower, which is OK because they're learning new things in each block
        - interpersonal communication in longitudinal groups - asked to assess each other and facilitator also evaluates students
            - first block - wide range of scores
            - everyone was competent, more and more are becomign demonstrably proficient

- How do students feel about the new curriculum?
    - avg 3.45/5 - in process of analyzing why evaluations in MPPC and neuro are lower
        - ex. neuro block was a bit overloaded and students didn't have enough time to learn things
    - preliminary data from LCME student survery on LSI
        - small groups and team based learning, logitudinal groups were ranked well above 4
        - health coaching recieved a 3, but community health recieced a 1.78 - not intergated very well in to the curriculum and not helping thm w/ education
        - asynchronous learning is popular w/ students - like learning on their own, on their own scheduled but quality of learning events has to be up to par
            - some faculty did a better job w/ articulate modules than others, etc.
        - students enjoy small groupa ctivities in general
        - value in early clinical skills and integration into the curriculum and the integration of anatomy is something students responded ver positively to
        - community health education - students had some concerns and we just finished the beginning stages of a wualitative assessment and we should have results soon
        - we can perform an assessment of noncognitive clinial skills and show how this changes over time
    - community health education project - address systems based practice and help patients navigate systems

        - groups of students find a populaion, do a needs assessment, identify educational aspects pop would benefit from and design a program
            - clearly a valuable thing, but needs better parameters
            - piloted in interdisciplinary setting in a free clinic and that kind of model might be more useful
    - split intro block, which will work well since it represents a drastic change in learning style for some students

- a new toolox...
    - starting ipad technology in the coming year 2017 - will get full ipad and class of 2016 will get iPad minis since those fit better in white coat pockets

- development for part 2 continues
    - students will do combined clerkship disciplines in broad categories
    - ground school - encompass things students will need to get started in a ring
    - each ring addresses intergration of subjects by allowing students to spend time on different services

- Questions and comments:
    - are there plans to revamp community health project?
        - yes, but we need to have any changes we make should be made based on solid data
        - small focus groups interviewed during career exploration - this is being analyzed and will report findings
        - based on those findings, the project will be adjusted
        - we already have some ideas on how we might proceed
    - from an accredidation standpoint - does this curriculum help us more than the old one or is it about the same?
        - from the mile high view, absolutely b/c what we do is monitoring in a way we had not before
        - from a design standpoint, some standards are now better built in

Graduation/Match Update

- Several early matches - military & sanfran for opthlamology and american urological association
- NRMP - all other specialities
- schedule
    - med 3-4 - sleect speciality during the summer
    - med 4 summer - personal statemet, rec letters, meet w/ dean's staff, etc.
    - sept 1 - register for NRMP
    - sept 15 apps
    - oct MSPE submitted
    - oct-jan interviews
- How did we do?
    - 3 people in airforce - rad, path obgyn
    - 6 in army
    - sanfran - did not have a great year this year b/c we had 6 people go in, only 3 matched all here at OSU
    - Urology - 3/3 matched
    - NRMP stats
        - 25K filled w/ 17,000 US grads as well as 6,00 grads from international med schools of which a significant group are US citizens
        - 2000 osteo grads as well as grads from Candian schools etc.
    - 200/210 matched in the NRMP
        - of these 10, 4 matched in SOAP
    - most pop speciality was pediatrics and EM continues to be highly popular, IM dipped slightly FM small rise, strong interest in ortho, jump in OB
    - national trends - fiels filling w/ US grads (highly competitive) psych/FM, otolaryngology, neurosurg, ortho and plastics
        - EM programs offered 76 more positions than last year and gilled them all
        - specialties w/ increases, include IM, FM ana, peds

- 38% went into primary care specialities including FM, IM, peds or IM peds
- compared to other years, there is some fluctation over the years
- Most of the students matching stay in Ohio - 100
- SOAP
    - 2nd year for the SOAP
    - fewer spots open this year - 939, 878 filled leaving only 68 positions open at the end of match week
        - most open positions go during the first round
        - next year - no Friday rounds
    - Unmatched students
        - 2 wanted to go into surgery - 1 will do research and try again, and one will take a prelim surgery spot
        - ortho - 1 in prelim IM, 1 categorical FM in SOAP
        - OB - 1 categoriecal family in soap; 1 graduated w/o a position since they reached the 6 yr mark
        - peds - 1 graduated w/o position
        - IM peds - 1 delay  grad
        - PM&R - 1 delay grad, 1 graduated w/o a position
        - 4 found positions in SOAP, 3 will delay in graduation, 3 graduated w/o a position
    - glitches - put in programs students couldn't really apply for, prgm went down for a little bit
    - Deans can't advocate for students unless program contacts students work
    - learned more about in-house advisors but overall SOAP works well
    - for the first time, fewer than hald US seniors matched to their first choice 49.6%
    - highest percentage since 2006 IMGs matched w/ their first choice
    - US seniors who were unmatches is 5.5, highest since 1997

        - worried about this trend increasing
    - Poltiics of GME positions
        - medicare is a primary supporter of GME positions and their is a payment cap in medicare's funding
        - Newer bills to increas support for GME, but they are "longshots"
        - we fear the next few years will et tighter, do more advising a/b backs ups etc.
- Questions and ocmments:
    - do we have stats for our benchmakr schools and how many are unmatched there?
        - everyone is filling with this challenege, so this might be useful info to share although this info is usually closely uarded
    - what's a prelim - a one year program, doesn't necessarily translate into a categorical slot
    - need at least one year in order to get your license
    - 10 students - no suprises in SOAP?
        - we had one ortho candidate who we thought was highly qualified
        - should some of these students be doing better? should we have identified them better?

**COM Education Leadership Team Meeting Summary**
**June 21, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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Dr. Davis adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# July 19, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, July 19, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Fisher vs. Texas Update | Discussion | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, August 2, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Digital Strategy Update | Megan Stanley | All |
| PA Program Update | Dr. Deb Larsen | All |

**Friday, August 16, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Overview of educational space in the hospital | Bill Orosz | Curricular Innovations |
| Update on Office Space Task Force | Bill Orosz | Faculty Teaching Excellence |

**Friday, September 6, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

# Agenda
# COM Education Leadership Team Meeting
# August 2, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, August 2, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Digital Strategy Update | Megan Stanley | All |
| PA Program Update | Dr. Deb Larsen | All |

**Future COM Education Leadership Team Meetings**
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**Friday, August 16, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Overview of educational space in the hospital | Bill Orosz | Curricular Innovations |
| Update on Office Space Task Force | Bill Orosz | Faculty Teaching Excellence |

**Friday, September 6, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| EISST Update | Jack Frost, Thomas Bentley, Melissa Rizer | Curricular Innovations |
| TBD | TBD | TBD |

**Friday, September 20, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| FTSP Results | John Mahan | Faculty Teaching Excellence |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**August 2, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:**

**Digital Strategy Update – Megan Stanley**

- Digital strategy is a key part of Create the Future Now
  - Focus on improving service, increasing revenue, and providing more value to our constituents
- Goals of digital strategy:
  - Improve visitor experience on external facing sites
    - Primary interface to connect with patients
    - Leverage our investment in tools like MyChart and CPD
  - Improve national reputation
  - Improve/increase online donations – we've already made significant progress in this area
- A governing body and a leadership team to drive digital strategy is already in place
  - Digital strategy is increasingly data-driven
- People are using search engines to find content, and we need to optimize that
- Who visits the COM site?
  - Visitors are mostly students and faculty
  - Most visited pages include Admissions and Student Life
- This year has been a foundational year – updating out of date content and fixing systems to create a richer, more engaging experience
- Mobile first approach:
  - There has been a dramatic increase in people accessing the Medical Center website from mobile devices
  - Patients are looking for immediate content
  - We're also seeing an increase in mobile users on the COM, but it is less dramatic, although certain sections of the site are accessed more often on mobile than others
  - Opportunities to engage mobile users include: geolocation, apps, social tools, messaging, camera, video, etc.
  - Sites should be built responsively, so they adapt to the device you're using
- Priority for the COM - Admissions
  - Content is not strategically organized, but instead dispersed throughout the site so visitors would get lost
  - Admissions needs a more mobile-friendly design and logical organization
    - Look at it from the perspective of what a potential student needs, not how we're internally organized
  - No reference to HRS on the COM admissions site
- Are we considering databases like Carmen in the design for the COM site?

