Program: Interdisciplinary Health Studies

Date of last review: N/A
Date of this review: AY 2021-2022

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

- Master of Global Health
- Master of Integrated Health Studies
- Bachelor of Science in Integrated Healthcare Studies
- Associate of Applied Science in Medical Assisting Technology
- Graduate Clinical Informatics Certificate
- Graduate Global Health Certificate
- Graduate Health Policy Certificate
- Graduate Healthcare Leadership Certificate
- Graduate Veterans Health Certificate
- Undergraduate Global Health Certificate

Recommendation: This program is found to be viable.

See report for commendations, concerns, and recommendations.

The report was forwarded to the program’s director and the college dean. Their responses are attached.

The Graduate Council’s comments are included as well.
Review of Interdisciplinary Health Studies
November 22, 2021

Review Team

• External reviewer: Jacqueline Rogers, Dean of Health Sciences & Public Safety, Palm Beach State College (Retired)
• Internal reviewer: Hee-Jong Seo, Physics and Astronomy, Ohio University
• Internal reviewer: John Cotton, Mechanical Engineering, Ohio University

Executive Summary

On November 10, 2021, the review team met with faculty, students, and staff from Interdisciplinary Health Studies. The department offers a variety of degrees including an Associate’s degree in Medical Assisting Technology, Bachelor’s degree in Integrated Healthcare Studies, Master’s degree in Integrated Healthcare Studies, and Master’s degree in Global Health. They also offer a number of certificates and general education courses. The department offers both online and in-person modalities, depending on the degree and course.

Overall judgement: The review team finds the program to be viable.

Areas of concern.

The existing full-time faculty are few and stretched thin, not only in their course loads, but also in having to advise students, perform administrative duties, and market their programs. We are quite concerned the current number and distribution of full-time faculty relies on extraordinary efforts of one or two people and is not sufficient to sustainably carry out the broad overall mission of the department and its programs.

It is the opinion of the external reviewer, as well as the review team, that the growth in the undergraduate programs may outpace the availability of qualified adjunct professors needed to deliver the curriculum, thus increasing the risk of course cancellations, frustrating students, and delaying their time to degree.

The department does not have promotion and tenure guidelines, making it non-compliant with the faculty handbook. The impact, ironically for now, is only on the department chair. The review team heard this deficiency is due to the need for department leadership to prioritize workload elsewhere, as well lack of clarity on how to create guidelines for such a department. This concern likely needs more guidance from the college or university leadership.

Due to the recent centralization of the marketing department, there appears to be a gap in available marketing resources to recruit new students. Faculty have addressed closing this gap by creating marketing materials within their department and distributing the materials to employers.

A barrier to admission is identified due to the length of time it takes to move from application to enrollment. For BSIHS students there is a delay in the review of transcripts and notification of
program acceptance, admission, and enrollment (Self-study, p. 23). The backlog of transcript evaluations was confirmed as an area for improvement by the Director of eLearning Student and Academic Services, OII.

**Recommendations.**

It would greatly benefit the department to have a dedicated advisor who is specially trained in the nuances of the health sciences programs and the non-traditional students who apply and enroll. The dedicated advisor would also be available to advise students who wish to change their major and enter the BSIHS degree-completion program.

It is recommended that University marketing resources are provided to the Department of Interdisciplinary Health Studies to create recruitment materials especially for the Department programs. These materials must be reviewed with the IHS department chair before distribution or publishing.

The Bachelor of Science in Integrated Healthcare Studies is a degree completion program, essentially a 2+2 degree that was created to serve working professionals as its primary mission. A secondary opportunity was recognized for the degree to serve students in other undergraduate degrees at the University who are at risk of not being successful. This internal recruitment strategy is both innovative and provides a retention mechanism that benefits University revenue stream. The number of students who change their program and major code is not collected.

**Commendations.**

The dedication to students by the Department of Interdisciplinary Health Studies is obvious to the review team as is the commitment to the University as a whole. This dedication was affirmed by department staff and the adjunct faculty. The adjunct faculty used are high quality and feel valued by the department, a testament to the department leadership.

The Bachelor of Science in Integrated Healthcare Studies is a degree completion program, essentially a 2+2 degree, that was created to serve working professionals as its primary mission. A secondary opportunity was recognized for the degree to serve students in other undergraduate degrees at the University who are at risk of not being successful. This internal recruitment strategy is both innovative and provides a retention mechanism that benefits University revenue stream while serving the personal and professional goals of students.

The use of the BSIHS as a completion degree program for working professionals and other university students majoring in a different degree who are at risk for non-completion is entrepreneurial.

