UCC Program Review Committee summary of review

Program – Heritage College of Medicine

This program includes the following degrees, minors, and certificates:

- Doctor of Osteopathy

Recommendation

This program is found to be **viable**, see report for commendations, concerns, and recommendations.

Date of last review – AY 2008

Date of this review – AY 2015

This review has been sent to college dean, his comment is included.

This review has been sent to graduate council, they have no comment to add to this report.

OU-HCOM Program Review Report

Review Team

Scott Sparks
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Executive Summary

The Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) was reviewed on September 21 and 22, 2015 in Athens, Ohio. Two types of curricula are offered by the college: Clinical Presentation Continuum (CPC) and Patient Centered Continuum (PCC).
The CPC is the larger of the two. A recent emphasis in research has resulted in a number of hires to bolster the research aspect of the program. The top three funded areas of research are: Musculoskeletal, Diabetes, and Maternal Child and Infant Health. The college has two additional sites, one in Dublin, OH and the other in Cleveland, OH. The Dublin site has been up and running for over a year while Cleveland has been operational since June, 2015. Both sites offer the same CPC curriculum and materials as Athens and both have direct access via tele- and videoconference technology with the Athens campus. OU-HCOM utilizes a large number of part-time faculty under the OU faculty designations of Group III and IV and Clinical Faculty, including approximately 2,704 Group IV faculty who teach specialty topics including clinical practice. Over the three campuses, there are a total of 134 faculty teaching in biomedical sciences, social medicine, OB/GYN, family medicine, specialty medicine, osteopathic manipulative medicine, and geriatrics. The review team finds this program to be viable.

Commendations

Technology to support academic and service mission is excellent.

Long-range vision and planning, with coordination of explosive growth in the past three years, including the opening of two additional campuses.

Research facilities and space

Dublin and Cleveland campuses are up and running.
They are passing benchmarks on their goals in grant development, surpassing their 4 million dollar goal.

Teaching format and style is very interdisciplinary (case-based).

Recommendations

Add hours to learning center operation for all three campuses.

Improve lighting in learning center in Athens.

A plan is needed for building group I faculty capacity in Dublin and particularly in Cleveland.

For the next Program Review site visit, include a meeting with faculty officers and separate meetings among untenured faculty for untenured Group I and non-tenure track faculty.

Concerns

Although we were provided opportunities to meet with faculty, both non-tenured and tenured separately, few attended these sessions. During the general faculty meeting, one faculty member in attendance is currently serving as a department chairperson. The non-tenured faculty meeting was only 30 minutes and only one faculty member from then Athens campus attended.

The college recently elected to move away from pre-rotation summer training in areas including sutures, IV injections, scrub training, etc. This new policy appears to have resulted in trepidation amongst third- and fourth-year students who reported they did not receive enough specific training before beginning rotations.

MedU online case files were felt to be time-consuming, with mixed feedback on usefulness, by a considerable percentage of third- and fourth-year students interviewed; they suggested that the content might be better acquired hands-on in the hospitals where they have opportunity to go into case problems in more depth.

Maintaining effective communication and quality control with more than 2000 volunteer faculty across the CORE facilities.

General Program Summary

In the two academic tracks (CPC and PCC) there are 240 entering students in 2015 and all are at the graduate level. Students choose one of the two tracks to pursue and their course of study is dependent on that choice. It takes approximately 4 years for a student to complete their DO degree if completed on time (i.e., not in a dual degree program or participating as a Primary Care Associate). The college has a priority of preparing osteopathic physicians for primary care in the U.S. Since 1980, 48% of graduates have opted to pursue the primary care career and 60% of graduates have opted to practice in Ohio. There is also a strong emphasis on building capacity in research. This has resulted in some very high profile hires to increase this capacity. It is hoped that this will stimulate grant production among faculty. The three most researched topics in OU-HCOM are Neuro-musculoskeletal research, Diabetes research, and Maternal Child and Infant Health in that order. OU-HCOM benchmarks their grant production against similarly-sized medical schools in Ohio and nationally. Their goal of 4 million dollars in 5 years has already been surpassed and has exceeded $10 million. This amount puts them in the top schools of their size statewide and nationally.

