# Rush University

# **College of Health Sciences**

# **Fall Faculty Meeting**



**October 22, 2008** 



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# **COLLEGE OF HEALTH SCIENCES**

# **FALL 2008**

# **Rush University**

## College of Health Sciences

#### Mission and Vision

The purposes of Rush University are to educate students as practitioners, scientists and teachers who will become leaders in advancing health care and to further the advancement of knowledge through research. The College of Health Sciences, as an integral component of the University, seeks to prepare superb practitioners and leaders in the allied health professions to provide the very best care for our patients. In addition, the College seeks to make meaningful and significant contributions in advancing health care through excellence in research, scholarship, and service. In keeping with the Rush University practitioner-teacher model, the College integrates patient care, research, scholarship and service into the teaching-learning process of developing future allied health professionals and leaders.

#### Mission

The Mission of the College of Health Sciences is to advance the quality and availability of health care through excellence in education, research and scholarship, service and patient care. The College promotes the values of diversity, access and inclusion in all of its endeavors.

#### Vision

The College of Health Sciences at Rush University will be a world class school of allied health sciences whose programs are recognized as among the best in the United States.

Mission and Vision Statements approved by Chairs Council July 27, 2007

#### COLLEGE OF HEALTH SCIENCES FY 08 ACCOMPLISHMENTS

The following are generally college-wide accomplishments or activities assisted by the dean's office. The many departmental and program accomplishments for the year are reported in the departmental PROA reports published twice per year.

- 1. Chairs Council established as the administrative body for the college met 2x per month throughout the year
- 2. Environmental Scan (SWOT) completed
- 3. Mission & Vision new statements developed and approved
- 4. Strategic Planning Committee established developed strategic plan, plan approved 8/07
- 5. New standards for evaluating programs and departments developed and approved
- 6. New job standards for chairs developed and approved
- 7. Program Plan developed and approved 5/2/08
- 8. Marketing and Student Recruitment Committee established held two college wide open house events and multiple individual program open house events.
- 9. E-marketing campaign initiated for CLS, Perfusion, AuD, Ethics
- 10. Faculty Development for Teaching Committee established and five lunch & learn sessions and workshops held throughout the year
- 11. Faculty Research Development Committee established and five lunch & learn sessions and workshops held throughout the year
- 12. Faculty Resource Page developed and lunch and learn and other presentations posted (see: http://iris.rush.edu/RUSHU/chs/chsfacres.html )
- 13. Diversity Committee established diversity goals for the college established and approved by Chairs' Council and lunch & learn on diversity held.
- 14. Tuition restructuring Tuition Review Committee established and tuition restructured for fall of 08 resulting in a projected increase in tuition revenue >20%
- 15. CHS Scholarship Fund approved and \$350,000 in funds earmarked for FY09
- 16. Rush University Rules for Governance College of Health Sciences Policies and Procedures re-written and approved by the faculty (3-18-08).
- 17. Student Government Association (SGA) established Chairs' Council student representation included, quarterly SGA meeting with the dean began.
- 18. Program Review and Outcomes Assessment (PROA) Committee established. PROA data and reporting identified. PROA data collection performed and reports published and distributed to faculty and other stakeholders x 2.
- 19. Graduate exit survey, resource assessment survey (faculty and students), and alumni surveys developed and approved by Chairs' Council.
- 20. Graduate exit survey and resource assessment surveys administered and data collected, analyzed and distributed to chairs (May/June 08 and August 08).
- 21. New student survey developed and administered data shared with the departments.
- 22. Participated in HLC self study preparation and visit resulting in recommendation for 10 year reaccreditation.
- 23. Interdisciplinary Education Committee established and two new interdisciplinary courses were approved for offering in the fall of 08 (CHS 501 Research Methods, CHS 502 Biostatistics).
- 24. Two chair searches Perfusion (completed) and Nutrition (near completion recommendation received in July)
- 25. Fiscal integrity: CHS was approximately \$233,800 better than budget for FY08

- 26. Curriculum Committee Committee met and received charges. A CHS approval mechanism for curricula review and approval is in development.
- 27. Standardized B.S. degree general education requirements developed and published.
- 28. Developed and published a new student grievance policy.
- 29. Associate Dean for Research job description developed and individual appointed.
- 30. Director of Academic and Student Affairs job description developed, individual identified and hired.
- 31. Executive Assistant job description developed and individual identified and hired.
- 32. Associate Dean for Academic Affairs and Graduate Studies position description developed and approved and individual appointed.
- 33. PhD Steering Committee established to explore offering a PhD in Health Sciences. Initial meetings identified a core curriculum for the program.
- 34. College represented at ASAHP and Midwest Dean's meetings.
- 35. Council on Accreditation of Allied Health Education Programs (CAAHEP) dean receives commissioner appointment as an ASAHP representative.
- 36. Respiratory Care Steering Committee established preliminary program approval obtained from BOO, Letter of Intent IBHE Application submitted
- 37. Physician Assistant Steering Committee established, preliminary program approval obtained from BOO Letter of Intent submitted to IBHE, draft IBHE proposal developed.
- 38. Imaging Sciences Steering Committee established, preliminary program approval obtained from BOO consultant retained curriculum framework developed and draft IBHE Letter of Intent and proposal near completion.
- 39. Scholarship and Stipend Committee developed new criteria for College scholarships
- 40. Space in Jelke identified and renovated for perfusion and new programs.
- 41. First CHS Research Pilot Study Grant awarded HSM
- 42. Held two college-wide general faculty meetings (fall and spring) with departmental, committee and dean's reports
- 43. System of grant pre-review (grant readers) setup for CHS faculty
- 44. Participated in NAAHP and other university wide collaborative activities
- 45. Served on Mentorship Advisory Committee, placed a CHS faculty member as mentee

# **COLLEGE OF HEALTH SCIENCES**

# **DEPARTMENTAL REPORTS**

Fall 2008

# Rush University College of Health Sciences Fall 2008 Departmental Report

# **Department of Clinical Laboratory Sciences**

Please complete the following sections by providing information that is current as of the reporting date (September 15, 2008).

#### ACADEMIC PROGRAM

#### **Student Recruitment**

Describe any program marketing and student recruitment activities for the period January 1, 2008 to the present.

# Open House sessions every second Saturday of the month through August

- □ Career ads placed in college newspapers and Sun Times.
- ☐ Two ads placed in the Advance journal
- Admissions and Enrollment
- □ E-mail notices
- □ Faculty attended two career fairs.

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

### **Program: CLS**

Class	Number of	Number	Number beginning	Current
(beginning)	applicants	accepted	the program	Enrollment*
Fall 2008	52	34	31	31
Fall 2007	38	25	19	15
Fall 2006	55	29	29	3
Fall 2005	52	35	35	0
Fall 2004	40	32	32	0
Fall 2003	30	27	27	0

<sup>\*</sup> As of fall quarter 2008

#### Graduates

List the number of graduates by year.

**Program: CLS** 

Class	Graduation	Current	Number of
(beginning)	Date*	enrollment	graduates
Fall 2008	June 2010	31	NA
Fall 2007	June 2009	15	NA
Fall 2006	June 2008	3	22
Fall 2005	June 2007	0	16
Fall 2004	June 2006	0	27
Fall 2003	June 2005	0	16

<sup>\*</sup> If students completed the program during other quarters, please add additional lines. Board Examination Performance

**Program: CLS** 

Name of the Examination: ASCP/NCA

Trogramme CED	116	Tunic of the Examination, 115 C1/11 C11					
Graduation	Number of	Number taking	Number	Total			
Date*	graduates	the exam to-	passing (first	passing			
		date	attempt)				
June 2008	22	6	6	6			
June 2007	14	8	8	8			
June 2006	27	19	14	15			
June 2005	16	12	11	12			
June 2004	12	10	6	7			
June 2003	12	12	10	10			

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

# **Graduate Placement**

**Program: CLS** 

Graduation	Number of	Number employed	Number continuing
Date*	graduates	in the field	their education
June 2008	22	22	0
June 2007	14	14	0
June 2006	16	16	0
June 2005	27	24	3
June 2004	12	11	1
June 2003	12	12	0

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

**Program: SBB** 

Class	Number of	Number	Number beginning	Current
(beginning)	applicants	accepted	the program	Enrollment*
Fall 2008	25	16	16	16
Fall 2007	26	24	24	7

<sup>\*</sup> As of fall quarter 2008

#### **Graduates**

List the number of graduates by year.

**Program: SBB** 

Class	Graduation	Current	Number of
(beginning)	Date*	enrollment	graduates
Fall 2008	August 2009	16	NA
Fall 2007	NA	6	17

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### **Board Examination Performance**

**Program: SBB**Name of the Examination: ASCP

Graduation	Number	Number taking	Number	Total
Date*	of	the exam to-	passing (first	passing
	graduates	date	attempt)	
August 2008	17	0	0	0
August 2007	NA	NA	NA	NA

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### **Graduate Placement**

**Program: SBB** 

Graduation	Number	Number	Number
Date*	of	employed in	continuing
	graduates	the field	their
			education
August 2008	17	17	2
August 2007	NA	NA	NA

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### Curriculum

Reorganization of Clinical Rotations to 4 days per week in 4 week groups.

#### Accreditation

National Accrediting Agency for Clinical Laboratory Sciences Awarded continuing accreditation for seven years on April 30, 2008

Commission on Accreditation of Allied Health Education Programs awarded continuing accreditation to the Specialist in Blood Bank Certificate Program for 10 years on September 2008.

# **New Programs**

We are working on a new Ph.D. Program in Health Sciences with a Specialty in Clinical Laboratory Sciences

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

#### **Funded RESEARCH GRANTS**

List the principle investigator, co-investigators, title of the grant, funding agency, funded amount and time frame (include dates, for example 7/1/07-6/30/09). Please also indicate the amount of funding (if different from funded amount listed) that the CHS department (includes salary, equipment and supplies) will receive.

If the faculty member listed is not the PI on the main grant, please indicate if he or she is the PI (or co-investigator) of a subcontract to the main grant and the amount the CHS department will receive (includes salary, equipment and supplies).

# **Maribeth Flaws**

National Tuberculosis Curriculum Consortium, funded by the National Heart, Lung & Blood Institute of the National Institutes of Health (N01-HR-36157) in October 2003; PI = Antonino Catanzaro; 5% salary; 2005-2008

#### SUBMITTED RESEARCH GRANTS

List the principle investigator, co-investigators, title of the grant, funded amount and proposed time frame. Please also indicate the amount of funding (if different from funded amount listed) that the CHS department (includes salary, equipment and supplies) will receive.

If the faculty member listed is not the PI on the main grant, please indicate if he or she is the PI (or co-investigator) of a subcontract to the main grant and the amount the CHS department will receive (includes salary, equipment and supplies).

**NONE** 

#### OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

#### **Funded**

List any training grants, contracts, or donations received along with title, funding source and amount and time frame (include dates, for example 7/1/07-6/30/09).

NONE

#### **Submitted**

List any training grants, contracts, or donations submitted along with title, funding source and amount.

**NONE** 

**PUBLICATIONS** (please use National Library of Medicine (NLM)/International Committee of Medical Journal Editors (ICMJE) recommended formats for bibliographic citations. APA style may be used, if that format is preferred in the discipline. Examples of citations are found at the end of this document – see also:

http://www.ncbi.nlm.nih.gov/books/bookres.fcgi/citmed/frontpage.html ).

#### **Refereed Publications**

Papers Published in Peer Reviewed (Refereed) Journals

**Abstracts Published in Peer Reviewed Journals** 

**Books and Chapters** 

Other Publications (non-refereed journals, magazines, newsletters, proceedings)

Editor, Editorial Boards or Reviewer

Maribeth Flaws

ASCLS Clinical Laboratory Investigations-Case Studies for the Laboratory Professional

Mark Jaros

Q & A Review Medical Technology/Clinical Laboratory Science, 4<sup>th</sup> Edition, 2008, Laboratory Management

#### **PRESENTATIONS**

## **Abstract, Poster and Paper Presentations**

# Lela Buckingham

- Batus, M, Fidler MJ. Basu S, Coon JS, Buckingham L, Kaiser-Walters K, McCormack S, Bonomi P. Frequency of Insulin-like growth factor 1 (IGFR-1) expression and correlation with clinical and selected molecular parameters in advanced non-small cell lung cancer (NSCLC) patients (pts). Amer. Soc. for Clin. Oncol. Annual Meeting, Abstract No. 22080, 2008.
- Fidler, MJ, Basu S, Buckingham L, Kaiser K, McCormack SE, Coon J, Bonomi P. Insulin-like growth factor receptor 1 (IGFR-1) and outcome measures in advanced non-small cell lung cancer (NSCLC) patients treated with gefitinib. Amer. Soc. for Clin. Oncol. Annual Meeting, Abstract No. 8036, 2008
- Buckingham, LE, Faber LP, Kim A, Kaiser K, Basu S, Liptay M, Bonomi P, Coon JS. Gene Promoter Methylation and Outcome in Surgically Treated Stage I-II Non-Small Cell Lung Cancer Patients. J Clin Oncol 26(15s):586s, 2008
- Buckingham, LE, Faber LP, Kim AW, Kaiser K, Barger C, Basu S, Liptay MJ, Bonomi P, Coon JS. Tumor suppressor gene CpG site methylation and outcome in surgically treated stage I-II non-small cell lung cancer patients. Poster No. 57, Rush Research Forum, 2008.

American Association for Cancer Research, April 18, 2008, San Diego, CA

Rush Research Forum, April 24, 2008, Rush University Medical Center, Chicago, IL

ASCP Workshop for Laboratory Professionals (WLP) Molecular Diagnostics April 18, 2008 Crowne Plaza, San Francisco, CA

American Society for Clinical Oncology, May 31, 2008, Chicago, IL (Poster Discussion)

# Demetra Castillo, M.Ad.Ed., MT (ASCP)

Hematology of the Future: From Microscopes to Megapixels. Abstract submitted for Jan 08 meeting, Curriculum for the 21<sup>st</sup> Century, St. Petersburg, Florida

Hematology of the Future: From Microscopes to Megapixels. Curriculum for the 21<sup>st</sup> Century Symposium January 17-19, 2008, St. Petersburg, FL.

#### **Maribeth Flaws**

Abstract and Presentation: "Improving Critical Thinking Skills Using Interactive Case Studies", Curriculum for the 21<sup>st</sup> Century Meeting, January 2008

# Veronica N. Lewis, MS, MT(ASCP)SBB

Presentation and Abstract: Curricula for the 21<sup>st</sup> Century An Interinstitutional Symposium on Clinical Laboratory Science Education St. Pete Beach, FL January 17, 2008

#### **Herb Miller**

Abstract and Pesesntation: Interinstitutional Symposium "Doctoratoral Education for Clinical Laboratory Scientists. St. Pete's Beach, FL January 2008

#### LaDonna Moreland

Speaker at the CLS Interinstitutional Education Symposium, Tampa, FL "Innovative Enrichment Practica"

#### Joan Radtke

"Thinking Outside of the Bench: Strategies that Work," presented at Curriculum for the 21<sup>st</sup> Century, Interinstitutional Laboratory Sciences Education Symposium, Tradewinds Sandpiper Hotel and Suites, St. Pete's Beach, Florida, January 19, 2008.

"Electrophoresis, It's Not What It Used to Be," Rush Medical Laboratories, NMLPW Toot Your Whistle Series, April 25, 2008.

"Refresher/Certification Prep: Chemistry, Urinalysis," presented at ASCLS-IL 2008 Annual Meeting and Exhibits, Hickory Ridge Marriott Conference Hotel, Lisle IL, May 1, 2008.

# Ann L. Viernes MS, MT(ASCP)SBB, HP

Presented to the 1<sup>st</sup> ECMO training class given at Rush under the direction of Dr. Ilbawi and David Chabot:

□ Blood Banking and Transfusion Medicine for the ECMO Specialist

#### CONTINUING EDUCATION ACTIVITIES PRESENTED

List title of lectures, workshops, courses and/or *programs presented*, sponsor(s) of the program, dates presented, location. Please also list the number of attendees for any continuing education activities offered or co-sponsored by the department. Note: please <u>do not</u> include continuing education activities attended, unless you had a specific role in presenting the program.

# Demetra Castillo, M.Ad.Ed., MT (ASCP)

Winter 08 Specialty Presentations: Session 1 Winter 08 Specialty Presentations: Session 2

Aberrant E-cadherin (CDH1) Promoter Methylation and Outcome in Early Stage Non-Small Cell Lung Cancer

Fluorescent In Situ Hybridization in CML and CLL

Constitutively-Activated Epidermal Growth Factor Receptor in Absence of EGF Stimulation in Calu-3 Lung Carcinoma Cell Lines

Acute Lymphoblastic Leukemia: A Multidisciplinary Diagnostic Approach

## **Maribeth Flaws**

Interinstitutional Symposium, January 2008
National Clinical Laboratory Educators' Conference, Savanah GA, February 2008
American Society for Clinical Laboratory Sciences-IL State Meeting, April 2008
American Society for Clinical Laboratory Sciences National Meeting, Washington DC, July 2008

#### **Herb Miller**

Interinstitutional Symposium, January 2008

National Clinical Laboratory Educators' Conference, Savanah GA, February 2008

American Society for Clinical Laboratory Sciences-IL State Meeting, April 2008

American Society for Clinical Laboratory Sciences National Meeting, Washington DC, July 2008

# **LaDonna Moreland**

Monthly Lunch & Learns

ASCLS Annual State meeting: 4/30/08-5/1/08

Keynote address: Bob Love

**CBRNE** 

Cytogenetics: Molecular testing on a new level

Celiac disease

Labs are vital

Laboratory detection of healthcare associated infections

CSI in the UK

3/14/08: Student presentations

5/14/08: Aberreant E-cadherin Promoter methylation and outcome in Early stage non-small cell lung cancer

5/30/08: Fluorescent in-situ hybridization in CML and CLL

6/17/08: Acute lymphoblastic leukemia: A multidisciplinary diagnostic approach

# Michele Prod

HLA lecture for the AMT spring meeting, May 16, 2008 Schaumburg IL

# Joan Radtke

Curricula for the 21<sup>st</sup> Century, January 17 & 18, Tradewinds Hotel, St. Pete's Beach, Florida. ASCLS-IL 2008 Annual Meeting and Exhibits, Hickory Ridge Marriott Conference Hotel, Lisle IL, April 29 -May 1, 2008.

Improving the Reporting of Critical Results II: Building Proactive Post-test Communications, June 10, 2008, Rush U., AACC teleconference.

"Toot Your Whistle" presentations during National Medical Laboratory Week, April, 2008.

# Ann L. Viernes MS, MT(ASCP)SBB, HP

Attended many of the Lunch and Learn series offered by CLS and HSM Illinois Association of Blood Banks Spring meeting 2008 (about 150 attendees) Illinois Association of Blood Banks Winter Case Studies February meeting 2008 (Set up the program, accepted the abstracts, lined up the speakers, the site, and the refreshments.) About 50 attendees.

#### **SERVICE ACTIVITIES**

# Demetra Castillo, M.Ad.Ed., MT (ASCP)

CSCLS-member ASCLS-member ISLH-member

Recorder, Scholarships and Stipends Committee

Member, Honor Code Committee, College of Health Sciences

#### **Maribeth Flaws**

Member, ASCLS Consumer Information Web Team ASCLS Microbiology Scientific Assembly, Chair NAACLS Review Committee for Accredited Programs, member CHS Faculty Council, Vice-Chair CHS Research Development Committee, Member CHS COSFAP, Chair CHS Curriculum Committee, Member CHS PhD Steering Committee, Member

# **Veronica Lewis**

American Association of Blood Banks Committee Distance Learning Program Unit 2006 to Present

Illinois Association of Blood Banks Nominations Committee March 2008 I

Illinois Society for Clinical Laboratory Scientists Hostess for society fundraiser December 2007 – January 2008

RU Learning Management Systems Selection Committee Member

RU Instructional Designer Selection Committee Member

RU Super Users Group Member

CLS Progress & Promotions Committee Member

# **Herb Miller**

Site Surveyor for 2 site reaccreditation visits: National Accrediting Agency for Clinical Laboratory Sciences

# **LaDonna Moreland**

Medical laboratory professionals week Chicago Society for CLS: Member

University, College and Departmental Service Recruitment Task Force Diversity Committee

## Michele Prod

ASHI (American Society for Histocompatibility and Immunogenetics) and CAP Lab inspector.

**RUMC Transplant Advisory Board** 

#### Joan Radtke

ASCLS – elected SA vice-chair for (BUL) Biochemistry – Urinalysis – Ligand Assay

ASCLS-IL - Member of licensure steering committee

CSCLS – Treasurer

Chaired National Medical Laboratory Professionals Week committee

ASCP- vice chair, lab informatics qualification examination committee

Academy of Our Lady High School Alumnae Association - treasurer

Faculty council, representative from CLS

Higher Learning Commission, Core Component 1d, work group sub-committee chair

Member, Rush U. Super-users group

Member, Active portal group for implementation of Datatel's Colleague university information system National Medical Laboratory Professionals Week, organizing committee

#### ALEXANDRA VARDOUNIOTIS MT(ASCP), CLS(NCA)

CSCLS - Chicago Society for Clinical Laboratory Science - Board Member

- Career Recruitment Committee
- High School Career Awareness Committee
  - Membership Development Committee
  - Fundraiser task force for Public Awareness/Recognition

ASCLS – American Society for Clinical Laboratory Science - Member

ASCP – American Society for Clinical Pathology - Member

NCA – National Credentialing Agency for Laboratory Personnel, Inc - Member

IABB – Illinois Association of Blood Banks - Member

AABB – American Association of Blood Banks - Member

Safety Officer and Health Education System Administrator for Rush Medical Laboratory, Department of Molecular Diagnostics

Rush University Medical Center, Hospital Volunteer for Language Interpretation Services – Greek

Volunteered for National Laboratory Professional Week 2008:

Set up photo essay for NMLPW luncheon

Distributed table flyers throughout the University and Hospital

Set-up and served food during the lab week luncheon

Raised NMLPW awareness with Channel 5 News Morning program

March 2008 - I raised over \$800 in donations to sponsor a participant for St. Baldrick's Foundation all within one week

# Ann L. Viernes MS, MT(ASCP)SBB, HP

Executive Board Member of Illinois Association of Blood Banks (ILABB)

Coordinated the Annual Case Study Presentation for ILABB

Assisted in preparation for Spring ILABB meeting and coordinated 2 speakers, obtained funding for 1 speaker.

Member of Reimbursement Committee for American Association of Blood Banks

Laboratory Accreditation Inspector College of American Pathologist (CAP)

Blood Bank Accreditation Assessor for AABB

University, College and Departmental Service CLS Advisory Board SBB Advisory Board

#### **FACULTY**

Describe any faculty awards, special honors or other activities of interest.

# **Maribeth Flaws**

Elected to Alpha Mu Tau, Clinical Laboratory Science honor society Hooder, CLS MS students

#### **Herb Miller**

Educator of the Year, American Society for Clinical Laboratory Sciences-Illinois Outstanding Service Award, Chicago Society for Clinical Laboratory Sciences

#### ALEXANDRA VARDOUNIOTIS MT(ASCP), CLS (NCA)

Certificate of Appreciation Award, in recognition of valuable contributions from the American Society of Clinical Laboratory Science - Illinois

# Rush University College of Health Sciences Summer 2008 Departmental Report

# **Department of Clinical Nutrition**

#### **ACADEMIC PROGRAM**

The Department of Clinical Nutrition offers two Master's degree programs: the combined Master's Degree and Dietetic Internship (MS/DI) and the Master's degree only for registered dietitians (MS).

#### **Student Recruitment**

Information about the MS/DI program and invitations to an open house event for the program was sent to all didactic programs in dietetics. Two separate email invitations to the open house were sent to program directors to be forwarded to students. Thirty students and parents/friends attended the open house event on January 4, 2008. An informational brochure about the MS only program was created to aid the application process. Faculty members participated in the College of Health Sciences open house in April and distributed information about both programs.

#### **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

**Program: Clinical Nutrition** 

Trogram. Chin		•						
Class	Number of		Number		Number		Current	
(beginning)	applicants		accepted		beginning	the	Enrollment	
					program			
Fall 2008	MS/DI	35	MS/DI	10	MS/DI	10	MS/DI	10
	MS	2	MS	2	MS	1		1
Fall 2007	MS/DI	50	MS/DI	10	MS/DI	10	MS/DI	10
	MS	0	MS	0	MS	0	MS	0
Fall 2006	MS/DI	30	MS/DI	11	MS/DI	8	MS/DI	0
	MS	1	MS	1	MS	0	MS	1
Fall 2005	MS/DI	37	MS/DI	11	MS/DI	11	MS/DI	0
	MS	1	MS	1	MS	1	MS	1
Fall 2004	MS/DI	**	MS/DI	11	MS/DI	9	MS/DI	1
	MS	**	MS	**	MS	**	MS	**

<sup>\*\*</sup>Do not have records

#### **Graduates**

**Program: Clinical Nutrition** 

Class	Graduation	Current		Number of	
(beginning)	Date	enrollment		graduates	
Fall 2008	June 2010	MS/DI		MS/DI	
		MS		MS	
Fall 2007	June 2009	MS/DI	10	MS/DI	
		MS	0	MS	
Fall 2006	June 2008	MS/DI	0	MS/DI	8
		MS	0	MS	1
Fall 2005	June 2007	MS/DI	0	MS/DI	8
		MS	2	MS	0
Fall 2004	June 2006	MS/DI	0	MS/DI	8
		MS	**	MS	**

<sup>\*\*</sup>Do not have records

# **Board Examination Performance**

**Program: Clinical Nutrition** Name of the Examination: **RD Exam** 

Graduation	Number of	Number	Number	Total
Date	graduates	taking the	passing (first	passing
		exam to-	attempt)	
		date		
June 2008	8	8	7	8
June 2007	8	8	8	8
June 2006	8	8	8	8
June 2005	10	10	10	10
June 2004	10	10	9	10
June 2003	4	4	4	4

Note: students in MS only program already hold registration status

# **Graduate Placement**

**Program: Clinical Nutrition** 

Graduation	Number of	Number	Number
Date	graduates	employed	continuing
		in the field	their education
June 2008	8	8	
June 2007	8	8	
June 2006	8	8	
June 2005	10	10	
June 2004	10	10	
June 2003	4	4	

Data not available for MS only graduates

#### Accreditation

The Rush University Medical Center Dietetic Internship is currently granted accreditation status by the Commission of Accreditation for Dietetic Education (CADE) of the American Dietetic Association (ADA). CADE is a specialized accrediting body recognized by the Council on Recognition of Post Secondary Accreditation and the United States Department of Education.

The address of CADE is: 120 South Riverside Plaza, Suite 2000 Chicago, IL 60606 phone 312.899.4876

On May 3, 2007, the Rush University Medical Center Dietetic Internship Program was notified that CADE granted continued Accreditation to the program for a 10 year period.

The next review of the program will be in 2011, the five-year interval of the 10-year accreditation period, when the Program Assessment Report is due.

The next self-study and site visit for continued accreditation will be scheduled for 2016.

# **New Programs**

None planned at this time; faculty members are participating in discussion for the PhD in Health Sciences with the possible specialization in clinical nutrition.

For the remainder of the report, the reporting period is January 1 through June 30, 2008.

#### **Funded RESEARCH GRANTS**

Gregoire, M.B. and Greathouse, K. (Co-P/I) Will RDs direct hospital and school foodservice departments in the future. Allene Vaden Memorial Foodservice Management Research Grant, American Dietetic Association Foundation, July 2007 – December 2008, \$5,000

Peterson, S. (P/I), Chen, Y., Sullivan, C., Tupesis, N, Wykcoff, K. (Co-P/Is). Assessing the impact of dietitian order writing privileges on a multidisciplinary nutrition support team: a quality improvement model. American Dietetic Association Foundation, July 2007 – December 2008, \$10,000.

Morris, M.C. & Schneider J.A. (P/I's), Tangney, C.C. (Co-Investigator /Nutritionist), "Epidemiologic Study of Brain Vitamin E, Diet, and Age-Related Neurologic Diseases" National Institutes of Aging; July 2007- June 2012, \$4,103,328.

M.C. Morris & D.A. Evans (P/I's); Tangney, C.C. (Co-Investigator/Nutritionist). "Long-Term Dietary Risk Factor Assessment and Incident AD", National Institutes of Aging; July 2004- June 2009, \$3,275,438.

Tangney, C.C. (P/I), "An Internet- based Intervention Study to Prevent Weight Gain in Women with Breast Cancer", Illinois division, American Cancer Society, July 2004- June 2008, \$244,201.

M Stolley, University of Illinois at Chicago (P/I). "Health Promotion In Minority Childhood Cancer Survivors", Principal Investigator; for Rush site CC Tangney, April 2006- May 31, 2011, \$3,721,014.

#### OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

List any training grants, contracts, or donations received along with title, funding source and amount and time frame.

#### **PUBLICATIONS**

#### **Refereed Publications**

# **Papers**

Arendt SW, Gregoire MB. Reflection by hospitality management students improves leadership practice scores: *J Hosp Tourism Educ*, 2008; 20(2), 10-15.

