

CELT Meeting Summary
February 5, 2016
234 Meiling Hall
10:00-11:00am

Attending: Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Coranita Burt, Victoria Cannon, Dan Clinchot, John Davis, Molly Gilbride, Scott Holliday, Lawrence Kirschner, John Lanning, Deb Larsen, Cynthia Ledford, Joanne Lynn, John Mahan, Leon McDougale, Eileen Mehl, Linda Montler, Georgia Paletta, Sheryl Pfeil, Doug Post, Leigh Staub, Linda Stone, Curt Walker

Absent: Dawn Allain, Ginny Bumgardner, Jessica Buskirk, Quinn Capers, Jessica Gelin, Carla Granger, Sorabh Khandelwal, Morgan Kuhn, Lori Martensen, Bill Orosz, Jeff Parvin, Leigh Senter

Guest: Steven Koesters

Dr. Clinchot opened the meeting at 10:00am. Minutes from the previous meeting were approved.

The Humanism in Medicine Initiative Update

Linda Stone, MD, Special Assistant to the Dean for Humanism and Professionalism

Dr. Stone passed around an organizational chart and a list of programs for the group to review. She noted that support comes from various areas and donors and thanked the COM for its support.

Dr. Stone stated that the video of the COM Orchestra playing “Carmen Ohio” was selected as the orchestra centers us on who we are and shows that med students, all seven Health Sciences Colleges, and the School of Health and Rehabilitative Sciences are included in the Humanism in Medicine initiative.

Humanism in Medicine’s three educational objectives were reviewed with emphasis on the third objective: “To engage in the arts as a part of the Medical Education team’s life balance.” Dr. Stone noted how important it is to thank, honor, and value those who teach and practice.

The Accreditation Council for Graduate Medical Education’s (ACGME) 8 core competencies were reviewed: 1) Patient Care, 2) Knowledge for Practice, 3) Practice-Based Learning and Improvement, 4) Interpersonal and Communication Skills, 5) Professionalism, 6) Systems-Based Practice, 7) Interprofessional Collaboration, 8) Personal and Professional Development.

The American Board of Internal Medicine’s (ABIM) four categories for evaluating professionalism include: physician accountability, humanistic qualities, physician impairment, and professional ethics.

Jordan Cohen, MD helped to define professionalism and humanism in medicine. He states professionalism is a way of acting, comprising a set of observable behaviors, while humanism is a way of being, comprising a set of personal convictions that manifests itself by personal attributes such as altruism, duty, integrity, respect for others and compassion.

Dr. Stone stated that creating a culture of humanism in COM is how humanism is kept alive. She reviewed the OSU COM humanism timeline beginning in the 1990's through the present along with Medicine and the Arts programs, events, and collaborations/partnerships. She noted we could not do this today if the foundation had not been established, and that educators led the way.

Dr. Stone presented Humanism in Medicine student section's activities, groups, and events. She noted that med students appreciate being involved as these are a way to allow them to keep who they are as humans.

Medicine and the Arts roundtable mission is: "To foster collaborations among those engaged in integrating the arts into the continuum of care for our patients, their families, our colleagues and all members of the health care team." The roundtable's partnerships were reviewed and it was noted the roundtable meets every other month and to contact Dr. Stone if interested.

Chaired by Dr. John Mahan, the Courage to Teach mission is: "To foster and nurture the creation of a community of medical education faculty and residents that honors the contribution of each individual, that celebrates a diversity of teaching and learning styles and supports a humanistic environment in which to teach and learn." There are over 100 inductees of Courage to Teach faculty selected from OSU, Nationwide Children's Hospital, OhioHealth and Mt. Carmel.

Faculty Leadership Institute

Stephen Koesters, MD, Internal Medicine/Pediatrics

Dr. Koesters stated that it is critical that OSU be involved with the Faculty Leadership Institute (FLI) to help find physicians with leadership skills and to help physicians develop leadership skills and competencies.

The FLI is a 12-month program with a 3-hour session each month. There are currently 30 faculty per year. Applicants are nominated and/or sponsored by a department or division with manager support. Sessions are led by expert facilitators.

Expected outcomes of FLI include:

- Identification of faculty for leadership and key committee roles
- Improved interactions of faculty leaders across departments - "One Medical Center"
- Strengthened engagement
- Improved retention
- Enhanced quality of care

Graduates of the program can move in to leadership positions over time. Leadership roles attained by past FLI grads were reviewed.

Dr. Koesters explained the FLI Capstone Project is a team project with 5-6 members completed in 3 months. Each team addresses a challenge related to healthcare, relevant to a division, department or the medical center. The team must use at least 4 components of the 11 monthly modules and present their projects to the FLI group and hospital leaders. Past Capstone projects were presented and in general there were some great ideas but they had limited success moving the ideas forward as they could not get critical levels of support.

FLI's new approach is to have the teams generate ideas for Capstone projects and the FLI Steering Committee will link teams to appropriate "Champions."