The department has created a career pathway from Associate Degree to Master’s degree that provides students with seamless transition when they are ready.

The use and approval of health care related topics in general education courses is innovative and strategic.
1. **Overall**

   A. *Is the current number and distribution of faculty sufficient to carry out the broad overall mission of the Department (Teaching; Research, Scholarship and Creative Activity; and Service).*

   The Department of Interdisciplinary Health Studies in the College of Health Sciences and Professions houses the following programs:

1. The Medical Assistant Technician Associate Degree serving students on 3 campuses, Lancaster, expanded to Chillicothe and Southern, has 1 full-time faculty (assistant professor rank) who is the Program Director as required by CAAHEP accreditation. The program director must assure program equity among the 3 locations by conducting site visits. In addition to the required duties as program director, this individual coordinates and teaches the Practicum course at the end of the program, advises potential and current students, and prepares marketing materials for student recruitment. The program must rely on adjunct professors to teach didactic and laboratory courses.

2. The Bachelor of Science in Integrated Healthcare Studies and the Masters in Integrated Healthcare Studies has 1 full-time faculty (clinical assistant professor rank) who also serves as the IHS Chair teaching 8 courses across both programs and coordinates and teaches the undergraduate and graduate certificates. In addition, as the IHS chair, the clinical assistant professor advises potential and current students, and prepares marketing materials for student recruitment. The clinical assistant professor is credentialed as a Physical Therapy Assistant and treats pediatric patients in out-patient clinics. The degree programs and certificates must rely on adjunct professors or faculty with appropriate credentials from other departments to teach courses.

3. The Masters in Global Health has no assigned full-time faculty; however, a professor who teaches in the Heritage College of Medicine serves as the program director of the MGH and Global Health Initiatives (Study-Away) and teaches in the MGH program. In 2020-2021, this professor was reassigned as Special Assistant to the President for Public Health Operations. The assistant program director who holds an administrative position was made interim director but does not have faculty rank. The interim director teaches in the degree program as well as coordinates and teaches the undergraduate and graduate certificates in Global Health. Additionally, the interim director advises potential and current students, and prepares marketing materials for student recruitment. A budgeted instructor position was eliminated in 2019 when the incumbent visiting faculty member resigned.

4. The Masters in Integrated Health Studies relies on adjunct faculty to teach the majority of courses. The IHS department chair/full-time faculty teaches 2 courses in this graduate degree program.
It is stated that “Adjunct faculty are highly valued as each contributes specific knowledge bases and areas of expertise that are not embodied in any one faculty member,” (IHS Self-study, p. 2). This statement is valid after reviewing the depth and breadth of educational preparation and professional experience held by the adjuncts teaching in the Department of Interdisciplinary Health Studies in the College of Health Sciences and Professions. In meetings with the adjunct faculty, their dedication to their students and their strong engagement in the programs is due to the high level of support provided to them by the IHS department chair and the interim director of GHI. The adjuncts stated they felt valued and supported.

However, it is the opinion of the review team that the growth in these programs may outpace the availability of qualified adjunct professors needed to deliver the curriculum. Appendix A, Faculty Load in the Self-study document (p. 65) reveals the average length of time adjuncts have been teaching in the IHS Department is 4 years with a maximum of 10 years, and a minimum of 1 year. A few of the 27 adjuncts listed have full time positions in other OU departments or are full-time faculty in other programs as shown in the Self-study Appendix B, IHS Operational Guidelines, Appendix A, IHS Faculty and Staff (p. 106). These individuals have been approved to teach the IHS courses.

The heavy reliance on adjunct faculty is a concern especially given the statement that “Faculty in CHSP…are at capacity…” (Self-study, p. 11). This workload was confirmed during the site visit.

B. Is the level of the Department’s RSCA appropriate for the program given the size of the faculty and the resources available to the Department? Is the Department’s level of external funding at an appropriate level?

The level of the Department’s Research, Scholarship, and Creative Activities is commendable, particularly where faculty have provided students with the opportunity to be co-investigators with their professors. The level of external funding was not able to be assessed as no budgetary items were provided.

The Director of Global Health receives external funding, however her primary appointment is with HCOM, and her RI is returned there rather than with the HIS department. In the past, the visiting faculty member in Global Health would bring a small amount of RI back to the department however, with the loss of this faculty member, this resource is no longer available.

C. Is the level of service, outside of teaching, appropriate for the program given its size and the role that it plays in the University and broader communities it interacts with? Is the Department able to fulfil its service mission?

