Heritage College of Osteopathic Medicine
Annual Statement of Goals and Accomplishments

Kenneth H. Johnson, D.O.
Executive Dean
February 2014

It is an honor to lead the Ohio University Heritage College of Osteopathic Medicine at this unique time in its history. We are experiencing growth unlike that of any other period in the college’s history, spurred by new resources like the $105 million gift from the Osteopathic Heritage Foundations and partnerships with OhioHealth and Cleveland Clinic. Expanding from one campus to three presents both opportunities and challenges. The major focus since I became dean has been to prepare for growth—evolving our expanding organization while preserving our culture and supporting our faculty, staff and students through this time of change.

The Heritage College has a long history of success, particularly in developing osteopathic primary care physicians. This success has extended beyond the training of physicians to have a significant impact on the state of Ohio. In addition to the Heritage College degree, we run a vibrant postgraduate training network called the Centers for Osteopathic Research and Education (CORE). Through close relationships with over 20 CORE hospital partners in health systems across Ohio, we have a statewide footprint in osteopathic medical education that has made us a leader in the continuum of training.

Perhaps the most important work accomplished this year has been the articulation and refinement of a well-developed strategy for our college. The process of building a shared vision has been very inclusive: Nearly 200 faculty and staff had the opportunity to play a role in the creation of our strategy statement. With this in mind, we recommitted to our mission and values, crafted a compelling vision and gained clarity on the areas of focus that will have the greatest positive impact on the college. By clearly articulating the college strategy, team members at all levels of the organization have the means to align efforts toward achieving our goals.

The overarching goals of our college include:

- Leading the transformation of primary care and primary care medical education
- Enhancing the Heritage College to national prominence while addressing the growing need for primary care physicians, specifically in rural and underserved areas in Ohio and the nation
- Expanding the Heritage College’s education and research programs to impact health care throughout Ohio and beyond

In January 2013 I presented the following one-year goals:

Strategic Planning: Establish strategy and clarity of goals with metrics for success developed and adopted (including organizational, student, resident and faculty).

Throughout the process, the draft statement and accompanying metrics were presented for consideration and feedback, including during a college-wide open forum. The result is a strategy map with clearly defined metrics for success in the following areas:
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1) Osteopathic Primary Care  
2) Collaborative Research  
3) Transformative Education  
4) New Campus Success  
5) Community Impact

The Heritage College strategic plan states that we will increase the proportion of graduates who enter primary care practice from 50% to 70% by 2020 by attracting and educating the next generation of physician leaders who embrace diversity, lifelong learning, service to rural and underserved populations and osteopathic principles, including supporting the well-being of the whole person.

We will lead the way in the development of an innovative, collaborative, inter-professional entrance to formative medical education across the continuum that promotes learner- and patient-centered, team-based, holistic, compassionate and prevention-oriented primary care and the advancement of research and evidence-based medicine.

Organizational and Operational Enhancement: Build an Executive Dean’s Office and college leadership team that are action-oriented and service-focused.

The Executive Dean’s leadership team includes administrative unit heads, associate deans, department chairs and directors with the appropriate level of administrative support. Since I became dean, we have built the entire senior leadership team. We hired the chief administrative, financial and development officers; the associate dean for graduate medical education; the senior associate dean; the executive assistant dean for clinical education; and the deans of the Dublin and Cleveland campuses, among many others. As of October 2013, we had hired a total of 66 new faculty and staff.

Last August, the One College Integration Team (OCIT) was formed for the purpose of ensuring the successful implementation of operations across our three campuses. Under the direction of the senior associate dean, teams were assembled from the various functional areas of the college and university communities. During weekly meetings, members identify concerns and/or potential challenges, and an ongoing effort is made to work collaboratively to develop effective solutions. The OCIT is a task-oriented group with the authority and responsibility to implement these solutions. To ensure transparency and effective communication of developments and status updates, OCIT meetings are open to all Heritage College faculty and staff.

Branding: Fully develop and tell the Heritage College story.
Parallel to the strategic planning process, we engaged Ologic in concurrent and associated branding projects for the college and the CORE. Ologic is a nationally recognized firm that has worked with Ohio University, other major universities and colleges and reputable health systems in Ohio and nationwide. Like our strategic planning process, Ologic’s approach was broadly inclusive and interactive, with participation from individuals across all departments at all levels. The process also included input from a spectrum of stakeholders outside the college, involving representatives from university leadership, our external advisory board, friends and donors, our CORE partners and more. From this work emerged the Heritage College brand, first unveiled in January at the 2014 Vision Address in a short video featuring striking imagery and a simple, powerful tagline that encapsulates who we are: Care leads here.

Year of Faculty and Staff Preparedness: Assess faculty and staff readiness and launch ‘Year Zero’ to implement new processes and improve existing ones before the first extension campus comes online, offering support to faculty in teaching through new methodologies and using distance-learning technology.

Our one-year goal was to bring in 20 new faculty members; we exceeded that goal, hiring 24. We have learned a great deal from the operations of our satellite classroom to help prepare us for the arrival of 50 new students this July at the Heritage College, Dublin.

Accreditation: The Commission on Osteopathic College Accreditation (COCA) reviewed us twice. Both visits resulted in approval to accept students to our campuses in Dublin and Cleveland. This process entailed four separate actions of the Commission: approval of our plans for two additional locations and two class-size increases.

Research: We completed an extensive review process by the American Association for the Advancement of Science (AAAS) and their research competitiveness program, which has laid the foundation for the development of our research strategy. [View the AAAS report executive summary.]

Blue Ribbon Committee on Primary Care: We formed the Heritage College Blue Ribbon Committee (BRC) on Primary Care Education. The committee was tasked with reviewing all relevant literature in regards to the factors that promote students entering primary care; interviewing selected external thought leaders on these topics; constructing a comprehensive list of these factors and developing a tool or tools to measure our progress against them; and creating a report to the executive dean with outcomes and recommendations for change. The Heritage College Blue Ribbon Committee first presented its findings, including an in-depth exploration of ‘primary care’ and ‘transformative education’ at the definitional level, to the college Executive Committee. The college BRC is slated to deliver a follow-up presentation and panel discussion at the upcoming Executive Dean’s Community Forum in March.
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Additional Goals and Accomplishments

Engagement: Additional accomplishments for the past year have included working with the Ohio Osteopathic Association (OOA), the CORE, the Society of Alumni and Friends (SAF) and other internal and external groups to develop a shared energy that builds on each individual’s strengths and allows us to work together in a more deliberate manner.

We held the most successful Ohio Osteopathic Symposium in its history. This is a significant annual event in which we partner with the OOA and our SAF to offer high-quality continuing medical education for osteopathic physicians. With nearly 600 in attendance, this event was wildly successful. In addition, we started a number of new traditions at this meeting and built upon previous ones to help increase engagement and connect students, residents, faculty, alumni and DOs throughout the state.

New Programs: We established the Office of Advanced Studies and began the process of creating a Ph.D. in translational medicine that recently received approval. In its first year of operation, seven D.O./Ph.D. candidates enrolled. We also opened the Office of Rural and Underserved Programs, one of which, the Rural and Urban Scholars Program, is unique in that it combines classroom preparation with clinical experiences in underserved areas that are also tied into residency programs.

Appalachian Research Consortium: We established the Central Appalachian Consortium of Colleges of Osteopathic Medicine focused on research that will have a significant impact on the health of Central Appalachian populations.

AMA/UMA Restructuring: Over the past year, we have been working closely with officials at the University level and from our local hospital, OhioHealth, Athens Medical Associates (AMA) and University Medical Associates (UMA) on an organizational restructuring with the shared goal of significantly improving the delivery of health care in Southeast Ohio.

Finance: From a financial perspective, we successfully worked with University administration and other deans to help develop and demonstrate initial implications of the responsibility-centered management (RCM) model. We are investing $3 million more in staffing, and our operating budget will increase from $28.8 million this year to $29.9 million for FY 2015. The opening of our Dublin campus will increase the college’s total budget by $5 million, to $41 million next fiscal year.