FLI is looking for Champions who represent key areas in medicine, administration, etc. to:

- Serve as a potential contact point for a group
- Help groups develop the network to succeed
- Assist in aligning ideas with key priorities

The group was asked to help spread the word about FLI and to be a Champion or help them find one. If interested, contact Dr. Koesters directly, Stephen.Koester@osumc.edu.

The next CELT meeting is scheduled for March 4, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
February 5, 2016

CELT Meeting Summary
May 6, 2016
234 Meiling Hall
10:00-11:00am

Attending: Barbara Berry, Coranita Burt, Dan Clinchot, John Davis, Scott Holliday, Sorabh Khandelwal, Deb Larsen, Joanne Lynn, John Mahan, Jeff Parvin, Sheryl Pfeil, Curt Walker

Absent: Dawn Allain, Valerie Blackwell-Truitt, Pam Bradigan, Ginny Bumgardner, Jessica Buskirk, Victoria Cannon, Quinn Capers, Jessica Gelin, Molly Gilbride, Carla Granger, Leon McDougle, Eileen Mehl, Linda Montler, Lawrence Kirschner, John Lanning, Cynthia Ledford, Wendy Marczika, Bill Orosz, Georgia Paletta, Doug Post, Leigha Senter, Leigh Staub, Linda Stone

Guest: Heather Brod

Dr. Clinchot opened the meeting at 10:00am.

Clinician Educator Pathway

Heather Brod, Executive Director of Faculty Affairs & FAME

Ms. Brod gave an overview of the meeting and defined the three clinical track pathways:

1. Clinician Scholar: produce new knowledge via clinical research, disseminate results through papers and presentations.
Impact: national community of scholars, patients
2. Clinician Educator: educate learners and develop educational paradigms, disseminate outcomes & techniques thru papers, presentations, leadership.
Impact: learners, local and national community of educators
3. Clinical Excellence: improve practice via implementation or application of new techniques or approaches to clinical care, quality, safety, operations, disseminate outcomes & techniques through presentations, word of mouth, leadership.
Impact: patients, hospital/clinic operations, trainees

It was noted that it is helpful to have defined pathways with the downside being feeling that specific things have to be done and that there is discrepancy within each pathway on what the specific things are and how they are performed.

The 3 criteria reviewed for Associate Professor and Professor include teaching and mentoring, service, and scholarship:

1. Teaching and Mentoring
Associate Professor – main criteria are their teaching record and having good evaluations.
Professor – key words are “sustained” and “multiple” as related to teaching excellence and awards and other honors, respectively.
2. Service
Associate Professor: includes administrative service to University, exemplary patient care, program development, professional service, and providing expertise to public and private

beyond the University. This can include membership on department, College, hospital, or University committees, or mentoring.

Professor: can include appointment or election to College, hospital and/or University committees and mentoring activities. Service to faculty member's discipline should include journal editorships, offices held, and service to national professional societies.

3 Scholarship

Associate Professor: contributions to scholarship as primary or senior author of 10-15 peer-reviewed journal publications and scholarly review articles on theory, innovative teaching techniques or development of web-based or video-teaching modules.

Professor: contributions to scholarship as primary or senior author of 16-30 peer-reviewed journal publications and scholarly review articles on theory, innovative teaching techniques or development of web-based or video-teaching modules.

Demonstrating Impact: Hard to define but important to include when speaking with faculty members. Most successful faculty do this the best. The process to demonstrate impact determines what a faculty member's primary area of emphasis is, what is significant and what their unique contributions are, what value they created, and providing evidence of significance including how it is measured and quantified, demonstrating quality, and citing supporting metrics.

The group discussed how CME is viewed. MedNet 21 webcasts are viewed as publications; however, viewership data has been hit or miss. MedNet 21 data can tell where the webcast was viewed and evaluations from institutions can be shared with faculty. Any specific webcast information must be requested from The Office of Distance Education and eLearning (ODEE) as it is not automatically distributed to the author. Educational innovations need evidence that it has been used successfully at other institutions.

Strategies to Create Impact include:

- Collaboration
- Dissemination
- Reputation

The group discussed that the Education Mission should disseminate to faculty ways to measure or show impact, offer a menu of different ways to show impact, and define what "quality" is.

Career development strategies include:

- Review criteria in departmental Promotion & Tenure document
- Find mentor
- Create 5 year Individual Development Plan with concrete metrics
- Seek help from mentor and division director or chair

The next CELT meeting is scheduled for June 3, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
May 6, 2016

CELT Meeting Summary
June 3, 2016
234 Meiling Hall
10:00-11:00am

Attending: Coranita Burt, Victoria Cannon, Dan Clinchot, Carla Granger, Scott Holliday, Deb Larsen, Joanne Lynn, John Mahan, Wendy Marczika, Leon McDougale, Georgia Paletta, Jeff Parvin, Sheryl Pfeil, Doug Post, Leigh Staub, Curt Walker

Absent: Dawn Allain, Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Ginny Bumgardner, Jessica Buskirk, Quinn Capers, John Davis, Jessica Gelin, Molly Gilbride, Sorabh Khandelwal, Lawrence Kirschner, John Lanning, Cynthia Ledford, Eileen Mehl, Linda Montler, Bill Orosz, Amanda Postle, Leigha Senter, Linda Stone

Guest: Todd Isler, Randy Moore, Nicole Verbeck, Maria Yonamine

Dr. Clinchot opened the meeting at 10:00am.