The level of service, outside of teaching, is commendable given the faculty load and additional responsibilities for program marketing, student recruitment and advising. The health sciences faculty and staff are cognizant of the internal and external community
with whom they interact and serve, both locally and abroad and there is a commitment to service.

D. Does the Department have an appropriate level of financial resources, staff, physical facilities, library resources, and technology to fulfil its mission?

The Department has an administrative specialist who is responsible for course scheduling and loading, preparing and executing contracts for adjunct professors and facilitators. It is identified in the Self-study (p. 6) that support is needed to advise and market the programs to recruit students. Due to the lack of Department budgetary information, it was not possible to assess the appropriateness of the level of financial resources. However, the identified need as indicated in the self-study and reaffirmed during the site visit for advising and marketing staff leads one to conclude there is not an appropriate level of financial support to the Department.

Due to the nature of a virtual site visit, the physical facilities were not assessed. The majority of IHS courses are online and therefore not reliant solely on classroom facilities. The expansion of the Medical Assistant Technician Associate Degree program to 2 additional campuses required the creation of appropriate medical office laboratories identical in scope, equipment, and supplies to the Lancaster campus. It was confirmed during the site visit the resources were allocated for the 2 additional labs.

During interviews with adjunct faculty and students, it was reported that the library was more than appropriate with current and relevant resources. Some adjunct faculty reflected that access to the library was a benefit of the position for other work they did.

There were no technology issues reported by either faculty or students; however, an adjunct professor said Becky Simons was their “go-to” IT person.

2. Undergraduate Program
   A. Is the Department fulfilling its service role, adequately preparing non-majors for future coursework and/or satisfying the needs for general education?

The Department has created an innovative method to prepare non-majors for the rigor of the BSIHS degree completion program. Through innovative practices, the Department reported in the Self-study (p. 5) that they have “worked diligently to secure 15 general education courses for the fall 2021 launch of the new general education BRICKS (p. 146) to meet the needs of IHS students and non-majors throughout the University who wish to take the courses. The eCampus advising team commended the IHS chair for her rapid response to create these courses. These general education courses are appropriate for satisfying the degree general education requirements. Additionally, since the IHS general education courses are available to non-majors, it is a recruitment tool for individuals interested in pursuing future coursework in the BSIHS degree as evidenced in the IHS General Education enrollment numbers (Self-study, Appendix F, p. 146).
B. Is the program attracting majors likely to succeed in the program? Is the number of majors appropriate for the program? Is the program attracting a diverse group of students?

Both undergraduate programs, the Medical Assisting Technician Associate degree and the Bachelor of Science in Integrated Healthcare Studies have specific admission criteria for majors that includes a minimum GPA to assure candidates will be successful. The BSIHS program admission criteria were updated recently (Self-study, p. 20) and include a provisional admission process for students who do not yet meet the full admission criteria, but desire to enroll in the degree completion program with a non-degree seeking status. The programs are attracting increasing numbers of majors and program completion rates have increased year over year, demonstrating support for the admission criteria (Self-study, Appendix D, p. 137; Appendix E, p. 144).

Students affirmed their success in the programs preparing them to enter the workforce or gain career trajectory.

The program demographics in Appendix D (pp. 140-142) show combined data for the MAT and BSIHS programs. These data are limited to Sex (Male or Female) and Race/Ethnicity categories (Asian, Black or African American, Hispanic or Latino, Native Hawaiian/Other Pacific Islander, Race/Ethnicity Unknown, Two or More Races, White) and shows the majority of students identify their Sex as female, and their Race/Ethnicity as White suggesting limited diversity in the undergraduate programs’ student body.

C. Does the undergraduate curriculum provide majors with an adequate background to pursue discipline-related careers or graduate work following graduation?

The MAT program conducts and reports an annual review of career placement as required by the MAERB. The placement data provided in the Self-study (p. 36) from the MAERB Annual Report Form (ARF) shows 100% placement for most academic years as seen in Table 1. Graduates from the MAT program are eligible to use their credits to enter the BSIHS program.

During the site visit, a student in the MAT program emphasized how well prepared she is to pursue her career due to the hands-on nature of her program and the laboratory setting just like a doctor’s office.

<table>
<thead>
<tr>
<th>MAT Graduate Year</th>
<th>MAERB ARF placement rates</th>
<th>MAERB ARF CMA-AAMA pass rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>2018</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2017</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>75%</td>
<td>80%</td>
</tr>
</tbody>
</table>
The BSIHS degree relies on Graduate Surveys to assess career placement and plans to pursue graduate education. The response rates to the request for these surveys vary due to graduates not monitoring their University email (Self-study, p. 37). Data provided reveals the information in Table 2 below (Self-study, p. 37-38). A wide variety of healthcare careers were reported, including but not limited to medical device sales, healthcare administrator, corporate wellness, clinical research, health educator, and academic administrator.

