REPORT OF A VISIT

TO

THE MEDICAL COLLEGE OF OHIO

Toledo, Ohio

May 7 & 9, 2001

For the

Commission of Higher Learning

Of the North Central Association of Colleges and Schools

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This is a report of a comprehensive evaluation visit to the Medical College of Ohio, conducted May 7-9, 2001. The report is divided into five sections: I: Introduction, II: Evaluation for Affiliation, III: Strengths and Challenges, IV: Advice and Suggestions for Institutional Improvement, and V: The Team Recommendation and Rationale.

SECTION I: INTRODUCTION

Accreditation History

The Ohio General Assembly established the Medical College of Ohio (MCO) in 1964 as a publicly supported academic health sciences center. The first students enrolled in 1969 and graduated in 1972. Initially, only a M.D. degree program was offered. Nursing and Allied Health programs were added in 1970. Doctoral and masters graduate degree programs were approved in 1972 and began enrolling students in 1975. The first Ph.D. degrees were awarded in 1979. MCO was initially accredited by the NCA in 1980 with comprehensive evaluations in 1985-86 and 1990-91. The 1991 comprehensive visit recommended the next comprehensive visit occur in 2001 with a focused visit in 1996 to examine three areas of concern: Quality of students, institutional finances, and affirmative action. The 1996 Focused Evaluation Team found the quality of students and institutional finances to be acceptable but continued to express concern regarding affirmative action and the team recommended two reports: (1) a report on a revised plan for assessing student academic achievement and information about the implementation of the plan to be submitted by 12/30/96; and (2) a report on Affirmative Action to be submitted by 12/31/98.
Scope and Structure of this Visit

The purpose of this comprehensive visit was to review and evaluate progress of the institution in resolving the concerns of the 1996 Focused Evaluation and to conduct a comprehensive evaluation of the College.

Prior to arriving at MCO, the Team Members received the Self-Study Report and accompanying documents. During the campus visit, team members met with faculty, staff, students, administrators and members of the Board of Trustees. Open meetings were held with students, staff, and faculty, which were well attended and highly interactive. Extensive documents were available for review in the Resource Room and additional information was provided during individual meetings. It is the opinion of the team that the information presented in the Self-Study accurately reflects the status of the campus and that the following report is the result of a thorough review of the materials presented and the meetings held with numerous individuals affiliated with MCO.

Extensive efforts were made to solicit public comment through ads in the local paper, notices on the campus= home page, and requests during on/off campus meetings. Despite these efforts, no third party comments were received.

The two items identified in the 1996 Focused Visit Report related to assessment of student academic achievement and affirmative action received careful scrutiny and are discussed in greater detail in the respective section of this report on Evaluation for Affiliation. It is the opinion of the team that the institution has made significant progress in both areas and
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is committed to continue its efforts to enhance assessment and advance affirmative action initiatives.

SECTION II: EVALUATION FOR AFFILIATION

The self-study report and the on-site evaluation conducted by the members of the visiting team confirms that the Medical College of Ohio meets NCA=s accreditation requirements related to the General Institutional Requirements (pp. 34-41, Self-Study Report) and the Criteria for Accreditation. Furthermore, the institution has addressed the concerns identified by the 1991 comprehensive evaluation team and the 1996 focused evaluation team (pp. 14-23, Self-Study Report).

CRITERIA FOR ACCREDITATION

Criterion One: The institution has clear and publicly stated purposes consistent with its mission and appropriate to an institution of higher education.

The mission of the Medical College of Ohio shall be the creation and maintenance of an academic environment that attracts the most highly qualified students and faculty, and fosters the pursuit of excellence in health education, research, and service. The vision of the College is to be a recognized leader in health care education. Each of the four schools has a specific mission statement that supports the College=s mission and vision. In all instances, the mission statements are prominently displayed in administrative offices and appear on the College=s web site and in appropriate documents. It is the opinion of the team that the
Medical College of Ohio has clear and publicly stated purposes consistent with its mission and appropriate to an institution of higher education.

**Criterion Two:** *The institution has effectively organized the human, financial, and physical resources necessary to accomplish its purposes.*

Throughout its 30 year history, the MCO has demonstrated its commitment to effectively organize its human, financial, and physical resources to accomplish its purposes. Recent changes in reimbursement practices in the medical field, reduced student applicant pools, and rapid developments in technology present challenges for the College. However, the faculty and administration recognize these challenges and appear to be positioned to address them. The following evaluation supports the team’s judgement that the College meets Criterion Two.

**Governance**

As noted in the institutional self-study, the Medical College of Ohio has an administrative structure consistent with other special purpose medical colleges. It has four schools: Graduate School, School of Allied Health, School of Medicine, and School of Nursing. Each of the schools is administered by a dean. The provost serves as both the Dean of the School of Medicine and the Chief Academic Officer.

The College is governed by a nine-member Board of Trustees appointed by the governor for nine-year staggered terms. The President of the College reports directly to the Board. The team met with two members of the Board of Trustees. These individuals were
enthusiastically supportive of MCO and conversant about its programs, students, and faculty as well as issues affecting the college and medical education. They voiced full confidence in the administrative team and the direction of the college. Challenges identified by the Trustees include financial constraints, declining applicant pool, and planning at the Board level. The incoming Board Chair indicated that planning would be addressed during his tenure as chair. While financial issues are a state-wide higher education concern, MCO is increasing efforts to procure external funding through grants, contracts, and private giving. Efforts to increase the student applicant pool have been considered by the strategic planning committee.