Behara A, Peterson SJ, Chen Y, Lateef O, Butsch J, Komanduri, S. Nutrition Support in the Clinically Ill: A Physician Survey. *J Parenteral and Enteral Nutr.* 2008; 32: 113-119.

Stoernell CK, Tangney CC, Rockway SW. Short-term changes in lipoprotein subclasses and C-reactive protein levels of hypertriglyceridemic adults on low-carbohydrate and low-fat diets. *Nutr Res* 2008;28: 443-449.

White JV, Ayoob K, Benedict M, Chynoweth M, Gregoire MB, Howard R, McCool A, Parrott S, Ramsey S, Thiessen C, Thompson K, Bender T, Myers E, Michael P. Coding practices and patterns of code use of Registered Dietitians. *J Am Diet Assoc.* 2008; 108: 1242-1248.

#### **Abstracts**

Kimathi A, Gregoire MB, Stone M, Dowling RA. Customer Satisfaction With and Gross Profit of a Worksite Cafeteria Healthful Options Food Station. *Rush University Forum for Research and Clinical Investigation 2008*. 2008: 127; Received Best Research Award by Sigma Xi.

Keim, K.S. & Clement, J. Assessing Determinants of Fish Consumption in Worksite Cafeteria Customers. *Rush University Forum for Research and Clinical Investigation* 2008. 2008;128

Morgan M K, Keim KS, Sowa D, Rockway SW, Rondinelli L. Readiness to Follow a Controlled Carbohydrate Meal Plan in In-Patients with Type 2 Diabetes, *Rush University Forum for Research and Clinical Investigation 2008*. 2008;129. Received Best Research Award by Sigma Xi.

Peterson S, Chen Y, Sullivan C, Butsch J, Komanduri S, Lateef O. Improved Utilization of Paraenteral Nutrition Upon Transition to a Multidisciplinary Nutrition Support Team with Dietitian Order-Writing Privileges. *Rush University Forum for Research and Clinical Investigation* 2008. 2008;138.

Rockway SW, Keim K Reynolds V. Chitosan Reduces Plasma Cholesterol in Healthy, Overweight or Obese Adults. *Rush University Forum for Research and Clinical Investigation 2008.* 2008;127

Roehl K, Tangney C, Kwasny MJ. Prevlaence of Inadequate Vitamine B12 Status in the Absence of Macrocytic Anemia Among Adults Aged 45 Years or Older. *Rush University Forum for Research and Clinical Investigation 2008.* 2008;129. Received Best Research Award by Sigma Xi.

Tangney CC, Stoernell CR, Rockway SW. Short-term Changes in Lipoprotein Subclasses and C-reactive Protein Levels with the Low Carbohydrate and Low-Fat Diets. *FASEB J* 2008:22: 449.6

Tangney CC, Ventrelle JC, Morris LR, Oleske DM. Six-month Changes in Dietary Behaviors, and Physical and Emotional Health of Recent Breast Cancer Survivors. *FASEB J.* 2008: 22: 886.5

Tangney CC, Redfearn KR, Allender JC, Keim KS. Food security status, BMI, and fruit and vegetable consumption amongst Producemobile Users. *FASEB J.2008*; 22: 36.6

Tranter MA, Gregoire MB, Lafferty LJ, Fullam FA. Patient written comments provide important information to help assess patient satisfaction with food service. *Rush University Forum for Research and Clinical Investigation 2008*. 2008;130.

Witowich G, Gregoire MB, Sowa DC, Keim KS. Accuracy of a two-factor computerized screen for detecting adult hospital impatient at risk for malnutrition. *Rush University Forum for Research and Clinical Investigation* 2008. 2008;128

# **Books and Chapters**

Gregoire MB, Harrison MK. Food production systems for the future. In Martin, J. and Oakley, C. (ed.) *Managing Child Nutrition Programs: Leadership for Excellence*. (2<sup>nd</sup> Ed.) Sudbury, MA: Jones and Bartlett Publishers. 2008;527-565

Rothschild SK, Lapido S, Halstead L, Minnich A, Catrambone C, Golden R, Keim KS. Virtual Integrated Practice Enhancing Primary Care Through Community-Based Teams Workbook: Designed for Medical Practices to Better Serve Chronically III and Aging Patients. Chicago: Rush University Medical Center. 2008

#### **Other Publications**

#### Editor, Editorial Boards or Reviewer

Chen, Y. Review Committee, American Society of Parenteral and Enteral Nutrition Abstracts

**Gregoire, M.B**. Member, Board of Editors, *Journal of Food Service Management and Education*; Ad hoc reviewer, *Journal of the American Dietetic Association* 

**Keim, K.S**. Ad hoc reviewer, *American Journal of Health Behavior, Journal of Nutrition Education and Behavior*; Reviewer, *Society for Nutrition Education Annual Conference* 

**Lafferty, L**. Reviewer, Journal of the American Dietetic Association.

**Tangney, C.C**. Ad hoc reviewer, American Journal of Health Behavior, Journal of the American Dietetic Association

#### **PRESENTATIONS**

#### **Posters**

**Keim,KS,** Clement J. (2008) Assessing determinants of fish consumption in customers. *Experiment Biology Meeting*. San Diego, CA, April 2008.

- **Keim KS**, Clement J. (2008). Assessing Determinants of Fish Consumption in Worksite Cafeteria Customers. *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008.
- Morgan M K, **Keim KS, Sowa D, Rockway SW**, Rondinelli L. (2008) Readiness to Follow a Controlled Carbohydrate Meal Plan in In-Patients with Type 2 Diabetes, *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008. Received Best Research Award by Sigma Xi.
- Kimathi A, **Gregoire MB, Stone M, Dowling RA**. (2008) Customer Satisfaction With and Gross Profit of a Worksite Cafeteria Healthful Options Food Station. *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008. Received Best Research Award by Sigma Xi.
- Lateef O, Shah A, **Peterson S**, Butsch J, Komandur, S. (2008) Nutritional Support in the Critically Ill: Survey of Health Care Providers. *Society of Critical Care Medicine's 37<sup>th</sup> Critical Care Congress*. Hawaii, 2008.
- **Peterson SJ**. A Multidisciplinary Approach to Nutrition in the Critically Ill Patient with Pancreatitis: Nutrition Intervention in Acute Pancreatitis. *American Society Parenteral and Enteral Nutrition's Clinical Nutrition Week*. Chicago, 2008.
- **PetersonSJ, Chen Y, Sullivan C,** Butsch J, Komanduri S, Lateef O. (2008) Improved Utilization of Parenteral Nutrition. *Society of Critical Care Medicine's 37<sup>th</sup> Critical Care Congress.* Hawaii, February 2008.
- **Peterson SJ, Chen Y, Sullivan C, Tangney C**, Sheean P.(2008). Does a Weight Loss Indicator Enhance the Predictability of APACHE II for Determining Hospital Mortality Among Patients Admitted to the Medical Intensive Care Unit (MICU)? *American Society of Parenteral and Enteral Nutrition's Clinical Nutrition Week*. Chicago, February 2008.
- **Rockway SW,** Reynolds V, **Keim KS**. (2008) High molecular weight chitosan reduces plasma cholesterol in healthy overweight or obese adults. *Experimental Biology Meeting*. San Diego, CA, April 2008.
- **Rockway SW**, **Keim K**, Reynolds V. (2008). Chitosan Reduces Plasma Cholesterol in Healthy, Overweight or Obese Adults. *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008.
- Roehl K, **Tangney C, Kwasny MJ.** (2008). Prevlaence of Inadequate Vitamine B12 Status in the Absence of Macrocytic Anemia Among Adults Aged 45 Years or Older. *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008. Received Best Research Award by Sigma Xi.
- **Tangney CC**, Redfearn KR, Allender JC, **Keim KS.** (2008) Food security status, BMI, and fruit and vegetable consumption amongst produce mobile users. *Experiment Biology Meeting*. Sand Diego, CA, April 2008.

Tranter MA, **Gregoire MB, Lafferty LJ**, Fullam, FA (2008) Patient written comments provide important information to help assess patient satisfaction with foodservice. *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008.

Witowich G, **Gregoire MB**, **Sowa DC**, **Keim KS** (2008) Accuracy of a two-factor computerized screen for detecting adult hospital impatient at risk for malnutrition. *Rush University Forum for Research and Clinical Investigation 2008*. Chicago, IL, April 2008.

Other: Invited Presentations

**Chen Y**. How and Why We Minimize the Use of Intravenous Lipids in the ICU. Roundtable for American Society of Parenteral and Enteral Nutrition's Clinical Nutrition Week. Chicago, IL, February 2008.

**Gustashaw K**. What Does it Take? To stay "Fit". Rush University Medical Center Chicago Men's Health Symposium. Chicago, IL, April 2008.

**Gustashaw K.** Maximize Your Diet, Maximize Your Life. Chicago Department on Aging Annual Senior Conference. Chicago, IL, May 2008.

**Gustashaw K.** Nutrition & Alzheimer's Disease. Leadership in Dementia Special Care Unit Conference. LaGrange, IL, May 2008.

**Keim K.** (2008) "Nutrition for Older Adults. Multi-disciplinary Certificate Program in Geriatrics for Non-Physicians, University of Illinois at Urbana-Champaign, Elgin, IL.

**Lafferty L.** (2008) "Final Recommendations from Phase Two Future Practice and Dietetic Education Task Force," American Dietetic Association House of Delegates Mid-Year Meeting

**Lafferty L.** (2008) "Update on Phase Two Future Practice and Dietetic Education Task Force," Presented at American Dietetic Association Council on Accreditation for Dietetic Education Meeting

**Lafferty L.** (2008) "Update on Phase Two Future Practice and Dietetic Education Task Force," American Dietetic Association Dietetic Educators of Practitioners Area V Annual Meeting

**Lafferty L.** (2008) "Update on Phase Two Future Practice and Dietetic Education Task Force," Presented at American Dietetic Association House of Delegates Webinar

**Sowa D.** (2008) "Environmental Issues that Impacts Clinical Dietetics," South Suburban Dietetics Association.

**Sullivan, C, Tangney C.** (2008) "Nutrition and Gastrointestinal Stromal Tumors (GIST)," The Life Raft Group. Palatine, IL.

Sullivan C. (2008) "Nutrition and Lymphoma," Lymphoma Research Foundation. Chicago, IL.

**Tangney** C (2008). Nutrition Advice for Women at Any Age. *Junior League of Chicago* meeting, Macys Chicago, IL

**Tangney C** (2008), Eating Out & Staying Healthy, Sister to Sister Woman's Heart Day Health Fair, Chicago, IL

**Tupesis N.** A Practical Approach to Clinical Assessment in Critical Care Nutrition, West Suburban Dietetic Association, Spring Meeting, April 2008.

**Wyckoff K.** (2008) "Healthy Living after Transplantation," National Kidney Foundation. Oakbrook, IL.

#### **SERVICE ACTIVITIES**

#### **Professional and Community Service**

**Chen,Y**. Chair, Dietitians in Nutrition Support DPG Mentorship Program Committee; Coordinating Committee, Dietitians in Nutrition Support DPG; Program Chair, Chicago Chapter American Society for Parenteral and Enteral Nutrition

**Greives M**. Volunteer, UIC Track & Field team, giving presentations and email education sessions on sports nutrition to the athletes; volunteer at two geriatric health fairs giving nutrition information to the elderly.

**Gregoire M**. Member, Board of Directors, National Society for Healthcare Foodservice; Member, Coding Task Force, American Dietetic Association; Member, Dietetic Staffing Task Force, American Dietetic Association; Member, General Mills Advisory Board.

Gustashaw K. Mather Lifeway Health Fair. March, 2008

Hartney C. Treasurer-elect 2008-2009, Illinois Dietetic Association; Catholic Charities Junior Board, Archdiocese of Chicago

**Keim K.** Co-editor; Healthy Aging Newsletter for Division of Healthy Aging, Society for Nutrition Education; Evidence Analysis; Nutrition Counseling Work Group, American Dietetic Association

**Lafferty L**. Member, Chair of Specialty and Advanced Practice Sub-group, Future Practice and Education Task Force, the American Dietetic Association; Member, Site Visitors/Review Panel for Accreditation of Dietetic Education Programs, Council on Accreditation of Dietetic Education, the American Dietetic Association; Immediate Past President, Chair Nominating Committee, member, Board of Directors, member, Executive Team; Board Liaison to Education Team; Lead for Penn State Advanced Symposium, The National Society for Healthcare Foodservice Management

**Lipson S**, Coordinated students and participated in "RU Caring Health Fair" booth and individual counseling at Chicago Christian Industrial League; Coordinated students and participated in RUSH student body TGIF Wellness/Health Fair; reviewed tips for healthy eating and answered questions.

**Peterson S**. President, Chicago Chapter of the American Society for Enteral and Parenteral Nutrition; Research Committee, American Society for Enteral and Parenteral Nutrition

**Sowa D.** Member, Association Position Committee, American Dietetic Association; Delegate for Illinois to American Dietetic Association House of Delegates; member, Informatics Task Force, American Dietetic Association

**Tupesis N**. Secretary, Illinois Dietetic Association; Board of Directors, President-elect, Chicago Chapter of the American Society for Parenteral and Enteral Nutrition; Membership Committee, Publications Committee, Board of Directors, Chicago Chapter of the American Society for Parenteral and Enteral Nutrition;

# **University, College and Departmental Service**

#### **Rush University**

**Keim K.**, Guest Lecturer, Biochemistry II BCH 472, Diet for nutrition treatment of diabetes. .

Lafferty L. Chair, University Rules for Governance Task Force; member University Council

**Ratz, N**. Member, University Council; Member, Pediatric Palliative Care Team; lecturer on Infant Formula for Pediatric Nurses; lecturer on Nutritional Care in the PICU for Pediatric Critical Care Practitioner Students

**Rockway S.** Member, Research Forum, Member, University Committee on Research

**Tangney C**. Member, Search Committee for Instruction Design Faculty for METC. Member, University Faculty Wellness Committee; Member, University, Website Committee. Member , WEBCT Committee

#### **College of Health Sciences**

**Gregoire M.** Member, Dean's Council, College of Health Sciences

Hartney C. Member, CHS Scholarship Committee

Keim K. Member, CHS Faculty Development of Teaching Skills Committee

Lafferty L. Member, CHS College Council

Ratz N. Member, CHS Faculty Council

Rockway S. Member, CHS Interdisciplinary Course Committee, Member, CHS Research Committee

**Sowa D**. Member, Search Committee for Academic Chair of Dept of Clinical Nutrition; Member CHS Recruitment Committee

**Tangney C.** Member, Search Committee for Academic Chair of Dept of Clinical Nutrition; Member, CHS Research Development Committee, Member, CHS Research Steering Committee; Member, PhD program development

**Department** 

**Pool E.** Chair, **Lafferty L, Rockway S, Sullivan C**, Members, Clinical Nutrition Academic Progress and Promotion Committee

**Lafferty L,** chair; Dowling R, Keim K, Lipson S, Sowa D, Tangney C, Wyckoff K. Members, Clinical Nutrition Admissions Committee

Keim K, Clinical Nutrition Assessment Committee

**Gregoire M.** Chair; Dowling R, Lafferty L, Rockway S, Sowa D, Tangney C. Members, Clinical Nutrition Advisory

**Rockway S**, Chair; Dowling R, Gregoire M, Hartney C, Keim KS, Lafferty L, Lipson S, Sowa D, Tangney C, Members, Clinical Nutrition Curriculum Committee

**Sowa D**, Chair; Chen Y, Reddy N, Tupesis N. Members, Clinical Nutrition Professional Development Committee

**Lafferty L, Keim K**. co-chair; Fogleman M, Greives M, Hartney C. Members, Clinical Nutrition Recruitment Committee

**Gregoire M, Tangney C**. Co-chair; Chen Y, Keim K, Rockway S, Members, Clinical Nutrition Research Committee

**Peterson S, Tangney C**, Co-chair; Goynshor A, Gustashaw K., Members, Clinical Nutrition Website Committee

**Keim K**, chair; Stone M, Ventrelle J, Hartney C. Scholarship Committee

**Keim K**. Coordinator for MS degree program.

**Lafferty L**, Director Combined MS degree/Dietetic Internship program

#### **FACULTY AWARDS**

Hartney C. Dietetic Educator of the Year 2008 – Dietetic Internship, American Dietetic Association Dietetic Educators of Practitioners (Area V).

Hartney C. (2008) Dietetic Educator of the Year 2008, Illinois Dietetic Association.

Hartney C. Dietetic Educator of the Year 2008, West Suburban Dietetic Association.

Hartney C. Awarded certified nutrition support clinicians (CNSC) credential

Peterson S. Awarded certified nutrition support clinicians (CNSC) credential.

Sullivan C. National selection to participate in Nutrition & Cancer Prevention Research Practicum. Nutritional Science Research Group, Division of Cancer, National Cancer Institute & Department of Nutrition Warren Magnunson Clinical Center.

# Rush University College of Health Sciences (for activities January 1, 2008 – June 30, 2008)

### **Department of Communication Disorders & Sciences**

Please complete the following sections by providing information that is current as of the reporting date).

### **Doctor of Audiology Academic Program**

#### **Student Recruitment**

Describe any program marketing and student recruitment activities for the period

Weekly scheduled tours, including opportunity to speak with a faculty member and to meet current student(s)

- Personal response by faculty and student assistants to all inquiries by phone or email.
- **□** Two student Preview Days
- Numerous visits by admitted students
- □ E-mail marketing
- □ Faculty involvement on many national boards and committees
- □ Faculty publications and presentations (state, national, international)
- □ Participation in CHS-sponsored marketing events

#### **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

**Program:** DOCTOR OF AUDIOLOGY

Class	Number of	Number accepted	Number beginning	Current
(beginning)	applicants		the program	Enrollment
Fall 2008	56	25	8	8
Fall 2007	47	33	14	14
Fall 2006	46	24	9	9
Fall 2005	40	26	12	9
Fall 2004	26	24	9	6
Fall 2003	58	36	8	8

### **Graduates**

List the number of graduates by year.

**Program:** 

Class	Graduation Date	Current enrollment	Number of graduates
(beginning)			
Fall 2007	June 2011*	14	NA
Fall 2006	June 2010	8	NA
Fall 2005	June 2009	8	NA
Fall 2004	June 2008	6	6 + 1 in Fall
Fall 2003	June & Dec 2007	8	8

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

### **Board Examination Performance**

**Program:** 

Name of the Examination:

Graduation Date	Number	Number	Number	Total
	of	taking the	passing (first	passing
	graduates	exam to-date	attempt)	
June 2008	6	6	6	6
June & Dec.	8	8	8	8
2007*				
June & Dec.	12	12	12	12
2006				
June 2005	5	5	5	5
June 2004	NA			
June 2003	NA			

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

### **Graduate Placement**

**Program:** 

Graduation	Number of	Number employed	Number continuing
Date	graduates	in the field	their education
June 2008	6	6	0
June & Dec.	8	8	0
2007*			
June 2006	12	11	1
June 2005	5	5	5
June 2004	NA		
June 2003	NA		

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### Curriculum

Describe recent or planned changes in the program curriculum.

A second vestibular course was added to the curriculum.

#### Accreditation

List the name of the accreditation agency, current accreditation status, length of accreditation award, due date of next self study, and date of next on-site accreditation visit.

The Au.D. program is fully accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. Current accreditation cycle extends from January 1, 2007 through December 31, 2014, which represents the maximum accreditation period awarded by CAA. The program must submit an annual report by January 1 of each year. The next complete self-study will be due approximately 2012, with the site visit in 2013.

### **New Programs**

Describe any new planned programs.

No new academic/didactic programs planned at this time. New programs are being implemented in clinical education, especially in the area of amplification.

### Speech-Language Pathology (M.S.) Academic Program

### **Student Recruitment**

Describe any program marketing and student recruitment activities for the period.

Weekly scheduled tours, including opportunity to speak with a faculty member and to meet current student(s)

- Personal response by faculty and student assistants to all inquiries by phone or email.
- □ Two student Preview Days
- □ Numerous visits by admitted students
- □ Faculty involvement on many national boards and committees
- □ Faculty publications and presentations (state, national, international)
- □ Participation in CHS-sponsored marketing events

#### **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

**Program:** 

Class	Number of	Number	Number beginnin	g Current
(beginning)	applicants	accepted	the program	Enrollment
Fall 2008	189	46	24	24
Fall 2007	160	46	22	22
Fall 2006	151	44	21	20
Fall 2005	96	45	22	NA
Fall 2004	91	45	21	NA
Fall 2003	84	55	13	NA

### **Graduates**

List the number of graduates by year.

Program:

Class	Graduation Date	Current	Number of
(beginning)		enrollment	graduates
Fall 2007	June 2009*	22	NA
Fall 2006	June & August	20	18
	2008		
Fall 2005	June & August	NA	22
	2007		
Fall 2004	June 2006	NA	20
Fall 2003	June 2005	NA	13

<sup>\*</sup> If students completed the program during other quarters, please add additional lines. **Board Examination Performance** 

**Program:** 

**Name of the Examination:** 

Graduation	Number	Number	Number	Total
Date	of	taking the	passing	passing
	graduates	exam to-	(first	
		date	attempt)	
June 2008	18	18	18	18
June 2007*	22	22	22	22
June 2006	20	20	20	20
June 2005	13	13	13	13
June 2004	20	20	18	18
June 2003	13	13	131	13

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### **Graduate Placement**

**Program:** 

Graduation	Number of	Number employed	Number
Date	graduates	in the field	continuing
			their education
June 2008	18	Too early to assess	
June 2007*	22	21	1
June 2006	20	20	0
June 2005	13	13	0
June 2004	20	18	0
		1- maternity	
		1-unknown	
June 2003	13	12	0
		1 - unknown	

<sup>\*</sup>If students completed the program during other quarters, please add additional lines.

#### Curriculum

Describe recent or planned changes in the program curriculum.

New forms and processes have been developed to improve clinical education.

#### Accreditation

List the name of the accreditation agency, current accreditation status, length of accreditation award, due date of next self study, and date of next on-site accreditation visit.

The SLP program is fully accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. Current accreditation cycle extends from January 1, 2007 through December 31, 2014, which represents the maximum accreditation period awarded by CAA. The program must submit an annual report by January 1 of each year. The next complete self-study will be due approximately 2012, with the site visit in 2013.

#### **New Programs**

Describe any new planned programs.

No new academic/didactic programs planned at this time. New programs are being implemented in clinical education, especially in the areas of voice and swallow.

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

#### **FUNDED RESEARCH GRANTS**

List the principle investigator, co-investigators, title of the grant, funded amount and time frame (include dates, for example 7/1/07-6/30/09).

#### SUBMITTED RESEARCH GRANTS

List the principle investigator, co-investigators, title of the grant, funded amount and proposed time frame.

**Shafiro, V.** (PI). Perception of environmental sounds and speech by patients with cochlear implants.  $$19,934\ 7/1/2008 - 6/30/2009$ . Deafness Research Foundation

**Shafiro, V**. (PI). Effects of environmental sound training on the perception of environmental sounds and speech in cochlear implant patients. \$10,000 1/1/2009 – 12/31/2009. American Speech Language Hearing Foundation – New Century Scholars

**Shafiro, V** (PI). Mentored neuroscience research with Dr. Nina Kraus. \$5,000 9/1/2008 – 3/1/2010. American Speech Language Hearing Association – Advancing Academic Research Careers

**Shafiro, V**. (PI). Perception of environmental sounds and speech by patients with cochlear implants. 450,000 3/1/2009 - 2/30/2012. National Institute of Health

**Wang, E.** (PI). Metman, V. L. (Co-P.I) Treating speech disorders in patients with Parkinson's disease using altered auditory feedback. \$207,465 6/1/2006 – 5/31/2009. Michael J. Fox Foundation for Parkinson's Research

#### OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

**Meyer, D**. (PI) Evaluation of Auditory Brainstem Response (ABR) Screening Algorithms with Newborn Infants. \$32,000 (equipment and funds). Vivosonic, Toronto ON Canada.

Wang, E. (PI) Jovanov, E. (Co-P.I) and Metman, V. L (Co-P.I)

Resolving freezing gait with real time detection and auditory verbal cue activation-a novel digital "Unfreezer" device. \$704,044

Proposed amount:

Time frame: 36 months

The project was successful in Round One review and was invited to compete in the full application cycle.

### **PUBLICATIONS**

### **Refereed Publications**

### Papers Published in Peer Reviewed (Refereed) Journals

Logemann, Rademaker, Pauloski, Antinoja, **Bacon**, Bernstein, Gaziano, Grande, Kelchner, Kelly, Klaben, Lundy, Newman, Santa, Stachoiwiak, Stangl-McBreen, Atkinson, Bassani, Czapla, Farquharson, Larsen, Lewis, Logan, Nitscke, Veis, What information do clinicians use in recommending oral vs. non-oral feeding in oropharyngeal dysphagic patients? To be published in Dysphagia

- DiLollo, L., DiLollo, A., English, K., Mendel, L., & McCarthy, P. (2008). Facilitating owners of acquired hearing loss. J Acad Rehab Audiology. (In press).
- Ellis, C., & Peach, R.K. (2008). Sentence planning following traumatic brain injury. Neurorehabilitation. (in press).
- Walshe, M., **Peach, R.K**., & Miller, N. (2008). Dysarthria Impact Profile: Development of a scale to measure psychosocial effects. International Journal of Language and Communication Disorders. (in press).
- **Scott,** C., (2008). A case for the sentence in reading comprehension. Language, Speech, and Hearing Services in Schools. (in press).
- **Shafiro, V.** (2008). Identification of environmental sounds with varying spectral resolution. Ear and Hearing. 29 (3), 401 420.
- **Wang, E.** Q., Verhagen Metman, L., Bernard, B. A. (2008). Treating Festinating Speech with Altered Auditory Feedback in Parkinson's disease--A Preliminary Report, Journal of Medical Speech-Language Pathology. (in press).
- Lee, V. S., Zhou, X. P., **Wang, E. Q**., Jiang, J. (2008). Perturbation and nonlinear dynamic analysis of acoustic phonatory signal in Parkinsonian patients receiving deep brain stimulation, Journal of Communication Disorders. (in press).

#### **Abstracts Published in Peer Reviewed Journals**

- **Shafiro, V**, Gygi, B., Cheng, M, Mulvey, Holmes, B. (2008). Perception of speech and environmental sounds in cochlear implant patients. Journal of the Acoustical Society of America. 123(5) Pt. 2, 3303.
- **Wang, E.** Q., Verhagen Metman, L. (2008) Treating testinating speech with altered auditory feedback in Parkinson's disease the first report of a clinical trial, Movement Disorders, 23 (Suppl.1), S198

### **Books and Chapters**

- **McCarthy**, P. & Schau, N. (2008). Adult audiologic rehabilitation: A review of contemporary practices. Contemporary Issues in Communication Sciences and Disorders. (In press). Alpiner, J. & **McCarthy**, **P.** (2008). History of Adult Audiology Rehabilitation: The past as prologue. In J. Spitzer & J. Montano (eds.), Advanced Practice in Adult Audiologic Rehabilitation: International Perspectives. San Diego: Plural Publishing. (In press).
- **Peach, R.K.** (2008). Global aphasia: Identification and management. In R. Chapey (Ed.), Language intervention strategies in aphasia and related neurogenic communication disorders (5th ed.) (pp. 565-594). Philadelphia, PA: Lippincott Williams & Wilkins.
- **Scott, C.**, (2008) Language-based assessment of written expression. In G. Troia (Ed.), Writing instruction and assessment for struggling writers: From theory to evidenced-based principles. New York, NY: Guildford Publications, Inc. (in press).

Silliman, E., & Scott, C. (2008). Research-based oral language intervention routes to the academic language of literacy: Finding the right road. In S. Rosenfield & V. Berninger (Eds.), Translating science-supported instruction into evidence-based practices: Understanding and applying the implementation process. New York: Oxford University Press. (in press).

Nippold, M., & Scott, C. (Eds.). (in preparation). Expository discourse in children, adolescents, and adults: Development and disorders. New York, NY: Psychology Press.

**Scott, C.** (in preparation). Assessing expository texts produced by children and adolescents. In M. Nippold & Scott, C. (Eds.). Expository discourse in children, adolescents, and adults: Development and disorders. New York, NY: Psychology Press.

### Other Publications (non-refereed journals, magazines, newsletters, proceedings)

**Peach, R.K.** Fulbright scholar in Ireland (2008, March 4). The ASHA Leader, p. 35

**Shafiro, V**. & Kharkhurin, A. The role of native language phonology in auditory word identification and visual word recognition of Russian-English bilinguals. Journal of Psycholinguistic Research.

Gygi, B. & **Shafiro**, V. (2008). Environmental sound research as it stands today. Proceedings of Meetings on Acoustics. 1, 050002. 1 -18. DOI: 10.1121/1.291756

#### Editor, Editorial Boards or Reviewer

**Bacon, M.,** Editorial board member and reviewer for American Speech-Language-Hearing Association special interest division 13 quarterly newsletter, Perspectives on Swallowing and Swallowing Disorders.

