Program: Heritage College of Osteopathic Medicine

Date of last review: AY 2014-2015
Date of this review: AY 2022-2023

The program offers the following degrees, minors, and certificates:

• Doctor of Osteopathic Medicine

Recommendation: This program is found to be viable.

See report for commendations, concerns, and recommendations.

The report was forwarded to the college dean. Their response is attached.

The Graduate Council’s comments are included as well.
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Program Evaluation

Faculty Distribution

The Heritage College of Osteopathic Medicine (HCOM) has established clear strategies regarding research, hiring, retention, and recruitment of faculty. Overall, it is clear that the number and distribution of faculty is sufficient to meet the needs and mission of the College. Indeed, statistics provided by the College indicate a high level of success in teaching, research/creative activity, and service. There are challenges from time to time with respect to staffing (during the Covid-19 pandemic, for example), especially within the mobile clinical services program that serves twenty-four counties, but these challenges are normally short-term and do not negatively impact the mission of the program.

RSCA

Statistics provided by the College indicate there is strong support for faculty RSCA. Likewise, conversations with tenure-track faculty indicate strong support for research and scholarly activities. Tenure-track faculty members reported some growing pains with a move to more research-intensive expectations in recent years, but the College is currently in the process of moves to make tenure and promotion expectations more codified and similar across departments. Based on data provided by the College, the level of external funding for research and creative activity is comparatively high. Internal and external funding management is well coordinated and successful.

Service

A significant aspect of the expressed mission of the College is service to the broader community. We find that the College manages and facilitates this mission in an exemplary manner, including its clinic in Grosvenor Hall, women’s health, vaccination and health screenings, vision and hearing screening, and service learning opportunities for students.

Financial Resources

While there is always room for growth and improvement, we concur that the College is highly successful with regard to internal and external funding, especially its service mission related to public clinical services, relationships with county health departments, physician volunteerism, and the Americorps/Comcorps programs.
Graduate Program

Admissions

Admissions is one of the strength areas for HCOM, as both the data and the anecdotal evidence from the student open houses point to a high level of satisfaction with the process.

The admission process is holistic, allowing for the admission team to admit students that have the knowledge and skill set to thrive in a Doctor of Osteopathic (D.O.) Medicine program. According to Associate Dean John Schriner, in the last admission cycle, over 5,000 applied, 480 were interviewed, and 260 seats were placed. The largest percentage of students come from the state of Ohio, further supporting the mission to provide high quality health care within the state.

The admissions function runs a summer scholars program that specifically aims at recruiting applicants from a diverse background. Additionally, the Early Assurance Program (EAP) with six institutions around the state (two each in Cleveland, Columbus, and Southeast Ohio) allows for a directed reach at high achieving high school students around Ohio.

Curriculum

The curriculum is specifically aligned to train students for careers in medicine. However, HCOM is innovative in providing a curriculum that involves multiple science disciplines together. Additionally, HCOM has collaborated with other academic disciplines on campus and is always open to new partnerships to provide students the skills necessary to succeed in their careers.

The mode of delivery for course content is innovative and effective and is possible based on the significant investment in technology and staff. The ability to have all 260 students in one classroom environment through team teaching and synchronous learning ensures consistency in learning.

Mentoring and Advising

Students appear to have close relationships with their faculty, support staff, and each other while in their first two years of the program. The course rotation is set, as all students take the course sequence together, so advising is focused on student support.

Students are represented by a formal governance structure in order to voice any concerns that they may have. The student government leaders work as liaisons between fellow students and administration to solve problems. This appears to be an efficient and effective way to initiate change, as the student leaders can vet problems and focus on those that impact the greatest number of classmates.
Resource Support

It appears that the distribution of faculty is sufficient to support the program. There is a balanced mix of tenured/tenure-track faculty at all three campuses, as well as instructional and clinical faculty. As part of the Heritage Foundation gift, HCOM has successfully run cluster hires where they target research faculty in select areas.

Financial Support for Students

The admissions office provides comprehensive training to all students on financial aid, financial literacy, and debt management, focused primarily in Year 1 and 2. According to the data presented, the average loan amount for the program is $257k. On numerous occasions, senior leaders stressed their desire to keep the cost of the program from drastic increases. Financial aid packages were not brought up in our meeting with 1st and 2nd year students; however, students in their 3rd and 4th year emphasized a need for more funding when they are on rotations for food, transportation, and housing. Additionally, students provided feedback that additional funding for presentations at research conferences may be warranted.