It was noted that the exposure of various academic programs to the Board may be uneven since the Trustees acknowledged they knew more about the medical college program than other academic programs in the College. It may be helpful for all programs to have an opportunity to present to the Board once per year to increase awareness as well as support for the entire academic enterprise.

School of Medicine

The ambitious mission of the School of Medicine is to: (1) educate physicians who excel in their profession by serving their diverse communities and society with knowledge, compassion, and care, (2) advance medicine through research and scholarly work, and, (3) provide and promote outstanding medical service through its faculty.

The School of Medicine is the largest school in the College comprised of 326 faculty and 586 students. The responsibility of the Dean of the School of Medicine is to provide active leadership in the promotion, direction and support of educational and
research activities, as well as the general administrative responsibilities for the programs of the school, subject to the approval of the Provost, President and Board. The Dean is also the Provost of the College resulting in 45 direct reports (15 at the College level, 29 at the School level (including 21 department chairs), and one from the Cancer Institute.

While the Dean demonstrates a tremendous command of the issues in each of her spheres of responsibility, the team questioned whether one person can effectively lead 44 areas; and a conflict of interest could be perceived by the other three Deans who report to the Provost/Medical Dean.

These questions were posed to the President of MCO, representatives of the Board of Trustees, Department Chairs, Deans, and Associate Deans. To a person, they believed this structure worked because of the nature of person presently in the Provost/Dean role. Since this structure is so personality related, the team suggests that the College consider an alternative structure for the future where the Provost would not also serve as a Dean.

A concern for the School of Medicine and the Trustees is the declining number of applicants. The new Strategic Plan describes an aggressive program in student recruitment including student scholarships, increased visits to feeder universities, and hiring a professional recruiter. Clinical sites are also being expanded for medical students.

Financial aid to medical students has expanded during recent years. Currently, there are 17 full tuition Presidential scholarships for medical students. In spite of this financial aid, it should be noted that the average indebtedness of a medical student upon
graduation is $125,000. This appears high for a state school with an annual tuition of $8000.

The medical students appeared to be highly motivated individuals who felt they were highly valued by the faculty and staff. The students indicated satisfaction with the curriculum, faculty, resources, and campus. Their interest in community service was impressive. With pass rates for the national licensing examination at 90%, they are doing well. Additionally, more than 70% of the graduating students were successful in matching at one of their three top choices of programs.

The Medical School faculty expressed satisfaction with the Medical Center, the school and campus leadership. They feel involved in the strategic planning process and governance activities. Issues which are being addressed include faculty attrition possibly related to low profitability of managed care contracts and a labor intensive work site, the number of faculty over 50 years of age, the need for more cultural diversity among faculty and students, and the desire to hire more research-oriented clinical faculty.

The 23 graduate medical education programs (residencies and fellowships) are accredited by the American Council for GME. All programs have fully developed standards, assuring learning opportunities which prepare residents to be eligible for specialty board certification at the completion of their training. One major benefit for the College from the GME program is the surplus from the DME and IME funds from the federal government. Over the years, this has varied from $800,000 to $1,200,000. This surplus is directed back to the colleges who submit requests to the Provost. She, in turn, brings these to the President's cabinet who determine how the funds should be disbursed.
An outcome of which the College of Medicine should be proud is the fact that more than 80% of the physicians practicing in northwest Ohio have graduated from or trained at MCO.

The MCO CANCER INSTITUTE reports to the provost/dean. The director came to the institute two years ago and has already been funded at $1.2 M. The productivity of the center over this time is impressive. Collaborative relationships have been established with the clinical departments at MCO and community hospitals. Four multidisciplinary centers have been established. Students also rotate through this patient-centered program.

**School of Nursing**

MCO has the authority from the Ohio Board of Regents to offer the Master of Science in Nursing. The campus also offers undergraduate courses in a consortium program between MCO, Bowling Green State University and the University of Toledo. Undergraduate students complete their junior and senior years of nursing courses at MCO and then graduate from their respective universities. An advantage of this arrangement is that the collaborating institutions can contribute to recruitment efforts. A disadvantage seems to be that MCO does not benefit from a growing alumni base from the completing students even though they take much of their professional course work at MCO. Outreach campuses for these courses are located at Firelands College, Lima, Ohio and Archbold, Ohio.

Team representatives met with the faculty of the School of Nursing during a regularly scheduled faculty meeting with most of the members in attendance. They are a highly
energized group who appear to enthusiastically support the School and MCO. The current Dean of the School has made significant changes in the visibility and productivity of the School within the MCO environment. The research mission and productivity of the School in terms of grants has significantly increased in the last few years. The School ranked 34th in the country among Schools of Nursing in the amount of research dollars funded by NINR for fiscal year 2000. Research and external funding is an area in which faculty could continue to place emphasis since the current productivity is limited to a small group of faculty.

Several new programs have been initiated in the School of Nursing since the 1991 NCA visit. They have added a Masters Degree Program for Family Nurse Practitioners within the Master of Science in Nursing Degree in the fall of 1994. In addition, the RN to BSN/MSN program was added in the spring of 2000. This program is offered in collaboration with Bowling Green State University and the University of Toledo. This was most likely a logical extension of the collaborative relationship that already existed with the two institutions to offer the BSN degree. However, it could seem awkward to have students graduating from a college which has not contributed significantly to the educational process of the student if the student received the Associate degree from another college and then received most of the upper division nursing courses from MCO. In 1996, the Master’s level graduate certificate program for Family Nurse Practitioners was initiated. This was followed in the fall of 2000 with a certificate program in Nursing Education. Adequate resources appear to be in place to carry out these additional programs, added since the last NCA visit, in an effective manner.
The School of Nursing is located in the state-of-the-art Collier building. The four-storied building houses clinical laboratories, classrooms, offices and support space for the School of Nursing and the School of Allied Health.