Students in the BSIHS program reported the degree helped them advance their careers. It should also be noted a student selected OU’s BSIHS program because “it is only one of two recognized by the Ohio Board of Executives of Long-term Services and Supports (BELTSS) Administrator in Training Program” that she planned to enter after completing her degree. Once confirmed, this could be used as a recruitment tool. https://beltss.ohio.gov/wps/portal/gov/beltss/licensing/licensing-resources/administrator-in-training-program-1.

<table>
<thead>
<tr>
<th>BSIHS Graduate Year</th>
<th>Employed in field</th>
<th>Job in field waiting</th>
<th>Pursued graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20</td>
<td>37.5%</td>
<td>50%</td>
<td>37.5%</td>
</tr>
<tr>
<td>2018-19</td>
<td>83.3%</td>
<td>83.3%</td>
<td>100%</td>
</tr>
<tr>
<td>2017-18</td>
<td>63.6%</td>
<td>80%</td>
<td>66.7%</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td><strong>61.47%</strong></td>
<td><strong>71.10%</strong></td>
<td><strong>68.07%</strong></td>
</tr>
</tbody>
</table>

D. Are the resources and the number of and distribution of faculty sufficient to support the undergraduate program?

As stated in section 1.A.i1, the Medical Assistant Technician Associate Degree program has 1 full-time faculty (assistant professor rank) who is the Program Director as required by CAAHEP accreditation. The program director must assure program equity among the 3 locations by conducting weekly site visits. In addition to the required duties as program director, this individual coordinates and teaches the introductory courses to students at the 3 campuses via video conferencing, teaches Practicum course at the end of the program, advises potential and current students, and prepares marketing materials for student recruitment. The program must rely on adjunct professors to teach the remaining didactic and laboratory courses.

The Bachelor of Science in Integrated Healthcare Studies has 1 full-time faculty at clinical assistant professor rank, who also serves as the IHS Chair teaching 8 courses across both programs and coordinates and teaches the undergraduate and graduate certificates. In addition, as the IHS chair, the clinical assistant professor advises potential and current students, and prepares marketing materials for student recruitment. The
clinical assistant professor is credentialed as a Physical Therapy Assistant and treats pediatric patients in out-patient clinics. The degree programs and certificates must rely on adjunct professors or faculty with appropriate credentials from other departments to teach courses.

The heavy reliance on adjunct faculty is a concern especially given the statement that “Faculty in CHSP…are at capacity…” (Self-study, p. 11). This workload was confirmed during the site visit.

E. Are pedagogical practices appropriate? Is teaching adequately assessed?

A variety of pedagogical approaches for teaching and learning for faculty are provided through the Center for Teaching and Learning Office of Instructional Innovation. These resources include using effective communication techniques to include online discussion boards, the use of active learning strategies in pure online courses, face-to-face courses, and hybrid courses, place-based learning (ex.: Healthy Village), virtual reality escape rooms, project-based learning, reflection, experiential and competency-based learning. In addition, the OII provides the National Society of Experiential Education 8 Principles for creating the environment to support the use of experiential learning.

Adjunct faculty interviews yielded their use of case studies, scenarios, and reflection to promote critical thinking, the use of interactive and engaging activities, and authentic assignments such as project management.

Teaching is assessed annually by the department chair or program director or more often if areas for improvement have been identified. Students provide feedback on their courses and the instructor of record through the course climate survey available each semester after the classes end (Self-study, p. 117). The Office of Instructional Innovation works with instructors to improve their courses and teaching methodologies and to address areas of concern from the class climate survey results. (Self-study, p. 35). Results from the Class Climate surveys from 2015-2021 show no scores less than 4 on a 5-point scale (Self-study, Appendix C, p. 136).

During our interviews, faculty members reported receiving the results of their class climate surveys within a few days and used them for continuous quality improvement.

F. Does the program have learning-outcomes goals and outcomes-assessment methods in place? Are the program’s methods for outcomes assessment effective?

Learning outcomes goals, outcomes assessments, and attainment benchmarks are identified for the MAT and BSIHS programs. These learning outcomes are assessed through course-imbedded direct and indirect measures (Self-study, p. 30), the results are monitored for trends and reviewed for improvement in consultation with the Assistant Dean of Assessment for CHSP (Self-study, p. 44; Appendix G, MAT-148-166; BSIHS-167-182). Additionally, the learning outcomes for the MAT program are directed by and
submitted annually to the Medical Assisting Education Review Board to comply with accreditation requirements.