Office of Education, Curriculum Research & Development (OECRD) Support for Educator Track Faculty

Victoria Cannon, OECRD Director
Curt Walker, Education Resource Specialist

Ms Cannon reviewed OECRD team members and introduced the team's newest member, Curt Walker, PhD, Education Resource Specialist. The OECRD mission statement is to improve medical education through program evaluation and learner assessments, curriculum and pedagogical development, and educational technology while supporting research in these areas.

Dr. Walker stated OECRD's focus areas are:

- Program Evaluation
 - Goals
 - Improve performance of existing processes/program
 - Assess impact
 - Inform decisions for future programming
 - Projects
 - LSI: programs, courses, teaching and learning methods (Internal Review)
 - External surveys (AAMC)
 - Learner outcome data (Improving Assessments)
- Promoting Educational Scholarship
- Grants Application and Management Support
- Curriculum Development: working with programs to submit new course requests
- Instructional Design: one-on-one consultations are provided
- Educational Technology – including one-on-one consulting with faculty on design or update for courses or content

- OECRED programs for faculty development include the College of Medicine Spring Symposium and the Celebration of Scholarship.

Dr. Walker stated that Canvas has been selected as the new Learning Management System (LMS) and reviewed the advantages for faculty and students. Help is available through the OECRD with local support through Carmen, consultations with migration plans, and coordination with ODEE for workshops and training sessions.

OSU COM Faculty Development for Medical Educators

John Mahan, MD

Dr. Mahan reviewed the OSU FAME Medical Educator Series goal to advance medical education skills of OSU COM faculty through the FAME Medical Education Working Group, FAME Medical Education Needs Assessment and outcomes.

The 2014 Needs Assessment was based on over 300 faculty responses. The highest educational needs and desired learning methods were reviewed. Dr. Mahan noted that another needs assessment may need to be done now.

The FAME Medical Educator Series for 2015-2016 was reviewed. It was noted that times of the events was moved around (as opposed to having them at a set time, i.e. 3rd Wednesdays at noon) but this did not change attendance rates.

The FAME Education Working Group and Mentoring Series were reviewed. Dr. Mahan stated that the Education Working Group has members from several departments and it was noted they need an HRS representative.

The Courage to Teach Peer Review Program components include:

- CTT Peer Review Program - Introduction
- CTT Peer Review of Large Classroom Teaching Forms
- CTT Peer Review of Small Group and Clinical Teaching Forms (Short format)
- CTT Peer Review of Small Group and Clinical Teaching Forms (Stanford FD Model)

Peer reviewer training is June/July 2106. Reviews begin July 2016.

OSU FD4ME is in an online site (<https://fd4me.osu.edu/>) for faculty development that has 26 interactive modules with CME available.

The next CELT meeting is scheduled for July 1, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
June 3, 2016

CELT Meeting Summary
July 1, 2016
234 Meiling Hall
10:00-11:00am

Attending: Dawn Allain, Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, Jessica Grisez, Joanne Lynn, John Mahan, Wendy Marczika, Leon McDougle, Jeff Parvin, Sheryl Pfeil, Doug Post, Leigh Staub, Curt Walker, Yiping Yang

Absent: Ginny Bumgardner, Coranita Burt, Jessica Buskirk, Quinn Capers, Molly Gilbride, Scott Holliday, Sorabh Khandelwal, Lawrence Kirschner, John Lanning, Deb Larsen, Cynthia Ledford, Eileen Mehl, Linda Montler, Bill Orosz, Georgia Paletta, Amanda Postle, Leigha Senter, Linda Stone

Guest: Mark Merrick

Dr. Clinchot opened the meeting at 10:00am.

Education Mission Strategic Plan

Yiping Yang, Strategic Planning Manager

Mr. Yang reviewed the individual component plans and the process for the OSU Wexner Medical Center *Strategy 2020* plan. The Education Plan component will kick off in September 2016 with Dr. Clinchot as the component lead and Jessica Buskirk and Yiping Yang serving as planning leads.

The four phases of the process include: strategy position, strategy formulation, strategy translation, and strategy execution and review. The development structure for the overall plan was presented as being comprised of Leadership Council, Component Oversight Group, and Component Workgroups.

The approach will take place in 3 phases. Phase 1 begins in early September with the first oversight meeting planned for the end of September to finalize key questions. During October and November, the Education Plan will break out into workgroups to develop goals and strategies to address key questions formed in meeting #1. Phase 2 ends near the end of November when all groups gather together to review and develop financial goals and strategies. Phase 3 takes place December through the end of January and is to pull all the parts together to be forwarded to the Leadership Council.