Operational Planning: Another major area of focus over the past year has been preparing our faculty and staff to launch operations on our Dublin campus this July. In preparation for the opening of both extension campuses, we created a hiring plan using a very thorough process that afforded all faculty and staff the opportunity to provide input.
We mirrored this process for our building (facilities) plans in Dublin. In this way, too, we have learned many things that make our next steps in developing the campus at our Cleveland site much easier.

**Regional and National Leadership Participation**

I currently serve on the Ohio Medical Schools Council of Deans, where we have the opportunity to search for ways to build collaboration between the state’s medical schools. Additionally, the Council has been in a position to offer input to state policy on a number of critical issues related to health care and medical education.

I also participate as a liaison representative to the Ohio Osteopathic Association, regularly attending their board and executive committee meetings. In addition, we have a regular monthly meeting to share information about what is happening at the state level with osteopathic medicine and state policy issues.

I continue to serve as a member of the AOA’s Commission on Osteopathic College Accreditation, where I chair the Committee on College Accreditation Training that prepares colleges for accreditation visits as well as training the inspectors for the COCA.

Currently I am the Vice Chair of the AOA’s Bureau of Graduate Medical Education Development. This bureau is wrestling with what is probably the most pressing issue for the osteopathic profession—post-graduate training positions for our medical school graduates.

Finally, I have had the great pleasure to sit on the American Association of Colleges of Osteopathic Medicine’s Board of Deans. This is a representative group of osteopathic medical school deans from around the country. I have been serving on the Osteopathic GME Advisory Committee to assist the AACOM and the member colleges in thinking through the issues related to GME and a potential unified accreditation system with the ACGME.

Not only have these opportunities enabled me to have a better understanding of the local and national landscape, they have also made it possible for me to play a role in shaping the policies and procedures that can have significant impacts on the Heritage College.

**Goals for 2014 – 15 include:**

- Opening the Heritage College, Dublin
- Beginning construction and hiring for Cleveland campus
- Supporting leadership and team development throughout the organization
- Appointing the curricular transformation team
- Fully developing our research strategy with initial operationalization
- Establishing internal and external advisory boards for research
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- Articulating the CORE 2.0 plan (evolution of the CORE system)
- Completing full seven-year COCA reaccreditation this fall
- Ramping up fundraising activities, including a collaborative fundraising strategy with the Cleveland Clinic for our campus at South Pointe Hospital
- Aligning finances and operations within the college and the CORE to support strategic initiatives
- Creating the ‘faculty and staff compensation and professional development enhancement plan’

The last year has been marked by incredible success for the Heritage College. As a team, we have begun to turn vision into reality. I am so proud of the countless collective and individual accomplishments of our faculty, staff and students. The year in review reminds us that while there has been much to celebrate, there is also much yet to do. I look forward to undertaking the many initiatives that are part of our strategy to fulfill the mission of the Heritage College of Osteopathic Medicine.
Strategic Planning Participation

Faculty & Staff
- Staff, 107
- Faculty, 81
- Clinical, 42
- Biomedical, 33
- Social, 6

Total invited: 188
- Declined 21%
- Did not respond 18%
- Accepted 61%
- Attended 53%
- Absent 8%
- Participated: 99

Staff
- Declined 18%
- Did not respond 19%
- Accepted 61%
- Attended 52%
- Absent 11%
- Staff invited: 107
- Participated: 56

Faculty
- Declined 26%
- Did not respond 17%
- Accepted 61%
- Attended 53%
- Absent 4%
- Faculty invited: 81
- Participated: 43
GOALS

YEAR 1

Well-developed strategy and clarity of goals
- Metrics for Success developed and adopted
- Organization
- Faculty
- Resident
- Student
GOALS

YEAR 1

Office of the Executive Dean
- Action-oriented
- Service-focused

“Strategy-Focused” Leadership Team
- Associate Deans, Department Chairs, Directors
- Appropriate level of administrative support
GOALS

YEAR 1

Fully develop and tell the Heritage College story
GOALS

YEAR 1

Launch the “Year of faculty support and development”
- Hire 20 new faculty (24 faculty)
- “Year 0”
GOALS

YEAR 1
Full accreditation for 2nd extension campus

Consultations
- Research (AAAS)
- Clinical practice
- Strategy
- Communications

Establish the “Heritage College Blue Ribbon Committee on Primary Care Education”
Heritage College Strategy Map 2014-2017 (Draft)

**Mission**
Our medical school educates physicians committed to practice in Ohio, emphasizes primary care, engages in focused research and embraces both Appalachian and urban communities.

**Vision**
OU-HCOM is recognized as the national leader in training osteopathic primary care physicians and the number one producer of primary care physicians in the country.

**Values**
- Wholeness and balance within each person
- Integrity
- Community of mutual respect
- Acceptance of others, embracing diversity
- Pursuit of excellence
- Climate of scholarship
- Commitment to service, generosity and compassion

**Strategy**
We will increase the proportion of graduates who enter primary care practice from 50% to 70% by 2020 by attracting, educating and training the next generation of physician leaders who embrace diversity, lifelong learning, service to rural and underserved populations and the osteopathic principles, including supporting the well-being of the whole person.

OU-HCOM will lead in the development of an innovative, collaborative, inter-professional and transformative medical education across the continuum that promotes learner- and patient-centered, team-based, holistic, compassionate and prevention-oriented primary care and the advancement of research and evidence-based medicine.

<table>
<thead>
<tr>
<th>Osteopathic Primary Care</th>
<th>Collaborative Research</th>
<th>New Campus Success</th>
<th>Transformative Education</th>
<th>Community Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase graduates entering Primary Care from 50% to 55%</td>
<td>Increase in primary care extramural funding to $2 million</td>
<td>Percent of new campus graduates who would choose this school again</td>
<td>Student changes in perceived value of primary care throughout their 4 years</td>
<td>Percentage of graduates serving in underserved areas</td>
</tr>
<tr>
<td>Academic success similar to Athens (COMLEX and grades)</td>
<td>Cultural similarity (I am treated as a person/family)</td>
<td>Curriculum hours in Inter-professional Education</td>
<td>Curriculum hours in Leadership Education</td>
<td>Improving care delivery to our communities (SE, NE and Central Ohio)</td>
</tr>
</tbody>
</table>

**2020 Goal 70%**

$4 million

25%
Leadership and Service Team

Department Chairs & Institute/Center Directors

Executive Director OHF

Chief Admin Officer

Chief Financial Officer

Sr. Development Officer

Executive Director OHF

Chief Financial Officer

Chief Communications Officer

Senior Associate Dean

Associate Dean GME

Associate Dean Research

Assoc. Dean Clinical Affairs

Ext. Campus Deans

CARE LEADS HERE
One College Integration Team (OCIT) Membership List
By Groups

Management
Bill Burke
Wayne Carlsen
Malissa Gilkey
Isaac Kirstein
Beth Maxon
Brenda Noftz
^Robert Juhasz

Accreditation
*Theresa Lester
+Alex Murphy
^Doug Mann

Admissions
*John Schriner
+Jill Harman

Communications
*Karoline Lane
+Linda Knopp

CORE
*(Associate Dean GME)
+David Tolentino

Curriculum
*Nicole Wadsworth
+Karen Montgomery-Reagan
^Audrone Biknevicius
^David Drozek
^David Eland
^Cynthia Kuttner-Sands

*-Team Leader  +- Alternate  ^- Stakeholder
Tracy Marx
Sarah McGrew
Angie Mowrer
Pat Polinski
Jack Ramey
David Tolentino
Jackie Wolf

Development/Alumni Affairs
*Chris Albrecht
+Laurie Lach

Facilities
*Dean Dupler
+Beth Maxon
^Robin Faires

Faculty Development
*Steve Davis
+Larry Hurtubise

Finance
*Shelley Ruff
+TBA

Health System Partners
*Gregory Morrison
*David Krahe

Human Resources
*Angela Spangler
+Susan Lachman

Institutional Technology Network
*Al Reed
+Tim Cain

*-Team Leader
+- Alternate
^ - Stakeholder
Research
*Jack Blazyk
+Grace Brannan

Strategic Initiatives
*Kathy Brooks
+Jill Breeze

Student Affairs
*Pat Burnett
+Marie Barone

University Collaborations
*Jack Brose
+Sharon Zimmerman
+Averell Overby

*-Team Leader  +- Alternate  ^- Stakeholder
Faculty Experiences, Attitudes and Perceptions of the Evolving Classroom and Enabling Technologies

Timothy Cain
Larry Hurtubise
Our CHALLENGE ...