    - Megan will have to check on how data feeds are being integrated, but there has been some preliminary discussion on this already
    - We want to provide access to Carmen on certain sections of the COM site
- SBS migration is complete so they are on the same CMS (content management system) as the rest of the COM site
- There is an initiative to review the entire COM site and find any links, etc. that are not working and need to be fixed
- Design for different "personas" – no matter how you get there, the next step should be easily visible and accessible
    - Someone who bookmarks a specific page and accesses it for specific information
    - Someone googling something specific
    - Someone using navigation tools on the website to find information
- Find a Doctor – the most popular feature on the Medical Center site – is being redesigned with new functionality including keyword search and filtering
    - More tips and tools to help people find what they're looking for
    - Built in video and bios
    - Data imported from CPD and IHIS
    - New taxonomy for expertise field to make search more accurate
    - Can the COM leverage this with Find an Educator/Researcher?
        - Could be useful for students as well as faculty looking for collaborators, guest lecturers
            - Huge resource for national reputation
- A new Admissions site will go live in mid-October
- Find a Doctor will launch mid-August and five updated patient care area sites will launch later this Fall

**PA Program Update – Dr. Deb Larsen**

- HRS is developing a Master's in Physician Assistant Studies
- Schedule:
    - Feasibility study: October 2013
    - Self-study: January 2014
    - Site visit: April 2014
    - First class: June 2015 (seven week summer session)
- The program will accept a maximum of 50 students, although we plan to accept less than 50 the first year
- The curriculum is evolving
    - There is an advisory committee working on developing the curriculum
    - The PA curriculum is modeled after LSI, so there will be some integration in lectures and topics
    - See sample course structure
    - There will be an anatomy class designed specifically for PA students, although it will build of what already exists for PT and OT students
    - Since PAs have a key role in primary care, there will be a class on health promotion and disease prevention

- PA education is much like historic medical education – students spend 15 months on didactic work before spending 12 months in the clinic
- Rotations will be four weeks long, except for primary care which will be eight weeks long and include family med, internal med or pediatrics
    - Students will have the opportunity for three electives, during which they can repeat a rotation they struggled with or stay longer in one they like
- HRS and the graduate school approved the PA program in July,COM approval is expected within the next week and OAA approval is expected in September
- There are currently five developing PA programs in Ohio and there will be twelve total by the time our program begins in 2015 (states like New York and Pennsylvania have 20 programs each)
    - Ohio University's program is going to the Board of Regents and will be seeking accreditation for 70 students, which is slightly higher than average
    - Is developing a program "a race to the end?"
        - Somewhat, but we're in a good position because our PA program is aligned with the COM and Medical Center
        - Ohio Dominican University is scrambling for clinical sites, and they have some students rotating in our departments
        - Ohio Health will start their program the same time we do, so Ohio Health sites will probably not be available to us
        - Since the PA program is built on our LSI curriculum, we can show what we've learned about developing early immersion sites
- HRS is currently recruiting a program director, who will need to be confirmed by October 1, 2013
    - Will also post for a medical director at 10-20% FTE
- Meeting with clinical departments to discuss rotations and also setting up meetings with external sites
    - Mixed response from clinical departments
    - We need to be able to motivate departments to welcome PA students enthusiastically
- PAs practicing at OSUWMC –
    - The Medical Center does not keep track of PAs
    - PAs often come and go very quickly
    - There is no centralization or chief of PAs so their experiences are very different – some are very happy, some are very unhappy
    - The Medical Center doesn't use PAs at the highest level of practice all the time
    - There are under 100 PAs total, most of which are in the surgical field and there are almost none in primary care
    - We need to demonstrate best practices in our departments
- PAs will do some procedural training and there is a core set of procedures they will learn similar to general med prep including: intubation, IVs, blood draws, catheters, suturing, wound care
    - Articulate modules for most of these already exist

Dr. Clinchot adjourned the meeting at 11:00am

**CELT Meeting Summary**
**August 2, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Barbara Berry, Valerie Blackwell Truitt, Coranita Burt, Victoria Cannon, Dan Clinchot, John Davis, Lynda Hartel (for Pam Bradigan), Kathleen Kemp, Deb Larsen, Joanne Lynn, John Mahan, Georgia Paletta, Jeff Parvin, Sabrina Regan

**Guests:** Megan Stanley

**Digital Strategy Update – Megan Stanley**

- Digital strategy is a key part of Create the Future Now
    - Focus on improving service, increasing revenue, and providing more value to our constituents
- Goals of digital strategy:
    - Improve visitor experience on external facing sites
        - Primary interface to connect with patients
        - Leverage our investment in tools like MyChart and CPD
    - Improve national reputation
    - Improve/increase online donations – requires collaboration across the University to be successful
- A governing body and a leadership team to drive digital strategy is already in place
- Digital strategy is increasingly data-driven
- People are using search engines to find content, and we need to optimize that
- Who visits the COM site?
    - Visitors are mostly students and faculty
    - Most visited pages include Admissions and Student Life
- This year has been a foundational year – updating out of date content and fixing systems to create a richer, more engaging experience
- Mobile first approach:
    - There has been a dramatic increase in people accessing the Medical Center website from mobile devices
    - Patients are looking for immediate content
    - We're also seeing an increase in mobile users on the COM, but it is less dramatic, although certain sections of the site are accessed more often on mobile than others
    - Opportunities to engage mobile users include: geolocation, apps, social tools, messaging, camera, video, etc.
    - Sites should be built responsively, so they adapt to the device you're using
- Priority for the COM - Admissions
    - Content is not strategically organized, but instead dispersed throughout the site so visitors would get lost
    - Admissions needs a more mobile-friendly design and logical organization

        - Look at it from the perspective of what a potential student needs, not how we're internally organized
    - No reference to HRS on the COM admissions site
- Are we considering databases like Carmen in the design for the COM site?
    - Megan will have to check on how data feeds are being integrated, but there has been some preliminary discussion on this already
    - We want to provide access to Carmen on certain sections of the COM site
- SBS migration is complete so they are on the same CMS (content management system) as the rest of the COM site
- Design for different "personas" – no matter how you get there, the next step should be easily visible and accessible
    - Someone who bookmarks a specific page and accesses it for specific information
    - Someone googling something specific
    - Someone using navigation tools on the website to find information
- Find a Doctor – the most popular feature on the Medical Center site – is being redesigned with new functionality including keyword search and filtering
    - More tips and tools to help people find what they're looking for
    - Videos and bios will need to be developed for each physician
    - Data imported from CPD and IHIS
    - New taxonomy for expertise field to make search more accurate
    - Can the COM leverage this with Find an Educator/Researcher?
        - Could be useful for students as well as faculty looking for collaborators, guest lecturers
            - Huge resource for national reputation
- A new Admissions site will go live in mid-October
- Find a Doctor will launch mid-August and five updated patient care area sites will launch later this Fall