Faculty Profile

OH-HCOM reports 134 medicine faculty (groups I and II), and 2,704 Group IV. There are 58 tenure track faculty including 13 Professors, 28 Associate Professors, and 17 Assistant Professors. There is a large Group II faculty that numbers approximately 51. On the Dublin and Cleveland campuses, there is a limited number of Group I faculty with most teaching done by Group II faculty. The nature of the curriculum in OU-HCOM requires a large number of medical professionals to serve as Group IV visiting professors. These faculty are used for specialty topics in the medical curriculum and are largely medical professionals and physicians.

In addition to Group I and Group II faculty, OU-HCOM often employs Clinical Faculty, individuals who maintain 50% clinical position, while providing 50% traditional faculty responsibilities (split into respective teaching, service and scholarship sectors). While the bulk of instructor of record positions are held by Group I faculty, numerous contributing faculty are employed to complete a course series. The goal is to increase faculty to 35% full-time members. The Cleveland campus, while starting with one tenured and Group II faculty, benefits from a strong affiliation with Cleveland Clinic to offset its clinical experience, further enhanced by collaborations with the region's inter-professional partners in Physical and Rehabilitation Therapy. The Dublin campus employs two tenured and two tenure track faculty and maintains strong inter-professional collaborations with the College of Health Sciences and Professions' PA program and its partnerships with several key health centers, notably OhioHealth. Faculty appear to be diverse ethnically across all departments and campuses.

Curriculum

HCOM's mission is to "provide a clinically-integrated, learning-centered, osteopathic medical education continuum for students, interns, residents and fellows." To better serve this end it added a second curriculum, the Clinical Presentation Continuum (CPC), to the existing Patient-Centered Continuum (PCC) in 1999. CPC presently serves around 80% of the student population. The PCC is problem-based and student-directed and continues to serve a minority of students on the Athens campus, though it has not been extended to the new campuses.
Movement to a single-track curriculum on all campuses appears to be imminent. The CPC has been adapted to technological and pedagogical innovations in tandem with the growth in number of students and campuses. Success is heavily reliant on technology to deliver content and allow interaction simultaneously to all campuses, as well as allow flexible and long-term access (e.g., to recorded lectures). The final COCA report from November 2014 praised the use of this technology on the Athens and Dublin campuses, and it is seen now to be working with Cleveland as well. The CPC is designed around a medical knowledge track and a clinical skills track, each with a set of essential topics identified by faculty. Both curricula involve a clinical component throughout the two-year program. The overall success of students on their board examination (COMLEX-1) at the end of their second year attests to curricular quality, as does student satisfaction. Students then move to clinical rotations for years 3 and 4, for which HCOM has a nearly perfect matching rate. A summer transition course, focusing on skills such as suturing practice and surgical preparation, was recently shortened and now will be eliminated. This raises a concern about readiness for the rotations: some students, for example, reported being passed over for opportunities due to lack of suturing experience, and wished for more time in the simulation labs. Another concern, also reflected in the recent COCA report and student surveys, is over outcomes assessment for clinical rotations and the feedback students receive from their clinical preceptors. On all these issues, however, Student Government appears to provide a functional channel of communication with Academic and Student Affairs.