Dr. Clinchot stated that the group should review the metrics in the Education Strategic Plan emailed to group members on July 5th. He also noted a survey will be sent to the group for suggestions on what internal and external metrics to include in the strategic plan. A doodle poll will be sent to determine preferences for adding an additional hour before or after a regularly scheduled CELT meeting to work on the strategic plan. Dr. Clinchot stated that the group will still be expected to attend the regularly scheduled meeting even if they are not able to come early or stay late.

Grant Proposal: “Expanding, Enhancing, and Enriching the Primary Care Workforce through Clinical Transformation Education

Douglas Post, PhD, Project Director, Department of Family Medicine
Curt Walker, PhD, Lead Evaluator for the grant

A five year \$2.5 million from the Health Resources & Services Administration (HRSA) was awarded to the OSU Department of Family Medicine beginning July 1, 2016. This cooperative grant is with the College of Medicine (Lead), College of Nursing (Partner) and other colleges including: College of Social Work, College of Pharmacy, and the School of Health & Rehabilitative Sciences (Interdisciplinary Partners).

The grant’s four objectives focus on:

1. Four-year Primary Care Family Medicine interest
2. Three-year Primary Care Family Medicine track
3. Extending education to medical students, nursing students and other health professional students
4. Curriculum design for Family Medicine resident physicians in the OSU Family Medicine residency program

Dr. Post reviewed the project’s organizational chart and noted that it has broad representation from multiple disciplines. He also shared the methods and activities for each of the four objectives.

Dr. Walker reviewed the Program Evaluation Plan and stated that it is a logic model and described the different aspects of the thought process for the project. He reviewed the project’s logic model questions and success indicators. He noted that the evaluation plan required high-level and detailed plan objectives.

Drs. Post and Walker answered questions and opened it up for group discussion. The group discussed the need for there to be good objective measures, differences in educational grants as opposed to scientific research grants, and the need to share outcomes with everyone regarding the project’s focus related to electronic medical records.

The next CELT meeting is scheduled for July 15, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
July 1, 2016

CELT Meeting Summary
September 2, 2016
234 Meiling Hall
10:00-11:00am

Attending: John Buford, Coranita Burt, Victoria Cannon, Dan Clinchot, Amy Darragh, Molly Gilbride, Jessica Grisez, Scott Holliday, Cynthia Ledford, Suzanne Leson, Joanne Lynn, John Mahan, Wendy Marczika, Leon McDougle, Mark Merrick, Jeff Parvin, Laurie Rinehart-Thompson, Sheryl Pfeil, Georgianna Sergakis, Leigh Staub, Linda Stone, Yiping Yang

Absent: Dawn Allain, Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Ginny Bumgardner, Jessica Buskirk, Quinn Capers, John Davis, Kevin Evans, Carla Granger, Sorabh Khandelwal, Lawrence Kirschner, John Lanning, Deb Larsen, Eileen Mehl, Linda Montler, Bill Orosz, Georgia Paletta, Doug Post, Amanda Postle, Leigha Senter, Curt Walker,

Guests: Khurma Anand, Jack Frost, Beth Sabatino

Dr. Clinchot opened the meeting at 10:00am. Due to the large number of new group members, Dr. Clinchot had attendees introduce themselves and provide their role.

School of Health and Rehabilitation Sciences' Programs

Presenters:

Mark Merrick, PhD, AT, ATC, FNATA
Director, Athletic Training

Laurie Rinehart-Thompson, JD, RHIA
Director, Health Information Management & Systems

Suzanne Leson, PhD, RDN, LD
Director, Health Sciences & Medical Dietetics

Tammy Bannerman, PhD
Director, Medical Laboratory Science

Amy Darragh, PhD, OTR/L
Director, Occupational Therapy

John Buford , PhD, PT
Director, Physical Therapy

Georgianna Sergakis, PhD, RRT
Director, Respiratory Therapy (also presenting for Radiologic Sciences, MS)

Dr. Merrick gave an overview of the programs within the School of Health & Rehabilitation Sciences (HRS) noting that there are 11 programs with 20-50 students enrolled in each with the duration of each program being two to three years.

Dr. Buford reviewed the PhD program in HRS. He noted that it is a traditional PhD program with an interdisciplinary core led by Jimmy Onate, Director and Grad Studies Chair. There are five pillars: Analytical, Behavioral, Biological, Biomechanical and Neurological. He noted that it is difficult to get students to pursue postdoctoral positions and that most students progress to university positions as opposed to industry positions.