McCarthy, P. Editorial Advisory Board, Audiology Today

**McCarthy, P.** Editorial Advisory Board, The Hearing Journal

McCarthy, P. Editorial Board and Reviewer, J Acad Rehab Audiology

McCarthy, P. Advisory and Review Board, AudiologyOnline

Scott, C., Journal of Speech, Language, and Hearing Research: Associate Editor, Language

**Scott, C.**, Topics in Language Disorders: Editorial Board/ Reviewer

Scott, C., Language, Speech, and Hearing Services in Schools: Reviewer

#### **PRESENTATIONS**

### **Abstract, Poster and Paper Presentations**

#### **Other Invited Presentations**

**McCarthy, P.** (2008, March) Does Audiologic Rehabilitation Work? A Review of the Evidence". Short course presented at the 38th Annual Midsouth Conference on Communicative Disorders, Memphis, TN.

**McCarthy, P.** (2008, January). Audiologic Rehabilitation: Where is the Evidence? Course presented at the 15th Annual Convention of Illinois Academy of Audiology, Chicago, IL.

**McCarthy, P.** (2008, May) Presbycusis: Rehabilitative challenges, needs and counseling. Course presented at the annual meeting of Il Jornadas Internaciles de Avances en Audiologia, Salamanca, Spain

**Meyer, D.** and Whitelaw, G. (2008, April) Student Funding and the 4th Year Externship. Discussion Group presented at the annual meeting of the American Academy of Audiology, Charlotte, NC.

Whitelaw, G. and **Meyer, D.** (2008, April,) Audiology Deal or No Deal? – Funding the 4th Year. Presented to the Council of Academic Programs in Communication Sciences and Disorders, Palm Harbor, Florida.

Nightengale, E. and **Meyer, D.** (2008, April) Rate Effects on Auditory Tests Using Wireless Technology. Poster session presented at the annual meeting of the American Academy of Audiology, Charlotte, NC.

**Peach, R.K.,** & Reuter, K.A. (2008, May). Semantic feature analysis for word retrieval errors in aphasic discourse production. Paper presented at the 38th annual Clinical Aphasiology Conference, Teton Village, Wyoming.

**Peach, R.K.,** (2008). Treatment for lexical retrieval failures following aphasia. Live E-Seminar, SpeechPathology.com.

**Peach, R.K.,** (2008). Treatment for sentence production deficits following aphasia. Arizona State University-Arizona Speech-Language-Hearing Association Conference, Tempe, Arizona.

**Peach, R.K.**, (2008). Apraxia of speech: Feature, accounts, and treatment. Arizona State University-Arizona Speech-Language-Hearing Association Conference, Tempe, Arizona.

**Peach, R.K.**, (2008). Treatment for lexical retrieval failures following aphasia. Kentucky Speech-Language-Hearing Association Annual Convention, Covington, Kentucky.

**Schupbach, J.,** (2008, January). Have You Mastered Precepting? I Haven't Either. Illinois Academy of Audiology, Chicago, IL.

- **Scott, C.,** & Lane, S. (2008, June). Capturing sentence complexity in school-age children with/without language impairment. Poster session presented at the annual meeting of the Society for Research in Child Language Disorders. Madison, Wisconsin
- **Scott, C.**, (2008, January). Complex language: What is it? Paper presented at the annual Courage To Risk Conference, Colorado Springs, CO.
- **Scott, C.**, (2008, January). Complex language: Can it be treated and if so, how? Paper presented at the annual Courage To Risk Conference, Colorado Springs, CO.
- **Shafiro, V**., Gygi, B., Cheng, M., Mulvey, M., Holmes, B. (2008, April). Perception of environmental sounds cochlear implant patients. Presentation to the annual meeting of the American Auditory Society
- **Shafiro, V**. March, (2008). Perception of environmental sounds by cochlear implant patients. Paper presented at an annual meeting of the American Auditory Society. Scottsdale, AZ.
- **Wang, E. Q**. (2008, June). Recent findings on effect of pharmacological and surgical management of PD on speech motor function. The 12th International Congress of Parkinson's disease and Movement Disorders, Chicago, IL.
- **Wang, E. Q.** (2008, February). Differential diagnosis of apraxia of speech, dysarthria, word finding difficulties and neurogenic stuttering. The 48th Annual Convention of the Illinois Speech Hearing Association. Sponsored by ISHA, there were over 200 attendees for the seminar.
- **Wang E. Q.**, Verhagen Metman, L. (2008, March). <u>Treating Festinating Speech with Altered Auditory Feedback in Parkinson's disease-A Preliminary Report</u>. The Motor Speech Conference, Monterey, CA.
- **Wang, E. Q.**, Verhagen Metman, L. (2008, June). Treating festinating speech with altered auditory feedback in Parkinson's disease the first report of a clinical trial, The 12th International Congress of Parkinson's disease and Movement Disorders, Chicago, IL. This presentation was selected to be in the "Guided Tours" program.
- **Wang, E. Q.** (2008, February). Differential diagnosis of apraxia of speech, dysarthria, word finding difficulties and neurogenic stuttering. The 48th Annual Convention of the Illinois Speech Hearing Association.
- **Wang, E. Q.** (2008, April). Treating speech impairment with altered auditory feedback in Parkinson's disease a progress report. Rush University 25th Annual Forum for Research & Clinical Investigation
- **Wang, E. Q.** (2008, June). Recent findings on effect of pharmacological and surgical management of PD on speech motor function. The 12th International Congress of Parkinson's disease and Movement Disorders, Chicago, IL.

#### CONTINUING EDUCATION ACTIVITIES PRESENTED

**Bacon, M.,** (2008, May 9) Speech Pathology Care of Head and Neck Cancer Patients. Inservice presented to Hematology/Oncology Fellows, Rush University Medical Center.

**Kimberly Francyzk**, (2008, May) Cochlear Implants: Current Issues and Considerations. Guest lecture presented to the Studies in Hearing class in the Department of Audio Arts and Acoustics, Columbia College, Chicago, IL.

**Gibbons, P** (2008, June) Rehabilitation Coordinating Committee (Dysphagia Lecture as part of Patient Care Tech (PCT) training. Johnston R. Bowman Rehabilitation Hospital.

Lucas, B (2008, March). Primary Care Technician Training Re: Dysphagia, Professional Building.

**Meyer, D.** (2008, March) Newborn and Infant Hearing. Pediatric Noon Conference, Rush University Medical Center, Chicago, IL.

**Meyer, D.** (2008, February) Newborn Hearing Screening and New Technology. Unit Advisory Committee, General Care Nursery, Rush University Medical Center, Chicago, IL.

**Peach, R.K**., (2008). Pathophysiology and assessment of aphasia. Neuropsychiatry Didactic Education, Psychiatry Housestaff.

**Poole, E.,** (2008, January). Inpatient Rehabilitation Nursing :Dysphagia Inservice, Johnston R. Bowman Center.

**Poole, E.,** (2008, February). Geriatric Psychology: Aphasia Inservice, Johnston R. Bowman Center.

**Poole, E.,** (2008, April). JRB Social Work: Cognitive Communicative Disorders, Johnston R. Bowman Center.

**Poole, E.,** (2008, June). Inpatient Rehabilitation Nursing Stroke Education: Speech, Language and Swallowing management following CVA, Johnston R. Bowman Center.

**Samuelson, L.,** (2008, January 25). Stroke Education Inservice: Swallow Referral Screen, MICU RN staff. Rush University Medical Center.

**Scott, C,** (2008, February). Language and literacy disorders in school-age children and adolescents. An invited lecture presented to the Developmental and Behavioral Pediatrics Lecture Series, RUMC, Chicago, IL.

**Shafiro, V.** (2008, March) Guest lecturer in OCC. 525 - Introduction to Neuroscience (graduate, course director Bev Myers)

**Shafiro, V.** (2008, April) Guest lecturer in Neuroscience seminar at Loyola University (undergraduate, course director Stanley Sheft).

**Shafiro, V.** (2008, April) Guest Lecturer in Neuroscience laboratory of Dr. Nina Kraus at Northwestern University

#### **SERVICE ACTIVITIES**

### **Professional and Community Service**

Bacon, M., Organized Speech Pathology participation in RU Caring Spring Health Fair

**Bacon, M.,** Selected to serve as Co-chair of the Dysphagia track for the 2009 convention of the Illinois Speech-Language-Hearing Association

**McCarthy, P.**, American Academy of Audiology, Learning Modules Subcommittee, AudiologyNOW Convention,

McCarthy, P. Convention Program Committee, American Speech-Language-Hearing Association.

McCarthy, P. Technical Advisory Council, Better Hearing Institute

Meyer, D. Board of Trustees, American Academy of Audiology Foundation

Meyer, D. Advisory Committee, CAPCSD Centralized Application

**Meyer, D.** MAuDs Committee, Illinois Academy of Audiology

Meyer, D. Chair of the State Advisory Committee on Newborn Hearing Screening

Samuelson, L., Co-chair for Architectural Review Committee for Villas of Wedgewood Association

Schupbach, J., Illinois Speech Language Hearing Association Audiology Coalition

Schupbach, J., Illinois Speech Pathology and Audiology Practice Act Licensing Board

Tessler, K., Parameters Committee, American Cleft Palate Craniofacial Association

**Tessler, K.,** Educational Advisor, Gesher Hatorah – The Bridge School

**Tessler, K.,** Chair, Monthly Women's Meeting – Migdal Torah – The Jewish Learning Center

**Tessler, K.,** Volunteer Driver – Chicago Bikur Cholim "visit the sick"

**Thiesen, M.,** Supervisory role at the RU Caring Health Fair, May 2008

**Shafiro, V.** (2008, February) Presentation (with students Cheng, M., and Holmes, B.) on cochlear implants to the Hearing Impaired Group of North-West Indiana. February, 2008

**Shafiro, V.** (2008, May) Presentation on cochlear implants to the Cochlear Implant Club International, Chicago chapter. May, 2008

**Wang, E. Q.** (2008, June). Co-chaired the Parallel Session: Speech and swallowing disorders in Parkinson's disease. The 12th International Congress of Parkinson's disease and Movement Disorders, Chicago, IL.

University, College and Departmental Service

Gibbons, P. Academic Affairs Committee (Department)

Kwarta, K. Faculty Council Representative

McCarthy, P. RU Community and Global Health Committee

McCarthy, P. CHS Interdisciplinary Health Care Ethics Course Committee

McCarthy, P. CHS Diversity Committee

McCarthy, P. Faculty Representative, RU Caring

McCarthy, P. Faculty Advisor, RU NAFDA

Meyer, D. Clinical Nutrition Search Committee

Meyer, D. CHS Incentives Committee (chair)

Meyer, D. RU Golf Outing Committee

**Peach, R.K.**, Ph.D. Steering Committee, College of Health Sciences

Peach, R.K., University Council Task Force on Revision of the Rules for Governance

**Peach, R.K.**, College of Health Sciences Representative, Rush University Student Disabilities Assessment Team

**Peach, R.K.**, Coordinator, Speech-Language Pathology Lectures, ENT Resident Summer Teaching Schedule

Peach, R.K., Steering Committee, Department of Communication Disorders and Sciences

**Peach, R.K.**, Chair, Admissions Committee, Department of Communication Disorders and Sciences

**Peach, R.K.**, Recruitment Committee, Department of Communication Disorders and Sciences

Schupbach, J., ADA Task Force

Schupbach, J., Audiology Admissions Committee

Schupbach, J., Faculty Retreat Work Group

Schupbach, J., Conflict of Interest Ad Hoc Committee-Chair

Scott, C., Member, Perfusion Technology Chair Search Committee, College of Health Sciences

Scott, C., Chair, Academic Affairs Committee, Department of Communication Disorders and Sciences

Scott, C., Member, Steering Committee, Department of Communication Disorders and Sciences

Tessler, K., Team Member Rush Craniofacial Center

Tessler, K., SLP Recruitment Committee

Tessler, K., SLP Admissions Committee

Thiesen, M., Faculty Retreat Work Group

#### **FACULTY**

**Scott, C**., Off-campus doctoral dissertation committee member, Department of Communication Sciences and Disorders, Florida State University.

**Thiesen, M.**, Case advisor and moderator for clinical rounds presentation, April 2008

### **Students' Activity Report: January-June 2008**

#### Rachel McMullen

- Elected National Representative for Rush University National Association of Future Doctors of Audiology (NAFDA)
- Board of Director (Financial Advisor) for National NAFDA

### **Douglas Steinberg**

- 2008 Illinois Academy of Audiology (ILAA Student) Presenter Award
- 2008 Outstanding Student Clinician Scholarship

#### **Refereed Publications**

Spitzer, J., Mancuso, D. & Cheng, M. (2008). Development of a clinical test of musical perception: Appreciation in cochlear implantees (AMICI). J Am Acad Audiol 19:56-81.

**Shafiro, V.**, Gygi, B., Cheng, M., Mulvey, M., Holmes, B. (2008) Perception of speech and environmental sounds in cochlear implant patients. J Acoust Soc Am. 123 (5):3033

Nightengale, E. and **Meyer D.** (2008, April) Rate Effects on Auditory Tests Using Wireless Technology. Poster session presented at the annual meeting of the American Academy of Audiology, Charlotte, NC.

### Rush University College of Health Sciences Fall 2008 Departmental Report

### **Department of Health Systems Management**

Please complete the following sections by providing information that is current as of the reporting date (September 15, 2008).

#### **ACADEMIC PROGRAM**

#### **Student Recruitment**

Describe any program marketing and student recruitment activities for the period January 1, 2008 to the present.

### **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

### **Program:**

1105141111				
Class	Number of	Number	Number	Current
(beginning)	applicants	accepted	beginning the	Enrollment*
			program	
Fall 2008	49	26	20	19
Fall 2007	50	25	22	22
Fall 2006	38	27	18	18
Fall 2005	53	31	21	21
Fall 2004	50	24	22	22
Fall 2003	47	33	24	24

<sup>\*</sup> As of Fall quarter 2008

### Graduates

List the number of graduates by year.

### **Program:**

Class	Graduation	Current enrollment	Number of
(beginning)	Date*		graduates
Fall 2008	June 2010		NA
Fall 2007	June 2009	22	NA
Fall 2006	June 2008		13
Fall 2005	June 2007		18
Fall 2004	June 2006		19
Fall 2003	June 2005		20

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

### **Board Examination Performance**

N/A - Health administration professionals do not have a board examination requirement.

### **Graduate Placement**

**Program:** 

Graduation	Number of	Number	Number
Date*	graduates	employed	continuing their
		in the field	education
June 2008	13	13	0
June 2007	19	19	0
June 2006	20	20	0
June 2005	23	22	0
June 2004	9	9	0
June 2003	17	13	3

### Curriculum

During the coming year, the following changes will be implemented in the MS-HSM curriculum:

Change	Reason
1. 1 <sup>st</sup> quarter Professional Seminar becomes "Program and Job Readiness Camp"; still called "Pro Seminar" and part of 2-course sequence	1. Builds upon progress made last year; allows concentration of most important knowledge, skills, and abilities needed for work into the first 5 weeks of 1 <sup>st</sup> quarter; consistent with new CAHME criterion for "professional skills development"; consistent with student and alumni feedback
2. Information management content re-designed into 2 sequence course—basic health informatics (2 hrs) in 2 <sup>nd</sup> quarter and health care information systems (2 hrs) in 3 <sup>rd</sup> quarter	2. Benchmarked against health administration programs known for expertise in information management; eliminates separate capstone (likewise for finance) based on accreditation recommendations and elimination of capstone silos; positions basic health informatics course as offering for all Rush graduate students; reduces duplication, forces prioritization of most important content; consistent with student and alumni feedback
3. Addition of 1 credit hour to health care operations management course in 3 <sup>rd</sup> quarter	3. Response to recommendation by CAHME; allows incorporation of additional content on process, throughput, and the more qualitative aspects of problem-solving and decision-making; consistent with trends in the field; consistent with feedback from alumni and students, who want more health operations management content
4. Movement of managed care course from 6 <sup>th</sup>	4. Introduces students to important managed care

quarter to 3 <sup>rd</sup> quarter; movement of health law course from 3 <sup>rd</sup> quarter to 6 <sup>th</sup> quarter	and health insurance concepts and career opportunities earlier in the curriculum; places health care law after health care ethics in the curriculum; consistent with student feedback; new health care ethics course will contain some health care law, since Clayton Thomas is both a health care ethicist and a health care lawyer
5. Introduction of new health care ethics course in 3 <sup>rd</sup> quarter; to be taught by Clayton Thomas; interdisciplinary course that will eventually include all Rush graduate students	5. Consistent with new CAHME criteria for Fall 2008; simply not enough health care ethics content in the HSM Program; one of 3 planned interdisciplinary courses that will mix HSM students with medicine, nursing and allied health graduate students; New health care ethics course will contain some health care law as explained above

### **ACCREDITATION**

The MS-HSM program is accredited by the Commission on the Accreditation of Health Management Education (CAHME), which is the Department of Education-recognized accreditor for programs of this type. Our most recent re-accreditation was in spring, 2007, with the next site visit scheduled for spring, 2012.

### **New Programs**

No new programs were implemented during this period.

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

### **FUNDED RESEARCH GRANTS**

"A Prospective Model for Identifying Patients at Increased Risk for Catheter-Associated Urinary Tract Infections," Cardinal Health Foundation, \$25,000, Tricia Johnson: Co-Investigator (3.5%), April 2008 – March 2009, \$5,000 to department.

"Degraded Rationality: Subclinical Neuropathology and Neuroeconomic Behavior in Older Adults" from the National Institute on Aging, \$160,000, Tricia Johnson: Co-Investigator (5% in-kind support provided by HSM) (PI: David Bennett, M.D.), July 2007 – June 2010.

"Health Benefits and Cost of Human Milk Feedings for Very Low Birthweight Infants" from the National Institute of Nursing Research, \$405,025, Tricia Johnson: Co-Investigator (5%) (PI: Paula Meier, Ph.D.), October 2007 – September 2012, \$35,000 to department

"International travel for essential medical care: Niche market or disruptive innovation?" From the Alfred P. Sloan Foundation (Andrew Garman, P.I. – 10%; Tricia Johnson, Co-I – 5%.), April, 2007 – April, 2008; \$44,000 to department

"Engaging Low Income Parents in Prevention Programs" from the National Institute on Nursing Research, \$2,900,000, Co-Investigator (PI: Deborah Gross, Ph.D.; Tricia Johnson, Co-Investigator, 5%), January 2007 – December 2011, \$35,000 to department

"Tobacco Prevention and Cessation Initiative Evaluation Agreement," from the Missouri Foundation for Health (subcontract through Saint Louis University School of Public Health), Daniel Gentry, PhD, MHA, Principal Investigator for Rush University subcontract, Co-Investigator on primary contract at Saint Louis University (PI: Douglas Luke, PhD), Saint Louis University), (18%), September 1, 2007 – April 30, 2008); \$20,882

"HR practices and quality outcomes," from the Agency for Healthcare Research on Quality (subcontract through the Health Resource & Educational Trust, American Hospital Association), Andrew Garman, PsyD, MS, Co-Principal Investigator (PI: Ann McAlearney, PhD, Ohio State University), August, 2008 – January, 2010, \$109,000 total support to Rush including indirects.

#### SUBMITTED RESEARCH GRANTS

No grants submitted during this period are still under review.

### OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

#### Funded

"Albania Health System Modernization Project: Technical Assistance for Hospital Management and Financial Management" from the Albanian Ministry of Health and World Bank, \$500,767, Tricia Johnson, Financial Management Specialist, Frank Phillips, Project Manager, March 2008 – August 2010, \$500,767 to department.

#### **Submitted**

Sloan Travel Grant for Academy of Management Annual Conference, August, 2008 (Andrew Garman, P.I.). Funded.

Sloan Travel Grant for 2008 Informs Annual Meeting in Washington DC. (Shital Shah, P.I.) Funded.

### **PUBLICATIONS**

### **Refereed Publications**

### Papers Published in Peer Reviewed (Refereed) Journals

#### **Abstracts Published in Peer Reviewed Journals**

### **Books and Chapters**

Garman. A. N., Patel, M. & Hart, R. (2008). "Opportunities and challenges in the healthcare IT sector: The ShiftMarket case study." In S. Martinez-Fierro (Ed)., *Cases in Information Technology Entrepreneurship*. Hershey, PA: Idea Group Inc

Other Publications (non-refereed journals, magazines, newsletters, proceedings)

#### **Editor**, **Editorial Boards or Reviewer**

### Garman

Consulting Psychology Journal: Practice & Research	Editorial Board
Journal of Health Administration Education	Editorial Board
Personnel Psychology	Book reviewer

European Journal of Work & Organizational Psych. Invited manuscript reviewer

#### **Gentry**

Journal of Health Administration Education Editorial Board

### **Howard**

Journal of Health Administration Education Editorial Board

### Johnson

Journal of Hospital Medicine Reviewer

#### Shah

International Journal of Society Systems Science (IJSSS) Editorial Board

#### **PRESENTATIONS**

### **Abstract, Poster and Paper Presentations**

Palaparthy, S., Hohmann, S., **Shah, S**., and Hargreaves, M., The Impact of Hospital Acquired Infections on Patient Outcomes, *AcademyHealth*, Washington DC, 8-10 June 2008.

Johnson, Tricia J., Andrew N. Garman and Matthew Anderson. "International Competition in the Health Services Industry." Oral presentation, *American Society of Health Economists* 2<sup>nd</sup> Biennial Conference, Durham, North Carolina, June 2008.

Hohmann, S., Garman, A., Johnson, T., & Anderson, M. (2008, June). "Medical Tourism: Characteristics of International Patients & the Care They Receive at US Academic Medical Centers." Presentation, Academyhealth annual meeting, Washington, DC.

**Johnson, Tricia J.** "Best Practices in Student Assessment: A Capstone Research Project Experience." Oral presentation, *Association of University Programs in Health Administration 2008 Annual Meeting*, Washington, D.C. June 2008.

**Gentry, Daniel and Tricia J. Johnson.** "Best Practices in Student Learning: Using Team-Based Learning (TBL) Techniques to Improve Retention and Skills." Poster presentation, *Association of University Programs in Health Administration 2008 Annual Meeting*, Washington, D.C. June 2008.

**Howard, D.,** Campbell, B., and McKinley, D. Leadership Rx: Diagnosing Opportunities for Leadership Growth in Your Organization, Chicago Health Executives Forum, Chicago IL, 14 May 2008.

**Garman, A. N., & Johnson, T.** (2008, May). "The future of medical tourism: Niche market or disruptive innovation?" Session panelist, Sloan Industry Studies Conference, Boston, MA.

**Johnson, Tricia J. and Andrew N. Garman.** "A Methodology to Assess the Impact of Medical Travel on Imports and Exports of Medical Services," Oral presentation, *Midwest Economics Association* 72<sup>nd</sup> Annual Meeting, Chicago, IL. March 2008.

**Garman, A. N**. (2008, March). *The educational profile of Exceptional Leaders*. Lunch Keynote, AUPHA/ACHE Leaders Conference, Chicago, IL.

**Garman, Andrew N., Tricia J. Johnson and J. Robert Clapp, Jr.** (2008, March). "The Future of Medical Tourism: Niche Market or Disruptive Innovation?" Plenary session presentation, *American College of Healthcare Executives Congress on Healthcare Leadership*, Chicago, IL.

Rust, B., **Oder, K**., Silva, J., Stein, **S., Shah, S., and Johnson, T.**, Effect of a Mobile CPOE System on Patient Length of Stay and Time of Discharge, *Academic Forum at HIMSS Conference*, Orlando, FL, 24-28 February 2008.

#### **Other Invited Presentations**

**Howard, D.** University of Illinois at Chicago School of Public Health, Poster and Abstract Judge, Research Week, 11 April 2008.

Dye, C., & Garman, A. N., (2008, March). "Real leadership: The advanced course on competencies." CEO Circle Session, *American College of Healthcare Executives Congress on Healthcare Leadership*, Chicago, IL.

**Johnson, Tricia J. and Andrew N. Garman.** International Travel for Medical Care: Global Trends and Their Domestic Implications. Oral presentation, *Lexington College Health Care and Hospitality Seminar Series*, Chicago, Illinois. February 2008.

#### SERVICE ACTIVITIES

### **Professional and Community Service**

List professional and community service activities that departmental faculty may have engaged in to include offices, committees, boards, or task forces.

### Garman

Member, Accreditation Standards Council, CAHME (2005-pres.)

Member, marketing task force, Association of University Programs in Healthcare Administration (AUPHA) (2007-pres.)

Member, Online Accreditation Task Force, CAHME (2007-2008)

#### Gentry

CAHME Fellow (visits to U of Puerto Rico and Johns Hopkins U)

AUPHA/ACHE Leaders Conference planning committee for 2008

Chair of AUPHA's Public Health Faculty Forum

Chair of ASPH's Health Management and Policy Council

Item Writing Work Group (health management and policy group) for the NBPHE

Elected to AUPHA Board in June 2008

#### **Howard**

American College of Healthcare Executives (Regional Advisory Committee 2007 – 2008)

*National Association of Health Services Executives (Research Committee Chair 2007 – 2008)* 

*University of Illinois at Chicago School of Public Health (Advisory Board 2007 – 2008)* 

*University of Pittsburgh School of Public Health (Advisory Board 2007 – 2008)* **FACULTY** 

Describe any faculty awards, special honors or other activities of interest.

**Garman**Service Award, American College of Healthcare Executives

### **Howard**

Commencement Hooder, Class of 2008, Health Systems Management

### Rush University College of Health Sciences

### Fall 2008 Departmental Report

### **Department of Medical Physics**

Please complete the following sections by providing information that is current as of the reporting date (September 15, 2008).

### **ACADEMIC PROGRAM**

#### **Student Recruitment**

Describe any program marketing and student recruitment activities for the period January 1, 2008 to the present.

### **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

### **Program:**

Class	Number of	Number	Number	Current
(beginning)	applicants	accepted	beginning the	Enrollment*
			program	
Fall 2008	34	1	1	2
Fall 2007	NA	NA	NA	NA
Fall 2006	NA	NA	NA	NA
Fall 2005	NA	NA	NA	NA
Fall 2004	NA	NA	NA	NA
Fall 2003	NA	NA	NA	NA

<sup>\*</sup> As of Fall quarter 2008

#### **Graduates**

### List the number of graduates by year.

Program just started, no graduates yet.

### **Program:**

Class	Graduation	Current enrollment	Number of
(beginning)	Date*		graduates
Fall 2008	June 2010		NA
Fall 2007	June 2009		NA
Fall 2006	June 2008		
Fall 2005	June 2007		
Fall 2004	June 2006		
Fall 2003	June 2005		

<sup>\*</sup> If students completed the program during other quarters, please add additional lines. Board Examination Performance

Program:

Name of the Examination:

Graduation	Number	Number	Number	Total
Date*	of	taking the	passing	passing
	graduates	exam to-	(first	
		date	attempt)	
June 2008	NA			
June 2007	NA			
June 2006	NA			
June 2005	NA			
June 2004	NA			
June 2003	NA			

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

### **Graduate Placement**

**Program:** 

Graduation	Number	Number	Number
Date*	of	employed in	continuing
	graduates	the field	their
			education
June 2008	NA		
June 2007	NA		
June 2006	NA		
June 2005	NA		
June 2004	NA		
June 2003	NA		

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

### Curriculum

Describe recent or planned changes in the program curriculum.

### Accreditation

Will submit an application for the accreditation of medical physics residency program within the next two months

### **New Programs**

Will start prepare for a dosimetrist program after the submission of residency program accreditation

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

#### **FUNDED RESEARCH GRANTS**

2007-2009	Helical Tomotherapy Treatment of Dominant Intraprostatic Lesions in Patients with Prostate Carcinoma Utilizing Magnetic Resonance Imaging and Spectroscopic Guidance, \$170,000, Tomotherapy, Inc., Adam Dickler, PI, Co-Investigator
2007-2009	Thermal Tomography as a Predictor for Radiation-Induced Tissue Damage: Adapting NASA Technology to the Clinic – A Collaborative Project between Rush University Medical Center (RUMC) and Argonne National Laboratory (ANL), \$126,982, O'Connell/Gravers/Piccolo Foundation, Katherine Griem, PI, James Chu Co-PI
2008-2009	Medical Physics Residency Program Planning Grant, American Society for Therapeutic Radiology and Oncology, \$12,000, James Chu, PI

#### SUBMITTED RESEARCH GRANTS

2009-2011 Thermal Tomography as a Predictor for Radiation-Induced Tissue Damage, Congressionally Directed Medical Research Programs, U. S. Department of Defense \$250,000, James Chu, PI

#### OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

#### Funded

List any training grants, contracts, or donations received along with title, funding source and amount and time frame (include dates, for example 7/1/07-6/30/09).

#### Submitted

List any training grants, contracts, or donations submitted along with title, funding source and amount.

**PUBLICATIONS** (please use National Library of Medicine (NLM)/International Committee of Medical Journal Editors (ICMJE) recommended formats for bibliographic citations. APA style may be used, if that format is preferred in the discipline. Examples of citations are found at the end of this document – see also:

http://www.ncbi.nlm.nih.gov/books/bookres.fcgi/citmed/frontpage.html).

### **Refereed Publications**

### Papers Published in Peer Reviewed (Refereed) Journals

Napoli, Joshua, Stutsman, Sandy, **Chu, James C. H.**, Gong, Xing, Rivard, Mark J., Cardarelli, Gene, Ryan, Thomas, Favalora, Gregg E.: Radiation therapy planning using a volumetric 3-D display: PerspectaRAD, in *Stereoscopic Displays and Applications XIX*, edited by Andrew J. Woods, Nicolas S. Holliman, John O. Merritt, Proceedings of SPIE-IS&T Electronic Imaging, SPIE Vol. 6803, pages 680312-1 to 680312-11, IEEE/SPIE, 2008.