Programmatic Practices & Teaching

OU-HCOM offers a graduate degree in osteopathic medicine, split into two distinct phases of study. During Year One and Year Two, students are provided on-site educational and clinical training experiences in case-based, patient-based and simulation applications. Year Three and Year Four students perform rotations at off-site CORE (Centers of Osteopathic Research and Education) facilities, which completes their clinical experiences in 1 of 24 small (less than 200-bed) rural medical facilities. OU-HCOM's CORE partners and GME programs deliver the rotations and provide mentoring and assessment support of students as they complete their Osteopathic

Manipulative Medicine instruction and progress through patient management. The CORE Osteopathic Principles and Practices Committee (COPPC) generates teaching materials with clinical case studies and morning reports to further elucidate the principles of osteopathic medicine as they apply to the clinical setting. Post-Graduate students are then successfully placed into national three-year residency programs. Besides the traditional DO degree, the college offers an optional DO/PhD, available on the main campus in Athens, which typically adds three years to graduation date. There is also an option for a DO/MA program. OU-HCOM annually averages 99% graduate-to-jobs placement. Classes on all campuses are taught in semester-long course series from one of two optional tracks, CPC and PCC. Ongoing monitoring of these tracks by a transformative team occurs regularly to keep abreast of medical field changes. Presently, review of the two teaching tracks demonstrates insignificant assessment outcomes differences and efforts are underway to combine both tracks into a synergistic 'best practices' single curricular track. This is anticipated to primarily consist of the case-based directed track (CPC) which has been in use for the past 20 years, while preserving some aspects of the more recently adopted learner-directed, interactive track (PCC), interspersed wherever this methodology has been demonstrated to enhance learning outcomes. Clinical skills training has been delivered with consistency across both tracks. Small group case-based clinical experiences are taught at each of the regional campuses, enhanced with live simultaneous video and recording of lectures from Athens, Dublin or Cleveland.

Second-Year OMM Honors TAs participate in table training of the First-Year students, with a strong emphasis on their faculty development.. The Dublin campus offers a Research Journal Club, to help offset less access to resources to engage in research.

A distinguishing hallmark of OU-HCOM is its overarching community service program's two missions: community health and continuing health education. TOUCH (Translating Osteopathic Understanding in Community Health) offers a volunteer-based educational training format that immerses students with challenges of healthcare issues experienced in rural and underserved urban communities. TOUCH is currently being introduced to the additional location campuses, with anticipated community service applications suitable, but distinct to their communities.The mobile unit, an essential part of the SE Ohio community outreach, is not expected to be transported to the regional campuses, due to differences in community service needs at the more urban regional centers.

In the future, the OHIO Dublin campus plans to open more health sciences professional tracks in addition to the existing CHSP PA program, and to offer one or more programs under the Voinovich School of Leadership and Public Affairs. The Cleveland campus plans to focus on solidifying available partners for interdisciplinary clinical team experiences, notably in fields of physical and rehabilitation therapy, as well as to utilize the Cleveland Clinic resources. Both additional location campuses considered their strengths lie in focusing on providing students educational experiences that are inter-professional in nature. In contrast, the Athens campus, while benefitting from strong collaborations in OMNI and Diabetes research, does not maintain an infrastructure for dedicated educational collaborations across colleges, with the exception of two events shared with Allied Health Sciences. Shared learning resources between DO and physical therapy doctoral students that provide early augmentation of interactive team building is being explored for first- and second-year students.

Consistent across all campuses, whether urban or rural-based, is the focus on health care delivery to underserved populations. Furthermore, OU-HCOM reported a need for further exploration of

inter-professional education, providing settings for interactive health care professional teams (DO, PA, PT) in clinical experiences.

Faculty

The faculty workload is based on a document constructed from publication, *Medical Education: Evaluation of Faculty Resources to Meet Curricular Needs in an Osteopathic School*, in the Journal of American Osteopathic Association, written by OU-HCOM educators, Howell, et al., and nationally adopted across OU-HCOMs. The computational model for faculty workload is complex, including a multiplier formula distinguishing direct course contact hours (1) *versus* lab preparation and/or organizational aspect of teaching (2-6), which highlights the unique nature of teaching in the medical school environment. Time commitment to teaching is negotiated annually within college departments and takes into account the actual total number of hours required to deliver the first two years of the two tracks (PCC and CPC), as well as available faculty teaching hours. There are four research-protected new hires at 80:20 (scholarship:teaching), however, most full-time faculty contracts are a facsimile of the university 50:30:20 or 40:40:20 (scholarship:teaching:service) assignments, which are adjusted to accommodate for the medical school workload accounting model. Workload is leveraged for various administrative duties. Group I faculty are expected to maintain a total of 60 credit hours teaching and are typically credited as the instructor of record for the teaching blocks (approximately 15 topics/course series). In the past year, a strengthening of communications within the college was observed, with language focused on the mechanisms by which faculty can address individual concerns, for example, workload document equity. The trend towards enhanced transparency in governance appears to be an outgrowth of additional campus development and organizational needs for staying in touch as a unified body. As of 2015, Heritage College faculty members meet twice every academic term (semester), followed up by meetings between the four elected General Faculty members with an executive committee (60 directors and administrators).