In our interviews, the Assistant Dean of Assessment confirmed that the IHS chair is the main point of contact with faculty when disseminating the results of the outcomes assessment.

The learning outcomes and assessment methods for MAT and BSIHS (where data available) are effective.

G. Are students able to move into discipline-related careers and/or pursue further academic work?

The MAT program conducts and reports an annual review of career placement as required by the MAERB. The placement data provided in the Self-study (p. 36) from the MAERB Annual Report Form (ARF) shows 100% placement for most academic years. The BSIHS degree relies on Graduate Surveys to assess career placement and plans to pursue graduate education. The response rates to the request for these surveys vary due to graduates not monitoring their University email (Self-study, p. 37). Data provided reveals the information in Table 2 (Self-study, p. 37-38). A wide variety of healthcare careers were reported, including but not limited to medical device sales, healthcare administrator, corporate wellness, clinical research, health educator, and academic administrator. Graduates from the BSIHS program are eligible to use their credits to enter the MIHS program.

Students confirmed their ability to enter or advance in discipline-related careers with a few also entering the graduate-level degree program.

3. Graduate Program
   A. Is the program attracting students likely to succeed in the program? Is the number of students appropriate for the program? Is the program attracting a diverse group of students?

The Master’s in Global Health program is targeted to existing healthcare professionals who wish to expand their knowledge in Global Health, and the Master’s in Integrated Health Studies targets graduates of the undergraduate program (Self-study, p. 40). As working healthcare professionals, students in these programs are destined to be successful.

Enrollment in the graduate courses appears healthy, although enrollment is not listed by graduate degree, but by course (Self-study, p. 183).

Gender, ethnicity/race are not reported for the graduate programs; however, it is reported the degree is attracting international students (Self-study, p. 41).
A student interviewed was enrolled as a dual-degree student in the Master’s in Global Health degree program and the medical program at HCOM. Another marketing strategy!

B. Does the graduate curriculum provide an adequate background to pursue discipline-related careers following graduation?

The graduate programs provide curriculum that enable students to advance in their career, gain professional development through the stackable certificates (Self-study, p. 40), or make a change in their career. The MIHS degree offers both a clinical and a research-based project option.

Students confirmed their career advancement or potential opportunities for advancement.

C. Does the program provide adequate mentoring and advising to students to prepare them for discipline-related careers?

All advising in the graduate programs is provided by the program faculty. Given the background and experience of these individuals (interim director of Global Health and the department chair for IHS), the mentoring and advising on discipline-related careers is appropriate.

During our interviews, the eCampus advisors stated the availability of career advising; however, there is heavy reliance on the IHS chair and the interim director of GHI to advise students as the experts.

D. Are the resources and the number of and distribution of faculty sufficient to support the graduate program?

1. The Masters in Global Health has no assigned full-time faculty; however, a professor who teaches in the Heritage College of Medicine specializing in Social Medicine served as the program director of the MGH and Global Health Initiatives (Study-Away) and teaches in the MGH program until 2020-2021, when this professor was reassigned as Special Assistant to the President for Public Health Operations. The assistant program director who holds an administrative position was made interim director but does not have faculty rank. The interim director who is well-qualified teaches in the degree program as well as coordinates and teaches the undergraduate and graduate certificates in Global Health. Additionally, the interim director advises potential and current students, and prepares marketing materials for student recruitment. A budgeted instructor position was eliminated in 2019 when the incumbent visiting professor resigned, for what the review committee was told to be a position offering greater stability—a risk of avoiding tenure-track appointments.

2. The MIHS program relies on adjunct professors to teach the majority of the courses. The IHS department chair/full-time faculty teaches 2 courses in this graduate degree program. It is stated that “Adjunct faculty are highly valued as each contributes specific knowledge bases and areas of expertise that are not embodied in any one
faculty member,” (IHS Self-study, p. 2). This statement is valid after reviewing the depth and breadth of educational preparation and professional experience held by the adjuncts teaching in the Department of Interdisciplinary Health Studies in the College of Health Sciences and Professions.

The heavy reliance on adjunct faculty is a concern especially given the statement that “Faculty in CHSP…are at capacity…” (Self-study, p. 11). This workload was confirmed during the site visit.

E. Does the program offer appropriate financial support to graduate students?

Financial support for graduate students is not reported and there are no teaching assistant or research assistant positions available in the MGH and MIHS programs (Self-study, p. 44), however, through a Memorandum of Understanding with employers, graduate students who are their employees are eligible for a tuition discount (Self-study, p. 11).

