

July 23, 2004

MEMORANDUM

TO: William Strampel, DO
Dean

FROM: Gail Riegle, PhD
Associate Dean

SUBJECT: Summary, Constraints and Opportunities – COM Enrollment

As you are aware, issues related to increased class size have received considerable attention in recent months. Factors impacting our decisions regarding class size include the following.

- Increasing evidence that the country is facing a physician shortage.
- Recognition that our Statewide Campus System consortia functions as a cost effective vehicle to enhance the quality of osteopathic clinical education in Michigan that provides the college the opportunity to develop an effective continuum of pre and postdoctoral clinical education.
- Requests for clerkship base hospital recognition and student assignment from Michigan health care institutions that are not current participants in the delivery of our clinical clerkship curriculum.
- Growing pressures for the establishment of a branch campus/affiliate site in Southeast Michigan that would potentially expand enrollment independent of East Lansing based academic infrastructure.
- Recognition that an increase in COM enrollment can facilitate the expansion of CHM to Grand Rapids.
- The reality that tuition/fees revenue associated with increased COM enrollment exceeds the cost of the infrastructure expansion needed to accommodate the increased class size.

Feedback from Constituent Groups: Over the last several months I have discussed constraints and opportunities associated with an increased class size in the context of our clinical chairperson meetings, individually with our basic science chairpersons, the College Curriculum Committee, and the faculty course coordinators who manage the planning, implementation, and evaluation of our preclerkship curriculum. Summary notes of these sessions have been provided as appropriate.

As anticipated, almost everyone I have met with expressed some reservation regarding known and unknown changes in college, department, and personal responsibilities associated with a further, substantial increase in class size. Although several of this group thought that certain of the challenges they believed they would encounter would be diminished by a delay of the increase to coincide with the anticipated CHM expansion to Grand Rapids, the overall support for an increase in the COM class size to at least 200 students was essentially universal. They believe that an increase in the COM class size will strengthen the profession, nationally and in Michigan, serve the interests of our affiliated health care institutions, and strengthen the budget base for our college and professional education at Michigan State University. Although most recognized that a delay of the increase in the COM class size until CHM had implemented its expansion to Grand Rapids would probably be less disruptive in terms of curriculum implementation, most anticipated that we would be challenged to accommodate an increase in enrollment before the CHM transition was implemented.

Suggested Models for Accommodating an Increase in Class Size: In general, suggestions to accommodate an increased class size before the CHM expansion focused on three models. 1) The continuation of the delivery of the current curriculum scheduled in larger classrooms with a probable expansion of scheduled laboratory sections beyond 5 PM. 2) The scheduling of the jointly administered, Year 1 introductory basic science courses into two sections, presumably a morning and an afternoon section. Although this model provides the opportunity for whole day scheduling of laboratories the option is limited by the current pattern of scheduling faculty for both lecture and laboratory portions of a course. 3) The implementation of a problem based learning option that would presumably be scheduled independent of the regular curriculum allowing an expansion of total COM enrollment.

Of the three models, the expansion of the current program into larger classrooms generally received more faculty support, presumably reflecting their belief that it would be less disruptive and require fewer new resources compared to the other models.

Resource Requirements to Accommodate an Increase in COM Class Size: Projections regarding the resource commitment needed to effectively deliver our curriculum to a larger class are obviously tied to our ability to reach agreement on the timing of the expansion relative to the CHM expansion and the curricular model(s) selected for the osteopathic students. Predictable resource challenges for each of the models identified above will include the following.