#### **Abstracts Published in Peer Reviewed Journals**

**Chu, J.,** Coon, A., Bernard, D., Griem, K., Sun, J.: Potential Application of 3D Thermal Tomography in Radiation Therapy. <u>Medical Physics</u>, 35:2924, 2008

Yao, R., Chu, J., Kirk, M., Turian, J., Zusag, T.: Optimal Dose Grid and Sampling Resolution for HDR Interstitial Brachytherapy Planning. Medical Physics, 35:2730, 2008

Jiang, L., Turian, J., Kirk, M., Zusag, T., **Chu, J.:** Using CT Scout Images for Flectuer-Suit Brachytherapy Treatment Planning. Medical Physics, 35:2436, 2008

Turian, J., Chen, S., Coleman, J., Khelashvili, G., **Chu, J.:** Dose Summation for Multi-Phase Helical Tomotherapy Plans. Medical Physics, 35:2436, 2008

Liao, Y., Kirk, M., Turian, J., Bernard, D., Zusag, T., **Chu, J.**: Comparison of Rush University In-House Dose Optimizer and Nucletron IPSA. <u>Medical Physics</u>, 35:2836, 2008

Ge, Y, Kirk, M C; Liao; Y, Coleman, J L, **Chu, J**: A Study of Normal Structure Contouring Efficiency with a Commercial Auto-Segmentation Software. RSNA Annual Meeting, 2008

Kirk, M, Shah, A, Coon, A, Jiang, L, Dickler, A, Griem, K: A Dosimetric Comparison of Simultaneous Integrated Breast Radiotherapy Using 3D conformal, IMRT and Tomotherapy Techniques. <u>Medical Physics</u>, 35:2902, 2008

### **Books and Chapters**

Other Publications (non-refereed journals, magazines, newsletters, proceedings)

### Editor, Editorial Boards or Reviewer

Reviewer and Associate Editor for Medical Physics and Reviewer for International Journal of Radiation Oncology, Biology, and physics

#### **PRESENTATIONS**

### Abstract, Poster and Paper Presentations (same as list of Abstracts above)

**Chu, J.**, Coon, A., Bernard, D., Griem, K., Sun, J.: Potential Application of 3D Thermal Tomography in Radiation Therapy. <u>Medical Physics</u>, 35:2924, 2008

Yao, R., **Chu, J.**, Kirk, M., Turian, J., Zusag, T.: Optimal Dose Grid and Sampling Resolution for HDR Interstitial Brachytherapy Planning. <u>Medical Physics</u>, 35:2730, 2008

Jiang, L., Turian, J., Kirk, M., Zusag, T., **Chu, J**.: Using CT Scout Images for Flectuer-Suit Brachytherapy Treatment Planning. Medical Physics, 35:2436, 2008

Turian, J., Chen, S., Coleman, J., Khelashvili, G., **Chu, J.**: Dose Summation for Multi-Phase Helical Tomotherapy Plans. <u>Medical Physics</u>, 35:2436, 2008

Liao, Y., Kirk, M., Turian, J., Bernard, D., Zusag, T., **Chu, J.**: Comparison of Rush University In-House Dose Optimizer and Nucletron IPSA. <u>Medical Physics</u>, 35:2836, 2008

Ge, Y, Kirk, M C; Liao; Y, Coleman, J L, **Chu, J**: A Study of Normal Structure Contouring Efficiency with a Commercial Auto-Segmentation Software. RSNA Annual Meeting, 2008

Kirk, M, Shah, A, Coon, A, Jiang, L, Dickler, A, Griem, K: A Dosimetric Comparison of Simultaneous Integrated Breast Radiotherapy Using 3D conformal, IMRT and Tomotherapy Techniques. <u>Medical Physics</u>, 35:2902, 2008

#### **Other Invited Presentations**

#### CONTINUING EDUCATION ACTIVITIES PRESENTED

List title of lectures, workshops, courses and/or *programs presented*, sponsor(s) of the program, dates presented, location. Please also list the number of attendees for any continuing education activities offered or co-sponsored by the department. Note: please <u>do not</u> include continuing education activities attended, unless you had a specific role in presenting the program.

#### SERVICE ACTIVITIES

### **Professional and Community Service**

Member of Task Group on electronic brachytherapy quality assurance and Investment Advisory Committee, American Association of Physicists in Medicine

University, College and Departmental Service

Rush University Radiation Safety Committee, Radiation Oncology Executive committee

### **FACULTY**

Describe any faculty awards, special honors or other activities of interest.

Examples for Citation Style<sup>1</sup>

Article in a journal carrying pagination throughout the volume; for citations with multiple authors, list 6 authors, and then "et al":

Rau JL, Coppolo DP, Nagel MW, Avvakoumova VI, Doyle CC, Wiersema KJ, et al. The importance of nonelectrostatic materials in holding chambers for delivery of hydrofluoroalkane albuterol. Respir Care 2006;51(5):503–510.

### Article in a publication that numbers each issue beginning with Page 1:

Chatburn R. Benchmarking for success: the AARC benchmarking project: part 1: overview. AARC Times 2006;30(6):26–28.

### **Corporate author journal article:**

Perez-Padilla R, Vazquez-Garcia JC, Marquez MN, Jardim JR, Pertuze J, Lisboa C, et al; the Latin American COPD Prevalence Study (PLATINO) Team. The long-term stability of portable spirometers used in a multinational study of the prevalence of chronic obstructive pulmonary disease. Respir Care 2006;51(10):1167–1171.

# Article in journal supplement (journals differ in numbering and identifying supplements. Supply information sufficient to allow retrieval):

Salim A, Martin M. High-frequency percussive ventilation. Crit Care Med 2005;33(3 Suppl):S241–S245.

### **Abstract in journal:**

Graham BL, Nuccio PF, Jackson MR. Quality improvement in post-tracheotomy patient care leads to increased decannulations (abstract). Respir Care 2006;51(11):1331.

### Editorial in a journal:

Gallegos LC, Shigeoka JW. Novel oxygen-concentrator-based equipment: take a test drive first! (editorial) Respir Care 2006;51(1):25–28.

### Letter in journal:

Silvestri L, Petros AJ, Viviani M, Rommes JH, van Saene HK. Selective decontamination of the digestive tract and ventilator-associated pneumonia, part 1 (letter). Respir Care 2006;51(1):67–69; author reply 70–72.

#### **Books:**

Dudek RW. High-yield lung. Philadelphia: Lippincott, Williams & Wilkins; 2006:119–120.

### **Chapter in book with editor(s):**

Groman J, Cutting GR. Cystic fibrosis. In: Silverman EK, Shapiro, SD, Lomas DA, Weiss ST, editors. Respiratory genetics. London UK: Hodder Arnold; 2006:297–313.

American Association for Respiratory Care. Respiratory care journal, preparing the manuscript. <a href="http://www.rcjournal.com/guidelines\_for\_authors/preparing\_the\_manuscript.cfm">http://www.rcjournal.com/guidelines\_for\_authors/preparing\_the\_manuscript.cfm</a> Accessed July 18, 2008

### Rush University College of Health Sciences Fall 2008 Departmental Report

### **Department of Occupational Therapy**

Please complete the following sections by providing information that is current as of the reporting date (September 15, 2008).

#### ACADEMIC PROGRAM

**Student Recruitment** (January 1, 2008 to the present)

Admissions Department efforts:

- Revision of on-line application
- Participation in
  - o CHS Open House 2/2/08
  - o OT Preview (At-A-Glance) Day 2/8/08
- Recruitment Fairs:

\*Indiana U – Bloomington
\*Benedictine Graduate Fair 3/26/08
Loyola Job/Career Fair 4/2/08
Elmhurst College Fair 4/17/08
Rush North Shore Fair 5/29/08

#### OT Department efforts:

- Monthly Information Sessions
- Recruitment Fairs (as above)
- Individual advisement sessions
- Personal response inquiries (numbers are conservative):

webmail (27) email (50) phone (60) campus visit (17)

- Website updates/upgrades
- Development of new marketing brochure (in process)
- Developing 3/2 agreement with Concordia University visit made on 5/7/08
- Attended Dominican University Dept. of Psychology Award Banquet 4/21/08

#### **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

<sup>\*</sup>attended by OT faculty with Admissions staff

**Program:** 

Class	Number of	Number	Number	Current
(beginning)	applicants	accepted	beginning the	Enrollment*
			program	
Fall 2008	70	42	30	30
Fall 2007	79	41	30	30
Fall 2006	36	26	16	17**
Fall 2005	44	34	21	NA
Fall 2004	53	40	22	NA
Fall 2003	39	32	20	NA

<sup>\*</sup> As of Fall quarter 2008 – NOTE: OT begins Summer quarter

### **Graduates**

List the number of graduates by year.

**Program:** 

1 1 0 5 1 4 1 1 1 1			
Class	Graduation	Current enrollment	Number of
(beginning)	Date*		graduates
Fall 2008	June 2010	30	NA
Fall 2007	June 2009	30	NA
Fall 2006	June 2008	17	17*
Fall 2005	June 2007	-	19
Fall 2004	June 2006	-	22
Fall 2003	June 2005	-	16

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

### **Board Examination Performance**

**Program:** 

Name of the Examination:

Graduation	Number	Number	Number	Total
Date*	of	taking the	passing	passing
	graduates	exam to-	(first	
		date	attempt)	
June 2008	17	NA	NA	NA
June 2007	19	18	12	18
June 2006	22	22	21	22
June 2005	17	17	16	17
June 2004	8	8	8	8
June 2003	12	12	12	12

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

<sup>\*\*</sup> Includes FT and PT students

<sup>\*</sup>One student will graduate December 2008.

#### **Graduate Placement**

**Program:** 

1105141111			
Graduation	Number	Number	Number
Date*	of	employed in	continuing their
	graduates	the field	education
June 2008	17*	NA	Unknown
June 2007	19	18	Unknown
June 2006	22	20	Unknown
June 2005	16	16	Unknown
June 2004	8	8	Unknown
June 2003	12	12	Unknown

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### Curriculum

Describe recent or planned changes in the program curriculum.

1. A Zero credit clinical skill course has been added.

#### Accreditation

List the name of the accreditation agency, current accreditation status, length of accreditation award, due date of next self study, and date of next on-site accreditation visit.

#### ACOTE

1. American Council of Occupational Therapy Education (ACOTE). The department is currently accredited through 2016 (re-accredited in 2006 for 10 years). Next self study will occur in 2015 followed by accreditation visit possibly in 2016. Ongoing review is in process.

### **New Programs**

Describe any new planned programs.

- 1. Possibility of a Clinical Doctorate program in Fall 2009 or 2010
- 2. Possibility of a Ph.D. program in Fall 2009 or 2010.

<sup>\*</sup> Includes December 2008 graduate

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

### **FUNDED RESEARCH GRANTS**

List the principle investigator, co-investigators, title of the grant, funding agency, funded amount and time frame (include dates, for example 7/1/07-6/30/09). Please also indicate the amount of funding (if different from funded amount listed) that the CHS department (includes salary, equipment and supplies) will receive.

If the faculty member listed is not the PI on the main grant, please indicate if he or she is the PI (or co-investigator) of a subcontract to the main grant and the amount the CHS department will receive (includes salary, equipment and supplies).

P.I.: R. Golden, **Olson, L, Giuffrida, C**. *Intraagency Collaboration for Brighten Project* (2006). Submitted to Senior Retirement Research Fund, Funded. Continues through 2008. Total Funding was 150,000.00 of which a portion was allocated to Occupational Therapy.

Horn, S. Principal Investigator, Corrigan, J. Co-PI, Young, J., Principal Investigator RUMC Site, **Giuffrida C.** Clinical Occupational Therapy Practice Lead., Investigator and Project Co-Coordinator, **Maitra, K.K.,** Clinical Practice Team Lead Traumatic Brain Injury, Wallace, D. Occupational Therapy Practice Lead– *Practice Based Evidence: Improving Outcomes in Acute Rehabilitation for TBI*, \$500,000, three year grant 2007- 2012

Classen, Sherrilene PI (University of Florida), **Clare Giuffrida**, RUMC Site PI, *Community Participation in Developing a Measure for Safe Older Driver Behaviors*, NIH, R21, \$250,000, site funded but funding for site terminated two months into study due to NIH budget cuts.

**Giuffrida, C.** PI, Instrumentation Grant for Functional Movement Task and Upper Limb Motor Control, College of Health Sciences. ~5000.00

#### RESEARCH GRANTS PENDING

List the principle investigator, co-investigators, title of the grant, applied amount and time frame.

1. **Giuffrida, C.** G. (PI), Cauraugh, J. H., Blanche, E. *An Analysis of Parallel Motor Control Processes in Adults with Stroke and Children with Developmental Coordination Disorder: Deficit or Delay*, Rush University Medical Center NIH Translation Research Grant, \$48,112, in final review for funding.

#### OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

#### **Funded**

List any training grants, contracts, or donations received along with title, funding source and amount and time frame (include dates, for example 7/1/07-6/30/09).

### Clare Giuffrida:

**Roberti Foundation** contributes \$3000 annually to developing our program in pediatrics. To date we have \$12,000 in this account which is designated for our pediatric clinic. We are planning to develop a comprehensive clinical assessment program in pediatric occupational therapy.

#### **Submitted**

List any training grants, contracts, or donations submitted along with title, funding source and amount.

**PUBLICATIONS** (please use National Library of Medicine (NLM)/International Committee of Medical Journal Editors (ICMJE) recommended formats for bibliographic citations. APA style may be used, if that format is preferred in the discipline. Examples of citations are found at the end of this document – see also:

http://www.ncbi.nlm.nih.gov/books/bookres.fcgi/citmed/frontpage.html).

#### **Refereed Publications**

### Papers Published in Peer Reviewed (Refereed) Journals

- 1. **Giuffrida, C**. G., Posse, C., Caurauagh J. H. (2008) Rapid *Aiming Movements by Senior Adults: Implications for Environmental Design*. Topics in Geriatric Rehabilitation. Vol. 24, 253-264.
- 2. **Giuffrida, C.**G., Demery J., Reyes, L., Leibowitz, B., Hanlon, R. (In Press) *Functional Skill Learning in Individuals with Traumatic Brain Injury*. American Journal of Occupational Therapy (In press)
- 3. Rice, M.S., Fertig, P.A., **Maitra, K.K.**, & Kopp Miller, B. (2008). Reduced Feedback: Motor Learning Strategy in Persons with Alzheimer's Disease. *Physical and Occupational Therapy in Geriatrics (In press)*
- 4. **Maitra, K.K.** & Link, Kimberly, (2008). Semantic modulation in a daily occupational performance. *AA Journal of Medical Sciences*, 1, 10-19.
- 5. Rechetnikov, R., & **Maitra, K.K.** (2008). A meta-analyses on the association between language and fine motor impairment in school age children: the need for integrative therapy. *American Journal of Occupational Therapy (In Press)*
- 6. Applegate S.L., Rice, M.S., Stein, F., **Maitra, K.K**. (2008). Knowledge of results and learning to tell time in an adult male with mental retardation: A single subject research design. *Occupational Therapy International* 15, 32-44.

#### **Abstracts Published in Peer Reviewed Journals**

#### **Abstracts**

- **1. Giuffrida, C.** G., Posse, C., Kim S., Gavenhorst, R., Cauraugh, J. (2008) *Optimizing Limb Control and Performance with Aging*. Journal of Sport and Exercise Psychology. Vol.30, p.S80.
- 2. **Giuffrida, C.** G., Duda, M., & Tsonis, M. (2008). The Effects of Botulinum Toxin A on Upper Limb Tone Management and Function following Stroke: A Review and a Meta Analysis. Rush University, Forum for Research and Clinical Investigation 2008, 25.
- 3. **Giuffrida, C.,** Beckett, J., O'Toole, M., Rumohr, L., Hinaman, B., Miller, L. (2008) *The Measurement of Sensory Modulation: The Relationship of Childrens' Electrodermal Responses to their Performance on the Sensory Profile*. Rush University, Forum for Research and Clinical Investigation 2008, 193.

### **Books and Chapters**

### Other Publications (non-refereed journals, magazines, newsletters, proceedings)

- 1. **Giuffrida C.** G., & Rice M. *Motor Skills and Occupational Performance: Assessments and Interventions*. In E. Crepeau, B. Schell& E. Cohn (Eds.) Willard and Spackman's Occupational Therapy (11<sup>th</sup> ed.) Philadelphia, PA: Lippincott, Williams & Wilkins. P.681-714.
- 2. Kielhofner, G.; Forsyth, K.; Clay, C. Ekbladt, E.; Haglund, L.; Hemmingson, H.; Keponen, R. & **Olson, L.** (2008). *Talking with clients: Assessments that collect information through interviews*. In G. Kielhofner (Ed.), *A model of human occupation: Theory and application* (4th ed.). Baltimore: Lippincott, Williams & Wilkins.
- 3. **Maitra, K.K**. (2008). Rehabilitation in Parkinson's Disease: strategies for cueing with self speech (RehabSelfCue PD). In *International Handbook of Occupational Therapy Interventions*. Ed. Ingrid Soderberg, Springer, NY, USA (*in press*).
- 4. **Giuffrida, C**. (2009). *Developmental Coordination Disorder*. In E. Blanche, C. Giuffrida & M. Hallway (Eds.) Blending Intervention Approaches in the Clinical Reasoning Process with Children. Pro Ed, Austin, Texas.
- 5. **Giuffrida,** C. (2009) *Assessments in Pediatrics*. In E. Blanche, C. Giuffrida & M. Hallway (Eds.) Blending Intervention Approaches in the Clinical Reasoning Process with Children. Pro Ed, Austin, Texas.
- 6. Hallway M. & **Giuffrida**, **C.**(2009) Cerebral Palsy, *Assessments and Inteventions* In E. Blanche, **C. Giuffrida** & M. Hallway (Eds.) Blending Intervention Approaches in the Clinical Reasoning Process with Children. Pro Ed, Austin, Texas.
- 7. Blanche E. & **Giuffrida**, **C**. (2009) *The Clinical Reasoning Process* In E. Blanche, C. Giuffrida & M. Hallway (Eds.) Blending Intervention Approaches in the Clinical Reasoning Process with Children. Pro Ed, Austin, Texas.

### Editor, Editorial Boards or Reviewer

### Clare Giuffrida Ph.D.

- Member, Editorial Review Board, Occupational Therapy in Health Care, 2007-
- Invited reviewer, American Journal of Occupation, Health, and Participation
- Invited reviewer, Perceptual Motor Skills
- Invited reviewer, Research Quarterly

### Kinsuk Maitra, Ph.D.

- Member, Editorial Review Board, American Journal of Occupational Therapy, USA, 2004-.
- Member, Editorial Board, Occupational Therapy in Health Care, USA 2007-
- Member, Editorial Board, Open Rehabilitation Journal, Bentham Science, UK 2007-
- Member, Editorial Board, Al Ameen Journal of Medical Sciences, India, 2007-

# PRESENTATIONS Abstract, Poster and Paper Presentations

### Refereed

- 1. **Olson, L., Belice, P.J., Walloch, C., Giuffrida, C., Myers, B., & Ogg, S.** (2008). *Infusing the Occupational Therapy Practice Framework Across the Practice Continuum.* Paper presented at the American Occupational Therapy Association 88<sup>th</sup> Annual Conference and Expo, Long Beach, California, April 10-13.
- 2. **Giuffrida, C.** G., Duda, M., & Tsonis, M. (2008). *The Effects of Botulinum Toxin A on Upper Limb Tone Management and Function following Stroke: A Review and a Meta Analysis*. Poster presentation at Rush University, Forum for Research and Clinical Investigation 2008, April 23-24.
- 3. **Giuffrida, C.**, Beckett, J., O'Toole, M., Rumohr, L., Hinaman, B., Miller, L. (2008) The Measurement of Sensory Modulation: *The Relationship of Childrens' Electrodermal Responses to their Performance on the Sensory Profile*. Poster presentation at Rush University, Forum for Research and Clinical Investigation 2008, April 23-24.
- 4. **Giuffrida, C**. G., Genovese, M., Lopez, C., Silverburg, A. (2008) *The Evidence for Sensory Modualtion Disorders: A Systematic Review* Poster presentation at the American Occupational Therapy Association 88<sup>th</sup> Annual Conference and Expo, Long Beach, California, April 10-13.
- 5. **Giuffrida C.** G., Grothaus C., Johnson.L., Magge M. (2008) *The Effects of Sensory Integration Therapy on Occupational Performance in Children with Developmental Disorders: A Systematic Review* Poster presentation at the American Occupational Therapy Association 88<sup>th</sup> Annual Conference and Expo, Long Beach, California, April 10-13.
- 6. **Giuffrida, C.** G., Posse, C., Kim S., Gavenhorst, R., Cauraugh, J. (2008) *Optimizing Performance with Aging*. Poster presentation at the North American Society for the Psychology of Sport and Physical Activity (NASPSPA) Niagara Falls, NY, June 4-8, 2008.
- 7. **Maitra, K.K.**, Rice, M., & Ault, K. Grasping naturally versus grasping with a reacher-effect of task difficulty and implication for therapy. American Occupational Therapy Association Annual Meeting, April 2008, Long Beach, California.
- 8. **Maitra, K.K.** & Rechetnikov . A meta-analyses on the association between language and fine motor impairment in school age children: the need for integrative therapy. American Occupational Therapy Association Annual Meeting, April 2008, Long Beach, California.
- 9. **Belice, P.** and Koverman, B. (2008). <u>Obtaining Occupational Profiles in Acute</u>. Long Beach, CA: American Occupational Therapy Association's 88<sup>th</sup> Annual Conference and Expo.
- 10. **Walloch, C.**, Brouwer, L., & Patel, Y. (2008). <u>Developmental coordination disorder</u>. The child and parents' perceptions: A meta-synthesis. *21st Annual Midwest Dean's Research Conference*, Davenport, IA (Poster)
- 11. **Walloch, C.**, Brody, D, Harkensee, K., & Mathew (2008). <u>Efficacy of interventions used to enhance handwriting: Is functionality addressed?</u> *21st Annual Midwest Dean's Research Conference*, Davenport, IA
- 12. **Walloch, C**, Brouwer, L., & Patel, Y (2008). <u>Development coordination disorder: Impact on occupation and social participation: A meta-synthesis</u>. *Rush University Forum for Research and Clinical Investigation*. Chicago, IL. (Poster
- 13. Caltado, M., Uttan, M., Whitehouse, R. & Walloch, C. (2008). Comparing the efficacy of traditional vs. nontraditional OT interventions with children with DCD. Rush University Forum for Research and Clinical Investigation. Chicago, IL. (Poster)

14. **Walloch, C.**, Caltado, M., Uttan, M. & Whitehouse, R. (2008). <u>A Comparison of Traditional and Nontraditional Treatment Approaches for the Children with Developmental Coordination Disorder: <u>A Meta-Analysis</u>. *Rush University Forum for Research and Clinical Investigation*. Chicago, IL. (Poster)</u>

#### **Other Invited Presentations**

**Maitra, K.K, (2008)**. Perception and Action: Implication for Rehabilitation, Rush University Rehabilitation Grand Rounds.

#### CONTINUING EDUCATION ACTIVITIES PRESENTED

List title of lectures, workshops, courses and/or *programs presented*, sponsor(s) of the program, dates presented, location. Please also list the number of attendees for any continuing education activities offered or co-sponsored by the department. Note: please <u>do not</u> include continuing education activities attended, unless you had a specific role in presenting the program.

- 1. James Young MD and **Clare G. Giuffrida PhD**, Overview of the Traumatic Brain Injury Evidence Based Practice NIH Grant for the RUMC Rehabilitation Team, Rush University, 25 attendees, Jan. 30, 2008.
- 2. **Walloch, C.** Effective mentoring: Facilitating adult learning. *Department of Internal Medicine: Research Mentoring Program, Rush University Medical Center*, Chicago, IL. (8 attendees)

### **SERVICE ACTIVITIES**

### **Professional and Community Service**

List professional and community service activities that departmental faculty may have engaged in to include offices, committees, boards, or task forces.

### Clare Giuffrida Ph.D.

- AOTA Program Director's Committee, Member
- Chicago Area Council of Occupational Therapy Directors, Member
- Illinois Occupational Therapy State Association Continuing Education Committee, Member
- Pediatric Network Research Advisory Committee, Member
- Carfit Occupational Therapy Trainee

#### Paula Jo Belice

- Schweitzer Fellow Faculty Mentor 2007- ending April 2008
- Cardinal Stritch University, College of Education and Leadership, Design Team, Representative for Cohort XIV, 2007 present
- American Occupational Therapy Association and American Association for Retired Persons CarFit Certified Participant, 2007 present
- Illinois Occupational Therapy Association, Continuing Education Approval Committee, Co-Chair, 2003 present

- Illinois Occupational Therapy Association Annual Fall Conference Committee, Chair, Manpower Committee, 2003 present
- Occupational Therapy Editorial Review Board, Slack, Inc., 2002- present
- RU Caring Spring Health Fair, Rush University, May, 2008

## Linda Olson

- Illinois Occupational Therapy Association:
  - o Co-chair Mental Health Evidence-Based Practice Group
  - o Co-chair of Mental Health Networking Webpage (this is being developed as a template that will be shared with other states).
- The Joint Commission on Behavioral Health Care Professional and Technical Advisory Committee: Alternate Representative

## Christy Walloch, OTD

- Society for the Study of Occupation, proposal reviewer March 2007-present
- Society for the Study of Occupation

**Communication Committee** 

Web Information Specialist

October 2006-present

# University, College and Departmental Service

List committees and committee chairs, offices, task forces and other departmental, college and university service activities.

## Department

## Clare Giuffrida Ph.D.

- Chair, Occupational Therapy Faculty Committee
- Chair, Occupational Therapy Dept. Meetings
- Chair, Occupational Therapy Leadership and Management Committee
- Member, OT Dept. Recruiting and Admissions Committee
- Member, Advisory Committee
- Member, Fieldwork Council
- Co- faculty/ Liaison to Rush Occupational Therapy Alumni Association

## Kinsuk Maitra Ph.D.

- Chair, OT Department Personnel Advisory Committee
- Chair, OT department Recognition Committee
- Chair, OT department External Event Committee
- Chair, OT department Newsletter/Publication Committee
- Co-Chair, Occupational Therapy Faculty Committee
- Co-Chair, Occupational Therapy Dept. Meetings
- Co-Chair, Occupational Therapy Leadership and Management Committee
- Co-Chair, OT Dept. Recruiting and Admissions Committee
- Co-Chair, OT Dept Student Scholarship Committee

#### Paula Jo Belice.

- Chair, Recruitment and Admissions Committee
- Chair, Student Performance and Academic Review Committee
- Chair, OT Department Student Scholarship Committee
- Faculty Advisor, Student Occupational Therapy Association
- Member, Advisory Committee

## Linda Olson,

- Member, Advisory Committee
- Member, Fieldwork Council
- Member, Recruitment & Admissions Committee
- Member, Clinical Foundations Course/Preceptorship Development Committee

## **Christy Walloch**

- Interdisciplinary Ethics Course Committee
- Department Representative, May, 2008 present

## College of Health Sciences

## Clare Giuffrida Ph.D.

- Co-chair, CHS Interdisciplinary Education Committee
- Member, Rush University, CHS, Chairs Council and Executive Management Committee
- Member, Search Committee for Chair of Perfusion Technology
- Member, College of Health Sciences Faculty Research Development Committee

#### Kinsuk Maitra Ph.D.

- Member, CHS Program Review and Assessment Committee
- Ad hoc Member, Rush University Student Services Committee
- Ad hoc Member, Rush University, CHS, Chairs Council and Executive Management Committee

#### Paula Jo Belice

• Member, Department of Clinical Nutrition Chairperson Search Committee

#### Linda Olson

- College of Health Science Faculty Council
- Chair, 2006-2008;
- Faculty Council Liaison to Chair's Council
- College of Health Science PhD Steering Committee
- Member, Education, Faculty Development Committee
- Department of Clinical Nutrition Chairperson Search Committee

## **Christy Walloch**

- College of Health Science Scholarship & Stipends Committee Department Representative, July 2007-present
- College of Health Science Faculty Council Department Representative April 2005-present

## **University**

# Clare Giuffrida Ph.D.

- Member, Interdisciplinary Committee for Health Care in America and Team Based Learning
- Member, Rush University Research Committee
- Member, Rush University Student Services Committee
- Member, CON Palliative Care Task Force
- Member, RUMC, JRB Health Promotion Committee
- Member, RUMC, Interdisciplinary Rehabilitation Management Team
- Member, RUMC, JRB Rehabilitation Coordinating Committee
- Member, RUMC, JRB, Brighten Interdisciplinary Grant Committee Meeting
- Member, RUMC Rehabilitation Marketing Committee
- Member, RUMC Stroke Quality Improvement Committee
- Member, RUMC Interdisciplinary Team Orthopedic Care
- Member, RUMC Joint Pathways
- Member, RUMC Psychiatric Treatment Team
- Member, RUMC Neurorehabilitation Program Planning Committee
- Member, RUMC Physical Facilities Meeting
- Member, RUMC Service Standards Meeting
- Member, Rush University Higher Learning Commission Re-accreditation Committee, Graduate College Task Force

## Kinsuk Maitra Ph.D.

- Member, RUMC, JRB Health Promotion Committee
- Ad hoc Member, RUMC, Interdisciplinary Rehabilitation Management Team
- Ad hoc Member, RUMC, JRB Rehabilitation Coordinating Committee
- Ad hoc Member, RUMC Neurorehabilitation Program Planning Committee
- Member, RUMC Physical Facilities and Safety Meeting, Rush Transformation group

## Paula J. Belice

- Member, Advisory Council for the Office of Community and Global Health
- Chair, Outcomes Subcommittee
- Rush University Belize Service Project, Faculty Advisor
- Member, RUMC Rush Recycles

# **Christy Walloch**

- University Council Representative
- CHS representative, July 2008 present

## **FACULTY**

Describe any faculty awards, special honors or other activities of interest.