Athletic Training

Dr. Merrick stated that the Athletic Training (AT) program is focused on the health side of sports not on the fitness and performance side of sports. Currently, there is credentialing at both the baccalaureate and master's degree level through the national board exam. By 2022, the profession will be master's degree only. The national board will switch to the master's degree five years after the college programs have moved to a master's program. OSU's current AT program was created in 2000. 80-90 students are enrolled and do extensive fieldwork with the coursework. *US News and World Report* does not rank Athletic Training programs, but outcomes have placed them in the top 4 of 375 programs over the past 3-year cycle.

Health Information Management & Systems

Ms Rinehart-Thompson stated Health Information Management (HIM) focuses on the business aspect of healthcare and health-related services. It involves parts of health services management while focusing on the management and safeguarding of health information. Health information is used to plan and evaluate healthcare services and is vital for patient care, safety, research and education. Valid and reliable information drives the healthcare industry. HIM is an intersection of skill sets which leads to diverse career paths. The program has been accredited since 1971. Students must take the Registered Health Information Administrator (RHIA) exam as a condition of graduation. The program is not ranked officially but has a national reputation.

Health Sciences and Medical Dietetics

Dr. Leson gave an overview of the Health Sciences program which leads to a Bachelor of Science Degree in Health and Rehabilitation Sciences. The program is good for students planning on extending their education by applying to a graduate professional program. Graduates are able to sit for the Certified Health Education Specialist (CHES) exam if specific courses are completed during their degree program. In addition to the traditional classroom setting, an online degree program began Autumn 2015. The online program is an asset for the school and has grown 170% over the last six months. Students are able to complete their bachelor's degree online once they have an associate's degree in a related healthcare field.

Dr. Leson reviewed the Medical Dietetics program. Registered Dietitian Nutritionists (RDN) are cross-trained and work in a diverse and broad profession. The program has a 100% pass rate for students who sit for the National Registration Examination to become an RDN. As a Coordinated Undergraduate Program integrating course work with supervised practice experience, graduates are eligible to sit for the Commission on Dietetic Registration (CDR) without completing a Dietetic internship and are able to earn the RD designation 6-24 months earlier than those who must complete an internship. A Coordinated Graduate Program, Dietetic Internship with Master's, and the Advanced Practice Masters' were also reviewed.

Medical Laboratory Science

Dr. Bannerman stated that medical laboratory scientists test medical specimens. Medical Laboratory Science offers four curriculum tracks: certification track (typically for students wanting to work in hospital labs), medical science track (for students wanting to go on to professional or grad school), articulation track (for students currently a certified MLT but wanting to continue education), and the Coordinated Graduate Track (for those with a BS in a different field who want to be eligible for MLS certification while pursuing a graduate education).

Occupational Therapy

Dr. Darragh stated that occupational therapists help people participate and function through therapeutic use of everyday activities. OSU exclusively offers an entry-level Doctorate of Occupational Therapy. The OSU OT program is ranked 12th of 167 accredited programs in the U.S. There are currently seven regular faculty, 3 fulltime instructors, and 3 adjuncts teaching in this program. The program is very active in research and had nearly \$2 million in grant in FY 2015-2016. It was noted the OT and PT students are together the first year and that there is a need to increase the number of male students as it is currently a female dominated profession.

Due to running out of time, Dr. Clinchot requested that the final two programs be presented at the CELT meeting on September 16.

The next CELT meeting is scheduled for September 16, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
September 2, 2016

CELT Meeting Summary
September 16, 2016
234 Meiling Hall
10:00-11:00am

Attending: Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, John Buford, Coranita Burt, Victoria Cannon, Dan Clinchot, Kevin Evans, Molly Gilbride, Carla Granger, Jessica Grisez, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Suzanne Leson, Joanne Lynn, John Mahan, Linda Montler, Bill Orosz, Georgia Paletta, Jeff Parvin, Laurie Rinehart-Thompson, Sheryl Pfeil, Leigha Senter, Georgianna Sergakis, Curt Walker, Yiping Yang

Absent: Dawn Allain, Ginny Bumgardner, Jessica Buskirk, Quinn Capers, Amy Darragh, John Davis, Scott Holliday, Cynthia Ledford, John Lanning, Wendy Marczika, Leon McDougale, Eileen Mehl, Mark Merrick, Doug Post, Amanda Postle, Leigh Staub, Linda Stone,

Guests: Jack Frost

Dr. Clinchot opened the meeting at 10:00am.

School of Health and Rehabilitation Sciences' Programs
(Continued from Previous Meeting)

Physical Therapy

John Buford, PhD, PT

Director, Physical Therapy

Dr. Buford reviewed the metrics for Doctor of Physical Therapy (DPT) students. There are 48-50 students per class. The program takes 3 years (9 semesters) with no summers off. The average GPA is 3.87, all students get licensed, and the program is ranked 10th by *US News and World Report* among 240 US DPT programs. There are 1-2 DPT/PhD students per class who are able to compete for 2-3 fellowships. Dr. Buford noted that approximately 25% of DPT students specialize in Pediatrics, Global Health or Research and that all students attend a national research meeting with several of the students presenting.