F. Is teaching adequately assessed?

Teaching is assessed annually by the department chair or program director or more often if areas for improvement have been identified. Students provide feedback on their courses and the instructor of record through the course climate survey available each semester after the classes end (Self-study, p. 117). The Office of Instructional Innovation works with instructors to improve their courses and teaching methodologies and to address areas of concern from the class climate survey results. (Self-study, p. 35). Results from the Class Climate surveys from 2015-2021 show the HIS courses; however, there are no course numbers to delineate graduate from undergraduate programs. There are no scores less than 4 on a 5-point scale (Self-study, Appendix C, p. 136).

Adjunct faculty teaching at the graduate level reported timely receipt of the results of their class climate surveys.

Teaching is adequately assessed.

G. Are students able to move into discipline-related careers?

The graduate programs provide curriculum that enable students, many of whom are working professionals to advance in their career, gain professional development through the stackable certificates (Self-study, p. 40), or make a change in their career. The MIHS degree offers both a clinical and a research-based project option which is attractive to graduate students who wish a workplace-based applied capstone project.

Graduates from the MGH program are working in discipline-related career or continuing their education (Self-study, p. 49). These post-degree opportunities include working as a Clinical Research Contracts Specialist, a COVID Contact Tracer, a community health worker, a Regulatory Specialist, and a Director of a Memory Care Unit. One graduate is pursuing law school, focusing on Global Health Equity & Policy.
4. Areas of concern.

The existing full-time faculty are few and stretched thin, not only in their course loads, but also in having to advise students, perform administrative duties, and market their programs. We are quite concerned about the current number and distribution of full-time faculty relying on extraordinary efforts of one or two people and is not sufficient to sustainably carry out the broad overall mission of the department and its programs.

It is the opinion of the external reviewer, as well as the review team, that the growth in the undergraduate programs may outpace the availability of qualified adjunct professors needed to deliver the curriculum, thus increasing the risk of course cancellations, frustrating students, and delaying their time to degree.

The department does not have promotion and tenure guidelines, making it non-compliant with the faculty handbook. The impact, ironically for now, is only on the department chair. The review team heard this deficiency is due to the need for department leadership to prioritize workload elsewhere, as well lack of clarity on how to create guidelines for such a department. This concern likely needs more guidance from the college or university leadership.

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5. Recommendations.

It would greatly benefit the department to have a dedicated advisor who is specially trained in the nuances of the health sciences programs and the non-traditional students who apply and enroll. The dedicated advisor would also be available to advise students who wish to change their major and enter the BSIHS degree-completion program.

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6. **Commendations.**

The dedication to students by the Department of Interdisciplinary Health Studies is obvious to the review team as is the commitment to the University as a whole. This dedication was affirmed by department staff and the adjunct faculty. The adjunct faculty used are high quality and feel valued by the department, a testament to the department leadership.

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The department has created a career pathway from Associate Degree to Master’s degree that provides students with seamless transition when they are ready.

The use and approval of health care related topics in general education courses is innovative and strategic.

7. **Overall judgment: Is the program viable as a whole?**

The programs reviewed are viable and are best supported by instituting the recommendations provided.
To: Dr. Barbel Such, Chair, Programs Review Chair

From: Tobe Gillogly, Chair, Department of Interdisciplinary Health Studies

Date: December 6, 2021

The Department of Interdisciplinary Health Studies (IHS) would like to thank the program review committee for their commitment to the IHS seven-year program review on November 10, 2021. The review committee included Dr. Jacqueline Rogers (external reviewer), Dr. Hee-Jong Seo (Physics and Astronomy OHIO), and Dr. John Cotton (Mechanical Engineering OHIO).

Overall, the department of IHS concurs with the program review committee’s report. There are aspects we would like to further clarify as well as discuss how we will address the committee’s areas of concern.

IHS has experienced tremendous growth in the past four years in both student enrollment in all programs and the creation and addition of multiple certificates and programs. As chair I share the committee’s concerns regarding the following and would like to address each concern and offer a plan of action.

- The committee expressed concerns regarding the growth in undergraduate programming outpacing the availability of qualified instructors and the negative impact this could have on student success. We have been in conversation with College of Health Sciences (CHSP) leadership regarding the consistent expectation of growth in programming and the need for strategic hires that would best serve all programs within the department. We are currently identifying content areas where adjunct and fulltime faculty are needed, then we will require the support and resources from CHSP to hire faculty to best ensure student success in the areas of advising, instruction, and research.