Faculty Assessment OU-HCOM faculty assessment is unique. Its function as a professional school, as much as an academic school, means there are many clinicians, and these different roles must be accounted for in any evaluation process of teaching effectiveness. Development of more uniform guidelines seems to be moving in a positive direction. Evaluation data used for non-tenure tracks includes success of lesson objectives, and based on feedback, may mean they will not be invited back. The instructor of record shares responsibility for assessment of teaching blocks and its various contributing instructors, including verifying the quality of individual teaching by observation and other metrics. Significantly, outstanding instructors, whose value may not be reflected in student evaluation methods, are thus recognized, which serves to augment overall quality of instruction rather than just seeking student satisfaction.

Merit evaluation is done by committee, with variability across departments, for example biomedical sciences uses research of Group I as meritorious. Some departments rely upon their Chairs to determine merit. Evaluations occur annually one-on-one between faculty and their respective Department Chair to review workload under their individual Professional Responsibility Agreement. Faculty tenure and promotion are commonly successful throughout OU-HCOM.

Faculty Scholarship At OU-HCOM, peer-reviewed authorship is considered an important factor, and focus is not heavily weighted on top-tier journals. Group II Clinical Faculty are not expected to perform research activities. Faculty receive between $1200-$1800/annually (department-dependent) to participate in conferences or licensing on a pro-rated basis. Success

in scholarship and research at OU-HCOM is reflected by compilation of five-year % awards data, as provided by the college to the program review team (20%, 40% and 10% research, non-research and NIH, respectively).

Faculty Service

Student advising appears to be shared across campuses, using videoconference technology, and begins with a team of three selection committee members per student. As students move into clinical rotations it is most likely that mentoring transitions to respective training areas and continues off-site during rotations at their CORE training facilities. Student mentoring does not appear burdensome due to high participation across faculty for the duration of preclinical, clinical and graduate study.

Students

Selection of incoming OU-HCOM students is approached through a multi-factorial metric designed to acquire 'a great candidate', which meets not only academic requirements, but also exhibits an aptitude in leadership, empathy, and communication skills. From 5,088 applicants in 2015, 448 individuals were interviewed, and a total of 342 offers of acceptance were extended across the three campuses, or approximately 6%. OU-HCOM has a remarkable record of 23% first-generation and 26% minority student demographic, and remains diligent in creating a diverse, dynamic learning environment by seeking to matriculate candidates with a passion to serve the medical profession.

The entering class of 2014 was selected from Life Sciences degree majors (68.1%), primarily Biological Sciences, with less than 10% from each of the following disciplines in descending order: Social Sciences, Physical Sciences, Arts & Humanities or Other, which is consistent with national averages. Among this entering cohort, an overall GPA of 3.62 ranks above the national average GPA of 3.51, according to data provided by AACOMAS (American Association of Colleges of Osteopathic Medicine Application Service).
The College serves its mission to increase primary care physicians through offering several programs to boost matriculation from underperforming, underrepresented and rural first-generation Ohioan demographics (Post-Baccalaureate Program, Pre-Matriculation and Scholars Program, respectively). OU-HCOM has remarkable in-state matriculation. For example, the 2014 entering class is 90.1% Ohioan, compared to only 5.2% in national OM programs (AACOMAS).