The DPT Program curriculum prepares students in varied areas (Orthopedics, Neurology, Pediatrics, Acute Care etc.) and includes anything involving movement (development of motor skills, neuroscience for sensory/motor systems, and benefits of exercise). Students have over 40 weeks of supervised clinical practice during the program. Post-professional residencies and fellowships are in Sports, Orthopedics, Dance, Women's Health, Geriatrics, Neuro, Pediatrics, Upper Extremity Athlete, and Orthopedic Manual Therapy.

DPT faculty expertise areas of focus are biomechanics/orthopedics, neuroscience/rehabilitation and pediatrics. In research, there is a history of RO1's, foundation grants, and fellowships for students.

Dr. Buford noted that student clinical training is voluntary (unpaid) with only 60-70% of students receiving clinical training within the OSU medical system. There is some level of

subsidy for PT, OT, PA, and NP students (none for undergraduates) depending on where the student trains.

Radiologic Sciences & Therapy

Kevin Evans, PhD, RT(R) (M) (BD), RDMS, RVS, FSDMS

Division Director Radiologic Sciences & Therapy

Dr. Evans stated OSU Radiologic Sciences has three different tracks: Radiography, Sonography, and Radiation Therapy. Students enter a program as a junior and there are currently 80 students enrolled. Programs are two years long and result in certification as a health care provider. The curriculum integrates courses with clinical experience. Clinical rotations are chosen by the student with specialization chosen senior year.

Licensure is required in 42 states including Ohio. All three tracks are accredited.

It was noted that placement of students is not a priority at OSUWMC and that variety is an issue for students. Some sites charge SHRS to take students namely, COTC and Lancaster Fairfield Medical Center.

Respiratory Therapy (RT)

Georgianna Sergakis, PhD, RRT

Director, Respiratory Therapy

Dr. Sergakis stated RT's are licensed professionals that assess patient needs and treat cardiopulmonary disorders. There is renewed interest in degreed RT's due to the aging U.S. population. Ohio State's RT Program was started in 1971 as one of the first BS programs and currently is in the top five in the country. A Master's Degree proposal was recently approved by the University Senate and will be the first advanced RT program in the nation.

The Program has three regular faculty and four associated faculty. Students perform over 900 clinical hours concurrent with coursework done between junior and senior year mostly at OSU with sites expanding to include Nationwide Children's Hospital. It was noted that there is a preceptor issue of "pay to play" rule that is impacting by limiting some sites.

When asked if there is licensure reciprocity with other states. Dr. Sergakis stated that there is, but that each state has its own requirements. Dr. Sergakis said that malpractice for students is provided by the University.

SHRS Master's of Science Program

Dr. Sergakis stated the MS Program's curriculum is 30 credit hours including 12 hours of electives which allows students to individualize the plan for their needs. There are thesis and non-thesis program options. The GRE is required for admission (med students can use MCAT scores) with the average GPA a 3.52.

Curriculum Development Process
Deb Larsen, PhD, FAPTA, FASAHP

Dr. Larsen stated that all departments should have a curriculum committee. The Council on Academic Affairs (CAA) is the first and last stop for proposals in the approval process. Course review is done by Department (entered into curriculum.osu.edu), College, and a CAA subcommittee. General Education courses must be approved by the Department of Arts and Sciences and, if a course offering overlaps another area, permission must be obtained from the other unit.

New Program proposals face greater scrutiny. Process includes review by:

1. CAA subcommittee before going to the full Committee for presentation and approval
2. Senate
3. Board of Trustees
4. State (Department of Higher Ed) – a new Program Development Plan is sent to every state university for comments which must then be responded to.

The University has a new focus on Certificates. The review process is the same but it stops at CAA if the Certificate credit hours are less than or equal to 21, and goes to ODE if credit hours are greater than 21. Dr. Larsen reviewed in detail the 6 types of certificates:

1. Undergraduate Academic Post-High School
2. Undergraduate Academic Post-Baccalaureate
3. Graduate Post-Baccalaureate
4. Certificate of Completion
5. Technical/Professional Certificates
6. Professional Certificates

New programs and courses have to be uploaded by someone approved to enter them at curriculum.osu.edu. It was noted that Nicki Verbeck is the contact person for the College of Medicine.

Certificates of Completion for workforce development CE or credit are not eligible for tuition reimbursement.

The next CELT meeting is scheduled for October 7, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
September 16, 2016

CELT Meeting Summary
October 21, 2016
234 Meiling Hall
10:00-12:00pm

Attending: Dawn Allain, Tammy Bannerman, Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, John Buford, Ginny Bumgardner, Coranita Burt, Jessica Buskirk, Victoria Cannon, Dan Clinchot, Amy Darragh, Andy Dorr, Kevin Evans, Carla Granger, Scott Holliday, Lawrence Kirschner, John Lanning, Cynthia Ledford, Suzanne Leson, Joanne Lynn, Lisa Mayhugh, Leon McDougle, Eileen Mehl, Linda Montler, Bill Orosz, Jeff Parvin, Laurie Rinehart-Thompson, Leigha Senter, Yiping Yang

Absent: Quinn Capers, John Davis, Molly Gilbride, Jessica Grisez, Sorabh Khandelwal, Deb Larsen John Mahan, Wendy Marczika, Mark Merrick, Georgia Paletta, Sheryl Pfeil, Doug Post, Amanda Postle, Georgianna Sergakis, Leigh Staub, Linda Stone, Curt Walker

Guests: Jack Frost

Dr. Clinchot opened the meeting at 10:00am. Minutes from the previous meeting were approved.