[2014] 50 students

[2015] 32 students

- Record-setting $105M gift
- College forges relationships with preeminent health system partners
- Creating an engaging, interconnected learning environment

October 2013
The growth of our educational programs over the next five years promises to challenge our ways of thinking about classroom interactions, instructional delivery, and use of academic technologies ...
Tracking our progress along the way ...

PURPOSE

Strategies need plans.
... Plans need milestones.

... Milestones need markers to **MEASURE PROGRESS!**
Data informs planning ...

PURPOSE

ASSESSMENT (spring 2013)
- Faculty experience with academic tech?
- Faculty experience with active learning?
- Faculty attitudes and perceptions?
- Faculty perceived barriers?

understand

engage

inspire

transform

October 2013
CONTEXTUALIZING THE PLAN...

PURPOSE

ENRICHMENT (summer 2013)
- Zigmont Grand Rounds on experiential learning
- Zigmont 3-day certificate course on experiential learning

WORKSHOPS (spring/summer 2013)
- Engaging classrooms at a distance
- Faculty showcase on use of mobile apps
- Seed communities of practice
- Flipped classroom techniques

ASSESSMENT (spring 2013)
- Faculty experience with academic tech?
- Faculty experience with active learning?
- Faculty attitudes and perceptions?
- Faculty perceived barriers?

October 2013
Monitor the effectiveness over time the College’s teaching readiness strategies.

Findings will inform refinement and tailoring of current efforts, identify new issues of concern, and spot development opportunities that have yet to be uncovered.
Seeking faculty thoughts on …

SPECIFIC AIMS

- personal experiences and comfort level with modern academic technologies and instructional strategies;
- personal attitude towards the ever-changing instructional environment;
- how the institution supports their efforts with educational innovations;
- our institutional educational priorities, as currently defined;
- perceived educational value of growing our use of modern instructional strategies;
- specific professional development activities that would help enhance their readiness.
HOLISTIC view into faculty readiness...

SPECIFIC AIMS

Years 1-2
basic sciences
Athens-based

Years 3-4
clinical sciences
sites across OH

October 2013
Collecting input over time...

**METHODOLOGY**

- 10-question, Web-based survey soliciting faculty input;
- Athens and CORE-associated HCOM faculty and instructors invited to voluntarily participate anonymously.
- IRB exemption garnered for study.
- Faculty response rate:
  - 40 Athens (37%)
  - 104 CORE (13%)
- Annual survey planned to monitor progress over time.
- Report findings to HCOM community.

Overall participation: 144
## Teaching ACTIVITIES of respondents...

### DEMOGRAPHICS

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<tr>
<th>Category</th>
<th>Athens Faculty</th>
<th>CORE Faculty</th>
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<td>GME</td>
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- Athens faculty
- CORE faculty
DEMOCGRAPHERS

Teaching YEARS of respondents ...

Athens faculty (N=40)

- 21 years or more: 29%
- 16-20 years: 20%
- 11-15 years: 20%
- 6-10 years: 24%
- 5 years or less: 7%

CORE faculty (N=104)

- 21 years or more: 25%
- 16-20 years: 12%
- 11-15 years: 19%
- 6-10 years: 22%
- 5 years or less: 22%

October 2013
INSIGHTS Gleaned from Athens Faculty

RESULTS

N = 40 Athens faculty (37%)
Athens Faculty EXPERIENCE with...

ACADEMIC TECHNOLOGIES

REPORTED FREQUENCY (AY 2012-13)

- **Powerpoint**: 22
  - 0 times: 3
  - 1-2 times: 6
  - 3-5 times: 11
  - 6-9 times: 2
  - 10+ times: 1

- **Audience response Sys**: 17
  - 0 times: 1
  - 1-2 times: 8
  - 3-5 times: 6
  - 6-9 times: 3
  - 10+ times: 1

- **Web resources**: 12
  - 0 times: 4
  - 1-2 times: 3
  - 3-5 times: 11
  - 6-9 times: 2
  - 10+ times: 1

- **Video conferencing**: 18
  - 0 times: 2
  - 1-2 times: 10
  - 3-5 times: 3
  - 6-9 times: 1
  - 10+ times: 2

- **Recorded lectures**: 16
  - 0 times: 3
  - 1-2 times: 5
  - 3-5 times: 4
  - 6-9 times: 2
  - 10+ times: 2

- **E-learning modules**: 26
  - 0 times: 4
  - 1-2 times: 4
  - 3-5 times: 5
  - 6-9 times: 3
  - 10+ times: 2

- **E-learning courses**: 32
  - 0 times: 2
  - 1-2 times: 4
  - 3-5 times: 3
  - 6-9 times: 1
  - 10+ times: 1

- **Mobile computing**: 28
  - 0 times: 1
  - 1-2 times: 2
  - 3-5 times: 1
  - 6-9 times: 1
  - 10+ times: 2

N = 40 Athens faculty (37%)

October 2013
Athens Faculty EXPERIENCE with...

INSTRUCTIONAL STRATEGIES

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</tbody>
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Reported Frequency (AY 2012-13)

N = 40 Athens faculty (37%)

October 2013
I am interested in learning more and excited by the possibilities of exploring new approaches to engaging students that the growth of HCOM educational programs promises to bring.

Teaching students at distant sites will improve communication and interactions between students and teachers.

Engaging students at distant sites will increase the flexibility and effectiveness of my teaching.

Teaching students at distant sites will increase the quality and opportunities to deliver innovative instruction because it can accommodate various forms of media: print, audio, video, animation.

Teaching students at distant sites will be challenging and teaching in that environment will require me to develop a degree of comfort.
### Athens Faculty ATTITUDES on EVOLVING INSTRUCTIONAL DYNAMICS

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am interested in learning more and excited by the possibilities of exploring new approaches to engaging students that the growth of HCOM educational programs promises to bring.</td>
<td>9</td>
<td>62%</td>
<td>14</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Teaching students at distant sites will improve communication and interactions between students and teachers.</td>
<td>2</td>
<td>27%</td>
<td>7</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Engaging students at distant sites will increase the flexibility and effectiveness of my teaching.</td>
<td>3</td>
<td>26%</td>
<td>13</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Teaching students at distant sites will increase the quality and opportunities to deliver innovative instruction because it can accommodate various forms of media: print, audio, video, animation.</td>
<td>6</td>
<td>42%</td>
<td>7</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Teaching students at distant sites will be challenging and teaching in that environment will require me to develop a degree of comfort.</td>
<td>11</td>
<td>68%</td>
<td>10</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

N = 40 Athens faculty (37%)
INSTITUTIONAL ALIGNMENT

N = 40 Athens faculty (37%)

[VISION] I am comfortable with the innovative, technology-enriched approaches to teaching and learning (i.e., Pods, video-conferencing, recorded lectures.) that the College envisions as our educational activities expand across the State.

[TIME] Anticipating the expansion of our educational programs over the next couple of years, I will be able to find the time to dedicate to participate in training workshops, explore new educational strategies and develop a comfort level with teaching stu

[SUPPORT - TECHNICAL] I am satisfied with the level of training and technical assistance that the College provides as I explore and adopt new technologies to support my instructional activities.

[SUPPORT - INSTRUCTIONAL STRATEGIES] I am satisfied with the faculty development assistance the College provides as I explore new instructional strategies and rethink interactive learning activities.

[RESOURCES - $$] I am satisfied with the current resources and technologies (i.e., computers, software, etc.) that the College provides to support my efforts with technology-enhanced instruction.

[INTELLECTUAL PROPERTY] HCOM and University policies and guidelines on faculty intellectual property, copyright, and fair use of course materials and digitized recording are clearly defined, aligned to our mission, and accessible for my review.

[INCENTIVES] I am satisfied with the current ways faculty are professionally recognized, rewarded and incented (e.g., annual reviews, merit increases, promotion & tenure, etc.) for our efforts teaching and mentoring students, exploring new instructional
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October 2013
I anticipate that my use of Internet-based teaching technologies will enhance my comfort, use, and professional growth.