**PA Program Update – Dr. Deb Larsen**

- HRS is developing a Master's in Physician Assistant Studies
- Schedule:
    - Feasibility study: October 2013
    - Self-study: January 2014
    - Site visit: April 2014
    - First class: June 2015 (seven week summer session)
- The program will accept a maximum of 50 students, although we plan to accept less than 50 the first year
- The curriculum is evolving
    - There is an advisory committee working on developing the curriculum
    - The PA curriculum is modeled after LSI, so there will be some integration in lectures and topics
    - See sample course structure
    - There will be an anatomy class designed specifically for PA students, although it will build of what already exists for PT and OT students

    - Since PAs have a key role in primary care, there will be a class on health promotion and disease prevention
- PA education is much like historic medical education – students spend 15 months on didactic work before spending 12 months in the clinic
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    - We need to demonstrate best practices in our departments
- PAs will do some procedural training and there is a core set of procedures they will learn similar to general med prep including: intubation, IVs, blood draws, catheters, suturing, wound care
    - Articulate modules for most of these already exist

Dr. Clinchot adjourned the meeting at 11:00am

# Agenda
# COM Education Leadership Team Meeting
# September 6, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, August 16, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| EISST Update | Jack Frost, Thomas Bentley, Melissa Rizer | Curricular Innovations |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, September 20, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| FSTP Results | Dr. John Mahan | Faculty Teaching Excellence |
| TBD | TBD | TBD |

**Friday, October 4, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Gerontology Update | Linda Mauger | All |

**Friday, October 18, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Transportation and Traffic and CampusParc Update | Beth Kelley-Snoke, Sarah Blouch | All |
| Global Health opportunities for students | Pam Potter | Curricular Innovations |

**Friday, November 1, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| IHIS and education | Dr. Holly Cronau, Dr. Doug Post | Curricular Innovations |
| TBD | TBD | TBD |

CELT MEETING SUMMARY DRAFT
August 16, 2013
234 Meiling Hall
10:00-11:00am

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**Attending:** Pamela Bradigan, Ginny Bumgardner, Coranita Burt, Dan Clinchot, John Davis, Eric Fox, Jessica Gelin, Kathleen Kemp, Sorabh Khandelwal, Lawrence Kirschner, Deborah Larsen, Cynthia Ledford, Joanne Lynn, John Mahan, Bryan Martin, William Orosz, Georgia Paletta, Jeffrey Parvin, Sheryl Pfeil, Sabrina Ragan, Alicia Stokes

**Space Update – Bill Orosz**

- Education and Research Space, Med Center Expansion
    - Learning and Research Space – immersive and dedicated
        - Largest case method classroom space will accommodate 80-100
            - Hard-wired tables
        - Research/translational research space for wet and dry lab research
    - Level 10-11, Critical Care Floors
        - Two 24-bed units on each floor
            - Private room modules suitable for small family interactions
        - Two controlled public entries
        - Dedicated spaces for care team and researchers with daylight access
        - Dedicated satellite pharmacy and CT services
    - Level 15-20 Acute Care Floors
        - One 36-bed unit on each floor
        - Three 12-bed neighborhoods with standard support rooms and centrally located dual access support
        - Four isolation rooms in path of patient elevator
        - Dedicated team and research rooms at all key corners
        - One wet lab per floor
- At Dr. Clinchot's request, Bill will try to arrange a tour of the facility for CELT
- To facilitate renovation, the Emergency Department will move into the new building six months before it is scheduled to open
- Office Task Force Update
    - Currently there are 42 requests for office space involving 424 people
        - 112 faculty/312 staff
        - Projected 2016 net new clinical faculty: 106 minimum/638 maximum
    - Ackerman Learning Lab
        - 1600 sq ft mock office environment

        - "hoteling" and "touchdown" collaborative spaces
        - 'Kit-of-Parts'
            - Standard furniture and technology for all private/shared offices and interchangeable workstations based on employee needs
            - Encourages cost effective renovations with fewer purchases
    - Office Sharing
        - COM and Office of Health Sciences Depts have 823 staff with private offices—will gain 410 if double up
        - 395 W. Twelfth Bldg has 37 private staff offices; 3 vacant offices
        - Department Chairs are accountable for managing office space
            - Space allocations are made according to patient care/student needs; functional requirements; utilization percentage & occupancy; dept priorities; job title
        - Department Administrators are responsible and accountable for annual space inventories
            - Office sharing is suggested/encouraged. Priorities: staff; lecturers/instructors; emeritus; assistant professors
            - Administrators and Directors will receive private offices
        - Departments utilizing a 'kit of parts' for workspace sharing and efficiency to manage growth will receive economic incentives
        - Incentives for departments already utilizing office sharing are undecided.
        - 'Kit of parts' furniture will be the property of OSUWMC, not the unit
        - Capital allocation: FY14-16, $1M/year for 3 years
        - New 'kit of parts' office strategy has leadership support
        - Future CELT meeting to be scheduled at Ackerman to tour mock offices

**Updates**

- First floor Graves Hall classroom furniture is being upgraded.
    - Prototype is in room B124 Graves Hall– give feedback to Carla Granger
- M100 Starling Loving upgrade to occur in September with furniture move from 400 Prior
- Dr. Clinchot inquired about CELT members wishing to see non-patient room space in the new facility
    - Jack Riddles can facilitate this

# Agenda
# COM Education Leadership Team Meeting
# October 4, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, October 4, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Gerontology Update | Linda Mauger | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, October 18, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Transportation and Traffic and CampusParc Update | Beth Kelley-Snoke, Sarah Blouch | All |
| Global Health opportunities for students | Pam Potter | Curricular Innovations |

**Friday, November 1, 2013 - CANCELED**

**Friday, November 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| HSL acquisitions and e-resources update | Pam Bradigan and Joe Payne | All |
| Schweitzer Fellowship Update | Dr. Terry Bahn | Curricular Innovations |

**CELT Meeting Summary**
**October 4, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:**

**Gerontology Update – Linda Mauger and Michelle Myers**

- Linda Mauger – Director of the Office of Geriatrics and Gerontology
- Michelle Myers – Program Coordinator, Office of Geriatrics and Gerontology
- http://aging.osu.edu
- Mission: to foster through teaching, research and consultation the cost effective delivery of high quality health and social services for society's older citizens
    - "all things aging"
    - Interdisciplinary
    - Many connections across campus and within the community
- The office was established in response to 1978 legislation by the Ohio Board of Regents and its scope was broadened in 1997
    - Offices like this one are required for each medical school in Ohio
    - Partially funded by state budget line item
- Programs:
    - Graduate Interdisciplinary Specialization in Aging
        - This is the office's signature program, and it is available to students across campus
        - There is a master list of 80 courses, and students are required to complete three core courses as well as electives to total 14 hours
        - The specialization is noted on students' transcripts
    - Intergenerational Center at OSU
        - Collaboration between the Colleges of Medicine, Nursing, Social Work and community organizations including National Church Residences, Columbus Early Learning Centers, etc.
        - Intergeneration daycare with interdisciplinary research, education and training as a foundation
        - Daily programs for 50 seniors and 50 children with space for classrooms, faculty offices, etc. as well as a small clinic space
        - 104 unit apartment building across the street for older adults
        - Health and wellness will play a huge role in the center
        - Connectivity to OSU East and Carepoint East
        - Generational daycare centers have been done in different ways before, but this one is unique in that it's embedded in an academic institution
            - Virginia Tech has a similar center, but we're very early in this
        - Seniors already enrolled in National Church Residences programs will move to this center and his children enrolled in the Columbus Early Learning Center will move to this site.