The School uses multiple methods of Assessment to evaluate the program and create change through a system of feedback. The example noted in the self-study related to preceptor selection and valuation validates this process. A system of student assessment is also in place and contains measurable outcomes.

The faculty in the School consists of 55 members with 18 instructors and 27 in professorial rank. Only one member is a minority, specifically African American. As with the rest of the institution, recruitment and retention of additional minority faculty remains a challenge the School needs to continue to address. Through surplus funding from the DME and IME funds, the school has been allocated six new faculty positions which might provide an opportunity to recruit minority faculty. The faculty demonstrate appropriate credentials to carry out the curriculum. Although the importance of professional development is recognized through the availability of continuing education programs and other internal programs such as the Scholars Fellowship program, consideration should be given to increasing faculty development funds to allow for off campus travel. Present funding is limited in terms of expectations for a health-related program. While enrollment data statistics listed in the self-study indicate 80 students (38 FTE), this somewhat distorts the student/faculty ratio data since it does not include the 309 undergraduate students who take courses at MCO.

The faculty and students of the School are actively involved in community service that reflects the larger faculty body as a whole. Faculty serve on multiple community agencies and
boards. They give presentations throughout the community on health related topics. The School has recently participated in several major immunization projects.

Outstanding clinical placements are available for student learning. However, a concern that needs to be addressed is clinical placements for nurse practitioner students within the MCO system. Due to the large number of medical students needing primary care placements, there are not always adequate placements for advanced practice nursing students. A major effort is underway by the Provost to increase clinical placement opportunities for all students within MCO in light of one of the agencies withdrawing practice sites for students.

The graduate and undergraduate nursing programs were accredited by the Commission on Collegiate Nursing Education (CCNE) in 1999 for a ten-year period.

School of Allied Health

The School of Allied Health consists of 250 students and 28 faculty housed in four departments. Presently there is at least one active search to fill a faculty position in each department. Since the last visit in 1991, new master’s degree programs have been added in occupational therapy, public health, physical therapy, and the physician assistant program. An additional track has been implemented within the existing MSN degree program for family nurse practitioners. In collaboration with four-year institutions in the area, a BSN/MSN completion program was adopted in nursing to facilitate progression of registered nurses toward completion of requirements for the MSN degree.

The School is housed in the Howard L. Collier Nursing and Allied Health Building. Built in 1996, this 89,543 square foot structure is an attractive and functional facility. All
classrooms are wired to accommodate state-of-the-art instructional technology. Computer stations for student use are accessible throughout the building and are heavily used. Computers are networked with the MCO Intranet to facilitate asynchronous and on-line learning. Skilled computer experts who understand the needs of educators in the health professions are responsible for software development, training, and related activities conducted within the Center for Creative Instruction.

The Dean of the School of Allied Health has served in this role for ten years. He is also director of the Center for Creative Instruction. The Dean has guided the development of a broad range of innovative initiatives to improve teaching and is regarded as the campus leader in the application of technology to instruction. He has been recognized as a leader at the national level in his field of physical therapy, and serves on the Commission on Accreditation for Physical Therapy Education.

According to the mission statement of the School of Allied Health, the School exists for three fundamental purposes: (1) preparing professionals who can assist in the promotion of health and the prevention and remediation of disease and disability; (2) advancing the body of knowledge of each discipline through scientific inquiry; and (3) meeting the needs of the region through innovative service outreach. The dean and department chairs reported that little has been done to provide service to stakeholders off campus due to limitations in staffing and other resources. Department chairs and faculty interviewed were optimistic about the future of their programs and proud of the accomplishments of their students. Occupational therapy students were observed during a poster presentation program. They were articulate, highly motivated, and expressed confidence in their abilities to enter the profession of occupational therapy.
The most significant challenge for the School, especially in the departments of occupational and physical therapy, is the recruitment of well-qualified students at a time when applicant pools are on the decline both in Ohio and nationally. Strategies to improve student recruitment and retention were described as a top priority by department administrators and the Dean.

Library

The MCO library is well-integrated into the mission of the institution. Library faculty actively participate in the problem-based learning of the medical students. In discussions with faculty and students, there is high praise for the responsiveness of the library to their needs and the accessibility of periodicals. Much of this access occurs through electronic subscriptions and OhioLINK. Significant resources have been provided the library to support the periodicals and staffing. However, an important challenge is the lack of resources for the acquisition of monographs. Books continue to play an important role in the comprehensive education of students and in providing a foundation for new advances in research.

Technology

Forty student computers are available in the Mulford Library and forty are distributed across the campus in high use student areas. There are also high-end computers in the Computer Learning Resource Center. Some of the departments also have their own computer laboratories. Responsibility for upkeep of computers is not entirely clear, especially those in student use areas. An Instructional Resources Center provides high-end computers for
faculty as well as other equipment such as scanners, cameras, printers, software and technical assistance. The team observed that faculty are fortunate to have extensive and highly effective technology support for their learning endeavors. However, an ongoing technology budget with plans for replacement for student equipment, academic Internet costs and media does not appear to be in place. The main Help-Desk serves primarily students. In some cases students have difficulty getting on the Academic Intranet from off campus sites. The staff seem to be aware of this problem and are working on a resolution. Professional development for staff in an area as fast changing as technology should be made available to employees to update their skill sets. In response to feedback from students about limited Help-Desk hours, the hours have been extended to a 24-7 service.