## Paula Jo. Belice

Henry P. Russe, M.D. Humanitarian Award – In recognition of outstanding humanitarian contributions to Rush and the community – May 2008

Second year student, Cardinal Stritch University, Leadership in Learning and Service doctoral program

# Examples for Citation Style<sup>1</sup>

# Article in a journal carrying pagination throughout the volume; for citations with multiple authors, list 6 authors, and then "et al":

Rau JL, Coppolo DP, Nagel MW, Avvakoumova VI, Doyle CC, Wiersema KJ, et al. The importance of nonelectrostatic materials in holding chambers for delivery of hydrofluoroalkane albuterol. Respir Care 2006;51(5):503–510.

# Article in a publication that numbers each issue beginning with Page 1:

Chatburn R. Benchmarking for success: the AARC benchmarking project: part 1: overview. AARC Times 2006;30(6):26–28.

## **Corporate author journal article:**

Perez-Padilla R, Vazquez-Garcia JC, Marquez MN, Jardim JR, Pertuze J, Lisboa C, et al; the Latin American COPD Prevalence Study (PLATINO) Team. The long-term stability of portable spirometers used in a multinational study of the prevalence of chronic obstructive pulmonary disease. Respir Care 2006;51(10):1167–1171.

# Article in journal supplement (journals differ in numbering and identifying supplements. Supply information sufficient to allow retrieval):

Salim A, Martin M. High-frequency percussive ventilation. Crit Care Med 2005;33(3 Suppl):S241–S245.

## **Abstract in journal:**

Graham BL, Nuccio PF, Jackson MR. Quality improvement in post-tracheotomy patient care leads to increased decannulations (abstract). Respir Care 2006;51(11):1331.

## Editorial in a journal:

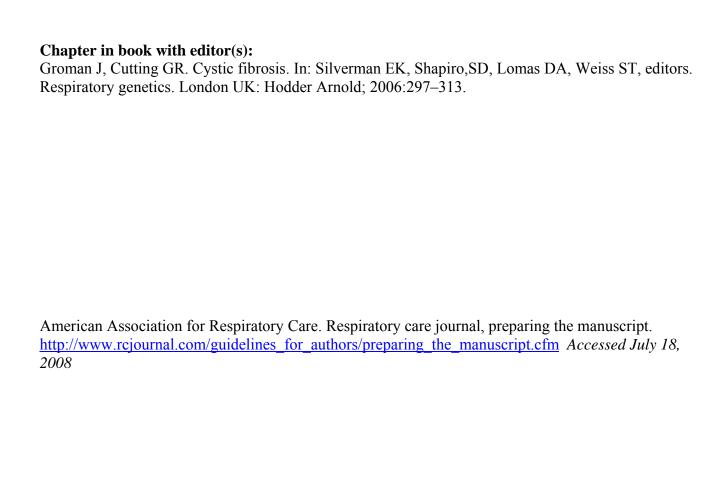
Gallegos LC, Shigeoka JW. Novel oxygen-concentrator-based equipment: take a test drive first! (editorial) Respir Care 2006;51(1):25–28.

## Letter in journal:

Silvestri L, Petros AJ, Viviani M, Rommes JH, van Saene HK. Selective decontamination of the digestive tract and ventilator-associated pneumonia, part 1 (letter). Respir Care 2006;51(1):67–69; author reply 70–72.

#### **Books:**

Dudek RW. High-yield lung. Philadelphia: Lippincott, Williams & Wilkins; 2006:119–120.



# Rush University College of Health Sciences Fall 2008 Departmental Report

# **Department of Perfusion Technology**

Please complete the following sections by providing information that is current as of the reporting date (September 15, 2008).

## **ACADEMIC PROGRAM**

## **Student Recruitment**

Describe any program marketing and student recruitment activities for the period January 1, 2008 to the present.

## **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

## **Program:**

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Class	Number of	Number	Number	Current
(beginning)	applicants	accepted	beginning the	Enrollment*
			program	
Fall 2008	25	12	12	11
Fall 2007	15	8	8	8
Fall 2006	NA	8	7	0
Fall 2005	NA	7	7	0
Fall 2004	NA	2	2	0
Fall 2003	NA	8	8	0

<sup>\*</sup> As of Fall quarter 2008

## Graduates

List the number of graduates by year.

## **Program:**

Class	Graduation	Current enrollment	Number of
(beginning)	Date*		graduates
Fall 2008	June 2010		NA
Fall 2007	June 2009	8	NA
Fall 2006	June 2008	0	6
Fall 2005	June 2007	0	4
Fall 2004	June 2006	0	2
Fall 2003	June 2005	0	6

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

## **Board Examination Performance**

**Program:** 

Name of the Examination:

Graduation	Number	Number taking	Number	Total
Date*	of	the exam to-date	passing (first	passing
	graduates		attempt)	
June 2008	6	0		
June 2007	4	4	3	3
June 2006	2	2	2	2
June 2005	6	6	5	6
June 2004	0			
June 2003	4	4	4	4

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### **Graduate Placement**

Program:

Graduation	Number	Number	Number
Date*	of	employed in	continuing their
	graduates	the field	education
June 2008	6	6	0
June 2007	4	4	0
June 2006	2	2	0
June 2005	6	6	2
June 2004	0	0	0
June 2003	4	4	

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

#### Curriculum

Describe recent or planned changes in the program curriculum.

No changes

## Accreditation

List the name of the accreditation agency, current accreditation status, length of accreditation award, due date of next self study, and date of next on-site accreditation visit.

Accrediting Agency is Accreditation Committee-Perfusion Education (AC-PE).

Program is accredited. Program reports annually (outcome based report) to the AC-PE. 2007 report has been accepted. 2008 report is due on October 1, 2008.

## **New Programs**

Describe any new planned programs.

Added three new clinical affiliate sites. These include University of Wisconsin-Madison, Geisinger Health Systems, Pennsylvania, Rush-Copley, Aurora. Students are currently rotating through these clinical affiliate sites.

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

## **FUNDED RESEARCH GRANTS**

List the principle investigator, co-investigators, title of the grant, funding agency, funded amount and time frame (include dates, for example 7/1/07-6/30/09). Please also indicate the amount of funding (if different from funded amount listed) that the CHS department (includes salary, equipment and supplies) will receive.

None

If the faculty member listed is not the PI on the main grant, please indicate if he or she is the PI (or co-investigator) of a subcontract to the main grant and the amount the CHS department will receive (includes salary, equipment and supplies).

## SUBMITTED RESEARCH GRANTS

List the principle investigator, co-investigators, title of the grant, funded amount and proposed time frame. Please also indicate the amount of funding (if different from funded amount listed) that the CHS department (includes salary, equipment and supplies) will receive.

None

If the faculty member listed is not the PI on the main grant, please indicate if he or she is the PI (or co-investigator) of a subcontract to the main grant and the amount the CHS department will receive (includes salary, equipment and supplies).

## OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

#### **Funded**

List any training grants, contracts, or donations received along with title, funding source and amount and time frame (include dates, for example 7/1/07-6/30/09).

None

## **Submitted**

List any training grants, contracts, or donations submitted along with title, funding source and amount. None

**PUBLICATIONS** (please use National Library of Medicine (NLM)/International Committee of Medical Journal Editors (ICMJE) recommended formats for bibliographic citations. APA style may be used, if that format is preferred in the discipline. Examples of citations are found at the end of this document – see also:

http://www.ncbi.nlm.nih.gov/books/bookres.fcgi/citmed/frontpage.html).

## **Refereed Publications**

## Papers Published in Peer Reviewed (Refereed) Journals

## **Abstracts Published in Peer Reviewed Journals**

**Books and Chapters** 

Other Publications (non-refereed journals, magazines, newsletters, proceedings)

Editor, Editorial Boards or Reviewer

**Robin Sutton:** Associate Editor, Journal of Extra-Corporeal Technology.

## **PRESENTATIONS**

**Sutton, Robin:** Extracorporeal Membrane Oxygenation programs survey of personnel and equipment. Presented at the annual meeting of the American Society of Extracorporeal Technology annual meeting, Orlando, Florida. April 2008.

## **Abstract, Poster and Paper Presentations**

## **Other Invited Presentations**

## CONTINUING EDUCATION ACTIVITIES PRESENTED

List title of lectures, workshops, courses and/or *programs presented*, sponsor(s) of the program, dates presented, location. Please also list the number of attendees for any continuing education activities offered or co-sponsored by the department. Note: please <u>do not</u> include continuing education activities attended, unless you had a specific role in presenting the program.

Presentations at the Extracorporeal Membrane Oxygenation (ECMO) Symposium sponsored by the Department of Perfusion Technology, College of Health Sciences, Rush University, March 24 to 26, 2008

- 1. **Rapier, W,** PhD, PA-C, CCP: Extracorporeal Technology and its application to Extracorporeal Membrane Oxygenation (ECMO). Presented at the Rush University ECMO training symposium, March 24, 2008, Chicago Illinois.
- 2. **Rapier, W, PhD**, PA-C, CCP: Fetal anatomy and fetal circulation. Presented at the Rush University ECMO training symposium, March 24, 2008, Chicago Illinois
- 3. **Rapier, W**, **PhD**, PA-C, CCP: Coagulation, blood product usage, and anticoagulation on ECMO. Presented at the Rush University ECMO training symposium, March 25, 2008. Chicago Illinois
- 4. **Sutton, Robin**, **MS**, CCP: Neonatal cardiac and respiratory anatomy and physiology. Presented at the Rush University ECMO training symposium, March 24, 2008, Chicago Illinois

- 5. **York, Michelle, BS,** CCP: Laboratory Values for the patient on ECMO. Presented at the Rush University ECMO training symposium, March 26, 2008; Chicago Illinois
- 6. **Durdov, David, MS,** CCP: Complication following Extracorporeal Membrane Oxygenation. Presented at the Rush University ECMO training symposium, March 26, 2008, Chicago, Illinois
- 7. **Chabot, David, MS,** CCP: ECMO Outcomes. Presented at the Rush University ECMO training symposium, March 26, 2008; Chicago, Illinois.

## **SERVICE ACTIVITIES**

## **Professional and Community Service**

List professional and community service activities that departmental faculty may have engaged in to include offices, committees, boards, or task forces.

**W. Rapier:** Planning Committee member, Annual meeting of the International Consortium for Evidence Based Practice.

**Robin Sutton:** Co-Chair, Perfusionists without Borders Committee

# **University, College and Departmental Service**

List committees and committee chairs, offices, task forces and other departmental, college and university service activities.

#### **FACULTY**

## Rapier:

- Member, University Committee on Research
- Member, College Faculty Council
- Member, Committee on Senior Faculty Appointment and Promotions
- Member, Rush University Student Service Committee
- Member, College Diversity Committee
- Member, PhD development Steering Committee
- Member, Search Committee for Chair of the Department of Clinical Nutrition
- Chair, Perfusion Department Advisory Committee
- Chair, Perfusion Department Admissions Committee
- Chair, Perfusion Department Clinical Competency Committee
- Chair, Steering Committee for Physician Assistant Program

#### **Sutton:**

- Member, Perfusion Department Clinical Competency Committee
- Member, Department Advisory Committee
- Member, Department Appointment and Promotion Committee

#### **Eldridge:**

- Member, Department Advisory Committee
- Member, Department Admissions Committee
- Member, Department Appointment and Promotions Committee
- Member, Department Chair Search Committee

# **Durdov**:

- Chair, Department Appointment and Promotions Committee
- Member, College Faculty Council
- Member, Department Chair Search Committee
- Member, Department Admissions Committee

## **Chabot:**

- Clinical Coordinator, Rush University's Extracorporeal Membrane Oxygenation program (ECMO)
- Member, Department Appointment and Promotions Committee

Describe any faculty awards, special honors or other activities of interest.

# Rush University College of Health Sciences Fall 2008 Departmental Report

# Department of Religion, Health & Human Values

Please complete the following sections by providing information that is current as of the reporting date (September 15, 2008).

## ACADEMIC PROGRAM

#### **Student Recruitment**

Health Care Ethics Program: Student recruitment and marketing for the Certificate of Graduate Study in Health Care Ethics and the M.A. in Health Care Ethics in 2008 included the Department's new web presence on the Rush University website (with on-line application through Apply Yourself available), as well as direct recruiting of nursing staff through presentations at the monthly RUMC General Nursing Orientation. The Department participated in a College-wide Open House for prospesctive students in February 2008. Both the HealthCare Ethics and CPE programs are marketed at their respective annual meetings through our faculty's active involvement and leadership in their respective professional organizations, the American Society of Bioethics and Humanities for ethics facultyand the Association for Clinical Pastoral Education and Association of Professional Chaplainsfor the CPE programs. In March 2008 a direct-mail campaign recruiting for the Certificate and Masters programs in Health Care Ethics will be undertaken, including approximately 3,000 direct mail and an equal number of e-mail recipients.

Clinical Pastoral Education (CPE) Program: We are accredited by the Association for Clinical Pastoral Education, Inc. to provide all three levels of CPE training at RUSH. The three levels of CPE training include Level I (Intern- single units), Levels I& II (Resident – 3 units per year) and Supervisory Education Student (training to become ACPE Supervisors). CPE is not a degree program nor is it designed to meet a Board Examination. Our students receive certificates that verify that they have completed the requirements for a particular unit of CPE training such as Level I, Level II or a unit of SES training. (See chart for more information) The outcomes of each levels of CPE training are competency based. This means it may take a student one or more units of Level I CPE before they demonstrate satisfactory competencies in the nine Level I outcomes and can move on the Level II CPE. Similarly, a student must have a minimum of two units of Level II CPE before they can receive satisfactory competencies in the 8 Level II outcomes. The same principle is at play with SES training and its outcomes.

## **Admissions and Enrollment**

List number of applicants, number of students accepted, number of students beginning first year, and enrollment in each year of the program.

**Program:** Certificate of Graduate Study in Health Care Ethics

Class	Number of	Number	Number beginning	Current
(beginning)	applicants	accepted	the program	Enrollment
Fall 2007	14	14	14	8
Fall 2006	6	6	6	
Fall 2005	42	42	42	
Fall 2004	10	10	10	
Fall 2003	N/A			

**Program:** M.A. in Health Care Ethics

Class	Number of	Number	Number	Current
(beginning)	applicants	accepted	beginning the	Enrollment
			program	
Fall 2007	2	1	1	1
Fall 2006				
Fall 2005				
Fall 2004	1	1	1	1
Fall 2003	1	1	1	

**Program:** RMC-M1/M2 Medical Ethics Course sequence (HHV 581-583)

	111110 11111111111111111111111111111111	dical Edition Co	arse sequence (IIII )	202 200)
Class	Number of	Number	Number	Current
(beginning)	applicants	accepted	beginning the	Enrollment
			program	
Fall 2007			131	131
Fall 2006			143	136
Fall 2005				
Fall 2004				
Fall 2003				

Program: Clinical Pastoral Education – Single Unit (Interns) – Rush University Medical Center

Class	Number of	Number	Number	Current	Number of
(beginning)	applicants	accepted	beginning	Enrollment	Graduates
			the program		(1 Unit of CPE)
Summer 2008	55	6			
Spring 2008	8	6	6	6	
Winter 2007	8	6	6		6
Fall 2007	5	4	3		3
Fall 2006	8	5	5		5
(Sept-Dec)					5 units
Winter 2007	8	6	6	n/a	6
(Jan-March)					6 units
Spring 2007	8	6	6	n/a	6
(March-June)					6 units

Class	Number of	Number	Number	Current	Number of
(beginning)	applicants	accepted	beginning	Enrollment	Graduates
		1	the program		(1 Unit of CPE)
Summer 2007	40	6	6	6	6
(June-August)					6 units
Fall 2005	3	0	0	n/a	0
(Sept-Dec)					
Winter 2006	5	4	4	n/a	4
(Jan-March)					4 units
Spring 2006	5	4	4	n/a	4
(March-June)					4 units
Summer 2006	48	6	6	n/a	6
(June-August)					6 units
Fall 2004	6	4	4	n/a	4
(Sept-Dec)					4 units
Winter 2005	8	6	6	n/a	6
(Jan-March)					6 units
Spring 2005	7	5	5	n/a	5
(March-June)					5 units
Summer 2005	42	7	7	n/a	7
(June-August)					7 units
Fall 2003	3	3	3	n/a	3
(Sept-Dec)					3 units
Winter 2004	2	0	0	n/a	0
(Jan-March)					
Spring 2004	8	5	5	n/a	5
(March-June)					5 units
Summer 2004	38	6	6	n/a	6
(June-August)					6 units
Total Interns					73
Total Units					73 units

Program: Clinical Pastoral Education – Year Long (Residents – Rush University Medical Center

Class	Number	Number	Number	Current	Number of
(beginning)	of	accepted	beginning the	Enrollment	Graduates
	applicants		program		(# of CPE Units)
Fall 2008/	15	6			
Summer 2009					
Fall 2007/	15	5	5	4	n/a
Summer 2008					
Fall 2006/	17	6	6	4	4
Summer 2007					18 units
Fall 2006/ Spring				n/a	2
2007					4 units
Fall 2005/	15	6	6	n/a	6
Summer 2006					18 units
Fall 2007/	15	8	8	n/a	8
Winter 2005					32 units
Fall 2003/	15	8	8	n/a	7
Summer 2004					28 units
Fall 2003/ Spring					1
2004					2 units
Total Residents					28
Total Units					102 units

	Number of Students	Number of Units
Interns	73	73
Residents	28	102
Total	101	175

Note: The Clinical Pastoral Education Program offered at Rush University Medical Center and its satellites is accredited by the Association of Clinical Pastoral Education, Inc. located in Decatur, Georgia

2007 – 5 year paper review

2012 - On-Site Accreditation Review

Program: Clinical Pastoral Education – Single Unit (Interns) – University of Chicago Hospitals

Trogram. Chin	icui i ustoi ui i	Buucunon	bingie emit (mite		isity of Cincago III
Class	Number of	Number	Number	Current	Number of
(beginning)	applicants	accepted	beginning	Enrollment	Graduates
			the program		(1 Unit of CPE)
Summer 2008	40	6			
Summer 2007	18	6	6	n/a	6
(June-August)					6 units
Fall 2005	0				0
Summer 2006	8	6	6	n/a	6
(June-August)					6 units
Fall 2004	0				0
Summer 2005	8	6	6	n/a	6
(June-August)					6 units
Fall 2003/	8	6	6	n/a	6
Spring 2004					6 units
(Oct – March)					
Summer 2004	8	6	6	n/a	6
(June-August)					6 units
Total Interns					30
Total Units					30 units

**Program:** Clinical Pastoral Education – Single Unit (Interns) – Sinai Healthcare

110gram chinear assorar Education single chie (interns) sinar realisticare					
Class	Number of	Number	Number	Current	Number of
(beginning)	applicants	accepted	beginning	Enrollment	Graduates
			the program		(1 Unit of CPE)
Fall 2007	6	5	5	5	
Fall 2006/	5	3	3		3
Spring 2007					3 units
Summer 2007	6	5	5		5
(June-August)					5 units
Fall 2005	0				0
Summer 2006	6	4	4		4
(June-August)					4 units
Fall 2004	0				0
Fall 2003	0				0
Total Interns					12
Total Units					12 units

Note: The Clinical Pastoral Education Program offered at Rush University Medical Center and its satellites is accredited by the Association of Clinical Pastoral Education, Inc. located in Decatur, Georgia

**Program: Clinical Pastoral Education – Supervisor Education Students (SES)** 

Date	Total SES	Associate	Full	Enrollment
	Students	Supervisor	Supervisor	
Fall 2007 – 2008	4	1	0	4
Fall 2006 – 2007	4	1	1	4
Fall 2005 – 2006	7	2	1	5
Fall 2004 – 2005	7	1	0	7
Fall 2003 – 2004	6	0	0	6

## **Graduate Placement**

**Program:** Certificate of Graduate Study in Health Care Ethics (1 year program)

		v	
Class	Graduation	Current enrollment	Number of
(beginning)	Date		graduates
Fall 2007	June 2008	8	NA
Fall 2006	June 2007		6
Fall 2005	June 2006		42
Fall 2004	June 2005		10

**Program:** M.A. in Health Care Ethics

8			
Class	Graduation	Current enrollment	Number of
(beginning)	Date		graduates
Fall 2007	June 2008	1	
Fall 2006	June 2007		
Fall 2005	June 2006		
Fall 2004	June 2005		1

Clinical Pastoral Education: Given the structure of the program described in Section 1 above), we have Intern graduates quarterly and Resident graduates annually. Graduation does not necessarily mean that they have demonstrated competencies in all of the outcomes. Our SES students contract supervision from us and all work full- time as directors of Spiritual Care departments in area healthcare institutions. Consequently, it takes several years to complete supervisory training.

**Program:** Clinical Pastoral Education (Aggregate data – see by quarter above)

Class	Graduation	Current enrollment	Number of
(beginning)	Date		graduates
Fall 2006	June 2008	13	NA
Fall 2005	June 2007		43
Fall 2004	June 2006		41
Fall 2003	June 2005		36

## **Board Examination Performance**

- 1. **Health Care Ethics Programs:** No Board Examination in the field of Bioethics is currently available, though the possibility of creating such an accreditation is under active review by the American Society for Bioethics and Humanities (ASBH). As an interdisciplinary field, most bioethicists are also trained in another professional discipline (medicine, law, nursing, philosophy, etc.) and subject to professional examination in those professions.)
- 2. **Clinical Pastoral Education Program:** CPE is designed to develop professional skills and competencies in pastoral care. The curriculum helps to but is not designed to achieve Board Certification. Rather, four units of CPE is one of many requirements needed for a candidate to receive Board Certification as a Professional Chaplain.

#### **Graduate Placement**

- 1. **Health Care Ethics:** This data has not been collected systematically in the past, and will vary significantly by program, but will be going forward. In general, most participants in the Certificate program are post-professional students already working in the field. About half of the M.A students are post-profesional and half are pre-professional, and go on to apply to medical or nursing school, for example.
- 2. Clinical Pastoral Education: We have a thirty plus year history of CPE graduates from Rush. Most of our "graduates" find ministry placements if they want to stay in ministry. For example, most of our Intern graduates are still in seminary so their placement would not occur until post seminary. Many of our Residents come for a year of training post seminary. We do not formally track who gets placed in a ministry position since placement is not an objective of our training program. Many of the Spiritual Leaders in the Chicago land area are graduates of one or more of our CPE programs. Many more Spiritual Leaders are elsewhere in the country and world. We have had a number of international graduates who have since gone back to serve in ministry in their perspective countries. We continue to invite and accept international students.

## Curriculum

Health Care Ethics: The program curriculum in health care ethics has been largely stable in the past year. The Certificate program curriculum is currently under review by the course instructor and department chair. Review is based on benchmarking with the ASBH Core Competencies for Ethics Consultation and as a product of the course instructor's final project for the Fellowship at the McClean Center for Ethics at the University of Chicago this year. The Chair is also a member in the Program Directors Affinity Group of ASBH, at whose annual meeting in Washington, DC in October he participated in consultations about program and curriculum development. The Department is currently undertaking a national search for a faculty position to replace the retiring Director of the program.

Clinical Pastoral Education: There is a shortage of ACPE Supervisors in the country. Many healthcare institutions that would like to have CPE students in their facilities. To that end, we currently have two Satellite Center Agreements. One is with the University of Chicago Hospitals and the other is with Mount Sinai Hospital Medical Center. These Satellite programs borrow our accreditation to provide CPE in their institutions until they have successfully built their program to where they can gain independent accreditation through ACPE, Inc. Both of these centers have or have had Supervisory Education Students (SES) who simultaneously serves as their Directors of Spiritual Care.

Our new Satellite Center and SES Agreement will be with Riverside Medical Center in Kankakee, IL. The SES is also the Director of Spiritual Care at Riverside. This agreement is under review with the legal departments in both centers. It is due to be in effect later this month.

#### Accreditation

**Health Care Ethics:** The Certificate of Graduate Study in Health Care Ethics is not an accredited degree program. The M.A. in Health Care Ethics is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools and authority to grant the M.A. comes from the Illinois Board of Higher Education.

**CPE:** We are accredited for ten year cycles by the Association for Clinical Pastoral Education, Inc. which includes a mid-cycle paper review. We are currently in mid-cycle and our five year paper review was submitted early June of this year. In October 2007 we received continuing accreditation based on that 5- year paper review, until the next full accreditation site visit in five years. Our on-site ten year review will occur in 2012.

## **New Programs**

Health Care Ethics: Besides developing a comprehensive new ethics curriculum for Rush Medical College, including innovative problem-based learning, the ethics faculty is also engaged in the ethics and professionalism curriculum development for the new RMC curriculum beginning in 2008. The course director for the online Certificate program, Dr. Jude Njoku, was awarded a prestigious fellowship at the McClean Center for Ethics at the Feinberg School of Medicine of the University of Chicago, which he is using to redesign the curriculum for the Certificate program at Rush. With the potential capacities of new online instructional software, this would allow us to develop a truly state-of-the –art distance learning experience for our Certificate students. Development of the MA program, though hampered by the lack of any full-time ethics faculty or an academic director (a ole currently played by the department chair), will be enhanced with the continuing development of the online courses, as well as through the development of a more robust and coordinated interdisciplinary ethics curriculum across the College of Health sciences. This fall, for example, six students from another CHS department (Vascular Perfusion) enrolled in our on-line course (HHV 501) in fulfillment of the ethics requirement for their program.

The major challenge for the development of interdisciplinary education within CHS and between our department and the other colleges of the university will be establishing methods of funding the teaching and curriculum support we do for other programs. Presently, for example, there is no funding from RMC to support the teaching of medical students by our faculty. We hope that the recent agreement entered into by CHS and CON will be a model for these inter-college arrangements.

Other new programs in development include the RHHV faculty participation in the expansion of Interdisciplinary Palliative Care Education program as well as Education for Palliative and End of Life Care (EPEC) training for the Medical Center.

Clinical Pastoral Education: There is a shortage of ACPE Supervisors in the country. Many healthcare institutions that would like to have CPE students in their facilities. To that end, we currently have two Satellite Center Agreements. One is with the University of Chicago Hospitals and the other is with Mount Sinai Hospital Medical Center. These Satellite programs borrow our accreditation to provide CPE in their institutions until they have successfully built their program to where they can gain independent accreditation through ACPE, Inc. Both of these centers have or have had Supervisory Education Students (SES) who simultaneously serves as their Directors of Spiritual Care.

Our new Satellite Center and SES Agreement will be with Riverside Medical Center in Kankakee, IL. The SES is also the Director of Spiritual Care at Riverside. This agreement was signed by both institutions in 2007.

**Health Care Ethics:** The Certificate of Graduate Study in Health Care Ethics is not an accredited degree program. The M.A. in Health Care Ethics is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools and authority to grant the M.A. comes from the Illinois Board of Higher Education.

**CPE:** We are accredited for ten year cycles by the Association for Clinical Pastoral Education, Inc. which includes a mid-cycle paper review. We are currently in mid-cycle and our five year paper review was submitted early June of this year. In October 2007 we received continuing accreditation based on that 5- year paper review, until the next full accreditation site visit in five years. Our on-site ten year review will occur in 2012.

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

# A. Population-Based Studies of Religion and Health

# 1. **Project: Religion and CV Health**

Personnel: George with Lynda Powell, John Cacioppo (U of Chicago), and Kiang Liu (Northwestern)

Support: The first two parts of this work are supported by a pilot grant from the Templeton Foundation.

# Description:

- o We will submit a proposal for continued research to the Templeton Foundation;
- o We will submit an abstract to present a poster at the annual American Heart Association, Epidemiology Council meeting, March 2008;
- o We will submit a manuscript from George's dissertation research for publication.

# 2. Project: Religion and Disability in Older Adults

Personnel: George with Carlos Mendes de Leon

Support: This project was included in the K08 award and will be supported by the no-cost extension of that award.

Description: Conduct analysis, prepare presentation, and manuscript, for the relationship between daily spiritual experiences and disability among participants in the Chicago Health and Aging Project.

# B. Religion and Mental Health

## 1. **Project: Religion and Recovery from Depression**

Personnel: Principal Investigator: Pat; Co-Investigator: George

Description: We will write up and submit for publication the results of Pat's analysis of religion and recovery from depression among patients diagnosed with depression.