        - Since these programs have been successful in their present locations, it's much more likely they'll be successful in the new location as well.
- LSI Geriatric Task Force
    - Focus on training students and threading topics related to aging throughout the LSI curriculum
    - There are four major themes for aging with associated objectives and teaching strategies
- Geriatric Student Interest Group
    - Student interest group made up of Med 1s and 2s
    - Mentor: Dr. Donald Mack
    - Founded in January 2013 by students who had been awarded a scholarship from AFAR
    - Their goals include: presentations, expert panels, shadowing opportunities, community service projects
    - 17 students attended the first meeting this year
- Medical Student Training in Aging Research (MSTAR)
    - MSTAR is a great opportunity for medical students between their first and second years
    - Students travel to national training centers like Harvard, Johns Hopkins etc. for research, clinical and didactic programs in aging
    - An average of two students are awarded per year
- Series in Applied Gerontology Education (SAGE)
    - Three course graduate level distance learning program available to OSU and continuing education students
    - Students receive a certificate of completion
    - SAGE is about 13 years old and was one of the first full distance education programs at OSU
- Topics in Gerontology
    - Grew out of the SAFE series
    - 11 hour long stand alone gerontology modules designed to fit a variety of audiences developed by interdisciplinary faculty at OSU
    - This is available to students at no cost
- Series to Understand, Nurture and Sustain End of Life Transitions (SUNSET)
    - 13 hour long stand alone online learning modules for persons working with older adults at the end of their lives
- Health Literacy Distance Education Program
    - Nine training modules in health literacy authored by Sandy Cornett
    - Currently in the process of being updated
- Professional Service Coordinator Certificate Program
    - Collaboration with the American Association of Service Coordinators to provide professional development for service coordinators

        - Service coordinators work with populations in affordable housing environments to provide assistance with transportation, meals, insurance, medication, medical appointments, etc.
        - Service coordinators allow people to stay out of more expensive long-term care newtowkrs or hospitals longer
        - 23 modules followed by a comprehensive exam
    - Firehouse Service Coordinator Program
        - Service coordinators work with first responders to identify at-risk community residents and help older adults maintain independence
        - Collaboration with the Office of Geriatrics and Gerontology, City of Upper Arlington, National Church Residences and the American Association of Service Coordinators
        - This program has been amazingly successful and will be replicated in other communitities
            - The manual for this program will be made available online to encourage replication
    - Upcoming new programs include:
        - Traumatic Brain Injury Distance Learning Program
        - Herbs and Dietary Supplements Across the Lifespan – 14 standalone modules about one hour in length which are free to med students and discounted for faculty, staff and alumni (CME free the first year)
        - Wayne State collaboration with FD4ME
- Discussion and questions:
    - The Firehouse Service Coordinator Program is fertile ground for research in terms of cost savings, improving quality of life and improving outcomes
        - This program submitted an NIH grant and received favorable feedback – will apply again
        - Managed care might also be interested in this
    - SAGE differs from the Graduate Specialization in Aging in that SAGE is more self directed
        - SAGE is three hours long, while the specialization requires 14 hours – the specialization is SAGE on steroids
    - How will aging be integrated into Part 3 of the LSI curriculum?
        - The task force will need to get back together for part 3
        - This could represent a good opportunity for residents, similar to global health
        - SAGE covers social gerontology as well
    - Many of these modules would be great classroom tools in addition to the curriculum.

Dr. Davis adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# October 18, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, October 18, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Global Health opportunities for students | Pam Potter | Curricular Innovations |
| Scorecard Update | Jessica Backer | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, November 1, 2013 - CANCELED**

**Friday, November 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| HSL acquisitions and e-resources update | Pam Bradigan and Joe Payne | All |
| Schweitzer Fellowship Update | Dr. Terry Bahn | Curricular Innovations |

**Friday, December 6, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

# Agenda
# COM Education Leadership Team Meeting
# October 18, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, November 15, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| HSL acquisitions and e-resources update | Pam Bradigan and Joe Payne | All |
| Schweitzer Fellowship Update | Dr. Chip Bahn | Curricular Innovations |
| COM Scorecard Update | Jessica Backer | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
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**234 Meiling Hall**

**Friday, December 6, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Communications and Marketing Update | Kathleen Kemp | All |
| TBD | TBD | TBD |

**Friday, December 20, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**November 15, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Jessica Backer, Terry Bahn, Barbara Berry, Pam Bradigan, Coranita Burt, Dan Clinchot, John Davis, Christine Donovan, Jessica Gelin, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, Deb Larsen, Joanne Lynn, Bryan Martin, Leon McDougle, Eileen Mehl, Georgia Paletta, Alicia Stokes

**Guests:** Ayo Adesanya, Joe Payne

**Health Sciences Library Collections – Pam Bradigan and Joe Payne**

- The largest portion of the Health Sciences Library's funding goes towards the purchase of journals, books and databases
- Access is available to all OSU faculty, staff and students both on and off campus at http://hsl.osu.edu
- The HSL provides access to more than 6,200 electronic health sciences journals
    - Approximately $1M is spent annually on these ejournal subscriptions
    - Print journals are only purchased when the ejournal is not available, although most are available electronically
- The HSL also provides access to more than 8,000 ebooks and 55,000 print books
    - Over $125,000 is spent per year on book purchases
- There are also 60 databases available through the HSL website
- There is form for reporting problems and making recommendations for journals and/or books for the HSL to purchase
- Review of how to access journals and databases can be accessed through http://hsl.osu.edu
- The website also provides reference material for software – Adobe, Microsoft Word, etc. – as well as management leadership books
- Images in ClinicalKey can be exported as a PowerPoint slide with the citation information included
    - The license allows for educational uses
    - ClinicalKey also allows users to download chapter PDFs and bookmark specific selections
- Many databases have smartphone apps available, some of which are free and some of which are not
    - UpToDate is the most requested app
    - Vendors will continue to develop more apps
- Usage statistics, impact factors and faculty and student feedback are all used when evaluating current and potential
    - The purchase recommendation form is one of the main ways the HSL collects feedback

- Any resources that require ongoing funding is something the HSL examines harder since the subscription budget is tight, and something might have to be canceled in order to add another resource
- The HSL is trying to increase the use of electronic resources and increase access at the point of need
    - Adding UpToDate to IHIS has increased its use
- Liaison librarian are available to assist with individual instruction and resources
- Questions and comments
    - The HSL is using more and more eBooks
        - The HSL can help manage licenses, etc.
        - Ebooks would reduce the cost to students
        - Publishers are getting less and less afraid of ebooks
            - More and more ebooks are less restricted with more options for sitewide licenses