The Computer Learning Resource Center provides a computer center to offer training in medical informatics to support research and learning. This Center has software, scientific analysis and graphing software, graphic illustration and photo-manipulation software as well as computerized healthcare learning packages. This Center also provides students with access to campus e-mail.

The Instructional Support Center provides services in photographic services, graphic design services, video production services, classroom/media services and instructional graphics work area for the faculty. Classroom media is impressive. However, some of this equipment may need to replaced in the near future. Considering all the available services and resources from the various Centers, the access to technology is excellent throughout the campus.

The Center for Creative Instruction is on the way to becoming a recognized leader in health care education through the innovative use of technology for teaching and learning.
Team members had the opportunity to observe some of the work of instructional programmers and medical illustrators to develop new programs. Software engineers and multimedia designers collaborate to create materials to supplement and enrich learning. Several of the projects have won national media awards. This endeavor is a strength of the institution as they create programs that are forward thinking relative to learning in the classroom and beyond. Staff in the Center for Creative Instruction assist faculty in the development of instructional modules and other course materials for the MCO Intranet. The software used by faculty to develop presentations is menu driven and user friendly, requiring a minimum of staff assistance.

The Center for Creative Instruction also oversees the MCO Academic Intranet. One of the primary purposes of the MCO Intranet is to facilitate student and faculty access to instructional technology. Computer stations connected to the Intranet are located in hallways and open spaces where students gather throughout the campus. Asynchronous learning opportunities are available as well as more than 1,200 presentations to supplement traditional teaching methods.

Computing stations for student use are conveniently placed in educational facilities throughout the campus. A system to continuously update computers on a three-year cycle has been implemented and appears to be working. No complaints of out-dated technology for instruction, research, or administrative applications were noted. Computer support personnel were described as effective and readily available. Students are given a CD-ROM during orientation that allows them free access to the Intranet
when they are off campus. The establishment of a ubiquitous computing environment is clearly a campus priority at MCO.

MCO could benefit from campus wide coordination of technology activities. Examples include a help desk to serve both students and faculty/staff as well as centralized purchases and planning for maintenance and replacement.

Continuing Education

The Continuing Medical Education Program is a collaborative consortium between MCO and St. Vincent Mercy Medical Center. They provide continuing medical educational activities for regional physicians. The Schools of Allied Health and Nursing also provide programs in health care topics. Little is being done in terms of entrepreneurial activity, distance education, or innovative technology utilization. Most of the programs are free to participants or only cover cost. Consequently, they do not provide a source of enhancement income for the various schools. The School of Nursing is starting a certificate School Nursing program that may utilize distance learning technology. As the College moves into this model of delivery, consideration should be given to costs related to developing course materials as well as infrastructure needs for delivery to remote students. The campus should review documents available through NCA related to best practices in distance education.

AHEC/Rural Health

Rural health experiences for medical students and advanced practice students are extensive and managed through the regional AHEC. The State of Ohio is divided into regions
so that each health sciences campus has access to populations within rural health service areas.

It was noted that the dedication of preceptors in these rural areas is to be admired. Several have assumed the responsibilities for student education on a constant basis over many years.

Facilities and Equipment

Campus facilities are impressive in appearance and well maintained. A unique feature of the campus is that all buildings are interconnected through underground tunnels or ground level climate controlled passageways. The ground level passageways are constructed of steel and glass to allow for enjoyment of the beauty of the campus while moving from building to building. The 475 acres of land feature ponds, groves of trees, streams, and a green areas which offer an ideal learning environment. Numerous comments were made by faculty, staff, and students regarding the perceived safety of the campus. The oldest facility was constructed 31 years ago. The well-coordinated design of the campus makes it difficult to judge the age of individual buildings. A systematic plan for deferred maintenance and new construction is in place. Most modifications to meet ADA standards have been completed in some of the older buildings. The roof design of older buildings resulted in some leakage problems that have been corrected. Three medical facilities are located on campus. The largest is a 258-bed acute care hospital. Other facilities are the MCO/Mercy Rehabilitation Hospital, a 36-bed facility, and a 25-bed child and adolescent psychiatric hospital. Laboratory equipment is current with calibration schedules that are regularly monitored. Policies to insure safe use of equipment are in place and warnings related to potential hazards are prominently displayed. Appropriate steps have been taken to create and maintain a healthy working environment.
Faculty

Faculty are generally very positive about MCO and what they are able to accomplish related to the educational mission of the College. Teaching is valued at MCO to a magnitude that may be unique for a health science medical center. An example of a MCO academic investment, which demonstrates the emphasis on teaching within the institution, is the Teaching Scholars Fellowship Program. The Fellowship is a one-year, multidisciplinary, longitudinal experience focused on the development of excellence in the areas of teaching, advising, and assessing the learner. The commitment for this teaching enhancement endeavor includes seminars, three full-day retreats, a structured practice plan and a scholarly project. Outcomes are measured by quantitative and qualitative measures of gains in knowledge, ability to apply knowledge to an educational setting, educational leadership and mutual respect and increased collaboration within the cohort. The team found it especially noteworthy that the program has more participants for than can be accepted (one class has 40 applicants for 15 positions). While participation as a fellow involves a significant time commitment, there is minimal financial benefit and no teaching off-loading associated with enrollment in the program.