- The committee recommended a dedicated advisor for the department. IHS would like to advocate for an on-campus advisor who understands the nuances of health-related disciplines and retention strategies for CHSP students who are currently struggling and would benefit by switching to the Bachelor of Science in Integrated Healthcare Studies (BSIHS) completion degree. Enrolling in the BSIHS degree program enables CHSP students to remain in a healthcare related discipline and better understand opportunities this degree provides for them in terms of a timely graduation and future employment opportunities. This individual would also assist in the advising of undergraduate and graduate certificate students. Due to the growth of the BSIHS online it was also recognized by the committee that more eCampus advisors should be hired to facilitate the expected growth of the BSIHS degree as well as our masters’ programs and
certificates. Non-traditional students require strategic advising that meets their needs and working lifestyles and the eCampus advisors are experts in meeting the needs of non-traditional online students.

- The committee expressed their concern that IHS does not have promotion and tenure guidelines making it out of compliance with the faculty handbook. To clarify this comment IHS states in the department operation manual that faculty will follow the CHSP guidelines thus there are guidelines in place however those guidelines are not optimal. As mentioned in the report by the review committee, as chair of IHS and a clinical faculty, I have attempted to design promotion and tenure guidelines but due to the need to prioritize elsewhere the timeline to get these guidelines in place has continued to be negatively impacted. As the committee stated I am the only individual currently impacted because the other two fulltime faculty follow HCOM and the RHE promotion process. The other consideration for IHS is the fact that faculty in this department must have hands-on real-life work experience and they will continue to be expected to work in an interdisciplinary manner sometimes working across multiple departments thus making the development of guidelines challenging. While CHSP and the university encourage interdisciplinary work there are not necessarily guidelines in place to foster and support interdisciplinary faculty in seeking promotion. IHS will continue to work toward development and implementation of promotion and tenure guidelines specific to IHS before or in conjunction with hiring any fulltime faculty.

- The committee addressed the need for effective marketing for IHS programming. Accessibility and accuracy of marketing resources along with the unique understanding of marketing strategies must be executed though the collaboration and communication between marketing and the IHS department chair. IHS will continue to communicate with marketing while emphasizing the importance of marketing that addresses the non-traditional online student already entrenched in healthcare who requires a different marketing strategy than the traditional student. Marketing must be aware that unique approaches need to be utilized to best reach this group of students. In the past four years IHS leadership has continued to offer suggestions and will continue to require consult before any marketing is launched to ensure accuracy of the information being disseminated.

- The committee expressed concern regarding the barriers that impact the length of time between when a transfer student is admitted for the BSIHS completion degree to when they may actively enroll in courses. This process is lengthy, and we risk losing students to other online programs because of not having admissions open throughout the year. As chair of IHS I have initiated multiple discussions with admissions and look forward to having more than one admission date per semester so that there is a continual flow of BSIHS students who have access to efficient transcript review and timely enrollment in courses.
In conclusion IHS appreciates the recognition of the commitment of the IHS to the university as a whole. IHS employees highly qualified faculty that are committed to student success. IHS was commended for retention efforts, meeting the educational needs of working professional students, the creation of a career pathway from associate to master’s level education, and the strategic development of health-related general education courses that are accessible for all OHIO students. It is a true privilege to work on a devoted and student-centered team, and I appreciate the committee’s acknowledgments and feedback.

Respectfully,

Tobe Gillogly

Department of Interdisciplinary Health Studies
Tobe Gillogly MS, PTA
Chair, Department of Interdisciplinary Health Studies
Assistant Clinical Professor
Physical Therapist Assistant specializing in pediatrics/Adjunct in PT
Certified Community Health Worker (CHW)
January 19, 2022

Dr. Barbel Such
such@ohio.edu

Dear Dr. Such,

I wanted to thank the reviewers for their time and to acknowledge the intense efforts of Tobe Gillogly and IHS in assembling this self-study. IHS is not a “traditional” department. This is an incredible source of strength for the unit in terms of its ability to provide innovative programming, however it is also a challenge in having the unit fit into traditional university structures without affecting that unique status. Historically, this is a unit that has arisen out of and that continually responds to opportunities. These opportunities may have been through a budget model, international collaborations, or other innovative partnerships. Ms. Gillogly has responded admirably and tirelessly in response to opportunities. I wanted to respond to the areas of concerns and recommendations raised in light of the unique position of this unit.

1. **Areas of concern.**

The existing full-time faculty are few and stretched thin, not only in their course loads, but also in having to advise students, perform administrative duties, and market their programs. We are quite concerned the current number and distribution of full-time faculty relies on extraordinary efforts of one or two people and is not sufficient to sustainably carry out the broad overall mission of the department and its programs.