**Schweitzer Fellowship Update – Dr. Terry Bahn**

- The Schweitzer Fellowship is currently recruiting for its fourth fellowship class
- Dr. Bahn reviewed the fellowship's mission statement, objectives and timeline
- What are we doing for the underserved?
    - National numbers are impressive – 2500 fellows delivered half a million hours of services to 300,000 people in need
    - Columbus-Athens logged 7500 hours helping people
- Dr. Bahn invited current fellow and med student Ayo Adesanya to share his experience in the program Project – lack of exposure to underprivileged youth to medical professions
    - Doctors and Science (DIS) – focus on the lack of exposure of underprivileged youth to the medical professions
    - The structure of the fellowship allows busy graduate and professional students opportunities they might not get otherwise
    - Also provides the opportunity to reflect on the growth of the project to see what direction it should
    - The fellowship also allows students to build relationships with fellow professionals across disciplines
- The Schweitzer Fellowship fits in well with the LSI curriculum
    - Up to 11/14 Colleges participate in the fellowship plus 2 on the OU Campus and two hospitals
    - One or more fellows from all those colleges
- There are currently five fellows from the Ohio State COM
- These are well designed projects
    - Sustainability is an important outcome measure

**Scorecard Update – Jessica Backer**

- Scorecard metrics are continually updated so they reflect the most important outcomes
- The scorecard reflects metrics from undergraduate and graduate education, Biomedical Sciences and HRS

- Jessica Backer is working with Dr. Groden on which research education metrics should be added to the 2014 scorecard
- The scorecard has been presented at the Senior VP Council and PARG meetings
- Financial performance  metrics:
    - Aid and indebtedness is just medicine
    - Gifts includes the entire College of Medicine, including HRS
- Further discussion of the scorecard will continue at the December 6th CELT meeting.

Dr. Clinchot adjourned the meeting at 11:00am.

# Agenda
# COM Education Leadership Team Meeting
# December 6, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, December 6, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| COM Scorecard Review | Jessica Backer | All |
| Marketing Update | Kathleen Kemp | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, December 20, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Schwarz Fellowship Grand Rounds | Dr. Ken Yeager | All |
| Marketing Update – continued | Kathleen Kemp | All |

**Friday, January 3, 2014 – CANCELED**

**Friday, January 17, 2014**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Admissions Update | Dr. Quinn Capers | All |
| TBD | TBD | TBD |

**CELT Meeting Summary**
**December 6, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Ayanna Bandele-Poindexter (for Pam Bradigan), Barbara Berry, Valerie Blackwell-Truitt, Coranita Burt, Victoria Cannon, Dan Clinchot, John Davis, Christine Donovan, Jessica Gelin, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, Leon McDougle, Eileen Mehl, Georgia Paletta, Doug Post, Alicia Stokes, Judith Westman

**Guests:** Jane Case-Smith, Nikia Reveal

Valerie Blackwell-Truitt led the group in a moment of silence for Nelson Mandela.

Dr. Capers has been advocating for the OSU COM to host the upcoming Central Group on Educational Affairs and Central Group on Student Affairs meeting.

Beginning January, Karen Hartker will replace Megan Purcell as the contact for the COM Education Leadership Team meetings.

## COM Scorecard

- Dr. Clinchot asked for follow up comments from the scorecard presentation at the November 15, 2013 CELT meeting
- Kathleen Kemp recommended adding the COM's Klout score as a digital/social media metric
    - This is the same metric the University uses to measure its digital/social efforts

## Occupational Therapy doctoral degree program – Dr. Jane Case-Smith

- A doctoral program for occupational therapists is being proposed
- This gives us the opportunity o produce more advanced practitioners
- Two semesters would be added to the current 81 credit hour program, making it a 95-97 credit hour program
- Students would have to complete two full time field work experiences comparable to the medical students' internships
- This would better equip occupational therapy students to align with other medical professionals
- Most new occupational therapy programs are doctoral programs
    - There's no national mandate to convert existing programs into doctoral programs, but there is a trend in that direction
- Occupational therapists spend a lot of time in the community and treat many chronic conditions

- A number of simulations have been developing with Nursing, Pharmacy and Dietetics – medical students have participated in some of the most recent simulations
- This a professional doctorate and does not require a dissertation

**Marketing Update – Kathleen Kemp**

- Since last year's branding update, the University has unveiled a new brand and the elements that go with it
- The COM now has its own mark, which is something that was very important to us
- POEM – paid, owned and earned media
    - We've worked hard to increase earned media throughout the past year
- All media inquiries should go through media relations at 614-293-3737
- The world is digital – we're not doing away with collateral, but we're going to push for features and stories to be digital because that's where our audience is
- Admissions website:
    - A digital strategy advisory group was convened and they determined that the foremost priority was to streamline to application process for potential students
    - The current website is confusing and difficult to navigate, so we looked at the user experience for people who want to apply – how can make it easier?
        - Mobile friendly
        - More intuitive
    - A consultant group has audited competing websites, interviewed program leaders and current analytics in order to make their recommendations
    - Kathleen reviewed the current Admissions website and user experience as well as the new design
        - Cluttered information has been stripped out
        - Highlighted important dates, information and how to apply
        - Diversity will be embedded in "Why Ohio State"
    - The old process was to essentially put a brochure on the web, but the new process is highly targeted, streamline and works better with searches
    - This design can be easily transferred to a mobile friendly platform

**Branding Update – Nikia Reveal**

- Nikia Reveal – Director of Creative Services
    - Define, articulate and protect the OSU brand – what the guidelines are and direct creative applications
    - A brand is how we identify ourselves and it's the most valuable asset of any organization
- The OSU brand is an experience – what it means to be a Buckeye
- The University is moving from being a house of brands to being a branded house – One University
    - The power of many will help us succeed as one
    - If we work together, it will help all of us

- Finding our brand involved a lot of research
    - Started with a brand position statements
    - Brand personality
- When starting this process, we performed an audit of all the brands within the university
- The block O proved to be most flexible and that's how people know us, so we created a visual system around that
- Guidelines are available at osu.edu/brand
    - The branding website also includes options for apparel and merchandise
    - Nikia reviewed secondary signatures and unit identification
- The university is also establishing systems for student organizations, alumni societies, etc.
- The university seal is reserved for use by the president's office and the board of trustees exclusively
    - Currently auditing the professional school seals as well
- Nikia reviewed several examples of how colleges and centers are using the brand and how flexible it can be
- Questions and comments:
    - The University is working on co-branding guidelines ex. Nationwide Children's Hospital

The marketing update will be continued at the December 20, 2013 meeting.