Faculty pursuit of excellence in teaching seems to be the primary motivator for enrollment in the program. The high level of emphasis placed upon teaching is reflected in the large photos of outstanding faculty who demonstrate a commitment to student learning, which hang on display in the lobby of Milford library. Teaching excellence is recognized with cash awards, merit salary increases and bonuses.
Another unique program at MCO that reflects the philosophy of the institution is the Managed Care College. It was initiated to assist with developing understanding of the forces driving change in the managed care era and to prepare students for practice in an environment with limited resources and increasing financial constraints. In this interdisciplinary program, faculty and students address questions that challenge personal and social values as they prepare to provide health care in the future.

Faculty members seem satisfied with their ability to make change within the institution. Faculty Senate representatives attended various meetings with the team and appear informed and empowered to a level comparable to that observed in similar institutions.

It was noted that many faculty will be approaching retirement during the next 10 - 15 years. As the positions are filled, attention should be given to ensuring the candidate pool is as large and diverse as possible. Involvement of the Affirmative Action Officer will be beneficial in these efforts.

**Staff**

When asked about the strengths of the institution, support staff cited the comprehensive orientation program for new employees, the availability of state-of-the-art technology, the employee health center, and the Morse Fitness Center. Employees appreciate that they are regularly informed of opportunities and changes in policy via the electronic newsletter. The eight-hour workshop in diversity training was also mentioned as a positive and worthwhile initiative. Staff described the students as compassionate and highly motivated. Staff members were especially proud of a recent initiative entitled, AOn a Mission®, a fund-raising project.
that generated contributions from approximately 600 employees of more than one million dollars. Many of the comments offered by members of the staff reflected a deep sense of dedication to the mission of MCO.

**Students**

Approximately 23 students attended the scheduled meeting for the site visit. Informal discussions were also held with students throughout the visit. The students expressed great satisfaction with the clean, safe, and attractive campus, the Managed Care College, accessible academic resources, and friendly, competent, student-oriented faculty, staff, and administrators. The students enjoy voting for the best teachers and best researchers of the year and seeing the pictures of the faculty winners displayed year round in a hall of fame® in the front hallway of the educational building. Throughout the meetings with students, they provided specific examples of campus responsiveness to their needs and concerns.

Students also seemed to know and respect what the students in the other disciplines did. They enjoyed working together in interdisciplinary groups on community health care projects, especially for underserved populations. They are proud of their community service in programs such as Students for Medical Missions in Honduras, the AInto the Streets® program and the Homeless Clinic.

Computer access to MCO from home was expressed as a problem. Discussion with the Vice President for Finance revealed this issue should be resolved in the near future since the College is broadening the band access via new network hubs. Students who have come from other colleges to MCO indicated they think the campus is behind with
respect to computer technology. There are very few on-line courses with the exception of the School of Nursing.

Students expressed satisfaction with the problem based learning approach to education with 8-10 students in a group. Items they would change if possible included increasing the availability of scholarship funds, more opportunities to choose additional clinical sites for their academic learning, and longer food service hours for the cafeteria on campus.

**Criterion Three: The institution is accomplishing its educational and other purposes.**

As a special purpose institution with a mission to create and maintain an academic environment that attracts the most highly qualified students and faculty, and fosters the pursuit of excellence in health education, research, and service, the Medical College of Ohio offers academic programs and appropriate student support services to accomplish these purposes. Additionally, the College has given considerable attention to assessment of student academic achievement since its 1991 comprehensive visit. It is the consensus of the team that MCO meets Criterion Three as noted in the summary below.

**Assessment**

The assessment plan was approved by NCA in 1997. Until recently, monitoring of the implementation of the plan was provided by the Faculty Committee on Governance. In 2000, a Student Learning Assessment Officer was appointed and oversight of assessment was transferred to a new committee, Student Learning Assessment
Committee (SLAC). Given the diverse degree programs at MCO and the varying requirements of the respective professional accrediting bodies, the measures and methods of collecting data appropriately reflect needs of the specific discipline.

The academic programs and the student affairs office conduct regular surveys to solicit student feedback and assess satisfaction with their experiences at MCO. Numerous examples were offered by students to demonstrate the institution takes student input seriously and implements appropriate changes. Clearly, students perceive their concerns and suggestions are important to the campus. The minimal number of student appeals or grievances also support the level of responsiveness by campus officials.

The SLAC members were enthusiastic about the results of the assessment process and the changes that have been made based on the data. It was noted that significant advantages have occurred by sharing information and learning from one another during the committee meetings. The committee has recommended a modest shift from the decentralized model of reporting results to a more institution-wide process that provides an annual report to the Committee. Committee members believe an annual report will assist in disseminating the successes each unit has experienced in student assessment as well as the problems or pitfalls each has encountered. The intent of the annual process is informational and should not add a burden on the academic units. Significant benefit can be realized from institution-wide information sharing. The campus is encouraged to adopt this process to document that the assessment loop is being closed across the campus and to permit units to learn from one another.
Sponsored Research

The importance of sponsored research in the institution’s ability to accomplish its purposes is broadly recognized by faculty and administrators. In the basic sciences departments, several incentives are in place to stimulate sponsored research including the following advantages: low teaching loads, a low expectation for salary recovery from research grants (currently, 25% of a 12 month salary), high salaries, and institutional return of 50% of the salary savings to the department and investigator. The quality and appearance of laboratory space is very high. Start-up resources for new faculty appear to be adequate, although are somewhat low relative to other research universities. The basic sciences faculty with whom the team met appeared to be quite comfortable with their positions. The chairs of the basic sciences departments are first-rate. There is strong support for faculty sponsored research among the central administration. The recent investment in a regional bioinformatics program illustrates the commitment by the central administration to try new ideas. With all of these positive elements, it should be relatively straightforward to continue to build the research programs to high national and international prominence; there is almost no conceivable limit to the potential for excellence in several research areas.