The use of Internet-based technologies will improve my interaction with students.

Technology-enhanced education provides high level, just-in-time student learning and helps our students develop lifelong learning skills in the modern digital age.

The use of Internet-based technologies increases students’ access to learning and represents a natural evolution of the modern learning environment.

Engaging students in a technology-enriched learning environment with modern technologies offers real advantages over traditional methods of instruction with evidence suggesting its efficacy and improved student outcomes.
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Engaging students in a technology-enriched learning environment with modern technologies offers real advantages over traditional methods of instruction with evidence suggesting its efficacy and improved student outcomes.
Athens Faculty ATTITUDES on ...

PRIORITIES OF CONCERN

HIGHER PRIORITY

3.00 **TIME** ... how do we optimally balance the demands on faculty in the classroom, laboratory, and clinic?

3.17 **INCENTIVES** ... are our incentives for faculty aligned and balanced against the realistic demands of growing our educational program?

3.69 **RESOURCES** ... how will the demand for new technologies needed by faculty change as we grow?

4.07 **SUPPORT (instruct strategies)** ... how do we foster the development of new instructional strategies?

4.38 **VISION** ... what is our long term strategy and how will it impact our current curricular efforts?

4.55 **SUPPORT (technical)** ... how will the demands on our technical support resources need to change as we evolve?

5.14 **INTELLECTUAL PROPERTY** ... are HCOM and University policies on faculty intellectual property, copyright and fair use of electronic course materials clearly defined, aligned with our strategic educational goals, and accessible for review and reference?

October 2013
ISSUES of concern to Athens Faculty...

N = 40 Athens faculty (37%)

1. CLOSE THE COMFORT GAP WITH TECHNOLOGY

“How can the college assist the instructors to overcome the challenge of the simple fact that students are more ... digitally sophisticated than their teachers?”

“Concerned ... that distance learning has more drawbacks than positive outcomes. [I] have not done distance lecture in a few years and this may have improved.”

“Teaching faculty how to use and incorporate web based resources...”

“Need distance teaching experiences and advice by experienced peers”

“... specific training on how to deal with audiences simultaneously in the room and at a distance.”

October 2013
2. BOLSTER INSTITUTIONAL VALUE OF EFFECTIVE TEACHING

"Establishing a medical education track for faculty that is valued and rewarded as much as research so that we can recruit and retain exceptional educators"

"Recognition of the time it will take to implement these new technologies and credit for doing so"

"the college needs to balance faculty expectations (i.e. teaching versus research)."

"There needs to be a total over-haul of the value that is placed on effective teaching. ... Teaching effectiveness should be a real consideration in the both the tenure and merit review processes. This change must happen from the top down."

"Good luck. Faculty have professional priorities that will make this "new" task difficult to get buy-in."

...some of us will probably be reluctant adopters of technology if we adopt it at all, but will still be effective teachers and that needs to be recognized and appreciated."

October 2013
"I feel that internet learning is here and it is certainly an avenue for learning. I do **not feel it is the only way to learn** nor do I think it will take over live learning."

"Don't forget high tech ... **high touch**".

"consider what is being pushed to the background when technology is pushed to the foreground: more **learning through technology does not equate to developing wisdom** in our students; less personal interactions between instructors and students..."

"... concerned ... that we will completely lose autonomy as faculty members to teach the way we want to teach. ... **very wary of smoke-and-mirrors use of technology** - just because you can do something doesn't mean you should."

There are clearly effective ways to engage students without technology ... worry that so much emphasis on technology will **divert students away from being engaged inter-personally** with their peers, teachers, and patients..."
ISSUES of concern to Athens Faculty...

4. BE MINDFUL OF IMPACT OF GROWTH AND DEMAND

“Do not skimp on hiring faculty and other personnel; many of us are already \textbf{maxed out} and thus no longer performing efficiently...”

“Recognition of the \textbf{time it will take} to implement these new technologies and credit for doing so”

“Expanding to three campuses will \textbf{overly strain} existing faculty (and staff) whose workloads are already full.”

“... \textbf{more free time} in my schedule to learn and practice with these technologies..”

“I have serious concern about the 'creep' in educationally-oriented time that will be required with \textbf{this expansion that will detract} from the other obligations.”
### SUMMARY: academic technologies

#### Most commonly used by Athens faculty:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>classroom presentation (e.g., PowerPoint)</td>
<td>70%</td>
</tr>
<tr>
<td>classroom capture (e.g., recorded lectures)</td>
<td>33%</td>
</tr>
<tr>
<td>supplemental resources (e.g., Web-based, Youtube)</td>
<td>27%</td>
</tr>
</tbody>
</table>

#### Least commonly used by Athens faculty:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>video-conferencing (active engagement of remote)</td>
<td>13%</td>
</tr>
<tr>
<td>e-learning modules/ courses (e.g., faculty-authored)</td>
<td>8%</td>
</tr>
<tr>
<td>mobile devices (e.g., iPads, smartphones)</td>
<td>7%</td>
</tr>
</tbody>
</table>

N = 40 Athens faculty (37%)
Athens Faculty EXPERIENCE with ...

SUMMARY: evolving instructional strategies

N = 40 Athens faculty (37%)

Most commonly used by Athens faculty:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>differential diagnosis</td>
<td>57%</td>
</tr>
<tr>
<td>problem sets</td>
<td>18%</td>
</tr>
<tr>
<td>panel discussions</td>
<td>14%</td>
</tr>
</tbody>
</table>

Least commonly used by Athens faculty for:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>think-pair-share</td>
<td>14%</td>
</tr>
<tr>
<td>flipped classroom</td>
<td>14%</td>
</tr>
<tr>
<td>concept mapping</td>
<td>8%</td>
</tr>
</tbody>
</table>

reported usage of >6x during academic year

October 2013
**SUMMARY**

**Athens Faculty ATTITUDES on...**

**N = 40 Athens faculty (37%)**

**Strong Athens faculty CONSENSUS on:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witnessing a <strong>natural evolution</strong> of modern learning environment</td>
<td>75%</td>
</tr>
<tr>
<td>Interested in learning about the possibilities of new approaches growth</td>
<td>74%</td>
</tr>
<tr>
<td>Feeling challenged to <strong>grow</strong> and <strong>adapt</strong> approaches to instruction</td>
<td>68%</td>
</tr>
<tr>
<td>New approaches will help <strong>students develop life-long learning</strong> skills</td>
<td>66%</td>
</tr>
<tr>
<td>Modern technology-enriched instructions <strong>offers real advantages</strong></td>
<td>59%</td>
</tr>
<tr>
<td>Enhancing use will <strong>increase my comfort</strong> and professional growth</td>
<td>56%</td>
</tr>
<tr>
<td>Satisfied with support to <strong>help me rethink</strong> my instructional approaches</td>
<td>55%</td>
</tr>
<tr>
<td>Satisfied with college resources to <strong>help me adopt</strong> new technologies</td>
<td>52%</td>
</tr>
</tbody>
</table>
Athens Faculty ATTITUDES on …

SUMMARY

N = 40 Athens faculty (37%)

Athens Faculty most CONCERNED about:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived <strong>misalignment of teaching to recognition</strong> and rewards</td>
<td>55%</td>
</tr>
<tr>
<td>Decreased <strong>interaction</strong> and <strong>communications</strong> with students</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Finding time</strong> to learn, develop, adapt teaching strategies</td>
<td>48%</td>
</tr>
<tr>
<td>Misalignment of <strong>faculty intellectual property</strong> to educational mission</td>
<td>41%</td>
</tr>
<tr>
<td>Decreased <strong>effectiveness</strong> and <strong>flexibility</strong> of teaching students at a distance</td>
<td>32%</td>
</tr>
</tbody>
</table>
INSIGHTS gleaned from CORE Faculty

RESULTS

N = 104 CORE faculty (13%)

October 2013
<table>
<thead>
<tr>
<th>Time</th>
<th>1. Examine and <strong>mitigate the impact</strong> of growth on faculty</th>
<th><strong>HCOM leadership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentives</td>
<td>2. Align <strong>institutional goals</strong> with our <strong>expectations</strong> of faculty.</td>
<td><strong>HCOM leadership</strong></td>
</tr>
<tr>
<td>Support</td>
<td>3. Close the <strong>comfort gap</strong> with technology and evolving instruction.</td>
<td>Faculty Development</td>
</tr>
<tr>
<td>Vision</td>
<td>4. Ensure educational <strong>objectives drive</strong> technology decisions.</td>
<td><strong>Educational mission</strong></td>
</tr>
<tr>
<td></td>
<td>5. Monitor and <strong>benchmark progress</strong> and over the next 3-5 years</td>
<td>Faculty Development</td>
</tr>
</tbody>
</table>
## Fall Semester Synchronous Teaching and Learning Pilot.
During the fall semester of Year 0 we implemented the technologies and processes to enable interactive synchronous teaching and learning for a majority of our CPC curriculum lecture based sessions.