Learning Outcomes and Assessment

The culture of assessment in HCOM is strong, evidenced by the 512-page report submitted for the program review. Senior leadership is committed to resourcing assessment collection and analysis, as it was stated on numerous occasions that they would be ready for an accreditation visit with less than a week’s notice. HCOM has an Office of Institutional Assessment and Accreditation (OIAA) with a mission to “provide content expertise, leadership and consultation services to advance evidence-based medical education and inform decision making to support the success of Ohio University HCOM in meeting its academic, research, service and clinical missions” (OIAA website). Both direct and indirect measures are presented on their website. Program assessment methods are clearly presented and learning outcomes are measurable.

Student Ability to Move to Discipline-Related Careers

The Doctor of Osteopathic Medicine degree program is specific to those who wish to pursue a career as a physician, and thus is highly specialized. Thus, students do not traditionally move to other discipline-related careers.
Areas of Concern

Some junior faculty expressed concerns related to lack of clarity on expectations for promotion and tenure and not having formal mentoring. This did not seem to be widespread and appeared to vary from one department to another.

Some concerns were expressed regarding research facilities and support at the Dublin and Cleveland locations.

The research productivity has shown growth that has stretched the support staff to the limit and is adding challenges for the current staff to do their job effectively.

Widespread concerns were noticed among students regarding inconsistency in information about rotations, attendance policy, housing during rotations, errors in examination questions, support for professional activities (e.g., research presentations), and financial support during 3rd and 4th year. Students also expressed concerns that sometimes it takes too long to get the issues addressed. Student government representatives tried to address some of this and informed the committee that the administration is working on some of the issues raised by the students.

Recommendations

Although concerns regarding promotion and tenure processes did not appear to be widespread, the committee recommends having some type of mentoring program and broad college level consistencies for promotion and tenure. Additionally, while mentorship is a key function of the department chair, a priority on mentorship for junior faculty when there is turnover in this position is critical.

The committee recognizes the professional nature of the program and understands that some of the policies such as attendance policy could be due to the nature of the program. The committee recommends that concerns of the students regarding inconsistent information and financial support be addressed.

Commendations

To deliver the program at three campuses, the Information Technology team has demonstrated excellence and should be commended.

Admissions is another area of excellence, as there is a clear recruitment strategy, solid communication, well designed orientations, and a concise onboarding program.
There is a good mix of teaching, research, clinical and instructional faculty that meet the needs of the program.

Senior leadership has a vision and a strategy for the college, embraces challenges and innovation, and have delivered a quality program that is a point of pride for Ohio University.

**Program Viability**

The program is strong, thus is viable.
We would like to thank the Program Review team members for their extraordinary work and thoughtful deliberation and commentary regarding our medical education program. Their time and efforts are truly appreciated. Below, we have provided responses to each of the areas of concern identified in the final report, HCOM Program Review Report 2022-23, provided on November 29, 2022. Our responses identify/describe what we are currently doing to address the concerns noted.

Responses to Areas of Concern (page 6 of report)

1.) “Some junior faculty expressed concerns related to lack of clarity on expectations for promotion and tenure and not having formal mentoring. This did not seem to be widespread and appeared to vary from one department to another.”

Because of the interdisciplinary nature of all HCOM academic departments and the range of workload distributions across research, teaching, and service for faculty within our departments, P&T guidelines are intentionally not explicit in terms of standards (e.g., number of publications or amount of grant funding). Rather, each department has adopted an approach that supports diversity in terms of research area and workload distribution. While we understand that this does not allow us to specify exact quantitative benchmarks for success, general guidance is provided in each department’s P&T document. We also have safeguards in place to ensure faculty are adequately progressing towards promotion and tenure. For example, each department and/or P&T chair provides an annual assessment of progress towards tenure, in addition to the regular annual evaluation. Departments have also now adopted a 3rd year review of the dossier by the P&T committee. In one department (Social Medicine), pre-tenured faculty present their research annually to the P&T committee and others. If needed, expectations for improvement in relation to P&T guidelines are formally documented at these times, and these are tailored to the individual based on their workload and scholarly area. In this way, we provide ongoing feedback to our faculty in a direct attempt to avoid “surprises” in any of the P&T decisions.