Education Steering Committee Meeting #1

Jessica Buskirk

Director, Strategic and Business Planning

The Medical Center Strategic Planning Process was reviewed by month from May through December. Ms. Buskirk noted that for the most part, benchmarking is against national peers with top areas of concern focused on facilities and recruiting and retaining top talent. The charge is to think big – nationally, not just locally.

Component plan kick-off dates, lead(s), and planning leads were reviewed for: Ambulatory, Outreach, Information Technology, Talent, Facilities, Finance, Marketing, Educational Plan, Research Plan, OSU Health Plan, Analytics, and Development. It was noted that they are aware that component plans are interconnected. Plans will be aligned by Strategy and Planning.

The group reviewed a chart of the Education Mission divided into 3 areas: Medical Education, Health and Rehabilitation Sciences, and Research Education. The group discussed the following:

- Expand thinking of who students are
- Include external learners separately (i.e. across the bottom of the Education Mission chart as part of all 3 areas)
- Add pipeline programs
- Interdisciplinary learners (in external learner bucket) and co-sponsored programs
- Recognize broader group
- Add Genetics and Bioethics Master's programs

Upon further discussion, it was noted that the focus should be on the locus of control. The Education Mission chart will be revised by Strategy and Planning by reorganizing and removing numbers of students and will be brought back to the group for review.

The overall structure for development of the strategic plan flows from the component steering groups to Leadership Council to the OSUWMC Board. The strategic plan development process includes strategy position, formulation, translation, and execution and review. No mission statement is needed as it will be rolled up to the WMC statement. This is to be considered a “living” document and will be reviewed annually.

The Education component timeline is:

1. Steering group meeting #1 (today’s meeting) – purpose and objectives of education, scope of educational plan, key areas of focus
2. Steering group meeting #2 (January 2017) – strategic themes and objectives, priorities and key investments
3. Steering group meeting #3 (March 2017) – final plan, financial plan, execution framework, alignment with overall WMC plan

Video: Case Western Reserve and Cleveland Clinic Health Education Campus – jointly training health care professionals while incorporating innovative education tools

What does the future of biomedical and health professions training look like?

- Promote interprofessional collaboration
- Less in-person education, more online education
- Focus on wellness
- Health education beginning earlier in schools
- Assessment of time for medical school – if meet competencies
- GME
- Technology use for communication purposes for students and patients – telehealth and its impact on Medicaid reimbursement for serving rural communities; technology’s impact on libraries and meeting spaces
- Inclusive excellence
- Public health interface with communities
- Number of University hospitals is shrinking fueling sharing of resources
- Simulation processes

The demand for healthcare is increasing due to the growing aging population and the increased number of Americans with insurance due to the Affordable Care Act. As a result, there has been an increase in the number of educational programs and students. The number of LCME-accredited medical schools has risen in the US from 125 to 145 however there has not been an increase in residency positions. This is forcing a change in how education will be delivered in the future.

How do we attract and educate the most sought after biomedical and health professionals in the world?

- Market competitive facilities
- Faculty – higher quality, diversity
- Consider that students weight value of education vs cost
- Foster a culture of empowerment and collegiality
- Amplify faculty engagement – dedicate resources to engage faculty
- Create a dynamic online presence to appeal to recruits
- Offer an innovative curriculum

- Along with new website, offer high quality content
- Improve design and marketing of websites
- Pipeline students should be reached out to early
- Greater diversity broadens and improves student relationships
- Affordable living

Video: The Impact of Scholarship Support at NYU – The group discussed scholarships attracting better quality students.

Factors students consider when selecting medical schools and when ranking GME programs were reviewed. #1 factor for medical school: quality of facilities. #1 factor for residency: current resident satisfaction. Other factors the group discussed were:

- Research opportunities
- Cost of attendance – competitive here but have less scholarships to offer so total indebtedness is higher
- Ability to place students – Ms. Buskirk will look at top 20 benchmarks to see how we compare. HRS has a 100% first time board pass rate for all programs and high placement rates for graduates
- Curriculum – key words: learner-centered, wellness, service oriented, population based
- Unique curriculum innovations at other medical schools
- OSU COM curriculum innovations – 3-year primary track will go live for the next entering class. Not listed: Technology and Gerontology in core curriculum
- Reputation – it was noted that students pay close attention to USNWR rankings. Specific criteria were reviewed. USNWR rankings are weighted as: 40% reputation (not in our control), 30% research (biggest area we can move), 20% student selectivity, 10% faculty resources.
- Student Satisfaction – affects recruiting of new students. Our house staff and medical students have high satisfaction with their program and medical education.
- Facilities – top institutions are investing in new health education buildings (UCSF, University of Nebraska, and U of M were reviewed). OSU COM education facilities are aging and do not currently support interdisciplinary collaboration.