*Highest priority for OCIT discussion.*

<table>
<thead>
<tr>
<th>Issues / Discoveries</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve Visibility</td>
<td>Telehealth</td>
<td></td>
</tr>
<tr>
<td>• Camera tracking in GW012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Seeing students in Irvine from distant site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Questioning during lectures &amp; after</td>
<td>Pat, Larry, Mark</td>
<td></td>
</tr>
<tr>
<td>3. Viable replacement to laser pointer.</td>
<td>Mark, Pat</td>
<td></td>
</tr>
<tr>
<td>4. Back-up plans that will enable us to restore mediasite/polycom functionality quickly – limit the likelihood that we would lose both technologies at the same time.</td>
<td>Telehealth, Pat, Mark</td>
<td></td>
</tr>
<tr>
<td>5. Easier way for students to share work from a distance.</td>
<td>Telehealth, Larry</td>
<td></td>
</tr>
<tr>
<td>6. Rework table layout to improve experience/visibility when presenter is in the pod room (Students don’t like having backs to presenter).</td>
<td>Telehealth</td>
<td>Done</td>
</tr>
<tr>
<td>7. develop mediasite policies for students that set student expectations (e.g. posting turn around) appropriately</td>
<td>Pat</td>
<td>Done</td>
</tr>
</tbody>
</table>

As we enter into Spring semester, we plan to expand the I194 to GW012 pilots to include all activity types. We also need to develop plans for non Irvine activities, such as Clinical Skills, OMM, CTAC, OMM, etc. Plans for the next stage of the pilot include:

| 8. Move into true “production mode” in areas of lecture prep and delivery. Examples: | | |
|   • Telehealth to work off of student academic calendar | | |
| 9. Increase faculty engagement *                                                   | | |
|   • Membership OCIT                                                                | | |
|   • It is ultimately the presenter’s responsibility to ensure the successful delivery of their learning activities. | | |
|   • Role of IOR/Curriculum Assistant                                               | | |
|   • Internal communication                                                        | | |
| 10. Determine a Mediasite data management plan. *                                  | | |
|    • Concurrent playback users policy                                              | | |
|    • What file storage capacity                                                   | | |
| 11. Room Upgrades to a to One College technical standard .*                        | | |
|    • I 194                                                                         | I 199       | |
|    • OMM                                                                           | G113        | |
|    • CTAC                                                                          | | |
| 12. Enable secure professional desktop videoconferencing and explore strategies for more general communication between campuses | | |
| 13. Lecture recording retention policy                                             | | |
|    • How long are recordings retained?                                             | | |
|    • Lecture live streaming policy                                                | | |
| 14. Live streaming *                                                               | | |
|    • What is the impact on attendance?                                             | | |
|    • If so, in what conditions would it be done?                                  | | |
Appalachian Consortium of Osteopathic Medical Schools

Part 3, Goal 4
Jane Hamel-Lambert, PhD, MBA
August 7, 2013
Engage the Appalachian colleges of osteopathic medicine to design a consortium for innovation focused on primary care research and medical education.

Foster a strong culture of collaboration

Where: LMU–DCOM, Harrogate TN
When: June 6–7, 2013
Deviation from original plan

- Original Proposal
  - Prescriptive with regard to research methodology
  - Four schools; now five

- Purpose of the Summit was to
  - Ensure stakeholder buy in
  - Allow for stakeholders to define the scope and focus of the emerging research consortium
Summit Participants (n=29)

- Edward Via College of Osteopathic Medicine (VA) – 4
- Lincoln Memorial University – Debusk College of Osteopathic Medicine (TN) – 4
- Ohio University Heritage College of Osteopathic Medicine (OH) – 7
- University of Pikeville College of Osteopathic Medicine (KY) – 4
- West Virginia School of Osteopathic Medicine (WV) – 3

- AACOM – 3
- Osteopathic Heritage Foundations – 2
- Dr. Marsha Brand
- Mr. Josh Mintz
Primary Care
Blue Ribbon Committee Report
Randall Longenecker MD
Assistant Dean Rural and Underserved Programs

Blue Ribbon Committee on Primary Care
We were given a charge in March 2013 to:
• Review all relevant literature in regards to the factors that promote students entering primary care
• Interview selected thought leaders on topic
  [To include conducting on site reviews at OhioHealth and Cleveland clinic leaders in primary care and education]
• Construct a comprehensive list of these factors

Blue Ribbon Committee on Primary Care
We were given a charge to:
• Develop a tool or tools to measure us against ourselves over time in all of these factors
• Create a report to the dean with outcomes and recommendations for change by July
• Present findings to the college at an open meeting and to selected committees of the college

Blue Ribbon Committee on Primary Care
• Completed report and forwarded to the Dean – July 11, 2013
• Sent for external review July – September
• Revised by the committee in early October
• Approved for dissemination in mid-October:
  – Executive Committee
  – Curriculum committees
  – Faculty development and Research Committee
  – Institutional Assessment

Conceptual Definition
For the purposes of this report, primary care is defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

(Institute of Medicine 1996) This definition is consistent with at least two international reports (World Health Organization 1978; WONCA 1991) and has been used to measure the four main features of primary care services
Conceptual Definition

Primary care is assessed as “good” according to how well these four features are fulfilled:
1. first-contact access for each new need; (first Contact)
2. long-term person-focused (not disease-focused) care; (Continuing)
3. comprehensive care for most health needs; and (Comprehensive)
4. coordinated care when it must be sought elsewhere. (Coordinated)
An orientation toward family and community (Contextual) is assumed.

Principles of the PCMH

- PCPCC
  - Patient-centered
  - Comprehensive
  - Coordinated
  - Accessible
  - Committed to Quality & Safety
- NCQA certification – Self-reported and verifiable checklist (heavily weighted toward “meaningful use” of the electronic record)

Operational Definitions

- Family Medicine, Pediatrics, Internal Medicine – All, including rotating interns (M4)
- Family Medicine, Pediatrics, Internal Medicine – All (PGY2 in 2012)
- Family Medicine, Pediatrics, Internal Medicine – All (M4)
- HRSA 4 Year Post-graduation (class of 2008):
  - FM, PEDS, General IM, Adolescent Medicine, Adolescent Pediatrics, Sports Medicine, Urgent Care, Hospitalist
- Family Medicine, Pediatrics, General IM (PGY2 in 2012)
- Family Medicine only (M4 match 2012)

OU-HCOM 2012 Snapshot

Predisposing Factors

- Rural birth (or perception of rural upbringing) – RR 2.4 rural; 1.84 family medicine
- Married – 1.8 primary care
- Female – 1.7 primary care
- Perceptions of how demands interfere with family and other interests – α = 0.92
- Altruistic beliefs about health care and social responsibility – α = 0.70
**Predisposing Factors (other)**
- Low socioeconomic background - <1.25
- Low MCAT
- Low Science GPA
- Low Research Interest
- Male sex – 0.53 (An indisposing factor!)
- National Health Service Corp scholarship (only known after admission)

**Predisposing/Promoting Factors**
- Public medical school – 1.27 primary care
- Medical school location in a rural place – 2.93 practice in a rural area; 1.38 primary care
- Debt is good!