In terms of mentoring, all departments are encouraged to arrange formal mentorships for new faculty members who are eligible for tenure and/or promotion, and most now do so, particularly for our tenure-track faculty. In the most recent faculty searches for one of our departments (Biomedical Sciences), a formal mentorship arrangement was discussed during the interview process as part of the broader faculty support program. In a recent cluster hire across two departments (Primary Care and Social Medicine), a mentor-mentee relationship was part of the overall design of the cluster, with 1 new senior faculty member hired to mentor 2 new junior faculty members. To support mentoring more broadly across all academic departments, we have assigned a faculty mentor and arranged a formal introduction as one of the tasks that department chairs are encouraged to do in the Office of Faculty Learning and Advancement’s new onboarding plan, which is ultimately tailored to each faculty member. Because we also recognize that mentors may come from outside of the department, we consult with other individuals as needed to identify appropriate mentors,
including the Associate Dean of Research and Innovation and our research institute Directors. In addition to research mentorship provided directly by the Office of Research and Grants for research-active junior faculty, we expect our endowed professors to mentor them as well. Ultimately, we aim to formalize faculty mentoring within the college and assess both our practices and outcomes through the new Office of Faculty Learning and Advancement.

2.) “Some concerns were expressed regarding research facilities and support at the Dublin and Cleveland locations.”

The Office of Research and Grants continues to utilize the one college three campuses model for research resources. All support services provided to Athens’ campus faculty are provided to faculty at the other campuses. These include statistical support, project management, grant writing/coordination, data management, internal project funding/travel awards, partnership negotiations, etc. Regarding facilities, basic science and clinical research infrastructure is on the Athens campus as current faculty on extension campuses do not require these specialized facilities currently (these faculty conduct research in the social sciences or at clinical sites). The dedication to the college to support research facilities is evident from their commitment to address the suboptimal/fragmentation of research space on the Athens campus for clinical research. To that end, a new research facility was recently approved by the Board of Trustees and is slated to open in summer of 2025. Importantly, if sufficient staffing and future needs evolve on the Dublin or Cleveland campus, the Clinical and Translation Unit can “mobilize” to other campus sites or can negotiate with our clinical or academic partners surrounding Dublin and Cleveland campuses to provide appropriate facilities.

As related to student resources, the model is consistent across campuses with research resources being promoted through our website (https://www.ohio.edu/medicine/research/org/students) as well as during various presentations and communications to students at all three campuses during all stages of their medical school career (e.g., year one orientation, summer research information sessions, year three orientation, Bullet Points). Monthly announcements in our weekly Bullet Points newsletter remind students of available internal funding opportunities (also available on our website at https://www.ohio.edu/medicine/research/org/funding-opportunities). All three campuses are consistently included and engaged in research events as evidenced by our recent Health Scholars Research Symposium, held simultaneously on all three campuses. This event included poster presentations, speakers broadcast from the Athens campus to the Dublin and Cleveland campuses, and awards presentations to students at each campus.

3.) “The research productivity has shown growth that has stretched the support staff to the limit and is adding challenges for the current staff to do their job effectively.”

While staffing is stretched, there are a combination of factors that influence the current situation. First, multiple positions were vacated over the past year and only recently filled. Additional training/certifications are underway to ensure that staffing is sufficiently versatile to meet the needs of various projects. Second, as the faculty and student needs continue to evolve, there is a need
to be strategic about additional staffing investments. To that end, Office of Research and Grants engaged ECG Management Consultants in 2021 (Phase 1 – strategy evaluation and future direction) and again in 2022 (Phase 2 – strategic planning) to assist in the development of a five-year strategic plan. As Phase 2 nears completion (December 2022), one of the proposed strategies is to “strengthen the research infrastructure to support diverse research through targeted investments in administrative support, facilities, technology and equipment”. While this strategic plan is not yet finalized, we have requested additional positions in our FY24 staffing plan to address current staffing levels and to support future growth in anticipation of needs dictated by the new research strategy.

4.) “Widespread concerns were noticed among students regarding inconsistency in information about rotations, attendance policy, housing during rotations, errors in examination questions, support for professional activities (e.g., research presentations), and financial support during 3rd and 4th year. Students also expressed concerns that sometimes it takes too long to get the issues addressed. Student government representatives tried to address some of this and informed the committee that the administration is working on some of the issues raised by the students.”

We appreciate that the Heritage College has created a space that our learners feel safe to openly share their experience and contribute to solutions. Our student government leaders requested to participate in our response to these concerns, as they are participating in ongoing conversations regarding improvements in the key areas outlined.