## 2. **Project: Research about Religion and Mental Health.**

Personnel: Pat, with assistance from George

Description: Pat will make two presentations about what research tells us about religion and mental health: 1) the 2008 APC annual meeting, 2) a July 2007 Chaplains Teleconference.

## C. Religion & Coping with Illness, Religious Struggle

# 1. Project: Spirituality in Cancer Survivors

Personnel: Principal Investigator: Andrea Canada (Rush Department of Behavioral Sciences); Co-Investigators: Pat, George

Description: We will conduct an analysis of the correlates of spirituality among participants in the American Cancer Society's Survey of Cancer Survivors. We will submit an abstract to present this work at the 2008 annual meeting of the Society for Behavioral Medicine, and prepare a manuscript for publication. We will also write a proposal to the ACS for funding for additional research regarding spirituality and cancer survivorship.

# 2. Project: Religious Struggle Screening Project - JRB Study

Personnel: Principal Investigator: Jay Risk; Co-Investigator: George

Description: We will submit a manuscript based on this project for publication in the *Journal of Pastoral Care and Counseling*. We will submit an abstract to present a workshop about the project at the 2008 annual meeting of the APC. We will lead a discussion with the department faculty about the implications of this research for the department's spiritual care.

## 3. Project: Religious Struggle Screening Project - Pediatric Oncology Study

Personnel: Principal Investigator: Paul Kent; Co-Investigators: Jennifer Misasi, Jay Risk, Mary Altenbaumer, and George

Description: We will initiate a study of screening for religious struggle among the children (age 12+) and their parents in the Rush Pediatric Oncology service.

# 4. Project: Book Chapter - Religion and Coping with Illness

Personnel: Pat, George, and Andrea Canada

Description: We will revise this manuscript and submit to professional journals, one or two manuscripts based on it. If a new publisher is found for the book, we will work with the editors to include the original chapter in the book.

## D. Chaplains and Research

# 1. Project: QI and Chaplaincy

Personnel: Principal Investigator: George; Co-Investigators: Clayton Thomason, Kathy Lyndes, Nancy Berlinger (Hastings Center), Martha Jacobs (Healthcare Chaplaincy)

Support: The Hastings Center

Description: We will complete the analysis of the data and prepare a final report for the October meeting at the Hastings Center. We will prepare two manuscripts for publication based on the project; one for a healthcare administration audience, and one for a healthcare chaplaincy audience.

# 2. Project Introduction to Pastoral Research Workshop

Personnel: George and Pat

Description: We will submit an abstract to present the workshop as a pre-conference workshop at the 2008 annual meeting of the APC. We will also complete the analysis of data from previous workshop participants and prepare a manuscript with those results.

# E. Psychometric Studies of Measures of Religion and Spirituality

1. Project: A 3-Factor Model of FACIT-Sp - MD Anderson Sample

Personnel: Principal Investigator: Andrea Canada (Department of Behavioral Sciences); Co-Investigators: Pat, George, Amy Peterman (UNC)

Description: We have received the reviewers' and editor's response to our *Psycho-Oncology* manuscript about this project. We will revise and re-submit the manuscript.

2. **Project: A 3-Factor Model of FACIT-Sp** - ACS, Survey of Cancer Survivors Sample

Personnel: Principal Investigator: Pat Murphy; Co-Investigators: Andrea Canada, George, Amy Peterman (UNC)

Description: We will examine the 3-factor model of the FACIT-Sp in this new sample and prepare a manuscript based on our findings.

## 3. Project: Rasch and DSE

Personnel: George with Barth Riley (UIC)

Description: We will revise this manuscript and prepare it for submission for publication.

## F. Other Research-Related Activities

## 1. Project: Five Year Research Plan

Personnel: George, Pat, and Clayton

Description: We will hold a mid-year retreat to review and revise the department's 5 year plan for the research program.

# 2. Religion and Cancer: An Overview of the Research

George will present a lecture on this topic for the Sr. Alice Potts Endowed Lecture at MD Anderson Cancer Center in Houston, TX, in October.

# 3. Religion and Health: What Does the Research Tell Us?

George will present a lecture on this topic at the annual Spirituality and Health Conference at Harvard in December.

## **G.** Continuing Education

George will attend the APC annual meeting.

Pat will attend the APC annual meeting and the APA Division 36 annual meeting.

**PUBLICATIONS** (please use National Library of Medicine (NLM)/International Committee of Medical Journal Editors (ICMJE) recommended formats for bibliographic citations. APA style may be used, if that format is preferred in the discipline. Examples of citations are found at the end of this document – see also:

http://www.ncbi.nlm.nih.gov/books/bookres.fcgi/citmed/frontpage.html).

#### **Refereed Publications**

Fitchett G and Risk JL (In Press). Screening for spiritual struggle. Journal of Pastoral Care and Counseling.

Canada, A.L., **Murphy, P.E., Fitchett, G.**, Peterman, A.H., Schover, L.R. (2008). A 3-factor model for the FACIT-Sp. Psycho-Oncology 1, 908-916..

**Fitchett G, Murphy PE**, Kravitz HM, Everson-Rose SA, Krause NM, Powell LH (2007). Racial/Ethnic differences in religious involvement in a multi-ethnic cohort of midlife women. *Journal for the Society for the Scientific Study of Religion* 46(1):119-132.

**Murphy, PE.** Canada, **A., Fitchett**, Stein, K., Portier, K., Peterman, A., & Crammer, C. A 3-factor model for the FACIT-Sp: Evidence from the American Cancer Society's Study of Cancer Survivors-II (in review)

Murphy, P. E., & Fitchett, G. Beliefs predict response to treatment for depression. (In review)

**Fitchett G**, Powell L. (2008). Daily spiritual experiences and blood pressure. *American Journal of Epidemiology*, 167(Suppl):S259.

**Fitchett G,** Powell L, Sutton-Tyrrell K, Matthews K, Lewis, T. (2007). Religious involvement and coronary artery calcification. *American Journal of Epidemiology*, 165(Suppl):S109.

Canada A, Murphy P, **Fitchett G,** Peterman A, Schover L. (2007). A 3-factor model for the FACIT-Sp. Annals *of Behavioral Medicine*, 33(Suppl.):S007.

## **Books and Chapters**

**Fichett G,** Canada AL (In Press). The role of religion/spirituality in coping with cancer: Evidence, assessment, and intervention. In JC Holland (Ed.) Psycho-oncology, 2<sup>nd</sup> edition. New York: Oxford University Press.

**Fitchett G,** King SDW, Vandenheck A (In Press). Education of chaplains in psycho-oncology. In JC Holland (Ed.) Psycho-oncology, 2<sup>nd</sup> edition. New York: Oxford University Press.

Murphy, P. M., **Fitchett, G**., Canada, A.L. (In press). The role of religious and spiritual coping for seriously ill adults. In V. Carson & H. Koenig (Eds). Spiritual Dimensions of Nursing Practice. Templeton Foundation Press.

**Fitchett G** (In Press). Institutional Chaplaincy. In Religion: Past and Present. (Netherlands: Brill Publishers).

Other Publications (non-refereed journals, magazines, newsletters, proceedings)

# Editor, Editorial Boards or Reviewer Pat Murphy, Ph.D.:

- 1. reviews research articles for several journals:
- 2. reviews Psychiatric books for Doody publications almost monthly.

## George Fitchett, Ph.D.:

- 1. *Health Education and Behavior*, Member, Guest Editorial Board, Special Issue, Public Health and Health Education in Faith Communities, Volume 25, Number 6, December, 1998.
- 2. *Psycho-Oncology*, 1999 to present.
- 3. *Journal of Pastoral Care*, Member of the Editorial Advisory Committee, 1983 present.
- 4. *Counselling and Spirituality* (Formerly *Sciences Pastorales/Pastoral Sciences*), Advisory Editor, 2002 present.

## **PRESENTATIONS**

# **H. Summary of Presentations - FY08**

	George	Pat
		1. Texas Teleconference: Religion and
		Mental Health, What Does the Research
Summer		Tell Us
	1. Chaplains and QI, with Clayton	
	Thomason and Kathy Lyndes,	
	Hastings Center	
	2. Religion and Cancer: An Overview	
	of the Research, MD Anderson	
Fall	3. Religion and Health: What Does the Research Tell Us? Harvard	2. Grand Rounds, Rush Department of Psychiatry
Tun	4. Correlates of Spirituality in Cancer	1 sychiatry
	Survivors, Andrea Canada with Pat	3. Correlates of Spirituality in Cancer
	and George, Society for Behavioral	Survivors, Andrea Canada with Pat and
Winter	Medicine	George, Society for Behavioral Medicine
		4. APA - Division 36: Religion and
		Recovery from Depression
	5. Introduction to Research, with Pat, APC annual meeting	5. Introduction to Research, with Pat, APC annual meeting
Spring	6. Screening for Religious Struggle, with Jay Risk, APC annual meeting	6. APC: Religion and Mental Health, What Does the Research Tell Us?

## **Abstract, Poster and Paper Presentations**

**Thomason C, Fitchett** G, Lyndes K. What Healthcare Chaplains Think about Quality: A National Study. 2008. Academy Health, Washington, DC.

## **Other Invited Presentations**

## CONTINUING EDUCATION ACTIVITIES PRESENTED

List title of lectures, workshops, courses and/or *programs presented*, sponsor(s) of the program, dates presented, location. Please also list the number of attendees for any continuing education activities offered or co-sponsored by the department. Note: please <u>do not</u> include continuing education activities attended, unless you had a specific role in presenting the program.

## **SERVICE ACTIVITIES**

# **Professional and Community Service**

List professional and community service activities that departmental faculty may have engaged in to include offices, committees, boards, or task forces.

# University, College and Departmental Service

List committees and committee chairs, offices, task forces and other departmental, college and university service activities.

# **FACULTY**

Describe any faculty awards, special honors or other activities of interest.

# Rush University College of Health Sciences Fall 2008 Departmental Report

# **Department of Vascular Ultrasound**

Please complete the following sections by providing information that is current as of the reporting date (September 10, 2008).

## **ACADEMIC PROGRAM**

## **Student Recruitment**

Eileen French-Sherry has set up presentations at Triton College to present the bachelor of science career ladder program to students who are studying general ultrasound at Triton. Kim Gaydula has begun to recruit students by contacting biology faculty via phone and with a follow set of brochures about the program.

## **Admissions and Enrollment**

## **Program:**

Class	Number of	Number	Number beginning	Current
(beginning)	applicants	accepted	the program	Enrollment*
Fall 2008	25	18	12	12
Fall 2007	25	12	12	11
Fall 2006	26	13	12	0
Fall 2005	34	13	12	0
Fall 2004	35	12	11	0
Fall 2003	30	11	11	0

<sup>\*</sup> Winter quarter 2008

## **Graduates**

List the number of graduates by year.

## **Program:**

08_ 00			
Class	Graduation	Current enrollment	Number of
(beginning)	Date		graduates
Fall 2008	June 2010	13	NA
Fall 2007	June 2009	11	NA
Fall 2006	June 2008	12	12
Fall 2005	June 2007	0	9
Fall 2004	June 2006	0	9 + 1 in Dec
Fall 2003	June 2005	0	8

<sup>\*</sup> If students completed the program during other quarters, please add additional lines.

## **Board Examination Performance:**

**Program:** 

Name of the Examination:

Graduation Date	Number of	Number taking	Number passing	Total
	graduates	the exam to-date	(first attempt)	passing
June 2008	12	2*	2*	2*
June 2007	9	6	5	6
June 2006	10	8	8	8
June 2005	8	4	2	4
August 2004	10	7	7	7
June 2003	NA	NA	NA	NA

If students completed the program during other quarters, please add additional lines.

## **Graduate Placement**

# **Program:**

Graduation	Number of	Number employed in	Number continuing their
Date	graduates	the field	education
June 2008	12	11	0
June 2007	9	9	0
June 2006	9 + 1 in Dec	10	0
June 2005	8	8	0
August 2004	10	7	1
June 2003	n/a	n/a	n/a

If students completed the program during other quarters, please add additional lines.

## Curriculum

NA

## Accreditation

Program accreditation is through:

CAAHEP (JRC-DMS)

Commission on Accreditation of Allied Health Education Programs

1361 Park Street

Clearwater, FL 33756

Accreditation was initially awarded in May 2006 for a period of three years, which has now been changed to five years. However, the self-study for reaccreditation was due and submitted May 2008. The site visit will be scheduled for Winter Quarter 2009.

<sup>\*</sup>Voluntary Certification not required for employment. Students have until October to take the exam after graduation as per our plan to encourage this voluntary certification.

## **New Programs**

We are currently in the midst of planning a degree completion program and are investigating the need for either a certificate program in general ultrasound for our graduates to learn another modality or a master's level for the same program.

For the remainder of the report, the reporting period is January 1, 2008 through June 30, 2008.

## **Funded RESEARCH GRANTS**

N/A

## SUBMITTED RESEARCH GRANTS

N/A

## OTHER PROGRAM GRANTS/CONTRACTS/DONATIONS

N/A

## **PUBLICATIONS**

N/A

## **PRESENTATIONS**

#### **Other Invited Presentations**

## Donna Blackburn:

"Training and Retaining Vascular Technologists." Society of Vascular Surgery, Annual Conference, San Diego, June 4, 2008.

"Cultural Diversity." Education for the Educator short course, Society of Vascular Ultrasound Annual Conference, San Diego, June 2, 2008.

## Eileen French-Sherry:

"Adapting your Program to the New JRC-DMS Standards." Education for the Educators short course, Society of Vascular Ultrasound 31<sup>st</sup> Annual Conference, San Diego, June 2, 2008.

## CONTINUING EDUCATION ACTIVITIES PRESENTED

N/A

#### SERVICE ACTIVITIES

## **Professional and Community Service**

Donna Blackburn

Member of the Exam Development Task Force (EDTF) for the Physician Vascular Interpretation (PVI) Exam offered by the American Registry of Diagnostic Medical Sonographers (ARDMS)

Certification Committee for ARDMS

Program Committee for SVU

# Eileen French-Sherry

Board member: Joint Review Commission – Diagnostic Medical Sonography (JRC-DMS) under the Commission for the Accreditation of Allied Health Educational Programs (CAAHEP) SVU representative Academics Committee for SVU

## Jose Montalvo

President, Chicago Area Vascular Association (CAVA)

**University, College and Departmental Service** 

**Eileen French-Sherry** Faculty Development (CHS)

COSFAP (CHS)

Curriculum Committee (CHS) General Education Committee HLC Advisory Committees for department

**Kimberly Gaydula** Recruiting Committee (CHS)

Advisory Committees for department

Task force for departmental development of degree completion program

**Tom Pooley** Faculty Council (CHS)

Board of Advisors for department

Laurie Lozanski Task force for departmental development of degree completion program

**FACULTY** 

N/A

# **COLLEGE OF HEALTH SCIENCES COMMITTEES**

## Rush University

# College of Health Sciences SPECIAL COMMITTEES 2008-2009

#### **Committees Rosters**

#### Ad Hoc Committee for Incentive Plan

Herb Miller, CLS Dianne Meyer, CDS, Chair Andy Garman, HSM Clare Giuffrida, OT

#### **Curriculum Committee**

Herb Miller - Chair Linda Lafferty/Rush/RSH Daniel Gentry/Rush/RSH Kinsuk Maitra/Rush/RSH Emily Wang/Rush/RSH Eileen M French-Sherry/Rush/RSH Wilbur M Rapier/Rush/RSH Maribeth L Flaws/Rush/RSH Clayton Thomason/Rush/RSH David Shelledy/Rush/RSH

#### **Diversity Committee:**

Patricia McCarthy, PhD (CDS)
Diane Sowa – Clinical Nutrition (CN)
Ladonna Moreland –(CLS)
Brad Hinrichs – (HSM)
Joann O Riley –(RHHV)
Kinsuk Maitra –(OT)
Aparajita Maitra, CHS, Chair

#### **Faculty Development for Teaching**

Karen Tessler, Ph.D., CDS Eileen French-Sherry, Vas. U. Linda Olson, OT Kathy Kiem, CN Mark Warchol, Perf. Tech. Shital Shah – HSM Patrick Dixon – HSM Herb Miller – CLS Chair

## **Faculty Research Development**

Emily Wang, ,Ph,D, CDS Clare Giuffrida, OT Christy Tangney, CN David Durdov, Perf. Tech. George Fitchett, RHHV Tricia Johnson – HSM Chair Maribeth Flaws – CLS

#### **Interdisciplinary Education**

Clare Giuffrida, OT, Co-Chair Christy Tangney, CN Diane Howard, HSM, Co-Chair Leo Carr, Perf. Tech. Richard Peach, CDS Joan Radtke, CLS Rev. Clayton Thomason

## **Interdisciplinary Ethics Course**

Dan Gentry - HSM Christy Walloch -OT Herb Miller - CLS Clayton Thomason - RHHV Vascular Ultrasound (VU) Aparajita Maitra - CHS

## **Marketing and Student Recruitment**

Gail Kempster - CDS Kimberly Gaydula - VU Sharon Ogg, OT Diane Sowa, CN HSM representative David Chabot, Perf Tech. LaDonna Moreland, CLS Aparajita Maitra – CHS

## **Interdisciplinary Research Methods Course**

Herb Miller – CLS Gail Kempster – Commun Disorders & Sciences Aparajita Maitra, CHS - Chair Christy C. Tangney - CN

#### **Program Review and Outcomes Assessment**

David Shelledy Herb Miller (CSL) Linda Lafferty (CN) Cheryl Scott (CDS) Kinsuk Maitra (OT)

# **Scholarships and Stipends**

Christy Walloch, OT Chris Hartney, CN Mary Odwazny – HSM - Chair Michelle York, Perf Tech Toula Castillo – CLS Aparajita Maitra, CHS

#### **Tuition - Review**

David Shelledy - Chair Diane Meyer - CDS Herb Miller - CLS Mary Gregoire - CN Claire Giuffrida - OT Andy Garman - HSM

#### **PhD Steering Committee**

Herb Miller-Chair
Christy Tangney/Rush/RSH
Clare Giuffrida/Rush/RSH
Clayton Thomason/Rush/RSH
Daniel Gentry/Rush/RSH
Eileen M French-Sherry/Rush/RSH
James\_C H Chu/Rush/RSH
Maribeth L Flaws/Rush/RSH
Wilbur M Rapier/Rush/RSH
Richard K Peach/Rush/RSH
Linda M Olson/Rush/RSH
Kinsuk Maitra/Rush/RSH
David Shelledy/Rush/RSH

#### **Other College Related Committees:**

#### **Imaging Sciences Steering Committee**

William Annang, CT & MRI Manager Sharon Brown-Elms, Manager, Breast Imaging Sharon E Byrd, MD, Attending Radiologist Eileen French-Sherry, Chair, VU Carmela Gonzalez, RDMS, Manager Ultrasound, Aparajita Maitra, PhD, CHS Bernard Peculis, MS, Admin Dir, Hospital Rad David Shelledy, PhD, Dean, CHS Marcia Sheridan, Nuclear Med

#### **Physician Assistant Studies Steering Committee**

Gunnar Andersson, MD, PhD, Midwest Ortho Christopher Arico, Dermatology, Bernard R Bach, MD, Midwest Orthopaedics Robert A Balk, MD, Pulmonary Critical Care, Robert Higgins, MD, Chair, Cardiovasc Surgery Anthony Kim, MD, Cardio Karen Larsen, PA- Gynecologic Oncology Aparajita Maitra, PhD, CHS Walter McCarthy, MD, Vascular Surgery, Jennifer M Orozco, PA, Vascular Surgery Kyle Pilz, PA - Ortho, Midwest Othopaedics Jana Polsley, PA-Thoracic Surgery Wilbur M Rapier, PhD, Perfusion Technology Dino Rumore, DO, Clinical Chair, Med Admin David Shelledy, PhD, Dean, CHS Sheri Shindelar, PA, Rush University

## **Respiratory Care Steering Committee**

Kristine Anderson, MEd, RRT, Triton College Robert A. Balk, MD, Director, Pulm & Crit Care Steven D. Barnes, MD, Director, Anesthesiology Larry C. Casey, MD, PhD, Pulm & Critical Care John Cronin, Manager Clinical Res. Resp Care, Univ of Chicago

George Ellis, RRT, Dir Respiratory Care, Univ of Chicago

David Gurka, MD, Director Adult Critical Care Raymond Kalinsky, Sr, RRT, President Pulmonary Exchange

Valerie M. Klans, RRT, Clinic Coord, Adult Crit Care

Mary K Krause, MS, CHE, Associate VP, Rush Tim Kosirog, Coridien Puritan Bennet Craig, Leonard, RRT, Northwestern Hospital

Aparajita Maitra, PhD, CHS

Laurie McKeown, Resp Therapy, Moraine Valley College

Keith Roberts, RRT, Director, Resp Care Roisin Robinson, RRT, Pulm Function Technologist

Trina Schuch, Resp Care, Advocate Hope David Shelledy, PhD, RRT, Dean, CHS Rochelle Sisco, RRT, Coordinator, RespCare George West, RRT, Respiratory Care, Univ of Chgo

Mark Yoder, MD, Assistant Prof, Med Dir, RC John Zinkel, RRT, Director, Resp Care

#### **Health Care in America Work Group**

Clare Giuffrida - OT Daniel Gentry - HSM Keith M Boyd - RMC Kathleen R Delaney - CON Susan M Swider - CON David Shelledy - CHS Diane Howard - HS- Chair

Revised 9/1/08

# College of Health Sciences Curriculum Committee 2008-2009 Charges 9-18-08

- 1. Develop a formal mechanism for curriculum approved at the college level.
- 2. Develop the forms and procedures needed to administer to a college-wide curriculum system.
- 3. Develop model templates and post them on the "Faculty Resources" web page for each of the following:
  - a. Lecture course syllabus
  - b. Laboratory course syllabus
  - c. Clinical or practicum course syllabus
  - d. Hours and conversions (contact to credit hours)

Following approval by the Chairs Council, implement the college-wide curriculum approval process and related policies and procedures that are developed.

- 5. Consider development of required core competencies and the associated curriculum components for all CHS programs. This may include competencies, courses and/or units of instruction in:
  - a. Health care ethics
  - b. Research (graduate programs)
  - c. Cultural competency and diversity
  - d. Health care systems, policy and financing (Health Care in America)
  - e. Medical errors, patient safety, quality and the patient experience
  - d. Outcomes research and evidence-based care
  - e. Health promotion, disease prevention and disease management
  - f. Disaster response
  - g. Genetics and genetic testing
  - h. Management and supervision
  - i. Education

**Note:** If specific core competencies are to be required, the requirement could be met by discipline specific courses or units of instruction (current, new or modified) OR by interdisciplinary courses offered across two or more programs.

# College of Health Sciences Diversity Committee

2008-2009

- 1. Review the Rush University Medical Center Strategic Priorities for Diversity for Education:
  - Recruit, retain, and graduate increased numbers of underrepresented minority students.
  - Increase faculty awareness of culturally bound learning/communication styles of students of color. Faculty must serve as role models, assisting students to respond appropriately to experiences and expectations.
  - Understand that the definition of health and illness are culturally defined. Review curriculum for "thread" of cultural competency related content throughout, not just in one course. Understand that cultural competence is not a "stand alone" outcome but must be integrated into the entire organization.
  - Develop a diverse alumni mentoring network for student support and to assist in recruitment efforts.
  - Provide competency related input for clinical placement sites and appropriate training for preceptors.
  - Base admissions decisions on a comprehensive review of each applicant, and balance the consideration of quantitative and qualitative data.
  - Include voting representation from underrepresented groups on admissions committees and provide special incentives to faculty for participation
- 2. Following development and approval by the Chair's Council of the strategic objectives for diversity for the college (which includes those priority areas already developed by the RUMC Diversity Leadership Group) ensure that these objectives are disseminated to the colleges communities of interest (posting, web page, publications). Objectives may also include the development of curricular materials and/or requirements for diversity education for our faculty and students.
- 3. Develop an action plan for the College of Health Sciences with specific steps and a timeline to meet the proposed objectives of the college.
- 4. Continue to develop and implement diversity lunch and learn sessions, workshops and/or cultural competency faculty development activities for the College of Health Sciences to be held during the 2008-2009 year.

# Rush University Medical Center College of Health Sciences

# Strategic Priorities for Diversity for the College of Health Sciences

- Recruit, retain, and graduate increased numbers of underrepresented minority students.
- Base admissions decisions on a comprehensive review of each applicant, and balance the consideration of quantitative and qualitative data.
- Seek clinical placement sites which would help to provide students with a diverse and multicultural experience.
- Make available guidelines to clinical placement sites and preceptors that provide students
  with the knowledge, attitude and skills to function effectively in multicultural workplaces
  and social environments.
- Increase faculty awareness of culturally bound learning/communication styles of underrepresented minorities. Faculty should serve as role models, assisting students to respond appropriately to diverse experiences and expectations.
- Understand that the definition of health and illness are culturally defined. Review curriculum
  for "thread" of cultural competency related content throughout, not just in one course.
   Understand that cultural competence is not a "stand alone" outcome but must be integrated
  into the entire organization.
- Increase recruitment and retention of underrepresented minority faculty.
- Ensure all program curricula include instruction on diversity and cultural competency.
- Include diversity goals for chair and faculty evaluation for FY '09.
- Increase representation from underrepresented minority groups on admissions committees.
- Develop a diverse alumni mentoring network for student support and to assist in recruitment efforts.
- Organize college wide programs, workshops, training sessions and events for student, faculty and staff members to promote diversity.

# College of Health Sciences Faculty Development for Teaching 2008-2009 Committee Charges

- 1. Continue to develop and present the lunch and learn faculty development series to assist faculty in teaching, evaluation, and curriculum development. The series should include approximately one event per month for a total of 9-10 sessions over a 12 month period. Topics may include:
  - Competency Based Education
  - Curriculum Development
  - Course Syllabi Development
  - Writing performance objectives
  - Bloom and critical thinking (analysis, synthesis and evaluation)
  - Evaluating student performance
  - Testing for higher level learning based on learning objectives
  - Constructing good multiple choice tests
  - Other forms of written testing (true/false; short answer/short essay, other)
  - Clinical simulations and standardized patients
  - Evaluating clinical performance
  - Evaluating student cases and student presentations
  - Teaching Methods: Lecture, Leading Discussions, Seminars, Laboratory, Clinical Teaching
  - Grading
  - Power point
  - Posting slides and video to the internet (Impatica, other)
  - Web CT
  - Pod casting, Web casting, Videoconferencing
  - Distance education teaching methods (discussion groups, bulletin boards, other)
    - Cultural competency
  - Topics for curricular inclusion for all allied health students: outcomes research and evidence-based care; health promotion, disease prevention and disease management; genetics and genetic testing; disaster response; medical errors and patient safety; ethics; health care policy; health care systems; management and supervision; education; research and statistics; cultural competency
- 2. Ensure all lunch and learn sessions are posted on the intranet (Faculty Resources) for those who can not attend the live events.
- 3. Consider re-surveying faculty in the spring for faculty development needs for teaching.
- 4. Consider if a short teaching course for new faculty (2 hours per week for 10 weeks) should be made available and/or required.
- 5. Consider formation of a Web CT users group and/or teaching with technology support group
- 6. Assist the Curriculum Committee, as needed (sample materials on the Web)
  - a. Sample templates/syllabi for lecture, lab and clinical courses
  - b. Guides for writing performance objectives
  - c. Links to reference materials for teaching

# College of Health Sciences Faculty Research Development Committee 2008-2009 DRAFT Charges

- 1. Continue to develop and present the lunch and learn faculty development series to assist faculty in research development and research productivity. The series should include approximately one event per month for a total of 9-10 sessions over a 12 month period. Topics may include:
  - o Outcomes research
  - o Foundation and corporate funding: Rush Support
  - o Resources available at Rush
  - o Funding sources
    - Department of Health and Human Services (NIH, HRSA,AHRQ)
    - Department of Education
    - Other governmental sources (NSF, CDC, HRSA, VA, DOD)
    - Private foundations
    - Industry
    - Intramural funds
    - Other
  - o RMC mentoring program
  - o Developing research ideas
  - o Funding: resources on the Web
  - o Grantsmanship
  - o Collaborative and interdisciplinary research
  - o Clinical research design
  - O Development of research in specific areas such as:

    discipline specific research; health promotion and wellness/disease prevention;

    smoking and tobacco abuse, drugs and alcohol abuse, obesity and nutrition,

    exercise, healthy lifestyle, accident avoidance and mental health issues (stress,

    anxiety, depression, grief); management of chronic disease (heart disease, cancer,

    stroke, asthma, COPD, diabetes and other chronic conditions); allied health work

    force research to include supply and demand, retention, attrition and job

    satisfaction, productivity and work environment; allied health training and

    education, best educational practices, teaching methods, use of simulations,

    critical thinking and problem solving, and educational evaluation
- 2. Consider the need for a short course on outcomes/clinical research for junior faculty and make a recommendation regarding this issue. An example might be a course offered for 10 weeks (2 hours per week) on clinical and outcomes research methods and statistics that includes development of a research proposal.
- 3. Consider if one or more workshops should be given for CHS faculty for faculty research development (1/2 day to 2 day workshop(s)).
- 4. Consider whether the faculty needs survey should be repeated in the spring
- 5. Revisit the issue of brief proposals for philanthropy funding with a one page summary: problem, purpose, research questions, method and budget
- 6. Discuss the need for CHS mentoring assistance for faculty development and make recommendations regarding this need.
- 7. Consider the need for a CHS Research Advisory Committee, research discussion group(s) and/or Center of Excellence for Allied Health Research.