Nevertheless, challenges remain. The level of sponsored research in the clinical departments is modest. This appears to be a consequence of a conscious effort to have the clinical faculty focus on clinical service and medical student teaching. This choice means that the ranking of MCO in terms of extramural funding (currently 98th of 125 medical schools nationally; $20 M in FY 2000) will remain low, even if the basic sciences increase their sponsored research success. This ranking has not changed over the last decade. Moreover,
the majority of the funding is in the Graduate School ($12M) with the clinical departments at $4M. The majority of the latter funds are in the Department of Medicine. In the words of the self-study, AMCO lacks a focused and coherent research agenda. Increasing the small number of endowed chairs to more than the current 12 would bring in new research talent. The challenge is not necessarily to raise the overall research profile; rather, the challenge for MCO is to determine its goal in this arena and then to achieve the goal. If the goal is to continue the high amount of clinical practice and teaching by the clinical faculty, then the MCO should accept the fact that their funding ranking will remain low. On the other hand, if the goal is to significantly increase sponsored research, then new incentives will need to be established for the clinical departments.

Another challenge is for the MCO to gain a greater prominence in research. Even though the sponsored research is of high quality and conducted by excellent faculty, the MCO is not well-known in the research community. This is not to say that it is not respected. It just isn't on the obvious lists of top places to do research, whether or not it is compared to institutions with a medical school. Part of this under-appreciation may be due to size and location, though there are counter examples across the country that are equally small and equally remote, and Toledo is not remote. Part of the solution may be to better focus the strengths and the way the research is portrayed to the outside world. Perhaps the MCO should consider recruiting a prominent senior scientist who will instantly bring notoriety, hopefully of the positive kind.

A related challenge is the need to recruit more high quality graduate students. Again, there are several advantages enjoyed by MCO. The physical plant is attractive and this is very
important to prospective students. The place is friendly and appears to be able to deal with each student individually. There is exceptional financial support built into the system. Thus, it is somewhat surprising that even in today’s climate of few students who want to go into Ph.D. programs that the graduate students at MCO are mostly from abroad and Ohio. There was little evidence that MCO is attracting a high quality pool of applicants nationally or even regionally. This challenge is recognized by MCO, and the recent hiring of a recruiter assigned to the graduate school may help.

In summary, there is high quality at MCO and many reasons for it to be highly competitive in sponsored research and graduate education. Despite these advantages, there is a sense of unfulfilled potential. Perhaps the underlying issue is that, in order to be competitive, the culture, attitude, and comfort level of the institution will need to change. The research programs at MCO should think much more aggressively about the way they package themselves and the way they recruit prospective students.

At the same time, working toward fulfilling this potential is only appropriate if the institution wants to be more competitive in this area, wants to bring in more research funding, wants to be known outside of the immediate locale. As the MCO recognizes, the way for the institution to enunciate its goals in terms of being competitive in sponsored research and graduate education is through an effective strategic planning process. The Strategic Plan should state clear and specific goals. These goals should be fashioned so that progress toward each goal can be measured. It should be noted the Institutional Strategic Planning Committee recommendations from their 2/17/01 Retreat included research
development with emphasis on increased clinical trial activity and increased translational and investigator-initiated studies.

**Criterion Four:** The institution can continue to accomplish its purposes and strengthen its educational effectiveness.

Throughout its 35 year history, MCO has demonstrated an ability to respond to the rapid and demanding changes experienced by the medical field. Institutional finances were identified as a concern by the 1991 comprehensive team. The 1996 focused evaluation team determined that the financial constraints identified in 1991 had been resolved. In 1997, the Ohio legislature passed a Balanced Budget Act which presents new challenges for the campus. The president and members of the Board of Trustees are strong advocates for increased state appropriations. As the campus considers its future, several key factors have been identified that support its ability to accomplish its purposes and strengthen its educational effectiveness. These factors include the College=s ability to meet and respond to challenges, a clear vision for the future, and ongoing evaluation and decision-making processes and strong human and physical resources.

**Strategic Planning**

MCO developed a strategic plan in 1997 that has served as the institution=s decision-making guide for the past four years. Described as an evolutionary process, the plan was monitored by four committee chairs who met periodically with one another as well as with the president and the cabinet. Annual progress reports were given at the
annual institutional retreat. Brochures and pamphlets were developed for dissemination of the goals and progress that had been made.

In 2000, the President determined the 1997 plan had been substantially completed. He commissioned a restructured committee to assess the successes and challenges related to the 1997 plan and to develop a new and continuing set of priorities for the institution while keeping the strategic vision for MCO a to be a recognized leader in health care education as a focal point. The committee structure has changed to an institution-wide group that meets regularly to review sub-committee reports and to make recommendations. The committee has identified five areas for study: Student recruitment, research development, community partnerships, access to care, and clinical processes efficiency. Recommendations for student recruitment and research development have been approved, linked to the budget, and to some extent operationalized.

The strategic planning committee is chaired by the Provost/Dean of the School of Medicine and includes representatives from across the institution. The process has been tailored to meet the organizational structure and culture of the institution. While evidence of data and measurable objectives did not appear to be an integral component of the planning process, the plan appears to provide a blueprint for the institution and is meeting the needs of the faculty and staff. The Provost described the plan as pushing MCO toward its vision to be a leader in health care education.