1- and 2-year students:

Students enjoyed the use of state of the art Polycom technology with real-time interactions, and felt they benefitted from enhanced collaborative learning and expansion of their resource pool. At the OU-Athens and Dublin sites, opportunities were made available for Second-Year OMM Honors Fellowships, consisting of two courses with faculty training, and opportunity to provide table training to their peers in the First-Year cohort. This was considered to be of great benefit by students participating in the program. However, TAs did not know how they were being evaluated. Students begin their tenure at OU-HCOM with two weeks of intensive technology support. Preclinical classes in their second year focused on medical knowledge, less on clinical skills.

3- and 4-year students:

In their third year at OU-HCOM, students begin their two years of rotations with preceptors off-site, but remain connected to their campus by several mechanisms, including online Med-use modules, student government officials and some faculty feedback from their home campus teaching units.

Student Assessments

A Committee on Student Progress monitors students identified to be struggling in either clinical or preclinical settings. In the event of two consecutive failures, a retention team enlists a learning specialist/s as part of the interventions. High board pass rates suggest student assessment metrics are rigorous and effective.

Based on COCA standard 6.4 comments, OU-HCOM moved to develop multidisciplinary outcomes assessments of students separate from standard OU assessments. Therefore, health sciences clinicians provide student performance data and objective structured clinical exams (OSCE) enhance the viability and validity of OM students. Preceptors at sites provide assessments at team-based encounters. Content experts continually observe student performing tasks and skills. At the additional location campuses and clinical sites, Assistant Deans (physicians) or other team members provide assessments, even 360-feedback from nurses, on interaction in the new thrust for inter-professional education. OU-HCOM incorporates new assessment tools as they become available from larger cohort data sets, whenever reasonable.

Research

Measurable growth in research since the last UCC review has been tremendous. As COCA's final report in AY15 observed, although there was then a decline in the overall number of active research grants, external funding had increased. In its self-study from last year, HCOM announced a goal of reaching $4 million over five years. Though small relative to medical schools generally, such an amount would be moving close to the average of medical schools with comparably small faculties and focus on primary care. Since then, however, due in part to the hire of faculty members and an associate dean who bring major grants with them, and including research as well as other grant monies, the college has already reached $6 million. The Office of Research and Grants (ORG) is now considering a goal of $10 million in 20 years. With many projects ongoing within its different departments and programs, the focus is in the areas of musculoskeletal (OMNI), diabetes, and maternal and childhood health. These involve collaborations with other programs at OU, most significantly the College of Health Sciences and Professions (CHSP), but also the natural sciences, psychology, and Fine Arts, as well as externally with other universities and hospitals, such as those involved in a practice-based research network. The opening of the Academic & Research Center (ARC) in 2010 helps facilitate such collaboration and relieves the dire need for more research space reflected in previous UCC and COCA reports. Plans for new facilities are included in a Vision 2020 project, for which some funding already has been obtained. The addition of two new campuses also expands research and collaboration possibilities, which are underway already in Dublin. Staff has grown to accommodate the particular needs generated by primary care and clinical-oriented research.

Success creates new challenges. In terms of infrastructure, for example, concerns over bandwidth and the maintenance of core facilities are significant. Grant management presently tests the capacities of ORG, even with access to university resources through the Vice President for Research and Creativity. While resources therefore appear adequate, as COCA reported last year, future growth will generate new needs.

Alumni Profile

Less than 3% of OU-HCOM graduates are currently retired or are otherwise not practicing (107). Of the remaining alumni, 48% are pursuing a career in non-surgical primary care in the U.S. Of all alumni, 60% have opted to practice in Ohio. As of 2015, of those practicing in Ohio, 53% are in Primary Care, 26% are practicing in a Federally designated HPSA or MUA/P in Ohio, and 22% are practicing in an Ohio Governor's Certified Shortage Areas for Purposes of Rural Health Clinic Program.