---

**Promoting Factors**
- National Health Service Corp loans (as opposed to scholarships)
- Stated medical school mission for rural or primary care
- Curricular structure and context – e.g. rural clerkships, clerkships in family medicine
- Absence of preceptor burnout
- Hidden (informal) curriculum

---

**Focused Recommendations**
- Admissions
- Pre-clinical years 1 & 2
- Clinical years 3 & 4
- Residency
- Scholarships
- Hidden curriculum
**Recommendations - Admissions**

- Refine interview scorecard to reflect the prior findings
- Create a standardized training module for judging candidate predisposition
- Create and expand “pipeline programs” for premedical students

**Recommendations - Preclinical**

- Solicit the help of students in identifying promoting factors
- Modify the formal curriculum to address the challenges and promote the rewards of primary care
- Reconstruct faculty development to emphasize active learning and the promotion of “adaptive generalists”
- Integrate changes in health care delivery, especially inter-professional practice

**Recommendations - Preclinical**

- Ensure that student assessment includes “know-how,” not simply “know that”
- Early exposure(s) to positive primary care role models

**Recommendations - Clinical**

- Review factors that shape student attitudes toward primary care (Explore and research them further)
- Re-design the curriculum from rotation based to clinical longitudinal integrated clerkships (CLIC)
- Early exposure to primary care (address perceptions and reality of salary inequity, esteem/prestige) – Develop a Primary Care RPAC

**Recommendations - Residency**

- Emphasize residents’ role in encouraging students toward primary care
  - Teaching residents how to deal effectively with the stressors of residency life (e.g. through the use of critical reflection groups, like Clinical Jazz is being used for RUSP)
  - Strongly encouraging residents’ training in the skills of teaching

**Recommendations - Scholarships**

- Found little evidence that scholarships, as traditionally structured, have significant effect
- Research to explore the effects of various scholarship and loan repayment strategies (e.g. RUSP program OHF scholarships)

Daniel Pink, *DRiVE: The Surprising Truth About What Motivates Us*
**Recommendations – Hidden Curriculum**

- Solicit the help of students in assessing and transforming the hidden (informal) curriculum
- Restore the balance between generalists and specialists through deliberate attention to the hidden curriculum
- Reconstruct faculty development from the perspective of the hidden curriculum
- Construct measures of the hidden curriculum

**Recommendations**

1. Establish an ongoing group for the purpose of monitoring and championing primary care medical education and medical education research.

   Monitoring tools:
   - Operational measures around specialty choice and practice (Exp. as internal measures – “keeping ourselves honest”)
   - PCMH certification for preceptor practices [Develop our own P(L)CMH based upon the PCMH principles]
   - Measurement of promoting factors that are most significant and most amenable to change

2. Refine the admissions process to better identify those students predisposed to primary care.
3. Incorporate pre-clinical curricular innovations that integrate changes in health care delivery systems, including inter-professional education (IPE)

**Promoting Factors - Measurement**

- National Health Service Corp loans (as opposed to scholarship) – Student Affairs already monitors
- Stated medical school mission for rural or primary care
  - Curricular structure and context – e.g. rural clerkships, clerkships in family medicine (Track zip codes for all rotations)
  - Absence of preceptor burnout – Annual checkup
  - Hidden or informal curriculum – To be determined

---

Wall Street Journal 11-17-2013
**Recommendations**

4. Pursue the development of a Primary Care Program Advisory Committee (PC-PAC) within CORE.

5. Deliberately and regularly report the recommended measures to existing governing bodies and senior leadership in the medical school, and in the spirit of transparency and accountability, to external stakeholders.

6. Create a research agenda, develop research questions and methods, and document the results for presentation and publication.

**Blue Ribbon Committee on Primary Care**

Our plan going forward:
- Implement and refine the primary recommendations over the remainder of this academic year, with the intent to (1) publish to an external audience next summer and (2) update annually for internal purposes thereafter.
- Our goal today and in the coming days is to solicit your “feed-forward” in this refining process, led by an ongoing leadership group in primary care.

**Questions?**

[Return]
Review and Guidance to the Ohio University Heritage College of Osteopathic Medicine

Executive Summary
prepared for

Kenneth Johnson, DO, Executive Dean
Ohio University
Heritage College of Osteopathic Medicine

Conducted by the American Association for the Advancement of Science (AAAS)
Research Competitiveness Program
EXECUTIVE SUMMARY

Background

At the request of the Executive Dean’s Office, the American Association for the Advancement of Science (AAAS) convened an independent, external panel to provide review and guidance to the Ohio University Heritage College of Osteopathic Medicine (HCOM) on strategies for expanding its research capacity and portfolio. The specific charge to the panel was to (1) identify areas of research strength, critical mass, and strategic importance, (2) assess organizational and administrative barriers to expanding HCOM’s research capacity and productivity (including the cultural, structural, financial, and educational context at HCOM), and (3) suggest strategies for capitalizing on HCOM’s current research strengths and opportunities to expand research capacity and competitiveness within the College. To conduct its review, the AAAS panel read background materials provided by HCOM and conducted a 2-day site visit to meet with a broad range of HCOM and university administrators and HCOM faculty. This report summarizes the AAAS panel’s key observations and recommendations.

The AAAS panel’s review comes at a time of significant opportunity to strategically plan for growth in education and research on the HCOM campus. In 2011 HCOM was awarded a $105M grant over 17 years from the Osteopathic Heritage Foundations (OHF), a significant component of which is directed to building the College’s research capacity and programs. In addition, in January 2013, the College’s newly appointed Dean, Dr. Kenneth Johnson, set forth a vision for HCOM which declares the College’s aspirations for focusing its research on primary care and significantly expanding its research portfolio. This vision includes a goal of a ten-fold increase in the College’s funding from the National Institutes of Health (NIH) by 2020 and “training the best DO Primary Care clinicians who can also conduct research” and “becoming a nationally recognized leader in training primary care physicians and advancing primary care health delivery through research and training.”

Assessment of Research Strength, Critical Mass, and Strategic Importance

The College has a cadre of investigators focused on diabetes, rural health, and musculoskeletal/neurologic disease whose current and future work could potentially align well with primary care research. These investigators represent important building blocks for expanding research within the College. Careful attention to the shaping of focus, infrastructure, and capacity will be required. In reviewing the College’s current portfolio of research activity and discussing the evolution of its research centers and institutes with faculty and administrators, the AAAS panel also observes, however, that HCOM’s research and research capacity appear to have developed opportunistically without clear goals, objectives, and strategy. The panel also notes that the balance of the College’s current research portfolio is heavily weighted toward basic research and to a lesser degree clinical research, with very little current emphasis on translational research directly related to primary care. Although basic and clinical research are certainly central to the role of any medical school, the current portfolio of basic and clinical research will pose challenges for moving to a more applied, translational focus on primary care.

HCOM’s mission and vision for focusing and expanding its research programs in primary care, while very relevant to the current policy and health system reform debate, do not adequately define the distinctive mission and focus that aligns with the College and its key assets. The envisioned focus on primary care potentially aligns with that mission but without more definition of what “primary care research” means in the context of the needs of the College, community, and state (and nationally), and the College’s core competencies and assets, it will be difficult to use this statement of focus, on its own, as a guide for research development.
There were no obvious areas of current research strength where a large investment of funds would be prudent at this time. Rather, there are a number of potentially promising areas for research development and investment. Before deciding which area(s) to focus on and expand with OHF investment dollars, HCOM needs to do a careful analysis to address a number of existing structural challenges. Thoughtful consideration of where to make these investments will require more information than the panel has and will be critical to the future success of OU-HCOM research.

Given HCOM’s focus on primary care education through its DO program, its geographic location in southeastern Ohio, and current resources, the College can and should be encouraged to further develop opportunities for primary care research. The niche area would be rural primary care. However, during the panel’s visit, there was relatively little information provided about the existing or potential relationships between HCOM and primary care providers in the area (both private practices and healthcare organizations).

Primary care research also dovetails with HCOM interests in chronic diseases (diabetes, peripheral neuropathy, Dr. Clark’s work with OMNI, etc.), access to a unique population demographic, and regional (Appalachian Rural Health Institute) and university-related (College of Health Sciences and Professions) structures that could be partners in a unique health-care, training and research program.

Primary care research covers a very broad spectrum from clinical to health services/policy research. Our interviews suggested that most faculty, especially those in DI and OMNI, are inclined toward clinical research that is certainly relevant to primary care practice but is quite different from research that focuses on primary care redesign (e.g., patient centered medical homes, accountable care, pay-for-performance, etc.) or health policy studies focused on primary care workforce. HCOM must be clear about what the target focus of the emphasis on primary care research will be.