1. Expansion of the single section delivery of the preclerkship curriculum.

- Larger lecture room for the ten jointly administered introductory basic science courses (probably a problem for fall, 2005 implementation, assuming that classrooms are currently assigned). Although adding portable tables can modestly increase the seating capacity of A133 Life Sciences in front and in back of the fixed classroom seats, the current class size (CHM – 106, COM – 145, plus students repeating Year 1 courses) uses all of the room's current capacity.
 - Extended laboratory hours and increased faculty needs for laboratory courses – gross anatomy, histology, microbiology, neuroscience (gross anatomy faculty have proposed a summer start for COM as a preferred alternative to the increased academic load of combined, CHM/COM instruction in the fall semester).
 - Increased numbers of sections and increased faculty resources to staff the clinical skills labs – Clinical Skills, Doctor-Patient Relationship, OMM, and small group sessions integrated in the Year 2, Systems Biology program.
 - Increased staff support in Academic Programs to provide new staff support for introductory basic science courses, the general increased load associated with increased enrollment, and an expansion of the clerkship support systems.
 - Larger classroom for our Year 2, Systems Biology program, recognizing the capacity of existing Fee Hall classrooms is about 150 seats.
2. The 2 Section Year 1, Introductory Basic Science Model:
- An additional lecture room for the assumed afternoon lecture schedule (assuming that A133 Life Sciences would continue as the morning lecture hall).
 - A large lecture hall or facility to accommodate both sections of the Year 1 curriculum for examinations (assume early morning, or late afternoon administration).
 - Additional faculty/staff resources to support the morning and afternoon laboratories – gross anatomy, histology, microbiology
 - Additional faculty commitment to meet morning and afternoon clinical skills laboratories (Clinical Skills, DPR, OMM, and small group sessions integrated in the Year 2, Systems Biology Program.
 - Increased staff support in Academic Programs to provide new staff support for the introductory basic science courses, the general increased load associated with increased enrollment, and an expansion of the clerkship support systems.
 - Larger classroom for our Year 2, Systems Biology program.
3. The Problem Based Curriculum Model – Assume Limited Enrollment, Selected Students:

- Faculty time required to develop new clinical problems and/or to modify existing problem based curricular materials from CHM or other schools using this curricular model.
- Faculty resources to implement the curricular model (small group staffing) and to prepare examinations or other outcome measures of student performance.
- Increased staff resources in Academic Programs to administer the planning, implementation, and evaluation of the PBL curricular model.
- Increased small group room resources needed to accommodate the delivery of the curriculum.

Summary: In general, my interaction with the departmental chairpersons and faculty who have assumed leadership roles for the delivery of our curriculum has identified broad support for the anticipated increase in COM class size. Although they recognize that further increases in class size will generate major changes in the administration and delivery of our curriculum, they anticipate that the resources required to offer our students the opportunity for a quality learning experience will be provided. Without question everyone contacted concerning this issue expressed concern about the timing of further increases in class size, emphasizing that any commitment for an increase in the class entering in the fall of 2005 needs almost immediate sanction and university support to identify the resources and changes in infrastructure needed to deliver our program.

I will look forward to continuing discussion of these issues at your earliest convenience.

September 24, 2004

MEMORANDUM

TO: Karen L. Klomparens, PhD
Dean, Graduate School

FROM: Gail D. Riegle, PhD
Associate Dean

SUBJECT: College of Osteopathic Medicine, Proposed Class Size

I am writing in response to your recent invitation to provide information, or comment regarding the June 25, 2004 Memorandum from the College of Human Medicine (CHM) Curriculum Committee that was forwarded to the University Graduate Council by the Executive Committee of Academic Council. In addition, I have attached the summary note from a July 6, 2004 meeting that Dean Strampel and I had with Provost Simon and a July 23, 2004 memorandum to Dean Strampel that attempted to summarize information and dialogue regarding increased class size with faculty course coordinators and departmental chairpersons.

Although the university community has recently engaged in open discussion about the possible expansion of CHM to Grand Rapids with concomitant increases in College of Osteopathic Medicine (COM) enrollment, an increase in COM class size has been under consideration for some time. During the 2002-03 academic year Provost Simon asked the college to request approval from the American Osteopathic Association (AOA) for an increase in class size for the Class of 2007 that entered the college in the fall of 2003. With approval from the AOA the Class of 2007 included 143 students and 148 students entered our program in 2004 as our Class of 2008.