The group reviewed features OSU COM faculty and staff stated they desire in a future integrated health sciences facility.

ACTION ITEM:

The handout, "Education Component Plan – Strategy 2020 – Key Questions," was distributed. The group is to review and determine if these are the correct questions to consider regarding the Education Component.

The next CELT meeting is scheduled for November 4, 2016 from 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
October 21, 2016

CELT Meeting Summary
November 18, 2016
234 Meiling Hall
10:00-11:00pm

Attending: Tammy Bannerman, Valerie Blackwell-Truitt, Pam Bradigan, Ginny Bumgardner, Coranita Burt, Jessica Buskirk, Victoria Cannon, Dan Clinchot, Amy Darragh, Andy Dorr, Kevin Evans, Carla Granger, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Suzanne Leson, Joanne Lynn, Lisa Mayhugh, Leon McDougle, Eileen Mehl, Linda Montler, Marcia Nahikian-Nelms, Bill Orosz, Jeff Parvin, Laurie Rinehart-Thompson, Leigh Staub, Curt Walker, Yiping Yang

Absent: Dawn Allain, Barbara Berry, John Buford, Quinn Capers, John Davis, Molly Gilbride, Jessica Grisez, Scott Holliday, John Lanning, John Mahan, Wendy Marczika, Mark Merrick, Georgia Paletta, Sheryl Pfeil, Amanda Postle, Leigha Senter, Georgianna Sergakis, Linda Stone

Guests: Jack Frost, Beth Sabatino

The meeting was opened at 10:00am.

Education Steering Committee Meeting #2

Yiping Yang

Strategic Planning Manager

The objective for the meeting was to identify and discuss key attributes of a highly successful education mission. The Education component plan is to go out five years with planning to be completed by spring 2017. The Strategic Plan Development Process was reviewed including strategy position, formulation, translation, and execution and review. At Meetings #3 and #4, the group will break into work groups.

Video: University of Michigan

The group discussed medical education's value is integration with the community and they reviewed various reasons why students chose Michigan for their MD, MD/PhD, or PhD including their culture of inclusion and total support including scholarships. The group discussed the need to confirm the rate our students match into their ranked programs.

Texas A&M Health Science Center's best values relevant to their state are cost, quality, and accessibility. It was noted workgroups will need to determine what makes up being considered an Institution of Choice.

The group discussed the results of three survey questions from a Medical Center Strategic Plan Survey submitted by 100 OSUWMC senior leaders.

Key attributes of a highly successful education mission:

- Support for faculty and students for information resources i.e. library resources
- Inclusive excellence and advancements should be included in educational programs and by practitioners. Academic medical centers should be part of dealing with health disparities in communities.

- Our business model and education need to be broader – look at all the patients in the community not just patients in front of you.
- Teach for empowerment – how to make changes. Students need agency. Innovation should be the mindset conveyed to students and needs to be modeled by faculty.
- Cultivate synergy across health community including social work, COM, etc.
- Tangible measures need to be set – metrics for funding and peer review.

Factors to becoming a top 20 medical education institution:

- Need to consider that many institutions are not as broad as ours; more focused.
- Fiscal support is important however resources are broader than just dollars – staff
- Technology – attributes of successful classroom to clinical space including managing data and analytics, and capability for distance collaboration
- Using resources effectively - need to be more thoughtful on resources for all students
- Must value education at the clinical side as much as it is to do clinical work – practitioners are not valued in the education mission

Factors students consider:

- Affordability – give credit for coursework already done
- Student satisfaction – faculty/staff engagement and mentorship
- Facilities – technology, labs, physical facilities
- Offer opportunities in many areas – could do something unique here
- Incorporate from areas outside OSU – city’s resources
- Culture – co-curricular activities – opportunities outside basic curriculum – need to showcase what students are doing – openness and connectedness
- Value added – important to students as they want to impact the community
- Research – need top end research faculty whether lab or clinical research; financial support to students is important. Faculty here do not have the resources or time to train introductory (non-producing) students
- Mentorship
- Capturing and marketing what great things our students go on to do, their successes, whether they felt they are doing meaningful work and did their education here get them what/where they wanted
- Affordability (yes, if in state) and scholarships (low here). Average indebtedness is high here.

The group discussed the importance of staying connected to graduates and alumni, the need to engage while students are here - not just after graduation, and importance of stewardship in having donors see the impact of their donation.

The next CELT meeting is scheduled for December 2, 2016 from 10:00-12:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder
November 18, 2016