# College of Health Sciences Interdisciplinary Education Committee Charges - 2008-2009

- 1. Continue to oversee the implementation of interdisciplinary courses offered within the College of Health Sciences to include:
  - CHS 501: Introduction to Biostatistics. This course will focus on concepts and procedures for descriptive and inferential statistics for continuous and discrete data and data analysis using parametric and nonparametric statistical procedures. Computerized statistical programs, such as SPSS, will be used. Credits: 3
  - CHS 502: Research Methods. This course introduces students to methods of scientific research to include review of literature, research designs, sampling techniques, measurement issues, etc. Research articles and research thesis that exemplify various research designs, presentation of results and discussion will be reviewed and discussed. Credits: 3
  - HHV 504: Ethics in Healthcare: Interdisciplinary Perspectives. This interdisciplinary course will introduce students to foundational theories of healthcare ethics, ethical decision-making frameworks, legal and professional standards in healthcare ethics, institutional and interprofessional ethical constraints, and major ethical issues facing health care professionals. Students will have the opportunity for case analysis and discussion with students from other professions with which they will some day be practicing. Course content will include lecture, on-line content, case analysis, and discussion. Credits: 2
  - HSM 501 Health Care in America. This course is designed for students who are entering one of the health professions. Multiple topics that address contemporary issues in the American health care system are presented by Medical Center and community leaders. The major purpose of the course is to introduce students to the complexity of the U.S. health care system, including its historical development. Through lectures led by Rush University faculty, students will explore a range of issues, both positive and problematic, that describes and are affecting America's health care system. In interdisciplinary team-based learning (TBL) sessions, students are encouraged to learn more about health professions beyond the one for which they are preparing and to develop critical thinking and collaboration skills. Credits: 2
- 2. Make additional recommendations regarding the development of interdisciplinary courses, units of instruction or projects to be developed and implemented within the college and university. Possible areas for continued investigation include:
  - Management and supervision
  - Education and teaching methods (curriculum and instruction, educational evaluation)
  - Health care systems, policy and financing
  - Diversity and cultural competency
  - Disaster preparedness and response
  - Medical errors, patient safety, quality and the patient experience
  - Outcomes research and evidence-based care
  - Health promotion, disease prevention and disease management
  - Genetics and genetic testing
  - Institution of a college or university-wide interdisciplinary team-based capstone project requirement for all students

# College of Health Sciences Marketing and Recruitment Task Force 2008-2009 DRAFT Committee Charges

- 1. Develop a marketing brochure for each program in the college and an overall college marketing brochure.
  - a. Develop brochures with common look and themes
  - b. College brochure should complement individual program brochures
  - c. Develop a college poster with return card (tear off) for posting
- 2. Develop a college view book for placement on the Web and print distribution.
- 3. Continue e-marketing campaign for under subscribed programs.
- 4. Develop an integrated marketing plan which integrates e-mail, open house events and planned contact and follow-up.
  - a. Set series of three open houses per undersubscribed program
  - b. E-mail students at least three time prior to each open house event
    - i. Use one page news letter type format with links to sign up for the open house, receive more information or down load an application
  - c. Hold open house events
    - i. refreshments
    - ii. Saturdays at 11:00, may consider other times
    - iii. 45 minute power point presentation about the profession and program which includes application information.
    - iv. Follow with demonstrations using current students (4 stations)
  - d. Mail packet to those who sign up for open houses but do not show up
  - e. Have telephone and/or e-mail follow-up contact with each person.
    - i. Schedule hospital/clinic tours
    - ii. Schedule an advisement session with a faculty member
  - f. Walk applicants through the process
- 5. Coordinate a college-wide open house in October (repeat in December, February, March, as indicated).
  - College newspaper ads for CHS
  - E-marketing
- 6. Review new student surveys to sharpen marketing approach
- 7. Obtain e-mail list of students in nearby colleges and universities
  - a. Juniors and senior students
  - b. All science majors (biology, chemistry, physics)
- 8. Consider a counselor luncheon in winter
- 9. Coordinate recruitment visits to colleges for transfer days, etc.
- 10. Consider other program marketing methods (geo-demographics, open house at feeder colleges (Triton, UIC, Benedictine, etc.)

# College of Health Sciences Program Review and Outcomes Assessment (PROA)

# **Program Teaching Excellence**

#### Outcomes measures:

graduate job placement in the field within six months

graduates pursuing advanced education

graduate performance on board examinations

number graduating eligible for exams by cohort

number taking exams

first time pass rate by cohort

overall pass rate by cohort

comparison to national means, national pass rates, or other benchmarks (first time and overall)

graduate satisfaction with the program (exit and follow-up surveys)

employer satisfaction with the graduates (employer surveys)

program rankings and reputation

graduate success in achieving leadership positions in the health sciences (clinical leadership, professional leadership, community service, education, management, and continuing professional education)

#### Process measures:

applicant pools (number/quality)

students entering program (number/quality)

program graduates (number/quality)

student evaluations of faculty and courses

resource assessments by students and faculty

specialized accreditation reports and reviews

active community advisory committee(s)

curriculum elements present

critical thinking, autonomous decision making, case-based learning and problem-based learning

interdisciplinary courses or units of instruction

interdisciplinary clinical activities

cultural competency

outcomes and evidence-based care

health promotion, disease prevention and disease management

genetics and genetic testing

disaster response

medical errors and patient safety

ethics

health care policy

health care systems

leadership

management and supervision

professionalism

education (methods/techniques)

research and statistics

grand rounds, patient care rounds, case presentations

issues, trends and emerging practice

teaching awards received

scholarship of teaching

research abstracts, invited presentations and peer-reviewed papers related to education textbooks and chapters (discipline content or educational topics)

review articles and systematic reviews (discipline specific content or educational topics)

# Student activities

student abstract and poster presentations (local, state, national)

student publications (refereed, other)

students awards and honors

student service activities (department, college, university, community, professional)

#### Department Research and Scholarship

#### **Publications**

Peer-reviewed (refereed) publications
letters to the editor, editorials, commentary, book reviews
published research abstracts
review articles
systematic reviews and meta-analysis
reports of original research
Book chapters
Textbooks
Other publications

papers in non-reviewed publications

other

Editor, editorial board member, journal reviewer

#### Presentations

Peer reviewed abstract and poster presentations

local, state, national, international

Scientific lectures and presentations

Local, state, national, international

Continuing education lectures, workshops and presentations

Local, state, national, international

# Grants and Contracts

Submitted

Funded

Funding source

Department of Health and Human Services

NIH

**HRSA** 

**AHRQ** 

Other

Department of Education

Other governmental sources

(NSF, CDC, VA, DOD)

Private foundations

Industry

Intramural funds

Other

#### Department Faculty Service

Service to the department

Service to the College

Service to the university

Service to the medical center

Service to public bodies (local, state, national governmental bodies)

Service to community and service organizations (local, state, national, international)

Service to professional societies and associations (local, state, national, international)

# Department Patient Care or Clinical Related Services

Inpatient

Outpatient

Other

Awards and Honors

Revised 6/21/2007

# College of Health Sciences Scholarship and Stipends Committee 2008-2009 Committee Charges

- 1. Continue to Monitor and Review Exiting CHS Scholarships and Make Policy Recommendations.
  - a. CHS Scholarship Policy and Procedures
    - Ellis Jones
    - Fry
    - CHS Scholarship
  - b. Recommend Policy and Procedure Changes as Needed
- 2. Develop Fund Raising Activities for the College to Increase Scholarship Funds
  - a. Survey faculty regarding event preferences
  - b. Plan and implement at least one fund raising activity for 2008-2009
  - c. Consider developing and implementing a student run, faculty supervised CHS phonathon
- 3. Consider Development and Implementation of a College of Health Sciences Development Board

# College of Health Sciences Tuition Review Committee 2008-2009 Committee Charges

- 1. Review Current Tuition Rates at Similar Colleges
- 2. Develop a Tuition Proposal for Implementation for 2009-2010
  - a. Charge per credit hour, regardless of the number of hours taken
  - b. Move toward a more uniform rate for tuition
  - c. Increase tuition to generate income for needed CHS support services in programs which are under-market
- 3. Needed CHS Support Services

College recruiter (recruitment, marketing, preliminary advisement, e-marketing, recruitment materials)

Education technology specialist (digital presentations on the web [Impatica on Cue, web-casting, pod-casting], some web-based instructional support)

Associate Dean for Research (grant support, faculty development, Coordination)

Associate Dean for Academic and Student Affairs (academic support, faculty development, student services)

Development officer (grants, scholarships, endowment, gifts, alumni relations)

Web page developer/manager

Web CT support technician

Statistical support personnel

Support staff (administrative/clerical)

Communications director

Grant budget management

Tuition discounting and scholarships



# **RUSH UNIVERSITY MEDICAL CENTER**

# **COLLEGE OF HEALTH SCIENCES**



PROGRAM PLAN

# MAY 16, 2008

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# Program Plan

College of Health Sciences May 16, 2008

#### Introduction

The College of Health Sciences completed a strategic planning exercise in the summer of 2007. This process resulted in new mission and vision statements and development of strategic goals, objectives and an action plan (Appendix A). The strategic plan identified the need to evaluate the college's existing programs and consider the addition of several new programs. The next step in planning was to determine what specific programs the college should offer, how those programs should be organized, and how they are to be funded.

In order to formulate a program plan for the College of Health Sciences, it is helpful to review the historical development of the college. The College of Health Sciences at Rush University traces its beginnings to the School of Medical Technology sponsored by Presbyterian-St. Luke's Hospital from 1959 to 1972. The School became part of Rush's College of Nursing and Allied Health Sciences in 1973, which included medical technology, dietetics (now clinical nutrition), and religion and health (now religion, health and human values). In 1975, the College of Health Sciences separated from the College of Nursing and, along with what was then the Graduate School, became an independent college. In 1978, the college began an Occupational Therapy Program, followed by the Health Systems Management Program in 1979. The Department of Communication Disorders and Sciences was established in 1980. Since that time, the college has added the departments of Medical Physics, Perfusion Technology, and Vascular Ultrasound. The current organizational structure of the college is described in Figure 1.

The college currently offers a professional doctoral program in audiology, nine programs at the master's level, and bachelor's programs in clinical laboratory sciences, perfusion technology and vascular ultrasound. Since the College of Health Sciences was founded, 1,888 baccalaureate, master's and doctoral degrees have been awarded. As of fall of 2007, the college had 65 core faculty paid by the college (37.39 FTEs), 197 other faculty (dual appointed faculty, adjunct faculty and others), and 18 staff personnel (9.32 FTEs).

In 2007 the college hired a new dean, a new associate dean for research and a new director of academic and student affairs. It is anticipated that a new associate dean for academic affairs and graduate studies will be appointed in 2008. Currently, the nine academic departments in the college offer programs in 11 different professional areas (Table 1.)

# Strategic Plan

The College of Health Sciences initiated a strategic planning process in May of 2007. A Strategic Planning Committee (n=12) was assembled consisting of the chairpersons of the academic departments, chair of the college faculty council and two student representatives. The initial committee activity was to complete an environmental assessment or "scan" to identify the college's strengths, weaknesses, opportunities, and threats (SWOT). A modified nominal group technique was used for structured brain storming. Following the generation of the SWOT, items were then rated using the following scale: 5 = very important; 4 = important; 3 = neither important or unimportant; 2 = unimportant; or 1 = very unimportant.

The environmental assessment was completed in June of 2008 and presented to the Rush University Medical Center CEO Council June 25, 2007. The environmental assessment identified 22 strengths of the college. The 10 most important ten strengths are listed in Table 2. These strengths include the quality of the educational programs offered, the integration of teaching and practice using the practitioner-teacher model, quality of the faculty, proximity and close relationship with the medical center and diversity of the clinical experiences provided.

Forty-four weaknesses were identified. The ten most important weaknesses are listed in Table 3. These can be summarized as weaknesses in technology (including educational technology), infrastructure, resources and support. Problems with space, facilities, support services (admissions, registration, and student services) and the perception that the college was not well positioned and recognized within the medical center were identified.

Forty-seven opportunities were identified. The most important opportunities (Table 4) can be summarized as the potential to develop new professional programs and new tracks within existing programs, a doctoral (PhD) program to prepare future faculty and researchers, funding for scholarships and stipends, Web-based and distance education, increased marketing, development of philanthropy, and faculty development. With respect to research, the college has the opportunity to increase research productivity in a number of different areas including discipline specific research, collaborative research and outcomes research. The opportunity to develop a new center for health sciences research was also identified with a focus on outcomes research and evidence-based practice.

Twenty-five threats were identified (Table 5). These threats may be summarized as competition for students and resources, funding, the high cost of doing business at Rush (space and overhead charges), limited space for growth, lack of educational technology compared to our competitors and high faculty teaching and clinical workloads which reduce research capacity.

Upon completion of the environmental scan in June of 2007, the strategic planning committee began work on new mission and vision statements for the college. It was felt that the college mission and vision should be well aligned with the mission and vision for Rush University Medical Center (RUMC):

#### **RUMC Mission**

The mission of Rush University Medical Center is to provide the very best care for our patients. Our education and research endeavors, community service programs and relationships with other hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area, now and in the future.

#### **RUMC Vision**

RUMC will be recognized as the medical center of choice in the Chicago area and among the very best clinical centers in the United States.

It was recognized that the RUMC mission of providing the very best care for our patients has four components: patient care, education, research and service. A core mission of the College of Health Sciences is to prepare superb practitioners and leaders in the allied health professions. In addition, the college seeks to make meaningful and significant contributions towards advancing health care through excellence in research and scholarship, service and practice. The practitioner-teacher model is highly valued within the college and the continued integration of practice, research, scholarship and service into the teaching-learning process of developing future allied health professionals and leaders was felt to be essential.

After much discussion, the committee agreed on the following new mission and vision statements for the College of Health Sciences:

#### **CHS Mission**

The mission of the College of Health Sciences is to advance the quality and availability of health care through excellence in education, research and scholarship, service and patient care. The College promotes the values of diversity, access and inclusion in all of its endeavors.

#### **CHS Vision**

The College of Health Sciences at Rush University will be a world class school of allied health sciences whose programs are recognized as among the best in the United States.

The new mission and vision statements were approved by Chairperson's Council on July 27, 2007. It was subsequently incorporated in the revised College of Health Sciences Polices and Procedures for the Rush University Rules for Governance and approved by the college faculty on March 18, 2008.

The Strategic Planning Committee next began work on a detailed strategic plan for the college. The development of the plan began on June 15, of 2007 and was completed and approved by the Chairperson's Council in August 3, 2007 and distributed to faculty for review and comment. The plan consists of four strategic goals, one for each of the core components of the medical center mission. For each strategic goal, a set of objectives and an action plan were developed. A copy of the completed College of Health Sciences Strategic Plan may be found in Appendix A. A brief summary of the plan's strategic goals and objectives follows.

#### Goal 1: Excellence in Education.

Objectives were developed to ensure the quality of the educational programs, faculty, students (to include diversity of the student body), curriculum and educational outcomes. It was felt that expansion of the programs offered by the college would support excellence in teaching by expanding the quality and size of the resource base, as well as supporting the goal of Rush workforce development. This would require a review of existing programs to ensure quality and fit, and an increase in enrollment to enhance the revenue base for the college. Areas targeted for

development included the addition of several professional programs, consideration of a PhD program to prepare future faculty and researchers, expansion of Web-based and distance education, consideration of the addition of an undergraduate pre-professional program in health sciences, further faculty development for teaching and an increase in interdisciplinary education. In order to increase enrollment, a marketing and student recruitment task force was convened. An assessment committee was convened and a Program Review and Outcomes Assessment (PROA) system was developed and implemented in the fall of 2007 to monitor performance in terms of educational outcomes, research productivity and service activities.

#### Goal 2: Excellence in Research

Objectives and an action plan were developed to increase research productivity within the college and the PROA system implemented to begin to track abstracts and papers, grant submissions and grants funded. It was felt that the college should build on the need for outcomes research and evidence-based practice in the health sciences, as well as the need for more interdisciplinary and collaborative research. The need for an associate dean for research and additional research support/infrastructure within the college was identified and an associate dean for research was hired in August of 2007.

Faculty development was also targeted to include an expansion of presentations and lunch and learn sessions. The needs for a short course for faculty research development and a mentoring program were identified. The need for a Center for Health Sciences Research with a focus on outcomes research and evidence-based care and promotion of collaborative and interdisciplinary research was also highlighted. Specific areas for collaboration were identified which might include health promotion, wellness and disease prevention, chronic disease management, workforce research, and educational research.

# Goal 3: Excellence in Service

The strategic plan of the college includes specific objectives and an action plan for service. The college seeks a leadership position in allied health and health care administration education. That will require continuing faculty participation in state, national and international professional leadership activities related to service. These activities may include faculty service on professional association boards, committees, task forces, and accreditation agencies. In addition, college faculty and students must continue to be active in community service and outreach activities, including continuing professional education.

#### Goal 4: Excellence in Patient Care

As with each of the other core components for the college mission, objectives and an action plan were developed for patent care. This included consideration of implementation of new university provided clinical services to include specialty and /or multidisciplinary allied health services and development of a faculty practice plan for faculty that have billable services. Infrastructure development to conduct patient related research such as clinical outcomes, clinical resource allocation, and clinical application of translational sciences and continued integration of clinical practice and teaching through case-based, problem-based, and evidence-based learning and the use of simulation laboratories and/or standardized patients was also identified. The college will continue to contribute to the RUMC mission of providing the very best care for our patients through direct patient care provided, teaching (students, practitioners, patients and

families), research (to improve outcomes, quality and patient safety), and service to the community.

Challenges for the college include successful implementation of the strategic plan, continuing to provide programs of excellence, ensuring alignment with the medical center mission and meeting workforce needs. These all require sufficient resources. The strategic plan for the college provides a blueprint for meeting the CHS mission and achieving the vision for the college. The plan provides a specific set of objectives against which we can measure our progress.

# **Program Plan**

The next step in strategic planning was to initiate meetings with clinical personnel, section directors, division chiefs, department chairs in key clinical departments, and Rush leadership. Table 6 lists key Rush personnel consulted regarding the role and mission of the college and program mix. In addition, the dean met with the CEO Council on June 25, 2007 and again on March 10, 2008 to review the college's status and discuss strategic issues. The college plan was presented to the Board of Overseers on January 30, 2008 for comment and preliminary approval of three new professional programs.

The July 9, 2007 Rush University leadership retreat identified two main criteria for program evaluation: (1) alignment with the Rush mission and vision and (2) excellence. The CHS Chairperson's Council also reviewed program criteria and added additional criteria that should be considered (Table 7). These program criteria can be summarized as excellence, alignment, work force needs, enrollment potential, and resources.

#### 1. Excellence.

Existing and proposed educational programs should be outstanding, as demonstrated by objective outcome measures. These may include selectivity (number and quality of applicants), graduate performance (board exams, graduate success in the field), graduate evaluations of their program, employer evaluations of the graduate, rankings and reputation. For research and scholarship, outcome measures include papers, textbooks, and chapters published and grants funded. Professional leadership activities such as faculty participation on editorial boards, national committees, accreditation boards, and holding office in professional societies will assist in recognition of our college as a leader in health care education and research. Such external recognition is part of the college's stated vision.

#### 2. Alignment.

New and existing programs must align with the Rush mission and vision. The college already does this in large measure. In all but one department faculty have direct operations responsibilities and the vast majority of college faculty spend some portion of their time providing direct patient care or in operations that support patient care at Rush. In the case of our chairs, many direct clinical service units including occupational therapy, audiology, speech pathology, food and nutrition services, hospital clergy, ethics consult services, perfusion, and radiation physics.

The college has clearly embraced the practitioner-teacher model, which is one of its great strengths. The dean has worked with the senior vice president for hospital affairs and other operations VPs to assure that chair recruits and chair evaluations are a shared activity between the operations and academic administrators for those departments in which CHS chairs have

direct operational as well as academic responsibilities. A model for the organization of such departments (Figure 2) to include guidelines for recruitment and evaluation of chairs has been developed and approved to ensure integration and goodness of fit (Table 8).

Further evidence of alignment would include whether or not programs complement Rush's six priority clinical areas: cancer, heart, bone and joint, transplant, neurosciences, and high risk mother and infant or provide a core competency required by an academic medical center. Examples of core-competencies might include critical care, rehabilitative services, acute care and clinical or support service administration.

#### 3. Rush Workforce Needs.

Programs should help meet Rush workforce needs to advance the patient care, research or service components of the mission. To review this, the dean has met with clinical service directors, service chiefs and/or department chairs for rehabilitation sciences, imaging, radiation oncology, pulmonary and critical care medicine, internal medicine, cardiothoracic surgery, vascular surgery, otolaryngology, physical therapy, occupational therapy, respiratory care, medical records, orthopedics, sports medicine, pathology, clinical laboratory, food and nutrition services, and nursing. Discussions have been held with Bob Clapp, Brad Hinrichs, Sheri Marker, Norma Melgoza, Bob Balk, Bob Decresce, Ross Abrams, Gunnar Anderson, Tony Perry, David Ansell, and David Turner.

Workforce data related to allied health nationally and at Rush has been assembled (Tables 9 and 10). There are well over 1,000 non-nurse, non-physician clinical health care workers at Rush. The larger groups include medical technologists (136), imaging personnel (115), respiratory care (62), PT (34) and OT (32). Rush has 16 physician assistants (PAs) working for the hospital and many more working for Rush physician groups such as Midwest Orthopedics. In addition to Rush allied health clinical personnel, there are well over 300 health care managers and administrators in the Rush workforce.

In terms of meeting Rush work force needs, a good example is clinical laboratory sciences (medical technology). There are about 136 clinical laboratory personnel at Rush and over half are graduates of the Rush program. Another example of a school of allied health meeting workforce needs is Mayo Clinic. The Mayo school of allied health has a total enrollment of about 1200 students in over 30 allied health programs to meet Mayo Clinic's workforce needs. The dean at Mayo reports that in clinical areas up to 70% of the workforce is made up of graduates of Mayo's allied health programs. At Rush, the allied health enrollment is about 300 students in 11 professional areas, indicating a great deal of room for program growth in order to meet workforce needs.

#### 4. Enrollment Potential

Enrollment potential must be sufficient to maintain strong enrollments and financial viability. Existing and new programs at Rush must have the potential for large applicant pools of well qualified students for the foreseeable future. Programs that are highly sought after by students, according to Association of Schools of Allied Health Professions data include physical therapy, physician assistant studies, respiratory care, and imaging sciences.

#### 5. Resources Available

In order to provide excellent programs, the faculty, financial, physical (space, laboratories, equipment), research and clinical resources needed to deliver outstanding programs must be available.

#### **Program Mix**

Outcomes of current programs were reviewed in light of information gathered from key Rush stakeholders. The initial Program Review and Outcomes Assessment data was considered, in addition to the findings during meetings with clinical personnel, division and section directors, department chairs and management. Data reviewed included applicants, enrollment, graduation rates, job placement, accreditation reviews, program rankings (if available) and graduate performance on board examinations. Three key questions were addressed:

- 1. What programs should the college offer?
- 2. How should they be organized?
- 3. How will they be funded?

# What Programs Should Be Offered: Existing Programs

Existing programs in audiology (AuD), clinical laboratory sciences (BS, MS), clinical nutrition (MS), health systems management (MS degree), occupational therapy (MS), perfusion technology (MS), and speech-language pathology (MS), clearly meet the criteria for program excellence, alignment, work force needs, enrollment potential, and adequate resources. For example, the AuD program recently moved up to rank ninth in the U.S. This program meets the need at Rush for well-trained audiologists to work in the Rush audiology clinics. The speechlanguage pathology program is now ranked 18<sup>th</sup> in the U.S. and also provides needed personnel for the Rush speech clinics. The health systems management program is ranked at 25<sup>th</sup> in the U.S. and provides expert managers and administrators to Rush who make an impact every day by applying their skills in evidence-based management. Clinical laboratory sciences (CLS) recently underwent an on-site review for program accreditation; the site team found no weaknesses or areas of concern and over 10 important strengths. The CLS program provides Rush's clinical laboratory with over half of their well trained staff. The occupational therapy program at Rush is ranked 43<sup>rd</sup> the U.S. and provides outstanding clinicians for our rehabilitative services. The perfusion program at Rush is recognized as a leader in the field and provides outstanding graduates to staff our perfusion services at Rush. The clinical nutrition program is well respected. both for its education and research endeavors and provides staff to Rush's department of food and nutrition services. In addition, audiology, speech pathology, health systems management, occupational therapy, clinical nutrition and perfusion have faculty who hold operational positions in the Medical Center that are responsible for hospital operations staffing and management. These programs will be maintained and supported in their existing forms, though the addition of a professional doctoral program in occupational therapy (OTD) with specialty tracks is being considered. A research doctoral program (PhD) in health sciences to prepare future faculty and researchers with concentrations in clinical laboratory sciences, and other areas drawn from our current programs is also being discussed and a steering committee has been formed to explore the feasibility of such a program. Such a program could advance the research agenda in the college and at Rush University by including an research emphasis on outcomes, quality and evidence-based practice.

The vascular ultrasound program (BS) is a very good program, based on student outcomes and is highly valued by the vascular surgeons at Rush. We have an excellent faculty, enrollment has been acceptable and we have the resources to support the program. The alignment with the clinical side of the house, however, needs to be improved. Specifically, the imaging department at Rush would like the college to produce diagnostic medical sonography graduates able to perform general sonography procedures, in addition to vascular studies. We are considering ways to accomplish that including the institution of a career ladder program to take associate degree general sonographers and provide them an opportunity to earn their bachelor's degree while gaining a specialty in vascular sonography.

The medical physics department has stopped taking students into the master's degree program in medical physics. That program is being replaced by a small medical physics residency program for PhD physicists who wish to be trained in radiation physics. The residency program will meet the criteria for program excellence, alignment, work force needs, enrollment potential, and adequate resources. In addition, a medical dosimetry program is needed to meet workforce needs at Rush and is being actively considered for the medical physics department. The addition of this program would not require additional resources, as students would take courses already developed for the medical residents.

In terms of other existing programs, the college is phasing out the bachelor's degree (BS) program in perfusion, as students need more extensive preparation before beginning the perfusion program in order to be successful. The master's degree perfusion program will be maintained. The Health Systems Management (HSM) doctorate (DHSc) is no longer accepting students and will be discontinued when the last enrolled student graduates. This program does not meet several of the criteria for program evaluation. The focus of the HSM department will be to continue to have one of the best master's degree health care administration programs in the U.S.

While there is a need for graduates of the health care ethics program in Chicago and elsewhere, the enrollment in this program is insufficient at this time. A marketing effort is currently underway to determine if sufficient enrollment can be achieved. If not, this degree program may be discontinued.

#### What Programs Should Be Offered: New Programs

Based on the criteria of program excellence, alignment, work force needs, enrollment potential, and resources, three new professional programs are proposed: respiratory care (BS, MS), imaging sciences (BS – radiologic imaging sciences) and physician assistant studies (MS). Each of these programs is discussed below.

#### **Respiratory Care**

Respiratory care, also known as respiratory therapy, is the allied health profession responsible for caring for patients with deficiencies and abnormalities of the cardiopulmonary system. Areas of respiratory care include basic care (oxygen, aerosol, and chest physiotherapy), critical care (ventilator management and physiologic monitoring), perinatal and pediatric respiratory care, cardiopulmonary diagnostics, pulmonary laboratory, alternate site care, home care, patient education, pulmonary rehabilitation, and chronic respiratory disease management.

The respiratory therapist often sees a diverse group of patients ranging from newborn and pediatric patients to adults and the elderly. Disease states or conditions often requiring respiratory care include asthma, emphysema, chronic obstructive lung disease, pneumonia, cystic fibrosis and infant respiratory distress syndrome, shock, trauma, and postoperative surgical care. Respiratory therapists are involved in many specialty areas in the hospital such as newborn labor and delivery, neonatal and pediatric intensive care units, pulmonary function laboratory, sleep laboratory, adult intensive care units, extracorporeal membrane oxygenation (ECMO), EKG, and areas outside the hospital such as clinics, extended care facilities, and the home.

The purpose of this program will be to prepare advanced level respiratory therapists to care for patients and to serve in leadership positions. The program will provide students with the knowledge, skills and attitudes needed to perform as competent advanced-level respiratory therapists and to prepare graduates with a foundation for leadership in the areas of management, education, research and clinical specialization. The program will prepare graduates for board certification by the National Board for Respiratory Care and licensure in the State of Illinois.

The program will offer two main tracks, the Bachelor of Science and Master of Science in Respiratory Care. For the master's degree program, entering students will have completed an undergraduate degree to include pre-requisite course work in mathematics, communications, psychology, chemistry, anatomy and physiology, microbiology, and physics. For the bachelor's degree program, entering students will have completed at least 60 semester credit hours at a regionally accredited college or university to include specific program pre-requisite course work in mathematics, communications, psychology, chemistry, anatomy and physiology, microbiology, and physics.