As outlined in the memorandum from the CHM Curriculum Committee our colleges currently implement a jointly administered series of introductory basic science courses for the first year students in both colleges. As acknowledged in my July 23 memorandum to Dean Strampel, the classroom currently used for the jointly administered lectures, A133 Life Sciences, has a seating capacity of about 254 students. With the CHM class size of 106 students the COM enrollment cannot be expanded beyond the current enrollment of about 145 students without a major change in curricular models and/or a change in the classroom scheduling for these courses.

As discussed in the attached correspondence, the transfer of a substantial portion of CHM enrollment to Grand Rapids could be associated a concomitant increase in COM class size without impacting the academic infrastructure supporting the first year curriculum. On the other hand, an increase in COM enrollment independent of a CHM expansion to Grand Rapids would require substantial modification in the delivery of the curriculum. Three obvious options for accommodating an increased class size are outlined in the July 23 memorandum to Dean Strampel. As acknowledged in that summary, any increase in the current East Lansing enrollment would have to accommodate the limitations in laboratory resources associated with the introductory basic science and college specific clinical skills courses.

The CHM Curriculum Committee raises the issues of the effect of increased COM class size on community resources that support our clerkship curricula and the quality of physicians produced by our colleges. It is important that the committee understand that the accrediting agencies for both colleges, the AOA and LCME, do not require that physician faculty be paid for assuming their teaching responsibilities. The faculty who assume responsibility for the delivery of our clerkship curriculum in our affiliated Michigan hospitals are among the 1,800 clinical faculty who volunteer to work with the college's pre and postdoctoral clinical education programs.

Almost all of the hospitals participating in osteopathic graduate medical education in Michigan are members of the MSUCOM Statewide Campus System (SCS). The SCS provides the opportunity for our affiliated hospital teaching programs and the college to pool and share educational resources in a statewide consorial educational model. The total number of internship and residency positions within the SCS, 1,054 positions filled for the 2004-05 academic year, indicates that the MSUCOM graduates currently fill less than half of the graduate medical education positions within the SCS. Only 12 of the 22 members of the SCS are currently supporting the college's clerkship curriculum. Recognizing that about 90% of our graduate enter SCS graduate medical education programs, the SCS hospital affiliates that are currently part of our clerkship education program have consistently asked for more students and the hospitals not currently supporting our clerkship program have petitioned to become part of the system. These data suggest that clerkship education resources to support an expanded COM class size are not a limiting factor in our consideration of enrollment.

The June 25 CHM memo expresses concern that a further increase in COM class size could negatively impact clerkship education resources for year 3 and 4 students at campuses across the state. The only hospitals where we currently overlap the CHM clerkship program are at Genesys in Grand Blanc and Sparrow in Lansing. The Genesys program represents the regional consolidation of the

former Flint Osteopathic Hospital and St. Joseph Mercy. Although some CHM students complete rotations at Genesys, their primary Flint sites are Hurley and McLaren Hospitals. We have recently agreed to include Sparrow Hospital as a clerkship education site starting in 2005. This approval was in response to the hospital's petition to develop increased osteopathic student education programs to support their expanding osteopathic internship and residency programs.

In response to concerns about the effect of an expanded class size on the academic qualifications of students I recently summarized standard measures of academic qualifications of the admitted Class of 2008 with the 80 – 90 applicants that were placed in the alternate list. Recognizing that the admissions process evaluates criteria other than the usual academic criteria it was of interest that there were no differences between the average and range of MCAT scores and grade point averages between the admitted class and those on the alternate list. Based on academic criteria, these data suggest that the college could have admitted a class of 200 with no discernable difference in academic qualifications.

In summary, it is important to emphasize that all discussions with Provost Simon, Dean Strampel, department chairpersons, and teaching faculty have recognized and supported the increased resources that will be needed to accommodate a larger class. At this point I have no evidence to suggest that an increase in the COM class size would not be accompanied by an appropriate increase in faculty resources and the support infrastructure required to offer students a quality educational opportunity.

I am sure that I speak for Dean Strampel by indicating that we look forward to discussing these issues with the Graduate Council on October 4.