RESPONSE: The university has created a hub and spoke model of advising with professional advising as the standard at a 300:1 ratio and a faculty mentor role at the unit level. Implementation of this model to include IHS in loads should address capacity. Also, I would encourage IHS to maximize their use of student services in the dean’s office. We do have capacity to assist in undergraduate and graduate programs. In terms of marketing, the university likewise has centralized marketing efforts and is moving to a more comprehensive OHIO online strategy. There should not be a continued need for IHS faculty to be engaged in marketing efforts.

It is the opinion of the external reviewer, as well as the review team, that the growth in the undergraduate programs may outpace the availability of qualified adjunct professors needed to deliver the curriculum, thus increasing the risk of course cancellations, frustrating students, and delaying their time to degree.
RESPONSE: Over-reliance on adjunct faculty is a concern not only in delivery of content but within the concept of shared governance. This is again a challenge related to IHS in terms of how the unit was originally constituted vs. all that it has grown to become. Delay of time to degree is a concern that I would want more information on and it should definitely be raised in our college wide Guarantee Plus rollout. It is critical we have effective plans for IHS on campus and when the time comes, online, students. Absent from the discussion was the dual role IHS has taken on in staffing a university level, undergraduate IPE requirement and a significant number of BRICKS requirements. Again, this was in response to opportunities but the strategies can differ for taking care of majors in a program versus taking care of courses for the college and university as a whole. The responsibility to majors in a program is paramount for IHS and I believe there are other creative solutions to meet IPE requirements and BRICKS that unfortunately the rest of the college has not taken enough ownership of. This could even be an unfortunate product of IHS’s success in doing the jobs so well.

The department does not have promotion and tenure guidelines, making it non-compliant with the faculty handbook. The impact, ironically for now, is only on the department chair. The review team heard this deficiency is due to the need for department leadership to prioritize workload elsewhere, as well lack of clarity on how to create guidelines for such a department. This concern likely needs more guidance from the college or university leadership.

RESPONSE: This is an area that requires support. Due to the recent centralization of the marketing department, there appears to be a gap in available marketing resources to recruit new students. Faculty have addressed closing this gap by creating marketing materials within their department and distributing the materials to employers.

RESPONSE: The more faculty respond to these gaps, the less likely there will be changes centrally. I recommend further engagement with marketing to solve these issues. I share concerns related to burnout of faculty and in particular of Ms. Gillogly. A barrier to admission is identified due to the length of time it takes to move from application to enrollment. For BSIHS students there is a delay in the review of transcripts and notification of program acceptance, admission, and enrollment (Self-study, p. 23). The backlog of transcript evaluations was confirmed as an area for improvement by the Director of eLearning Student and Academic Services, OII.

RESPONSE: This is definitely an area for OII to address and with changes in staffing and strategy in OHIO online, I do anticipate changes.

Recommendations.

It would greatly benefit the department to have a dedicated advisor who is specially trained in the nuances of the health sciences programs and the non-traditional students who apply and enroll. The dedicated advisor would also be available to advise students who wish to change their major and enter the BSIHS degree-completion program.
RESPONSE: Please see the above note related to the university’s hub and spoke model of advising.

It is recommended that University marketing resources are provided to the Department of Interdisciplinary Health Studies to create recruitment materials especially for the Department programs. These materials must be reviewed with the IHS department chair before distribution or publishing.

RESPONSE: This is certainly something to bring to UCM for discussion. The Bachelor of Science in Integrated Healthcare Studies is a degree completion program, essentially a 2+2 degree that was created to serve working professionals as its primary mission. A secondary opportunity was recognized for the degree to serve students in other undergraduate degrees at the University who are at risk of not being successful. This internal recruitment strategy is both innovative and provides a retention mechanism that benefits University revenue stream. The number of students who change their program and major code is not collected.

RESPONSE: The on-campus degree is again an example of something that arose out of opportunity. I would like to see a university wide discussion of how strategically the program fits in with BSS and other options so that under a centralized advising system, students will be properly directed. I also think the GPA requirement for the on-campus degree needs to be clarified centrally if it is to fit within the broad university strategy.

Sincerely,

John McCarthy, Interim Dean
Hi Baerbel,

on March 4, the graduate council met and commented on the review for the following programs:

IHS: Graduate council concurs with the findings that the program is viable. We also concur with the concerns and recommendations, and suggest that they deal with issues that do not involve monetary actions quickly.

At the moment it looks as if graduate council may cancel its April 1 meeting, so everything you send to me will be considered at the April 29 meeting.

viele Gruesse, Charlotte

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