In the context of health care reform, and specifically rural health and health care delivery, millions of newly insured people starting in 2014 will seek additional primary care providers, challenging the existing shortage of primary care. Team-based care with non-physicians such as nursing practitioners, physician assistants, and other allied health professionals will be increasingly important. The over-arching goals of the primary care research should be inclusive of these potential workforces. Nursing and/or PA-oriented primary care research should be promoted.

Health services and outcomes research is primarily funded by the Agency for Healthcare Research and Quality (AHRQ), the Patient Centered Outcomes Research Institute (PCORI), and some private foundations. To enhance the chance of funding, it is critical to understand the federal agencies’ funding priorities (and potential HCOM investment targets) by responding to its RFAs, PAs or PARs. HCOM should consider the creation of a “research network” with resources devoted to (1) developing a governance and administrative structure to support the HIPPA and confidentiality requirements of each organization and (2) building the informatics core infrastructure that will permit the extraction of research relevant data.

Consistent with these observations, the College needs a coordinated, targeted plan to guide its research development efforts. To this end, the AAAS panel recommends:

- **Together with its faculty, HCOM should develop a strategic plan for research development that articulates its research mission, vision, goals, objectives, strategies, action steps, and timelines.**
- **An Executive Research Advisory Team (ERAT) should be established to guide the planning process and to work with HCOM leadership to address existing research issues and confer with the Dean concerning the progress in the strategic research plan of the college, and to communicate this information to appropriate entities as the plan develops.**
Organizational and Administrative Barriers

The AAAS panel noted the College’s potential for building on existing research programs in diabetes, rural health, and musculoskeletal/neurologic disease, which would give definition to and grow the College’s primary care research portfolio. The panel also noted cases where the alignment between existing research programs and primary care research is less clear and where attention to integrating researchers and their work into the agenda for primary care research will be important. The panel’s review identified four main challenges for HCOM to pursue and expand research opportunities in primary care research: (A) teaching loads that impede the ability of research-active faculty to be research-productive, (B) insufficient engagement of clinical faculty in research, (C) faculty recruitment strategies that under-value candidates’ research potential versus teaching capabilities, and (D) lack of enforcement of tenure and promotion criteria that emphasize research success.

The panel offers the following recommendations to address these challenges:

- The Dean should establish a process and criteria for identifying faculty whose time should be protected to enable them to develop and expand their research programs.
- Consider creating research training opportunities for faculty in HCOM through a partnership with the College of Health Sciences and Professions.
- Review/modify HCOM hiring policy to ensure that all job candidates for positions with research expectations have the necessary focus, skills, and expertise that align with the mission and vision of the HCOM Research Strategic Plan, have relevant prior research training and, potentially, existing research funding.
- Consider devoting some resources to supporting faculty who will develop research programs involving community engagement.
- Develop mechanisms to help current faculty with successful extramurally funded biomedical research programs to become more integrated into the new vision/research agenda. For example, biomedical collaborations should be incentivized to assist in research portfolio diversification.
- Implement a faculty review process that identifies the strengths and weaknesses of current faculty members in the education and research arenas, and make adjustments to optimize productivity in these two areas. For example, faculty with successful research programs should have their education assignments reduced and vice versa.
- Review and revise faculty promotion and tenure guidelines to provide clearer emphasis on the importance of and benchmarks for research and scholarship.

Partnerships and Interdisciplinary Collaboration to Expand Capacity and Grow Research

By definition, primary care research is an interdisciplinary endeavor and interdisciplinary teams are critical for building a robust program of primary care research. Although the AAAS panel had limited interactions with member of the College of Health Sciences and Professions, we believe HCOM should assess whether there are research trained faculty in that College who could be interested in and contribute to the vision of building HCOM’s primary care research program.
Given the current climate for federal support of research, research partnerships may present the most realistic short-term approach for increasing extramural funding for research. Broader collaborations involving HCOM faculty partnering with faculty in other OU colleges and departments, as well as with external partners including other state institutions, could jump-start and expand the research enterprise.

- **Explore opportunities for primary care research with faculty in the College of Health Sciences and Professions.** Where promising collaborations are identified, the leadership of HCOM and the University should consider using appropriate incentives (e.g., joint appointments, faculty release time, mini-grants) to incentivize and nurture collaborative opportunities. As noted earlier, the panel also suggests that opportunities for research training for faculty in HCOM be explored with the College of Health Sciences and Professions.

- **While supportive of the idea of moving toward primary care research, the panel noted that silos among the current Institutes and Divisions need to be overcome in order to move forward in this new direction. Again, we believe a critical self-study is needed here.**

- **Moving forward with investments in focused areas requires careful assessment of current capacity and resources, funding climate and opportunities, partnership opportunities, institutional priorities and issues, etc.** The research prospectuses that were prepared for the panel are an excellent start on this process but do not go far enough in constructing a clear roadmap for future research development.

**Research Programs Within Existing HCOM Institutes**

An organization such as HCOM should be realistic in its expectations for entering the nationally competitive arena of extramural funding. Successful large research institutions with many years of significant research infrastructure investment are facing a very challenging future with increasing competition for declining extramural funding. In certain areas (e.g., clinical diabetes), HCOM does not currently possess sufficient research infrastructure and a significant investment will be required, although the necessary investment is most likely beyond what is currently allocated within the OHF award. Other areas (e.g., health services research), however, are more likely within reach. A short-term solution for increasing competitiveness at the federal level is to partner with other more established research organizations to apply for funding.

**Diabetes Institute (DI)**

DI is a relatively new institute formed by combining two well-established entities, the basic science-focused Diabetes Research Initiative and the clinically-focused ARHI Diabetes/Endocrine Center. DI may not be competitive now, but could be with an executive leadership team that developed collaborative cross-institute and program research “clusters” which could help build a critical mass of interdisciplinary investigator teams. Their potential would be enhanced by expanding their research collaborations to other health care entities and to the “community.” The panel was struck by the current disconnect between ARHI and DI (see below).

Hiring a named, endowed chair for the Diabetes Institute will be challenging and may not be a winning strategy. These plans were not realistic based on the amount of funds that were set aside for recruitment. If HCOM decides to continue with these plans, the search should be continued with an extension to those established investigators who demonstrate a successful track record, but may not have sizeable current funding due to the tight funding environment. National reputation versus active funding level should be factored in the recruitment process. As one alternative, HCOM may opt to hire more junior investigators and support their growth into national stars. Recruitment for key faculty in diabetes should be a priority,
if HCOM is going to focus on rural primary care research.

As to specific recommendations for DI research, grant proposals with multi-PIs including basic scientists and practicing clinicians, and presenting a common synergy, would have a better chance of funding than either of these groups working on their own.

Most importantly, however, the panel recommends that the diabetes team first hone their strategic vision and then decide who should be recruited.

Appalachian Rural Health Institute (ARHI)

The Diabetes/Endocrine Center was formerly a part of ARHI. With its recent transformation into the Diabetes Institute, it appears that ARHI has spent the last several years rebuilding its project portfolio. Its strategic priority of increasing its research and scholarship activities reflects the fact that much of its work is focused on community-based and community-engaged health improvement initiatives, not research. We make no judgment on the value of this work to HCOM or the state. Our focus, however, was on research competitiveness. Based on what we learned about ARHI, therefore, the panel feels that ARHI has limited current research capacity, but with investments, could develop sufficient capacity to be sustainable and competitive.

The creation of separate institutes for diabetes, musculoskeletal/neurological, rural health, etc., has resulted in organizational barriers to collaboration across institutes, undermining opportunities to build research and research capacity around cross-cutting topics such as rural diabetes (a topic that had been addressed when the two entities were combined). This was one of the reasons the panel has advocated a strategy of creating “research clusters” in lieu of structures such as institutes.

ARHI’s mission and focus on Appalachia presents both strengths and challenges. The strength is the opportunity to engage clinicians and providers, communities, consumers and others in the research enterprise. Securing local and state funding to support a regionally-focused institute/research network is certainly possible but will always be challenging. But it will be difficult to secure national funding for research that focuses solely on this region. Ultimately, the College will need to decide whether a regional or national rural health research program fits with its strategic priorities and resources.