**Rotations site placement information:**
Follow up conversations revealed that a more transparent discussion about clinical education sites is needed upon matriculation. The Office of Admissions, in collaboration with the Office of Medical Education, has ramped up communication to the students to provide more detailed information to students on the clinical campus site selection process before and during the admissions process to HCOM, again at new student orientation, and in the second year prior to the site selection process. Choosing housing is difficult in some locations because of concerns for safety, and difficulty finding places.

**Attendance policy:**
We are aware that students would prefer a flexible attendance policy, and a faculty-led taskforce, with student representation, is currently evaluating the viability of this option in an active learning, team-based curriculum that relies on classroom participation for meaningful interaction. A proposal to the curriculum committee is forthcoming.

**Clinical Education Rotation Housing:**
The challenges of housing during rotations are multifaceted and complex. Students assigned to more rural sites for year 3 can find procuring housing to be difficult. Currently we provide students with a list of estimates for costs in communities, but we plan to evaluate strategies to help students find optimal locations. Additionally, students who have clinical rotations that may be at up to an hour from their home desire to have accommodations available at those sites. Currently, if housing
is available, we offer it to our students, but this varies depending on location and time of year.

**Exam question submission and review process:**
This concern has been brought to the attention of our faculty curriculum leadership and the Office of Medical Education, which provides administrative support. There is a faculty committee which has been tasked with reviewing and evaluating examination questions for best practices. Additionally, we are reviewing our approach to producing examinations to best identify where errors like typos may be occurring in the process.

**Funding support for professional activities:**
HCOM provides stipends for travel to professional conferences and presentations via a mechanism in Student Affairs. We are committed to reviewing the selection process, as our student leaders have identified that this may not be distributed equitably. The Office of Research and Grants, as noted above, provides students on all three campuses with opportunities to support research presentations. This is communicated at orientation, in weekly email announcements, research information sessions, etc.

**Financial support in year 3 & 4:**
Each year, the financial aid office looks extensively at the cost of attendance when it comes to room and board, transportation, and vehicle maintenance, as well as personal expenses such as health insurance and laundry. For food, the financial aid office looks at the Bureau of Labor Statistics and the US Department of Agriculture and uses an average between the two sources. For rent, the research consists of costs from commonly used apartment complexes and a student survey. As gas prices rose in the last year, the financial aid office used fuel gauge reports from AAA and a secondary source from the Bureau of Labor Statistics. This amount was increased by the financial aid office year over year due to the rising gas prices. Moving expenses are added based on quotes from three different moving companies. Additionally, the financial aid office surveys its students each year to see how much they are paying in rent, utilities, and transportation costs. The information gathered from this survey is used in determining the cost of attendance from year to year. Due diligence regarding the cost of attendance is certainly of utmost importance.

The financial aid office will be even more proactive regarding the 3rd and 4th year’s costs associated with rotations and will be sure to adjust accordingly. As always, any student, especially a 3rd or 4th-year student, can meet with the financial aid office at any time to discuss budget appeals to ensure the students have the financial resources to live, eat, and travel. Furthermore, the financial aid office will increase the communication regarding the funding available for the 3rd and 4th years when it comes to funding during rotation years.

**Delay in response to student issues:**
Our students have many venues to provide feedback: faculty evaluations, course evaluations, SGA meetings with senior leadership, student town halls, representation on college committees (e.g., curriculum committee) to name a few. Often concerns presented are complex in nature. As the SGA leaders suggested in their session, ongoing conversations are occurring on many of their issues. We aim to better communicate the status of these conversations to demonstrate progress towards a resolution.
Thank you for the opportunity to respond to concerns brought forward by the program review.

Sincerely,

Jody M. Gerome, DO, FACOOG
Senior Associate Dean, Medical Education
Associate Professor, OB/GYN
Ohio University Heritage College of Osteopathic Medicine
Hi Barbel,

I’m attaching the Program Review committee report from the Graduate Council. The report was accepted as is. Please let me know if you need any additional information.

Best,

Pete

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If you'd like to make an appointment, please book here:

https://outlook.office365.com/owa/calendar/PeteMather@catmail.ohio.edu/bookings/
The review found the HCOM D.O. program to be viable, with numerous areas of excellence. The reviewers praised HCOM’s leadership and the college’s clear strategy in a highly competitive environment. They lauded HCOM as a “point of pride” for OHIO. No unusual concerns pertaining to graduate education appear in this report.