Adequacy of Resources

Physical and technological growth has helped address concerns found in previous reports over resources, especially space (e.g., the ARC and the Research section above), and access to clinical preceptors (especially at the Cleveland campus), and opened new avenues for development. The Dublin campus is in its second year and was included in last year's COCA review. The Cleveland campus has opened with its first cohort since then and undergoes review in November. Teaching on these and the Athens campus is integrated thanks to interactive streaming technology that received high praise in the accreditation report. Technical support appears robust and use of this technology is interwoven in the curriculum (see above). The Cleveland campus increases the opportunities for clinical experience. The Offices of Academic and Student Affairs provide an impressive array of mentoring, financial advising services, and resources for student professional development, such as conference travel and lunch series.
Students on all campuses have access to study spaces, digital materials, and printed media and physical models, and have worked through their Student Government and class officers with the College to improve access. As described in the Research section above, the ARC went a long way to addressing a long-standing need for more research space. The collaboration it encourages, moreover, effectively expands the available resources to include those collaborators bring from other programs and departments. The cost of maintenance is a constant concern but appears to be adequately covered by Facilities Management. HCOM now looks to grow.

Commendations

Technology to support academic and service mission is excellent.

Long-range vision and planning, with coordination of explosive growth in the past three years, including the opening of two additional location campuses.

Research facilities and space

Dublin and Cleveland campuses are up and running.

Exceeding benchmarks on their goals in grant development, having surpassed their $4-million five-year goal.

Teaching format and style is very interdisciplinary (case-based).

Recommendations

Add hours and improve lighting in learning center operation.

A plan is needed for building Group I faculty capacity in Dublin and particularly in Cleveland.

For the next Program Review site visit, include a meeting with faculty officers and separate meetings among untenured faculty for untenured Group I and non-tenure track faculty.

Responses from the Heritage College

(*Aside from corrections & clarification around terminology/statements already noted in the Program Review Report utilizing track changes)*

Date: October 26, 2015

General Responses

We would like to thank the Program Review team members for their extraordinary efforts and thoughtful deliberation and commentary regarding our college and program. In the attached red-line version of the committee's report, we have attempted to provide clarifying language and/or correct any possible inaccuracies resulting from the highly specific language used throughout the medical education curriculum.

The use of "additional location campus" versus "regional" more adequately reflects the terminology required of our external accreditors, the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA), and the difference between traditional OHIO regionals.

Page 8 of report under Recommendations: "Add hours and improve lighting in the learning center operation."

This was brought to our attention during the review visit. A work order was placed on 10/6/15 to replace the lighting in the learning resource center (LRC) on the Athens campus.

Specific Responses to Statements Reported

Page 4 of report: "OU-HCOM annually averages 99% graduate to jobs placement."

All medical students in the U.S. must pursue postdoctoral/graduate medical education (GME) to obtain the training (i.e., internship or residency level training) and corresponding credentials needed to practice medicine. A core medical school quality outcome indicator is the "match rate" for a school's graduates into an accredited GME program at a sponsoring institution. For the past four years, OU-HCOM's match rate for students completing its four-year D.O. program has been 100%; this information is publically available on the school's web site, available at: http://www.oucom.ohiou.edu/OUHCOM/accred.htm.

Responses to Specific Concerns

Page 2 of report: "We were given very little opportunity to communicate with faculty members. Few attended the general faculty meeting; one of those currently serves as a department chairperson. The nontenured faculty meeting was only thirty minutes and only one faculty member from Athens campus attended. Yet, previous UCC and COCA reports each raised at least one concern particular to faculty."