October 27, 2004

MEMORANDUM

TO: Jon Sticklen, PhD, Chairperson
Executive Committee of Academic Council

FROM: Gail D. Riegle, PhD
Associate Dean

SUBJECT: Memo fr: College of Human Medicine Curriculum Committee Re:
College of Osteopathic Medicine Proposed Class Size Changes

I am writing in response to Provost Simon's request that the college comment on issues and concerns mentioned in Dr. Morash's October 12, 2004 memo. It is our understanding that Dr. Morash's memo outlines issues and concerns that were discussed during the October 4 University Graduate Council (UGC) meeting regarding their consideration of the June 25 memo from the College of Human Medicine (CHM) Curriculum Committee that expressed concern about the impact of increased College of Osteopathic Medicine (COM) class size on CHM academic programs. I was provided the opportunity to provide background information to the UGC and attended the October 4 meeting to respond to questions from UGC committee members.

As indicated in the material forwarded to UGC, Provost Simon has asked our college to consider increases in class size related to the following.

- Increasing evidence that the country is facing a physician shortage.
- Recognition that our Statewide Campus System functions as a cost effective vehicle to enhance the quality of osteopathic clinical education in Michigan in a continuum of pre and postdoctoral education.
- Requests for clerkship base hospital recognition and student assignment from Michigan hospitals that are not current participants in the delivery of our clinical clerkship curriculum.
- Growing pressure for the establishment of a branch campus/affiliate education site in Southeast Michigan that would potentially expand enrollment independent of the East Lansing based academic infrastructure.
- Recognition that an increase in COM enrollment can facilitate the discussed expansion of CHM to Grand Rapids.
- The reality that tuition/fees revenue associated with increased COM enrollment exceeds the cost of the infrastructure expansion need to accommodate the increased class size.

The increase in tuition revenue, greater than \$4 million annually for a 50-student increase in class size is of obvious interest to the university, college, and affected departments in this era of shrinking resources.

As indicated in the materials provided to UGC, the college has been considering issues related to increased class size for some time. After discussion, Provost Simon asked the college to take the first step in the process of increased class size early in 2003. Following the Provost's lead we petitioned our accrediting agency, The American Osteopathic Association, for an increase in our approved class size from 125 to 140 positions. Following approval of our request we admitted 143 students in the class enrolled in the fall of 2003 and 148 students in 2004 (note, the AOA allows some flexibility in admitted numbers related to anticipated attrition of numbers as they progress through the curricula).

During this period we have continued discussion and planning within the college for the anticipated further increase in class size. Issues related to class size, including the faculty resources needed to support an expanded enrollment without compromising academic quality have been a consistent agenda item for our biweekly Clinical Departmental Chairpersons meetings, our monthly meetings of the College Curriculum and Advisory Committee meetings (note, all affiliated departments, including the jointly administered basic science units are represented on these committees), and the semester meetings of the Faculty Assembly. In addition, I have met individually with the chairpersons of the shared basic science departments and the faculty course coordinators of all of our campus-based preclerkship courses to discuss the issues and challenges related to the anticipated increase in enrollment. Summaries of these meetings can be provided if you are interested or feel they would be helpful.

The projected increase in class size will impact and cause some disruption in classroom support and scheduling. The classroom now scheduled for our jointly administered (COM/CHM) Year 1, introductory basic science courses, Life Sciences A133, cannot accommodate additional students and an increase in enrollment will impact the laboratory portions of the jointly administered gross anatomy, histology, and microbiology laboratories.

The issue of classroom size for the lecture portion of these courses can be resolved by moving our program from Life Sciences to the Conrad Auditorium with a capacity of 390 students. The challenge of potential overcrowding of the gross anatomy, microbiology, and histology laboratories will be addressed by scheduling additional laboratory sections that may reduce the numbers of students that are currently scheduled into the current laboratory sections. The costs associated with delivering the additional laboratory sections will be addressed by increased budgetary support for the departments affected.