Dr. Clinchot adjourned the meeting at 11:00am

December 6, 2013 CELT Meeting

Moment of silence for Nelson Mandela

Central Grup on Ed Affairs and Central Group on Student Affairs may be in Columbus, Dr. Capers has been advocating - opportunity for interdiscplinry collaboration

Karen Hartker will be the contact

Scorecard Comments

- Social/digital media metric - Klout score

Masters Degree program in 2003

proposing a doctoral degree for occupational therapists

national pressure to do this

align us better w/ physical therapy

opportunity to produce more advanced practitioners

add two semester to program, going from 81 credit hours to 95-97

Two full time field work, comparable to internships,

add a 16 week experience

Better equipped to align with other professionals

Most programs will convert to doctoral programs? Many new programs are doctoral

No mandate to change, but there is a movement and a trend

Will not require a dissertation - professional doctorate

Interprofessional work - need to be at the tble for primary car eand prevention

OT is more in the community than other professions, work with many chronic conditions

A number of simulations developed with nursing, pharm and dietetics - some med students participated in the most recent ones

many opportunities for med students to do simulations with PT and OT and we should look at expanding these experiences

pilot to reduce 30 day admissions through interdisciplinary work

hospital is very engaged b/c this can help them

Marketing Update

- Brand Update last year
- University unveiled new brand and elements that go with
- COM now has its own mark, which was very important to us
- case by case as to whenw e use our mark, the university, WMC, etc.
- Introduce Nikia Reveal - Director of Creative Services
    - steward  and strategist of university brand
- Centennial
- Digital Strategy - advisory group determined admissions was the foremost priority and streamline the application process for potential students
- POEM - paid, owned and earned media to promote education, research and national reputation
    - rview of POEM
    - worked hard to increase earned media
    - 293-3737 - all media inquiries should go through media relations
        - streamlines requests, preparation
- Stories - world is digital
    - not doing away with collateral, but we're going to push that features, stories, etc. should be digital b/c that's where people are
        - always rotating stories from each mission area
    - social media - just under 2,000 followers including students and members of the media
    - go through social media metrics at another meeting
- Admissions
    - right not the website is confusng and difficult to navigate
    - look at the user experience for people who want to apply - how can we make it easier?

- needs to mobile friendly
- ttake action faste,r more intuitively, find information on any device
- transition phase to mobile friendly
- isolate the apply function of admissions
- consultant group has audited allc ompeting sites, interviewd eladers of programs, current analyatics of the site
- Review of current experience
- Review of new look to the admission site - this is for osmeone who is going to apply and wants to know about the programs we have
    - important dates, information, how to apply
    - cluttered information is stripped out
    - how is diversity embedded?
        - add in to Why Ohio State
    - Residency programs under "other"
    - Apply look and feel to other areas of the site
    - much cleaner
    - analytics driven decisions
- backend analytics to make sure the experience is the way we want it
- old process - give people everything, esentially put a brochure ont he we
- new process - streamlined, work w/ searches, highly targeted
- will make changes based on analytics
- tailored to mobile device? by pulling this out, we'll be able to transder it to a mobile friendly platform easily
    - part of the reason for this design
- ideal - launch at the end of this month
- signidicantly different visually than what we've done in the past
- we need to try to be where everyone else is

    - let's people know the breadth of our progras

- Branding
    - Define and articulate the OSU brand - what the guidelines are, protect the brand, direct creative applications
    - Brand - how we identify ourselves, most valuable asset of an organization, how you market what you own
    - create value
    - the brand is an experience - what it means to be a buckeye
    - One University
        - master brand approach
        - house of brands --> branded house
    - The power of many, succeeding as one - if we work together, it helps all of us
    - flexibility to allow for indivudual expression
    - Finding our brand
        - lots of research
            - size snd breadth
            - collaborative opportunities
        - wrote brand position sttement
        - use our brand personality
    - Approach
        - audit of all brands
        - people know us as the block o and it is the most flexible
        - visual system around the block o
        - built guidelies at osu.edu/brand
        - limited secondary signatures
        - unit identification

- Establishing systems for student orgs, alumni societies, etc.
- university seal - presiden'ts office and board of trustees
- audting all professional school seals
- ultimately get in front of the event and work through the brand system to convey the brand in the best way
- Looking at commercial seal option
- look at brand site for mechanside and apparal options
- Examples of colleges and small c centers
- Questions:
    - get ppt from Nikia
    - working on co-branding guidelines ex. NCH

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

# Education Mission Performance Scorecard
## 2013

| Key Results Area | 2012 Actual | 2013 Target | 2013 YE Actual | Performance |
|---|---|---|---|---|
| **Financial Performance** | | | | |
| Average Financial Aid per Student* | Medicine: $8,313 | Medicine: $8,502 | Medicine: $9,537 | |
| Average Student Indebtedness* | Medicine: $150,990 | Medicine: $158,140 | Medicine: $158,162 | |
| Total Scholarship Outright Gifts and Pledges | Total: $2,477,949** | Total: $1,255,000 | Total: $1,345,834 | |
| Total Scholarship Planned Gift Commitments | Total: $1,247,571** | Total: $860,000 | Total: $2,569,628 | |
| Total Scholarship Endowment Income | Total: $895,493** | Total: $1,870,000 | Total: $1,040,019 | |
| **Innovation & Strategic Growth** | | | | |
| Percent of Under-Represented Minority Students (2012-2013 = entering Fall 2013) | Medicine: 16.8%<br>HRS: 5.0%<br>BioSc: 17.2%<br>GME: 5.5% | Medicine: 17.8%<br>HRS: 9%<br>BioSc: 18%<br>GME: 14% | Medicine: 19.7%<br>HRS: 4.9%<br>BioSc: 17.9%<br>GME: 6.4% | M H B G |
| Number of Publications in Education (calendar year) | 34 | 40 | 37 | |
| Grants for Training and Education Scholarship | In Development | | | |
| Publications from Training Grants | In Development | | | |
| MedNet21 Subscriptions | 34 | 39 | 35 | |
| **Productivity and Efficiency** | | | | |
| PhD Time-to-Degree | HRS: 4.4<br>BioSc: 5.29 | HRS: 4.0<br>BioSc: 5.29 | HRS: n/a<br>BioSc: 5.0 | B |
| **Quality** | | | | |
| Undergraduate GPAs of Entering Students (2012-2013 = entering Fall 2013) | Medicine: 3.64<br>PT: 3.81<br>OT: 3.67<br>BioSc: 3.53 | Medicine: 3.7<br>PT: 3.4<br>OT: 3.4<br>BioSc: 3.6 | Medicine: 3.7<br>PT: 3.80<br>OT: 3.78<br>BioSc: 3.6 | M PT OT B |
| Average MCAT/GRE Score (2012-2013 = entering Fall 2013) | Medicine: 11.3<br>HRS: 52(V);48(Q);49(A)<br>BioSc:74(V);71(Q);55(A) | Medicine: 11.3<br>PT: 53(V);49(Q);50(A)<br>OT: 53(V);49(Q);50(A)<br>BioSc: 75% scores | Medicine: 11.2<br>PT: 66(V);66(Q);56(A)<br>OT: 59(V);56(Q);58(A)<br>BioSc: 75(V);76(Q);59(A) | M PT OT B |
| Outcome Assessment Scores (average)<br>1st Time Pass Rates | USMLE Step 1: 96%<br>USMLE Step 2: 98.1%<br>PT Board Exam: 95%<br>OT Board Exam: 100% | USMLE Step 1: 96%<br>USMLE Step 2: 98%<br>PT Board Exam: 95%<br>OT Board Exam: 100% | USMLE Step 1: 98%<br>USMLE Step 2: 99.5%<br>PT Board Exam: 89.7%<br>OT Board Exam: 100% | 1 2 PT OT |
| **Service and Reputation** | | | | |
| Student Overall Satisfaction with Medical Education – Strongly Agree + Agree | Medicine: 93.5% | Medicine: 93.9% | Medicine: 96.8% | |
| USN&WR Best Medical Schools | #39 | #38 | #38 | |
| USN&WR Rankings – AMP Programs (Reputation Based) | 2008<br>PT: 19 / 199<br>OT: 21 / 152 | Top 15% | 2012<br>PT: 19 / 172<br>OT: 15 / 151 | PT OT |
| **Workplace of Choice** | | | | |
| Resident/Fellow Overall Job Satisfaction – Satisfied + Somewhat Satisfied | 91% | 94% | 91% | |

Favorable: At or above target  Caution: 0-5% below target  Unfavorable: Greater than 5% from target.