ARHI could benefit from clarifying its core research focus and agenda. The Institute’s current portfolio covers many issues and topics. To become a regionally and/or nationally recognized and competitive research program in rural health it will be important to create foci around which to recruit faculty and staff and build a sustainable critical mass of people and funding.

Ohio Musculoskeletal and Neurological Institute (OMNI)

This group has a good record of scholarly activities and OMNI is well-positioned for success relative to the other institutes. OMNI should be encouraged to further (a) identify opportunities to integrate with HCOM colleagues on topics involving primary care research, (b) enable more protected time for research-intensive faculty, and (c) conduct a needs assessment for research infrastructure.

Among the HCOM institutes, OMNI is in the best position to compete for additional extramural funding, particularly from NIH, although again, there appears to be a lack of cohesion among the HCOM institutes. A focus on research that leverages the complementary strengths of these units, along with other research programs in the College, should be a key strategic goal.
Research Infrastructure Assessment and Needs

The AAAS panel found there was no record or plan to document current (and future) infrastructure needs on campus that would quickly advance research productivity and potential grant success.

- An inventory of research equipment should be developed and usage policy and location should be communicated to all research-active faculty members. This inventory should include common and unique research equipment and research “cluster” activities.

- A resource allocation policy should be developed and implemented to ensure that HCOM funds (including space, equipment, infrastructure, personnel, technical support, travel, and internal seed money) are prioritized and used to the best advantage to support research that contributes to the long-range research strategic plan.

Osteopathic Heritage Foundations (OHF) Vision 2020 Award

The OHF Vision 2020 award presents an unprecedented opportunity for HCOM to grow the College’s research portfolio. Consistent with the panel’s recommendation that HCOM develop a comprehensive long-term strategic research plan, we suggest that the use of the funds dedicated to research in the OHF award should be reevaluated and realigned as necessary with the new strategic plan. Significant resources from the OHF award are currently designated for faculty recruitment and the creation of endowed professorships; however, initial efforts at recruitment do not appear to have taken the evolving research mission and vision, with a new focus on primary care, into adequate consideration.

- HCOM should review and revise, as necessary, its proposed financial plan and timeline for the funds in the OHF Vision 2020 award to maximize support of its developing strategic research plan. Aligning the OHF grant investment with the HCOM strategic research plan is critical to ensure the most effective use of these important resources.

Summary

Building research capacity and expanding research requires careful attention to multiple internal and external forces that challenge or facilitate success. In this review, the AAAS panel has identified potential key opportunities and barriers. HCOM has a solid foundation of research initiatives on which to build and has a significant advantage and opportunity with the resources afforded by the OHF grant.

Developing a realistic research strategic plan for capitalizing on existing capacity and new resources is imperative, however. The support, engagement, and leadership of the faculty will ultimately be the most important determinant of success.
Members of the AAAS Review Panel

Andrew Coburn, PhD, is the Associate Dean at the Muskie School of Public Service and Founding Director, Maine Rural Health Research Center at the University of Southern Maine. Dr. Coburn has had a long-standing commitment to the application of health services research in policy decision making. For over 25 years, he and his colleagues at the Muskie School’s Cutler Institute for Health and Social Policy have worked with the Medicaid programs in Maine and other states on a variety of collaborative research, evaluation, and policy development initiatives. Coburn has conducted research on the impact of nursing home case mix payment, home and community-based waiver programs, and Medicaid physician payment changes. A national expert on rural health, Coburn is the founding director of the Maine Rural Health Research Center, one of seven national centers funded by the federal Office of Rural Health Policy (HRSA). He is a member of the Rural Policy Research Institute’s Expert Health Panel, has served on the Institute of Medicine’s Committee on the Future of Rural Health Care, and has testified many times in Washington on rural health issues. He earned his master of education from the Harvard University, and holds a doctorate in social policy from Brandeis University’s Heller School for Social Policy and Management.

Yanbin Dong, MD, PhD, is Professor of Pediatrics and Co-Director of Diabetes and Obesity Discovery Institute at the Georgia Health Sciences University. The Diabetes and Obesity Discovery Institute aims to unlock some of the biological and behavioral markers of obesity and diabetes – two conditions that often lead to a host of other adult diseases, by strengthening collaboration between basic scientists and clinicians to create interventional therapies that go a step beyond traditional treatment options, which so far have been unable to keep up with the growing epidemic. Dr. Dong’s research interests lie in elucidating the pathogenesis of obesity, diabetes, and hypertension by combined genetic, physiological, and clinical approaches. He has a Ph.D. from the Chinese Academy of Medical Sciences in molecular genetics/hypertension and an M.D. from Jinzhou Medical College.

Steven Henriksen, PhD, is the Vice President for Research & Biotechnology and Professor of Pharmacology and COMP at the Western University of Health Sciences. He came to Western University in 2005 from the Scripps Research Institute in La Jolla, California, where he led a multidisciplinary team of scientists investigating feline viruses, the mechanisms of mammalian sleep and drug abuse narcircuitry. Dr. Henriksen’s laboratory studies the functional organization of neural circuits where intrinsic capacities for both normal and abnormal brain functions reside. To understand how the brain initiates, promotes, and alters behavior, our goal is to understand the hierarchy that neuronal circuits and their chemical messengers have in producing appropriate responses to external and internal sensory events. This approach requires in vivo studies and is best described as a “systems” analysis of behavior. His colleagues and he employ anatomical, neuropharmacological, electrophysiological, molecular and behavioral tools to reveal the hierarchies of the cellular components of brain circuits underlying behavioral integration and functional pathology. They study animals whose central nervous system is either intact but one that can be compromised by either viral infection, genetic manipulations or by molecular engineering. He has a Ph.D. in neuroscience from Stanford University School of Medicine.

Jane Holl, MD, MPH, is the Director of the Center for Healthcare Studies and Center for Education in Health Sciences and Professor of Pediatrics-Community-Based Primary Care at the Feinberg School of Medicine, Northwestern University. Dr. Holl’s main research interests include: (1) patient safety, primarily risk assessment and in-situ simulation to improve team work and communication in pediatrics, obstetrics, transplant surgery, and family planning; (2) National Children’s Study: child health outcomes; (3) healthcare quality indicators pediatric); (4) role of chronic stress in premature labor; (4) contribution of clinician and system factors to clinician-initiated deliveries; (5) prevalence and severity of food allergy and health services. Dr. Holl received her MD/MPH from the Universite Libre de Bruxelles.

Diane Jelinek, PhD, is Professor of Immunology, Mayo Clinic College of Medicine, and Dean, Mayo Graduate School, Mayo Clinic, College of Medicine. She also holds the Gene and Mary Lou Kurtz Professorship in Multiple Myeloma Research. She received her Ph.D. in Immunology from Southwestern Graduate School in Biomedical Sciences in 1985 and did postdoctoral work at University of Texas Southwestern Medical Center. She joined Mayo Clinic in Rochester in 1991 as a senior associate consultant in the Department of Immunology and as an Assistant Professor of Immunology. Dr. Jelinek has received the Nominata Award from Southwestern Graduate School in Biomedical Sciences, a National Cancer Institute Shannan Award, and a Senior Research Award from the Multiple Myeloma Research Foundation and McCarty Cancer Foundation. She was named Teacher of the Year at Mayo Graduate School in 1996 and 2001 and received the Mayo Graduate School Dean’s Recognition Award in 1997. She has been a member of the Mayo Clinic Rochester Research Committee since 2001 and became Chair of the Mayo Graduate School Education Committee in 2003 after serving as a member since 2000. Dr. Jelinek is an active educator, serving to teach in both Mayo Graduate School and Mayo Medical School, and she has served as thesis mentor to eight predoctoral students. She has an active research program and currently serves as the Principal Investigator on two National Institutes of Health research grants and as a Co-Investigator on three additional NIH research grants. She was a member of the National Institutes of Health Cellular and Molecular Immunology B Study Section from 2002 to 2005; has served as an ad hoc reviewer on many NIH review groups; has served as Associate and Section Editor for The Journal of Immunology from 1994 to 2001, and recently completed a four year term as a member of the Editorial Board for Blood.