The issue of the adequacy of cadaver resources to support an expanded class is a recognized challenge. Discussion with Dr. Potchen, Chairperson of the Division of Anatomy and Structural Biology and members of the gross anatomy teaching team have identified several alternatives that are being considered to address these issues. We are considering offering a condensed gross anatomy course during July and August, before the start of the regular fall semester, for a significant portion, or perhaps all of the first year COM class. Offering a summer alternative would obviously impact the instructional, and presumably the cadaver load, for the regular fall semester course that would be offered for the CHM students and perhaps a portion of the COM first year class. We are also considering increased use of preserved, plastinated anatomical specimens that would reduce the inherent damage to fresh dissected anatomical preparations related to the numbers of students handling the embalmed preparations. Dr. Potchen has also asked the faculty to explore the opportunities to use virtual computer technologies as an alternative to certain cadaver preparations as an instructional aid. Finally, we are working with Physical Plant to explore possible opportunities for the expansion of our refrigerated cadaver storage space, an issue of obvious importance to accommodate increased enrollment. The proposed increase in cadaver storage capacity represents a facility enhancement that would be a useful resource to better support the demands of the anatomy teaching program independent of future enrollment increases.

Some concern has been voiced regarding the impact of an increase in class size on the academic quality of the students admitted. In response to this concern we want to emphasize that the nearly 90 students that were placed in an alternate pool for the class admitted in 2004 had nearly identical grade point averages and MCAT test scores when compared to those that were admitted to the class. Almost 40 of those in the 2004 alternate pool were offered delayed admission into the 2005 class with sixteen of them accepting the offer with the other accepting offers for 2004 admission from other medical schools. We have also received university support for the development of an expanded scholarship fund to offer financial assistance to highly qualified out of state applicants that will reduce their tuition and fees to the \$30 – 35,000 range, making our out of state tuition comparable to that charged by independent osteopathic colleges. We are optimistic that these scholarships will allow us to attract an expanded pool of highly qualified out of state students and positively affect the overall quality of students admitted to our expanded program.

I am not sure that I fully understand the concerns regarding CNS faculty expressed in Dr. Morash's note. As you know our basic science departments serve as "university" academic units rather than wholly administered parts of the medical schools. As such, these jointly administered departments receive variable budgetary support from the three medical colleges, CNS, and in some instances the Experiment Station. In turn, these units provide undergraduate courses for the university community, they teach departmentally based courses in the medical schools and participate in our integrated,

college based instructional programs, and provide graduate education opportunities within their disciplines. The basic science units have a long established tradition of making teaching assignments independent of salary lines and faculty have the option of having faculty appointments and voting rights for the participation in college academic governance independent of salary lines. This relatively loose, flexible process of faculty commitment and assignment places some unique communication challenges.

Although Dean Strampel has regular interaction with Dean Davis regarding common college issues and concerns, including class size, we have not believed that it was necessary or appropriate to discuss issues related to COM class size with the CHM Curriculum Committee, the CHM College Advisory Committee, or CHM clinical departments that might have interest in, or be affected by an increase in our class size.

Finally, contrary to the implied lack of communication within the college, I would emphasize that departmental chairpersons, the COM Curriculum and Advisory Committees, and our faculty course coordinators have been considering the issues of increased class size since the early part of 2003. Although we have encountered those expressing reservations about whether the university would be willing or able to provide the additional faculty and infrastructure resources to ensure that the quality of the educational opportunities provided was not negatively impacted, the overall support for increased class size has been almost universal.

More recently, during our recent fall APP&R review, Provost Simon asked Dean Strampel to proceed with the planning and steps necessary to accommodate an increase in the COM enrollment for the Class of 2009 that will be admitted to the college next fall. As an initial step in this process we are preparing an application for an increase in class size that will be presented to the American Osteopathic Association's Commission on Osteopathic College Accreditation at its December meeting.

In summary, I thank you for the opportunity to respond to issues related to COM class size in the correspondence from UGC. I will look forward to providing additional information to the ECAC as needed.