The 1997 strategic plan had been criticized for not establishing measurable goals for the Library. It was noted by team members that the current planning committee does not include a representative from the Library. While it might be assumed that
faculty will be attentive to the needs of the Library, the committee should be alert to a possible oversight in addressing its goals. It was also noted that the committee does not include a representative from student affairs. As the planning activities proceed, efforts should be made to consider all facets of the campus.

The institution should be commended for its efforts to develop and implement a strategic plan for the campus. Committee members appear committed to the process and its ability to provide direction for decision-making. While members are knowledgeable of their respective areas, it was noted that a systematic institutional research data base was not available. Discussion with campus officials confirmed that additional institutional research data would be beneficial as the committee moves from identifying issues to developing priorities.

**Budget**

The College generates 16% of its budget from the state, 8% from grants, 12% from investments and contractual relationships, 4% from tuition, 58% from MCO Hospitals, and the remaining from other sources. The heavy reliance on hospital income and the financial constraints of the state pose concern for the campus. However, ongoing efforts are in place to generate new revenues including additional grants, alliances with other health care institutions, new specialty clinical centers, and a campaign drive through the Foundation. Both the President and the Board of Trustees members are confident that the financial well-being of the campus will remain strong. However, they also acknowledge they must aggressively pursue additional resources.
Institutional Advancement

The Office of Institutional Advancement has evolved during the past five years into a service oriented, comprehensive entity designed to address on and off campus needs.

The offices of e-commerce, institutional communications, and institutional advancement provide support for internal communications and institutional promotion/marketing. The offices of advancement, alumni affairs, and gift planning develop relationships with the College’s various constituencies. The Foundation solicits gifts for the campus as a separate 501(c)(3) corporation and has initiated a 5-year campaign to raise $25 million to $35 million by 2003. This ambitious goal will complement the Foundation’s June 30, 2000 net assets of nearly $34 million. Funds from the campaign will be earmarked for technology enhancements, student scholarships, and clinical/research centers of excellence.

Scholarship funds for the campus are quite limited. It was noted that prior to 1997 scholarship funds had been used as a reward for continuing students who excelled academically. While this had been a common practice on many campuses, recent trends concentrate scholarship awards for recruitment of high quality or specifically targeted students.

A change in philosophy was implemented in 1997 to award 22 full awards to students in the School of Medicine. It is anticipated that this program will be expanded to students in the other schools as the Foundation successfully completes its campaign. Expanded scholarship funding was also identified as a priority in the strategic plan and as a need by the students.
Campus personnel noted that the College is only 30 years old with a limited alumni base, which reduces opportunities to solicit major gifts. Yet, given the highly competitive environment for recruitment of high quality students and the extensive research and other infrastructure needs that exist on campus as well as reduced state support, it is imperative for MCO to successfully complete its current campaign and to continue its efforts to increase its endowed base and to procure major gifts. Efforts should be made to develop relationships with all alumni including those who complete degrees through the University of Toledo and Bowling Green State University.

Criterion Five: The institution demonstrates integrity in its practices and relationships.

Review of institutional policies and procedures, public documents, and patterns of daily operations indicate that MCO exercises integrity in its practices and relationships. Each school has clear policies and procedures. In addition, handbooks are available for students that delineate policies, expectations, and responsibilities. The Faculty Governance Committee reviews and updates campus policy and procedure manuals. It is noteworthy that MCO has codified standards of ethical conduct and integrity in its institutional bylaws. The campus has an Institutional Compliance Office, a Research Regulatory Compliance Office, and an Institutional Review Board. These offices carefully monitor all aspects of the law, agency guidelines, and state/federal regulations for the institution.

An area of concern for the 1991 comprehensive team and the 1996 focused evaluation team related to affirmative action. During the past ten years, the campus has given considerable attention to this issue.
Affirmative Action

The institution continues to develop programs that will improve the cultural climate of MCO. One of the most significant initiatives was the establishment of the Office of Multicultural Affairs in 1997. Personnel in this office provide counseling to minority students, connecting them to pertinent institutional support services and other resources. Programs are developed to foster a positive climate for tolerance and greater awareness of diversity among students, faculty, and staff. Two major initiatives are the Cultural Diversity Competency Training program and Culturescape.

The Cultural Diversity Competency Training program is an eight-hour workshop that all employees are required to complete. It is designed to improve awareness of faculty and staff relative to cultural differences and to improve interpersonal relations. Once all faculty and staff complete the training, it is anticipated that the improved institutional climate will help students learn important lessons about the unique needs of culturally different patients and clients.

Culturescape, a weeklong program to raise awareness and celebrate differences is conducted annually. The program consists of a variety of activities that feature foods and music of other cultures. There are also a series of quiz programs featuring questions about other cultures, with prizes awarded to the winners. The value of this program was rated highly by students and employees who were interviewed. In addition to fostering greater awareness of other cultures, the event also appears to be instrumental in bringing all communities of interest within the institution closer together.
Changes in hiring practices to increase diversity were also examined by the team. Relative to employment of faculty, the Provost provided data to show that the institution has made steady progress in diversification of its faculty. There is an apparent lack of consistency, however, in procedures the Director of Equal Opportunity must follow during the hiring process. The director serves as an ex-officio member of all search committees, but his office is only expected to evaluate selected (rather than all) searches for compliance with affirmative action standards before a contract is offered.