We, too, were disappointed that many faculty were not able to take advantage of the provided

opportunities to interact with the Program Review team members. The Heritage College worked closely with the program review chair to build these opportunities into the schedule, which resulted in two open faculty sessions—one specifically for non-tenured faculty at 30 minutes and the other a one-hour general faculty session. The College widely advertised the schedule internally and also sent a number of emails to faculty to encourage them to attend the meetings with the internal reviewers. We also met with all department chairs to elicit their assistance in encouraging their faculty to attend and participate in the review process. This issue was more about low attendance/availability during the scheduled session times, which is always a challenge in our college, due to a combination of the class schedule being set well in advance of the start of the academic year, lack of flexibility within the medical curriculum, and the clinical commitments of our many faculty who are attending physicians. We fully support the concept of an additional session with only the elected faculty leadership, which undoubtedly would have been beneficial. This is something we will plan on doing for our next our program review. In addition, we would suggest that faculty sessions be scheduled at different times of the day, such as at noon/over the lunch hour, to create the best opportunity for faculty participation.

We are not aware of any concerns having been raised by the COCA. Our most recent accreditation visit—a comprehensive accreditation in November 2014—resulted in a finding of 100% of accreditation standards being met or exceeded, including all standards related to faculty.

Page 2 of report: "Med-use online case files were felt to be time consuming, with mixed feedback on usefulness, by considerable percentage of third and fourth year students interviewed; they suggested that the content might be better acquired hands on in the hospitals where they have opportunity to go into case problems in more depth."

Standardizing medical education in the clinical domain can be challenging when a distributed model is used for MS3 and MS4 training as student experiences, and corresponding learning, are affected by the volume, scope and variety of cases represented by the presenting patients at their assigned clinical sites, which can range from small rural clinics to large, urban Level 1 trauma centers. While the students think they may learn more by direct patient experiences, they may not have the opportunity to master core content or competencies and learning science suggests that students can learn the wrong things from experience. A base of standardized curriculum to ensure that all MS3 and MS4 students achieve the needed skills is essential to ensure student mastery of needed skills. To address the need to ensure all students master core curriculum elements, the Heritage College recently began using the MedU modules (see http://www.med-u.org/), which are used by over 150 medical schools, including leading private medical schools (i.e., Harvard School of Medicine) and leading public medical schools (i.e., the David Geffen School of Medicine) as well as most other medical schools in Ohio (i.e., including Ohio State and Case Western Reserve). MedU resources are peer reviewed and the courses are built on collaborations with the following organizations and their membership:

- Association of Surgical Educators (ASE) and the American College of Surgeons (ACS) - WISE/MD
- Clerkship Directors in Internal Medicine (CDIM) – SIMPLE
- Council on Medical Student Education in Pediatrics (COMSEP) – CLIPP
- Society of Teachers in Family Medicine (STFM) – fmCASES

Responses to Specific Recommendations

Page 8 of report: "A plan is needed for building Group I faculty capacity in Dublin and particularly in Cleveland."

From reviewing the report it is not clear the basis for this recommendation. Hiring of faculty in both Dublin and Cleveland were based on detailed staffing plans that were heavily vetted throughout the college, particularly our first additional campus in Dublin. These hires are driven by data from our Faculty Adequacy Model, which as noted in the report serves as a national model for determining adequacy. Our plan in Dublin called for a focus of Group 1 faculty for non-clinical faculty due to the need for research mentoring and opportunities for our students. In Cleveland, our partnership with the Cleveland Clinic created an opportunity to work with an organization that is a national leader in research and that has 360 million dollars of externally funded research annually. This campus was done in partnership with the Cleveland Clinic and names them as a Preeminent Partner. Our agreement with them also spells out that they will provide opportunities for CCF faculty to be involved in the program. It also spells out the development of a collaborative research plan. The major need that was identified for both campuses is in the domain of teaching.

With all of the above in mind, the Heritage College constantly evaluates the curricular need and faculty available to teach, as well as fulfill the other missions of research and service. Our model is one college three campuses. Faculty adequacy is based on the needs of the entire institution, as opposed to meeting a metric of a single campus location and the number of tenured versus non-tenured faculty at a particular location. All faculty are based in respective departments regardless of campus. We are working on a seamless integration of the three campuses on all levels – faculty, students, staff and administration. Therefore, the metric of number or percentage of Group 1 faculty on the additional campuses does not fit in the model.