* Metrics have a 1 year lag in reporting. Data reported under 2013 are for 2011-2012 academic year
Note: Biomedical Science includes just PhD program.
**FY12 actual data has been updated due to funds being reallocated for scholarship

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

# Education Mission Performance Scorecard
## 2014

| Key Results Area | 2013 Actual | 2014 Target | 2014 YTD Actual | Performance |
|---|---|---|---|---|
| **Financial Performance** | | | | |
| Average Financial Aid per Student* | Medicine: $9,537 | Medicine: $9,800 | June 2014 | |
| Average Student Indebtedness* | Medicine: $158,162 | Medicine: $157,143 | June 2014 | |
| Total Scholarship Outright Gifts and Pledges | Total: $1,345,834 | Total: $1.46M | Total: | |
| Total Scholarship Planned Gift Commitments | Total: $2,569,628 | Total: $930K | Total: | |
| Total Scholarship Endowment Income | Total: $1,040,019 | Total: $1.69M | Total: | |
| **Innovation & Strategic Growth** | | | | |
| Percent of Under-Represented Minority Students (2012-2013 = entering Fall 2013) | Medicine: 19.7%<br>HRS: 4.9%<br>BioSc: 17.9%<br>GME: 6.4% | Medicine: 20.7%<br>HRS: 7%<br>BioSc: 18.2%<br>GME: 9% | Medicine:<br>HRS:<br>BioSc:<br>GME: | |
| Number of Publications in Education (calendar year) | 37 | 42 | | |
| Grants for Training and Education Scholarship | | | | |
| Publications from Training Grants | | | | |
| MedNet21 Subscriptions | 35 | 40 | | |
| **Productivity and Efficiency** | | | | |
| PhD Time-to-Degree | HRS: n/a<br>BioSc: 5.0 | HRS: 4.0<br>BioSc: 5.0 | HRS: May 2014<br>BioSc: May 2014 | |
| **Quality** | | | | |
| Undergraduate GPAs of Entering Students (2012-2013 = entering Fall 2013) | Medicine: 3.7<br>PT: 3.8<br>OT: 3.8<br>BioSc: 3.6 | Medicine: 3.8<br>PT: 3.82<br>OT: 3.80<br>BioSc: 3.58 | Medicine:<br>PT:<br>OT:<br>BioSc: | |
| Average MCAT/GRE Score (2012-2013 = entering Fall 2013) | Medicine: 11.2<br>PT: 66(V);66(Q);56(A)<br>OT: 59(V);56(Q);58(A)<br>BioSc: 75(V);76(Q);59(A) | Medicine: 11.31<br>PT: 68% scores<br>OT: 60% scores<br>BioSc: 75% scores | Medicine:<br>PT:<br>OT:<br>BioSc: | |
| Outcome Assessment Scores (average) | USMLE Step 1: 98%<br>USMLE Step 2: 99.5%<br>PT Board Exam: 89.7%<br>OT Board Exam: 100% | USMLE Step 1: 96%<br>USMLE Step 2: 98%<br>PT Board Exam: 100%<br>OT Board Exam: 100% | USMLE Step 1: 3/2014<br>USMLE Step 2: 3/2014<br>PT Board Exam:<br>OT Board Exam: | |
| **Service and Reputation** | | | | |
| Student Overall Satisfaction with Medical Education – Strongly Agree + Agree | Medicine: 96.8% | Medicine: 95% | Medicine: July 2013 | |
| USN&WR Best Medical Schools | #38 | #38 | April 2014 | |
| USN&WR Rankings – AMP Programs (Reputation Based) | 2012<br>PT: 19 / 172<br>OT: 15 / 151 | Top 15% | April 2014 | |
| **Workplace of Choice** | | | | |
| Resident/Fellow Overall Job Satisfaction – Satisfied + Somewhat Satisfied | 91% | 94% | Survey to be conducted Fall 2013 | |
| Med Students who experienced inappropriate behaviors | 33.9% | 30% | August 2014 | |

 Favorable: At or above target

 Caution: 0-5% below target

 Unfavorable: Greater than 5% from target.

* Metrics have a 1 year lag in reporting. Data reported under 2013 are for 2011-2012 academic year
Note: Biomedical Science includes just PhD program.

# Agenda
# COM Education Leadership Team Meeting
# December 20, 2013
# 10:00 – 11:00 a.m.
# 234 Meiling Hall

**Friday, December 20, 2014**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Schwarz Fellowship Grand Rounds | Dr. Ken Yeager | All |
| Marketing Update – continued | Kathleen Kemp | All |

**Future COM Education Leadership Team Meetings**
**1st and 3rd Friday of each month**
**10:00 – 11:00 a.m.**
**234 Meiling Hall**

**Friday, January 3, 2014 – CANCELED**

**Friday, January 17, 2014**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| Admissions Update | Dr. Quinn Capers | All |
| TBD | TBD | TBD |

**Friday, February 7, 2013**

| Topic | Presenter(s) | Education Mission Strategic Initiative Category |
|---|---|---|
| TBD | TBD | TBD |
| TBD | TBD | TBD |

December 20th CELT Meeting

Ken Yeager

- STAR program
- seed funding from MC
- started four years ago to be support arm for medical staff
- Research on support process
- started out with debriefings, but evidence suggests these can cause harm if these are forces since they are repressive copers
- Brief Emotional Support Therapy
    - individual or group support therapy
    - can be followed up w/ 3-5 individual sessions free of charge
- Since May, we have seen in rounding and group and individual debriefings over 1800 staff persons
- No one will come and volunteer, but if you show up with chocolate and a good set of ears people will talk
- Round in ICUs, East, Bone Marrow Transplant
- Wanted to hit a larger audience
- Schwarz Center Rounds
    - group process sessions, similar to an M and M
    - looking at psychocial and emotional impact of cases
    - Builds support and interpersonal skills, foster compassion in care providers
    - 90% participants report better communication w/ coworker, greater sense of teamwork, btter able to meet patients emotional and social needs, feel less isolated in their work
    - first round in December of last year and had 143 people show up (60 expected)
    - multidiscplinary panel w/ physician, nurse, clergy and social worker
    - half is report, half is group interaction (half to 2/3 is interaction)

- next rounds are February 7th from noon-1pm in Heart and Lung Auditorium, lunch will be provided
- Please post flyers and share them
- Questions and comments:
    - Are students welcome? Yes, anyone who works in any position at the medical center
    - helps innoculate students, because eventually they will have these experiences someday
    - Staff from east also come, also planning a roudns at East and possible at Ackerman
    - No one else in town is doing this right now, although the Cleveland Clinic is doing it
    - Building a full continuum of support
    - Call if you need a debriefing will be there in 48-72 hours
    - 293-STAR
    -

Kathleen Kemp

- Suggested adding Klout score to scorecard
- explaination of Klout - not like a measure of how many followers we have, relates more to sical influence
    - one measure, not perfect
    - if you're using a lot of difference networks, you have more influence
    - this impacts national reputation
    - everything is digital now
    - This is just for the College
    - We benchmark ourselves against other collegs
        - one of the last to the social/digital scene
        - we've made progress, but we have a ways to go
        - we have a straregy not to focus on YouTube quite as much