Analysis of progress toward meeting goals of greater diversification of the faculty could be improved by better organization of employment data. The team received documentation showing that in recent years more minorities have been employed. Some of those reports included the number of Asians that have been hired. Since Asians are a non-protected minority, including them in this type of summary is not consistent with standard affirmative action reporting procedures. Another report listed new hires that were both full and part-time employees. For ease of interpretation, a clear distinction should be made between full and part-time status.

There appeared to be some discontinuities in terms of affirmative action in faculty and staff hiring. Some departments were familiar with the requirement of filing an affirmative action hiring plan, obtaining approval of ads and recruiting strategies, and obtaining data on applicants. Other departments were far more vague about these matters.

It is not apparent that there is a clear or broadly understood knowledge of the rules regarding affirmative action. Further, the measurement of progress appears somewhat vague.
The director of EEO is to be commended for his proactive focus on the campus climate for diversity. However, he must also make sure that he is the enforcer of clear rules.
Multiculturalism

In response to several factors, including student comments and the last comprehensive NCA visit, the MCO established an Office of Multicultural Affairs. The leadership of this office is excellent, but the office appears to be under-staffed given its important mission. The principal stated goal of the office is to conduct diversity training workshops for the entire campus. These workshops began in 1998, first in very large groups and, more recently, in groups of 25-30 individuals. The workshop presents a competency-based curriculum offered in a one-day session. Continuing education credit is given to faculty and staff for the successful completion of the workshop. The Provost has set forth the goal of 100% participation by the faculty and staff. Approximately one-third of all employees have been through the program thus far. The team identified at least two barriers to achievement of the goal of 100% participation. First, there was evidence that some supervisors were not willing to allow staff members to participate in diversity training during working hours. There appear to be some problems in communication, however, because when asked about this, central administrators reported that all supervisors are expected to make arrangements so that staff can be released from their duties to participate. A second problem is the absence of a limit on the number of months that can pass before new personnel are required to receive the training. An initial introduction in diversity training is covered during the orientation sessions for new support staff; however, there is no comparable experience provided for faculty. In discussions with the faculty and staff, there was widespread previous participation reported and a general agreement with the goals of the workshop.
The goal of 100% participation is laudable, and the realization of this goal will require a greater urgency at all levels of the institution. Further, after the first workshop, it will be important to develop new strategies for effective follow-up, advanced training, and assessment of the program. The program requires better institutionalization, including integration into the strategic planning process.

Separate from the workshops, the office also provides informal counsel to students, staff, and faculty. The office was recently moved from the first floor to the third floor. This move has its advantages, including a symbolic proximity to the Provost's office and greater space. However, the move also removed the office from easy access and a continuous visibility to passersby.
SECTION III: STRENGTHS AND CHALLENGES

Strengths

1. The institution has created an academic environment that reflects collegiality and mutual respect among faculty, students, and administrators. This environment encourages collaborative endeavors and promotes institutional pride.

2. The campus is a safe, attractive environment with a well maintained physical plant that supports the academic mission of the institution.

3. The Center of Creative Instruction is cutting edge and is dedicated to the development of innovative applications in support of teaching and learning for both faculty and students.

4. Teaching effectiveness and mentoring is valued and openly celebrated. Students and faculty see themselves as active participants within a learning community.

5. The institution recognizes the value of the basic sciences.

6. Students demonstrate a strong work ethic and a high level of social consciousness.

7. The College has demonstrated a commitment to women in administrative positions.

Challenges

1. Strategic planning does not appear to drive decision making or have total campus awareness, nor does it seem to have clear measurable goals linked with the institutional mission and the budgeting processes.
2. Scholarships are available only to students enrolled in the School of Medicine. The campus lacks a cohesive institution-wide student recruitment and retention plan with measurable goals, particularly in light of the declining applicant pool.

IV: ADVICE AND SUGGESTIONS FOR INSTITUTIONAL IMPROVEMENT

1. As the campus strives to enhance its image throughout the region and nation, it should consider increasing its efforts in research and pursuit of external funding. The campus should accept the recommendation of the assessment committee to require an annual report.

2. Efforts should be made to develop an institutional research office and a centralized database for analysis of trends and information.

3. The ongoing needs of the library should be considered in the overall schema of campus planning and funding.

4. Attention should be given to campus wide coordination of technology services to increase efficiencies and to be more cost effective.

5. Consistent review of the diversity of the applicant pool by the Director of Equal Opportunity should be an integral part of every full-time faculty search process.

6. The campus should develop a technology plan that considers replacement needs as well as new developments.

7. Efforts should be made to provide endowed chairs to all programs in the College.

8. While there is recognition of the importance for multicultural and diversity training, this effort requires greater financial commitment and prominence within the institution.
V: RECOMMENDATION AND RATIONALE

Recommendation

The team recommends that the next comprehensive evaluation of the Medical College of Ohio be held in 2010-2011.

Rationale

The Medical College of Ohio provides quality medical education for students enrolled in the medical, nursing, allied healthy, and biomedical sciences. Feedback from alumni and employers indicate graduates of MCO are well prepared for the workplace. Through highly effective leadership and a collaborative, collegial faculty/staff, the campus has addressed issues identified in the 1990-91 comprehensive visit and the 1996 focused visit. The current team noted the campus needs to more effectively link planning with data and budgeting, provide scholarships for students in addition to those for students enrolled in the Medical College, and develop a cohesive student recruitment/retention plan.

The team is confident that the campus will aggressively pursue these challenges and will make appropriate changes. Further, it is the consensus of the team that the Medical College of Ohio meets the GIR-s and Criteria for Accreditation as established by the NCA Commission of Higher Learning.