        - made the decision to focus on Twitter
        - Between 30-40 tweets per week
        - Get a Twitter handle, get trained on it and be in that space, help amplify our message
        - ex. Clevelad Clinic uses Pinterest to put out information on Wellness
        - Chosen Twitter b/c thats where a lot of reporters pick up stories, have room to grow
    - What do we want to set this at?
    - What do we do to increase the number of followers?
        - share digital media platforms w/ students during orientation, make sure information would be of interest ot htem
        - reache dout to student groups
        - publications want to talk to influencers and educators
        - Do you think faculty would be interested?
        - Have had two general training sessions- one for communications team and one for IDEA Studio team
        - There's one thing to train and one thing to be in the space
        - If you don't do it all the time, it's not helpful
        - How long is the training sessions? 1-2 hours
        - It's not hard, it's just a mindset change
    - If people cna't manage their email, how can they add Twitter?
        - that's fine, we just need to make sure our metrics are realistic
    - What does the Klout score give us?
        - The Klout score is a metric we can use to gauge social influence (how we're doing in the digital space) relative to our peers
        - It's a way to measure our reputation, similar to US News
        - The higher you're Klout score, the more you're seen and known and the higher your reputation is

        - Scale of 100, if you move up someone would have to move down
    - Encourage students to tweet during and about their events
    - also encourages dialogue between colleagues
    - Reputation is repeitition, which breeds awareness and knowledge which translates to choices and decisions
    - Hoping to get above 60 anyway with the Centennial this year
    - When we work with a particular subject matter expert and amplify that, but there's not a designated person to do this for us because
    - What we need is people throughout the medical center we can feed it to in our individual depts
    - possibility - hire an intern to do this so someone is thinking about this 24/7
    - We want to focus on our Klout score
    - Put in a process to let us know what's going on, when people are speaking etc.
    - Revisit next year, see if people want to get involved
    - Eric can put together an articulate or FD4ME module for interested faculty
- Centennial - 2014
    - Full committee with representatives for many areas
    - small budget
    - focus on growing dollars for scholarship, boosting national reputation
    - Jan 6th - launch campaign "Looking Back with Pride, Looking Forward with Purpose"
    - Will have information and copy points, artwork, etc. for events
    - Event on April 3rd - faculty/staff event in Meiling and a donor portion later in the evning to increase endowerd scholarships
    - Working with 10TV on Centennial Minutes focusing on then and now
    - Using this as a reason to talk about ourselves
    - Collect emails from alumnis and friends of the college, will email people when we update the site

- people can also share stories on the site and donate later in theyear
- Will add women into the Leaders in medicine as well
- Will send out an email witha link to information
- Medical Heritage Center will be tweeting about health sciences
- Four health sciences colleges will celebrate a centennial
- students are being involved
- embedded in all college veents
- Grounded in measurable metrics
- Will dovetail in opening of the new building - push Centennial January-June and then focus on new building
- Embed centennial into everything - grand rounds, chat, etc.
-

**CELT Meeting Summary**
**December 20, 2013**
**234 Meiling Hall**
**10:00-11:00am**

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**Attending:** Chip Bahn, Barbara Berry, Pam Bradigan, Coranita Burt, Dan Clinchot, John Davis, Kathleen Kemp, Sorabh Khandelwal, Deb Larsen, Joanne Lynn, Lori Martensen, Bryan Martin, Eileen Mehl, Shery Pfeil, Doug Post, Amanda Postle (for Victoria Cannon)

**Guests:** Dr. Ken Yeager

**Schwarz Center Grand Rounds – Dr. Ken Yeager**

- STAR Program – Stress Trauma and Resilience
  - Project started four years ago with seed funding from the medical center
  - The program has researched the support process and found out that debriefings can be harmful for some people
  - Research has shown that the most successful approach is BEST – Brief Emotional Support Therapy
    - Individual or group support therapy with 3-5 follow-up session that are free of charge and funded by the seed money from the medical center
    - Since May, the STAR program has done group and individual sessions with more than 1800 staff persons
  - The program rounds in different areas including the ICUs
- STAR began hosting Schwarz Center Grand Rounds in hopes of reaching a larger audience
  - The Schwarz Center Grand Rounds are large group sessions, similar to M&Ms, that look at the psychosocial and emotional impact of cases
  - The goal is to create support for care providers, build interpersonal skills and foster compassion for patients
  - 90% of participants report better communications with their coworkers, a greater sense of teamwork, less feelings of isolation and an increased ability to meet patients emotional needs
  - The first 1/3-1/2 of the meeting is the report on the case, and the remainder of the hour long session is discussion and group interaction
- The next Schwarz Grand Rounds will be February 7, 2014 in 170 DHLRI – lunch will be provided
- Questions and comments:
  - Students are welcome to attend Schwarz Grand Rounds – it helps inoculate them since they will have these experiences one day
  - Staff from OSU East attends these sessions
    - The program is looking at hosting additional Grand Rounds at East and possibly Ackerman Road if there is enough interest

    - The Cleveland Clinic also holds Schwarz, but no other health system in Columbus is currently doing them
    - The STAR program is working on building a full continuum of support
    - If you or your coworkers need a debriefing, call 293-STAR and someone will be there within 48-72 hours

**Marketing Update (continued) – Kathleen Kemp**

- Kathleen recommended adding the College of Medicine's Klout score
    - Klout doesn't just measure number of followers, it measures social influence
    - Our current Klout score is 51 (on a scale from 1-100)
    - We benchmark our Klout score against other colleges
    - Although we were one of the last to the social/digital scene, we've made a lot of progress
    - With the upcoming Centennial, we're hoping to get our Klout score above 60
- We've made the decision to focus mostly on Twitter, but we maintain on a presence on other social networks as well
    - Reporters use Twitter to pick up stories
    - Twitter also provides us with a lot of room to grow
- The College of Medicine Twitter account puts out 40-60 tweets per week
- Faculty are encouraged to sign up for a Twitter handle, get trained on it and be in the space to help amplify our message
    - Reporters and media want to talk to influencers, not organizations
    - We've had two training sessions so far – one for Marketing and Communications staff and one for the IDEA Studio
    - We can schedule more training sessions or create an FD4ME module if faculty are interested
- What can we do to increase our number of followers?
    - We need to share our digital media forms with students during orientation and make sure we're posting on topics that would interest them
    - We've reached out to student groups to encourage them to use it as well
- We understand people don't have a lot of time to devote to Twitter, so we need to make sure our metrics are realistic
- We need to put a process in place so people around the College and Medical Center can let us know when our subject matter experts are speaking, etc.
- Kathleen will bring this back to the group next year to see if more people are interested in participating
- The College of Medicine centennial begins in January 2014
    - Four other health sciences colleges will also be celebrating their centennials in 2014
    - The focus for the centennial will be on raising scholarship dollars and boosting national reputation
    - Our centennial campaign will launch January 6, 2014 and the theme is: "Looking Back with Pride, Looking Forward with Purpose"

- Since the budget is small, we'll be embedding the centennial themes into existing events – information, copy points, templates and artwork will be made available
- There will be two event's on April 3rd – one for faculty/students and the other for donors
- 10TV will also produce five Centennial Minutes
- There will also be a microsite – we'll collect email addresses and let visitors know when it's been updated
- The Centennial will dovetail into the opening of the new hospital
    - Focus will be on the centennial January – June and then shift to the new building

Dr. Clinchot adjourned the meeting at 11:00am.