The United States Bureau of Labor Statistics (BLS) has projected growth in the number of respiratory therapists needed for the period 2006-2016 at 22.6%. According to the American Association for Respiratory Care (AARC), there were approximately 133,000 respiratory therapists working in the U.S. in 2005. Assuming a growth rate as projected, there will be a need for 30,000 more respiratory therapists over the next 10 years. This does not count replacements due to retirements or career changes.

Most (74%) respiratory therapists work in the acute care hospital setting. The next two largest venues are home health care (8.6%) and accredited respiratory care educational programs (7.1%). The number of respiratory therapists working in respiratory care education programs has increased markedly in recent years.

Opportunities for employment of respiratory therapists exist in hospitals and other acute care facilities in both urban and rural areas throughout Illinois and the U.S. According to the AARC, job vacancy rates grew from about 6% in year 2000 to 8.65% in 2005 (11,695 vacant FTEs). The highest vacancy rates in 2005 were for disease managers/patient educators (28.8%), educational program faculty (9.6% percent), and staff therapists (8.6%). Additional employment opportunities may be found in home care, subacute care, physician's offices and clinics as well as management, research and industry. Increases are projected for asthma cases, pneumonia and the number of elderly suffering from chronic lung disease. New treatment advances and technology also will increase demand, and the need for respiratory therapists is expected to grow faster than nursing and other allied health fields.

Like most of the other health professions, many current respiratory therapists will be retiring in the next 10-15 years. In 2005 the mean age of respiratory therapists was 45 and the average therapist planned to remain in the profession for about 15 more years. This trend will further exacerbate the workforce shortage, and ensure a continuing demand for respiratory care program graduates.

Currently, there are no baccalaureate or graduate level respiratory care educational programs in Illinois, though there are over 60 such programs throughout the U.S. There is a need for such a program in the Illinois and in the Midwest region to train advanced level respiratory therapists for practice and leadership positions in the field. The Rush programs in pulmonary medicine and critical care are among the best. The addition of a respiratory care program has the strong support of clinical leaders at Rush including Dr. Bob Balk (Chief of the Division of Pulmonary and Critical Care Medicine), Dr. Steve Barnes (Professor of Anesthsiology and Pediatric Critical Care), Dr. David Gurka (Director, Section of Critical Care Medicine), and Mr. Keith Roberts (Director of Respiratory Care Services). Rush has a large respiratory care department (n=65) and the program will align well with this clinical service. Rush work force needs are prominent in this area with vacancy rates ranging in calendar year (CY) 05 from 29% - 38%; CY 06: 14% -35%; CY 07: 10% - 28%; and CY 08 (to-date): 14%. Rush has needed to use outside agency help to staff this department for the last several years (CY 05: \$914,979; CY 06: \$934,995; CY 07: \$412,603). Two new FTEs are to be added to the clinical service this year to support the new ECMO program and four FTEs are planned in 2011-12 to support the expansion of Rush critical care beds. The program has good enrollment potential and related financial viability and there are about 2,600 SF in Jelke available for program expansion.

By providing advanced levels of training, this program will make a significant contribution to improving the quality of care for patients at Rush. As the only graduate level program in Illinois and one of the few in the U.S., we believe the master's degree program will make also make a significant contribution in preparing leaders for roles as faculty in respiratory care education programs (including the program at Rush) and in research, supervision and clinical specialty areas, both at Rush and elsewhere. This new program will build on the strengths and resources available at Rush University and Rush University Medical Center, and provide students with state-of-the art education and training in the health sciences.

#### **Imaging Sciences**

Radiologic imaging sciences (RIS), also known as radiologic technology or medical radiography, is the allied health profession responsible for diagnostic and interventional medical radiographic imaging. Radiologic imaging sciences personnel, under the supervision of physicians, provide medical imaging services to patients and attending health care professionals. The other major imaging sciences include nuclear medicine technology, and diagnostic medical sonongraphy.

The purpose of this program will be to provide students with the knowledge, skills and attitudes needed to perform as competent advanced-level radiologic technologists. The program will prepare graduates to perform advanced diagnostic and interventional medical radiography and imaging procedures including computed tomography (CT scanning), medical resonance imaging (MRI), positron emission tomography (PET scanning) and fusion imagining (PET/CT). The program will include instruction in applied anatomy and physiology, patient positioning, radiographic technique, radiation biology, safety and emergency procedures, equipment operation and maintenance, quality assurance, patient education, and medical imaging/radiologic services management.

For the bachelor's degree program, entering students must have completed an associate's degree in medical radiography from a program accredited by the Joint Review Committee on Education in Radiologic Technology and at least 60 semester hours of academic credit at a regionally accredited college or university. In addition to an associate's degree in medical radiography, specific program pre-requisite course work in mathematics, communications, psychology, chemistry, anatomy and physiology, microbiology, and physics will be required

There is a clear need for a baccalaureate level program at in the Chicago area and State of Illinois. According to the Illinois Department of Employment Security, "nationally and in Illinois, the number of jobs for medical imaging science specialists is expected to increase faster than average through the year 2016." According to the U.S. Bureau of Labor Statistics, imaging sciences is one of the fastest growing occupations in the country. Employment of radiologic technologists is expected to increase by 15% from 2006-2016 (with a projected employment of 226,000 by 2016). In Illinois, employment will grow most rapidly in medical offices, clinics, and diagnostic imaging centers, such as the one planned for Rush. The need for radiologic technologists is expected to increase significantly due to increases in the population, aging of the population, changes in treatment, technology and prevalence of disease states or conditions requiring diagnostic and interventional radiography. In an effort to attract and retain qualified workers, employers may provide more flexible advanced training programs, such as the one envisioned at Rush. Opportunities are expected to be best for medical imaging science personnel with specialized knowledge and skills.

Currently, there is only one baccalaureate radiologic technology educational program in Illinois and none in Chicago. The existing program is entry-level only and does not focus on advanced imaging procedures. There is a need for an advanced imaging career ladder program at Rush to train technologists for advanced practice and clinical leadership positions in the field.

By providing advanced levels of training in the areas of CT, MRI and fusion imaging, this program will make a significant contribution to improving the quality of care for patients at Rush. As the only baccalaureate level program in Illinois of its kind, the program will make an

important contribution in preparing practitioners in advanced imaging procedures. This new program will build on the strengths and resources available at Rush University and Rush University Medical Center, and provide students with state-of-the art education and training in the health sciences.

The proposed program has the enthusiastic support of Dr. David Turner, Chair of Diagnostic Radiology and Nuclear Medicine at Rush and Mr. Bernie Perculis, Administrative Director of Hospital Radiology. As noted above, radiologic imaging sciences (radiologic technology) is an in-demand allied health profession with current and projected shortages in Illinois and throughout the U.S. According to Mr. Peculis, there is a very real need to train radiologic technologists to perform advanced procedures (CT, MRI and PET/CT, etc.) for employment at Rush. This program will meet that need.

#### Physician Assistant Studies

Physician assistants (PAs) care for patients, under the supervision of a physician, in multiple areas of medical practice. As part of their comprehensive responsibilities, PAs apply scientific principles to conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, write prescriptions and help in disease management. Physician assistants are found in all areas of medicine – family practice, internal medicine, pediatrics, orthopedics, sports medicine and pulmonary care. The physician assistant sees a diverse group of patients ranging from newborn infants and pediatric patients to adults and the elderly. Physician assistants work in all health care settings including acute care hospitals, intensive care units, emergency departments, skilled nursing facilities, rehabilitation units, doctor's offices, and in the provision of home care. Additionally, PA practice may include education, research, and administrative services.

There is a shortage of physician assistants in Illinois and the U.S. This shortage is expected to worsen due to population growth, the aging of the population and changes in demographics and disease prevalence. The need for PAs has also increased due to changes in physician training requirements and a shortage of specialty physicians. The United States Bureau of Labor Statistics (BLS) has projected growth in the number of physician assistants needed for the period 2006-2010 at 48%, making it the fasted growing allied health field. PA ranked fourth on the United States Department of Labor's list of the 10 fastest growing occupations for all employment sectors, 2004-2014. According to the American Academy of Physician Assistants (AAPA) as of January 1, 2007, there were 63,609 physician assistants in clinical practice in the United States. Of this total, 1685 or 2.6% were practicing in the state of Illinois. The projected distribution of practicing PAs by state showed that Illinois has a per capita ranking of 43. Currently, there are four physician assistant educational programs in Illinois, however, none include a specialty track as a part of the master's level training program. Based on the current and projected demand, there is a need for additional programs in the state and in the region to train advanced level physician assistants for specialty practice and leadership positions in the field.

The purpose of this program will be to prepare well trained physician assistants to care for patients in core specialty areas needed at Rush. The program will provide students with the knowledge, skills and attitudes needed to perform as competent physician assistants and to prepare graduates with a foundation for leadership in the areas of research and clinical specialization. The program will prepare graduates for board certification by the National Commission on Certification of Physician Assistants (NCCPA) in conjunction with the National

Board of Medical Examiners and to complete the licensure requirements in the State of Illinois. Specialty areas to be offered may include orthopedics, sports medicine, cardiothoracic surgery, vascular surgery and pulmonary medicine.

For the master's degree program, entering students will have completed an undergraduate degree from an accredited college or university. Pre-requisite course work will include mathematics, communications, psychology, chemistry, anatomy and physiology, microbiology, and physics.

This program has the enthusiastic support of the physician assistant community at Rush, as well as physician leaders including Gunnar Andersson, MD, PhD, Midwest Orthopaedics, Christopher Arico, Dermatology, Rush University, Bernard R Bach, MD, Midwest Orthopaedics, Robert A Balk, MD, Pulmonary Critical Care, Rush University

Robert Higgins, MD, Chair, Cardiovascular Surgery and Walter McCarthy, MD, Vascular Surgery, Rush University. By providing specialty training this program will make a significant contribution to improving the quality of care for patients at Rush. As the only graduate level program in Illinois offering specialty track education and one of the few in the U.S., this program will make a significant contribution in preparing practitioners to meet the health care needs at Rush, and in the Chicago community. This new program will build on the strengths and resources available at Rush University and Rush University Medical Center, and provide students with state-of-the art education and training in the health sciences.

# Other New Programs Under Consideration

As noted above, a steering committee has been formed to consider the development and implementation of a doctoral program (PhD) in health sciences to prepare future faculty and researchers. There is a severe shortage of doctorally prepared allied health faculty, both at Rush and nationwide. This proposed new program would address that shortage, as well has help move the college forward in terms of its research agenda and vision of being recognized nationally as a leader in allied health education. Based on preliminary discussions, this program should meet the stated criteria for new programs, e.g. excellence, alignment, work force needs, enrollment potential, and available resources. The program would advance the research agenda in the college and at Rush University by including a research emphasis on outcomes, quality and evidence-based practice. The program would also further facilitate interdisciplinary and translational research at Rush.

There has been interest at Rush in developing several other new programs to be housed within the College of Health Sciences. A new program in medical dosimetry is under active consideration to meet Rush work force needs. Other programs under discussion include research administration (MS), physical therapy (residency in orthopedics), health informatics (graduate certificate), and a new undergraduate program in health sciences (BS) to serve as a preprofessional program for allied health, nursing and perhaps medicine.

#### **How Should Programs Be Organized?**

The college currently is organized into nine academic departments supporting programs in 11 different professional areas (Figure 1). Departments and programs offered in the college are: Communication Disorders and Sciences (Doctor of Audiology [AuD], Speech-Language Pathology [MS]; Clinical Laboratory Sciences (CLS/Medical Technology - BS, MS, MS in CLS Management, Blood Bank Specialist [certificate]; Clinical Nutrition (MS); Health Systems

Management (MS); Medical Physics (residency); Occupational Therapy (MS); Perfusion Technology (BS,MS); Religion, Health and Human Values (Clinical Pastoral Education Certificates, Health Care Ethics [Certificate, MA]); and Vascular Ultrasound (BS).

As part of the planning process, the college chairs' council developed criteria for the evaluation of existing and new (proposed) departments (Table 7). It was determined that the college should not simply add a new department every time a new program is added; some objective measures should be considered in determining the relationship between a department and its programs. The specific criteria that should be considered in determining if a department was correctly configured include the size of programs within the department and whether more than one program was offered. Larger programs or departments housing more than one program might be more easily justified. It was also felt that a department (as opposed to a program) should be able to demonstrate excellence in all Rush mission components (teaching, research, service, practice). Designation as a department was thought to be more appropriate in cases where the department included a clinical or operations component in the medical center. Potential synergy of programs within a department and the opportunity for interdisciplinary activities should be considered. such as exists with speech pathology and audiology. Professional identity and accepted standards should also be considered. For example, it is common to have occupational therapy departments in universities and academic health centers, while is unusual to have very small allied health departments with a narrow area of specialization. Last, the availability of a doctoral level chairperson was a preferred, but not required criterion.

Based on these criteria (e.g. program size, number of programs, excellence in all mission components, operations component, doctoral level chairperson availability, identity, and potential synergy) it is proposed that the current nine academic departments be expanded to 10 and that two of the existing departments be renamed (Table 11). Specifically, the departments and programs offered in Communication Disorders and Sciences, Clinical Laboratory Sciences, Clinical Nutrition, Health Systems Management, Medical Physics, Occupational Therapy, and Religion, Health and Human Values would remain essentially unchanged. Medical Physics may add a program for medical dosimetrists and occupational therapy may add a professional doctorate (OTD), pending a review and approval of these possible new programs at some point in the future.

The Department of Perfusion Technology will be renamed as the Department of Cardiopulmonary Sciences and Physician Assistant Studies. This department will house the perfusion technology program (MS), the respiratory care program (BS, MS) and the physician assistant program (MS). These three programs are a natural fit, in that both respiratory care and perfusion are closely related and the proposed PA program with specialty tracks will include several surgical specialty areas, as well as pulmonary medicine.

The Department of Vascular Ultrasound will be renamed as the Department of Imaging Sciences. This department will house the vascular ultrasound program (BS) and the imaging sciences program (BS). Again, these two programs are a natural fit together, and share much in common as imaging science disciplines.

A new Department of Health Sciences would be created to house the proposed PhD program in health sciences and a program in research administration, should such a program be developed. This department may also serve as the home for a possible new undergraduate program in health

sciences which could serve as a pre-professional program for our graduate programs in allied health and nursing, and perhaps medicine.

# **Time Line for New Programs and Departmental Reorganization**

The proposed departmental re-organization is dependent on approval and successful implementation of the new programs described above. It is possible that external factors may alter the decision to combine specific departments or form new departments. For example, physician assistant programs are sometimes given the status of a department based on program size and the advantage that a chair position may provide in terms of key faculty recruitment and retention. The same considerations are true for respiratory care. Respiratory care also has a corresponding section within the hospital, which may further suggest the need for a separate department with a chairperson who also leads the clinical service. The creation of a department of health sciences is dependent on the success of the proposed PhD program. The formation of a Department of Imaging Sciences is dependant on successful implementation of the proposed new program in that area. Because it is relatively difficult to create or dissolve departments under the Rush University Rules for Governance, it is proposed that the programs be phased in first, and following successful program implementation, that the reorganization of the college's departmental structure be implemented. The following timeline has been developed:

#### May, 2007

• Strategic planning sessions begin

#### July, 2007

• College mission and vision statements approved by Chairs' Council

#### **August**, 2007

- College strategic plan approved by Chairs' Council and distributed to Faculty Council for review and comment.
- Criteria for programs and departments reviewed and rated by Chair's Council

#### September, 2007

- Meeting completed with Dr. Gunnar Andersson to discuss possible PA and PT programs at Rush
- Meeting completed with Malcolm X College representatives to discuss collaboration

#### October, 2007

• Meeting competed with Dr. Bernard Bach to discuss possible PA and PT programs at Rush

### November, 2007

- Initiated steering committee for respiratory care
- Met with PA and radiologic technology program directors at Malcolm X College to discuss collaboration

# December, 2007

- Developed draft letters of intent for PA, imaging and respiratory care
- Met with George West, Respiratory Care Program Director at Malcolm X to discuss career-ladder program
- Began work on full IBHE proposals

#### January, 2008

- Presentation of college strategic and program plan to the Rush University Board of Overseers
- Met with Dr. David Turner to discuss imaging sciences program

#### February, 2008

- CHS Chair's Council approval, in principle, for three new programs (PA, respiratory care and imaging sciences)
- Leadership Council reviewed and discussed CHS proposals for three new programs
- Finalized steering committee membership for PA and imaging

#### March, 2008

- Met with Dr. Josh Jacobs to discuss PA program
- Met with Nursing Leadership Group to discuss CHS strategic plan and proposed new programs
- Board of Overseers approves respiratory care, imaging and PA new program requests
- PA steering committee initial meeting
- PhD steering committee met
- Imaging sciences steering committee meets and approves letter of intent

#### **April**, 2008

- Notification of the Illinois Board of Higher Education (IBHE) of the intent to offer new programs in respiratory care
- PA steering committee approves letter of intent
- CHS chairs council reviews proposed organizational structure and gives preliminary approval for re-naming two departments (imaging sciences and cardiopulmonary

sciences/PA studies) and acceptance in principle of the development of a new department of health sciences within the college for the PhD program.

# May, 2008

- Submission of notification of intent to offer a new program in physician assistant studies
- Submission of full IBHE proposal for respiratory care
- Development of full IBHE proposals for physician assistant and imaging sciences
- Consultant visits Rush to review imaging sciences proposal

#### June, 2008

- Submission of full IBHE proposal for physician assistant program
- Completion of Committee on Accreditation for Respiratory Care application

#### July, 2008

• Submit full IBHE proposal for imaging sciences program

#### August – December, 2008

- Begin accreditation process for the PA program
- Begin search for program directors for PA, imaging and respiratory care

#### January, 2009

• Begin recruitment of students for PA, respiratory care and imaging sciences program

### January – June, 2009

• Hire program directors for PA, respiratory care and imaging

#### July 1, 2009

• Program directors on-site

#### September, 2009

- Inaugural respiratory care class begins course work
- Inaugural physician assistant studies class begins course work
- Inaugural imaging sciences class begins course work
- Request for approval of PhD program to Board of Overseers

#### October, 2009

• Submission of PhD program notice of intent to IBHE

#### November, 2009

• Full IBHE PhD proposal submitted

#### December, 2009

• College of Health Sciences Chair's Council considers approval for re-naming of two existing departments.

# January, 2009

• Renaming existing departments proposed to the Board of Overseers

#### June, 2010

• Initial PhD students enrolled

#### September, 2010

• Creation of a new Department of Health Sciences proposed to the Board of Overseers

#### **How Will New Programs Be Funded?**

Tuition will be restructured in the college beginning in the fall of 2008. Incoming students will begin to pay by the quarter hour, instead of a flat rate for 12 or more credits. This change, plus an increase in the rate for returning students will result in an approximate increase in revenue of 1.2 million dollars over FY08. As part of this increase, we have factored in \$350,000 in scholarship

dollars which will be used to help attract the very best students plus small increases for specific program needs and infrastructure.

New programs will be structured so that tuition income offsets expenses, even after overhead. For example, the proposed respiratory care program (assuming enrollment goals are met) should break even the first year, and then make a profit of approximately \$400,000 in year two, over \$480,000 in year three and \$600,000 in year four. As the detailed budgets for the physician assistant and imaging sciences programs are developed, care will be taken to ensure that these programs bring in revenues in excess of expenses. Projected total enrollment for the college will increase from 320 in fall of 07 to 425 in the fall of 2010 which should generate additional income in excess of 2.6 million dollars. For rough budgeting purposes, the median operating budget for respiratory care, physician assistant and imaging sciences programs at academic medical centers in 2007 was \$427,000; \$773,445 and 341,288 respectively for a total of 1.54 million dollars. Consequently, if Rush is able to deliver these programs at the median cost, there should be adequate revenues available generated by tuition to support the programs.

### **Summary and Conclusions**

The College of Health Sciences has great potential for developing new professional programs which will demonstrate excellence, be well aligned with the mission and vision and help meet the work force needs at Rush University Medical Center. Three new professional programs are planed which also have strong enrollment potential, and for which there are already outstanding clinical resources and qualified faculty. These three programs will complement Rush's six priority clinical programs: cancer, heart, bone and joint, transplant, neurosciences, and high risk mother and infant. Specifically, the physician assistant (PA) program will prepare specialty PAs in the areas of cardio-thoracic (heart) surgery and orthopedics, while the respiratory care program will provide personnel to staff the neonatal intensive care units and ECMO services often required for the high risk infant, and the critical care services needed for post-operative heart and transplant patients. Imaging is essential for the diagnosis and treatment of many cancers, as well as heart, bone, joint and neurologic disorders while stroke victims often require respiratory care due to pulmonary complications.

The proposed new programs meet the established criteria for evaluating both new and existing programs. These new programs will require a re-organization of the departmental structure within the college, and the renaming of two existing departments. Specifically, the departments of perfusion technology and vascular ultrasound will be renamed as the Department of Cardiopulmonary Sciences and Physician Assistant Studies (which will house the programs in perfusion, respiratory care and physician assistant) and the Department of Imaging Sciences (which will house the programs in vascular ultrasound and radiologic imaging sciences). In addition to these three new professional programs, the college is considering the development of a PhD program in health sciences to prepare future faculty and researchers, and facilitate outcomes and translational research at Rush. Several other new professional programs are under consideration including a medical dosimetry program to help meet Rush workforce needs.

The establishment of these new programs will allow the college to advance the quality and availability of health care at Rush and to move towards our goal of becoming a world class school of allied health sciences whose programs are recognized as among the best in the United States.

# **Table 1. College of Health Sciences Departments and Programs**

- Communication Disorders and Sciences
  - Doctor of Audiology AuD
  - Speech-Language Pathology MS
- Clinical Laboratory Sciences (Medical Technology)
  - BS, MS, MS in CLS Management
  - Blood Bank Specialist (certificate)
- Clinical Nutrition MS
- Health Systems Management MS
- Medical Physics
  - Radiation Oncology Medical Physics Residency
- Occupational Therapy MS
- Perfusion Technology
  - BS, MS
- Religion, Health and Human Values
  - Clinical Pastoral Education (Certificates)
  - Health Care Ethics
    - Certificate, MA
- Vascular Ultrasound (BS)

**Table 2. Ten Most Important Strengths of the College of Health Sciences** 

Rank	Item	Rating
1	Integration of theory and practice learning	5.00
2	Quality of faculty	4.90
3	Academic-clinical integration	4.90
4	Students receive personal attention	4.80
5	Practitioner-Teacher Model	4.80
6	Proximity of hospital	4.70
7	Rich clinical experiences for students	4.70
8	Approachability of chairs/dean	4.50
9	Diversity of clinical experiences	4.50
10	Outstanding educational programs	4.50

Items were rated using the following scale: 5 = very important; 4 = important; 3 = neither important or unimportant; 2 = unimportant; or 1 = very unimportant.

Table 3. Ten Most Important Weaknesses in the College of Health Sciences

Rank	Item	Rating
1	Internal esteem/value by Rush for the College	5.00
2	Lack of effective student information system (online registration, etc.)	5.00
3	Lack of structural support (academic/teaching/marketing)	5.00
4	No centralized college infrastructure (deans office, support staff, recruitment, research, ed. Tech., etc.)	4.90
5	Resources - limited dollars	4.90
6	Technology	4.80
7	Admissions process/office	4.80
8	Lack of office space	4.80
9	Lack of budgetary support for research	4.80
10	Space	4.80

Items were rated using the following scale: 5 = very important; 4 = important; 3 = neither important or unimportant; 2 = unimportant; or 1 = very unimportant.

**Table 4. Ten Most Important Opportunities in the College of Health Sciences** 

Rank	Item	Rating
1	Develop new allied health educational programs	
2	Education technology support for College of Health Sciences (web-based and distance education)	5.00
3	Advertise the College of Health Sciences as the place to come for allied health programs	4.90
4	New doctoral programs (Ph.D.; professional doctorates)	4.90
5	New funding for scholarships/stipends	
6	Center of Excellence for Allied Health Research	
7	Centralize/formalize faculty development	4.80
8	New emphasis on research generally & outcomes research specifically	4.70
9	Marketing (within and without)	4.70
10	New Centers of Excellence within the college	4.70

Items were rated using the following scale: 5 = very important; 4 = important; 3 = neither important or unimportant; 2 = unimportant; or 1 = very unimportant.

**Table 5. The Most Important Threats** 

Rank	Item	Rating
1	Redistribution/declining research dollars nationally	5.00
2	Reality that competitors provide more support dollars for students (including free rides)	4.90
3	Changes in health care financing and funding for education	4.80
4	High overhead charges	4.80
5	Low visibility of CHS programs in relationship to competitors	4.80
6	High cost of doing business	4.70
7	Medical College preference in resource allocation	4.70
8	Limited academic space to grow programs	4.70
9	Others are taking advantage of technology (video conferencing, internet) compared to Rush for distance education, marketing	4.70
10	Lack of balance between teaching, research and practice (for faculty expectations)	4.50
11	Research productivity low compared to competitors (grants and publications)	4.50

Items were rated using the following scale: 5 = very important; 4 = important; 3 = neither important or unimportant; 2 = unimportant; or 1 = very unimportant.

#### Table 6. Meetings with Key Rush Stakeholders

- CHS Department Chairs
- Provost, RU
- Vice Provost &VP, University Affairs
- Paul Jones
- Jim Mulshime
- Paul Carvey
- Paul Jones
- Student services staff
- Beverly Huckman
- Diane McKeever and staff
- Sharon Gates
- Hats Adams
- Peter Butler
- Rebecca Dowling
- Sheri Marker
- Melanie Dreher
- Deborah Gross
- Lisa Rosenburg

- David Ansell
- Angelo Tiberio
- Brad Hinrichs
- David Caldarelli
- Anthony Perry
- Diane Genaze
- Bob Decresce
- Keith Roberts
- Mark Yoder
- Robert Balk
- Norma Melgoza
- Walter McCarthy
- Ross Abrams
- Gunnar Andersson
- Bernard Bach Jr.
- Bernie Peculis

#### **Table 7. CHS Criteria for Programs and Departments**

- I. Rush University Proposed Criteria for Program Evaluation (RU Educational Retreat 7/9/07)
  - A. Alignment with the Rush Mission & Vision
    - 1.) Serve as a resource to improve health outcomes
    - 2.) Elevate the workforce (higher quality)
    - 3.) Meet multiple vivid descriptors\*
  - B. Excellence
    - 1.) Applies to both new and existing programs
    - 2.) Needs to exist across all three missions (teaching, research, service)
    - 3.) Appropriate size and resource allocation (quality, space, revenue)
- II. Additional CHS Criteria for Programs (new and existing)
  - A. Demonstrated Need (Current and Projected)

Rush University Medical Center

Chicago and Region

National

- B. Enrollment Potential Sufficient to Maintain Strong Enrollments (Current and Projected)
- C. Good Clinical Fit Integration with the Clinical Program
- D. Ability to Provide an Outstanding Educational Program with Excellent Outcomes
- E. Resources Available
  - 1.) Faculty
  - 2.) Laboratory
  - 3.) Financial
  - 4.) Research
  - 5.) Clinical
  - 6.) Space
- III. CHS Criteria for Departments (New and Existing)
  - A. Program Size
  - B. More than one program offered (includes levels, such as BS/MS)
  - C. Departments should be able to demonstrate excellence in all CHS missions
    - 1.) Teaching
    - 2.) Research and Scholarship
    - 3.) Service
  - D. Clinical Service Component
  - E. Doctoral level chairperson availability (preferred, not required)
  - F. Professional Identity and Accepted Standards
  - G. Potential Synergy with Existing Programs or Departments (Interdisciplinary)

## Table 8. Guidelines for Appointment and Evaluation of CHS Chairs with Joint Operations Responsibilities, February 14, 2008

**Principle:** It is desirable for those serving in selected College of Health Sciences (CHS) Chair positions to also serve simultaneously as Operational Directors for the analogous Medical Center/Hospital Operational Departments. It is recognized that the performance expectations and qualifications are related, but also require high proficiency in somewhat divergent skill sets. It is also noted that this joint model is expected to contribute positively to the unique mission of RUMC, support the practitioner-teacher model overall, and to be economically sound.

#### **Departments affected:**

Academic Department	<b>Hospital &amp; Medical Center</b>	Academic	
	Department/Section	Chair/Operational	
		Director	
Clinical Nutrition	Food & Nutrition Services	Mary Gregoire (acting)	
Occupational Therapy	Occupational Therapy	Clare Giuffrida	
Communicative Disorders	Audiology and Speech-	Diane Meyer	
and Sciences	Language Pathology		
Perfusion Technology	Perfusion	Will Rapier (acting)	
Religion, Health & Human			
Values	Chaplaincy	Clayton Thomason	
Medical Physics	Medical Physics	James Chu	

Clinical Laboratory Sciences	Rush Medical Laboratories	Herbert Miller (academic
		chair)
		Mark Jaros (Operations
		Director)
Vascular Ultrasound	n.a.	Eileen French-Sherry
		(acting)

#### **Issues requiring understanding:**

- ❖ Accountability (operational & academic)
- ❖ Appointment and re-appointment process
- ❖ Funding generally, it is expected that the funding for each position will come from both the Division of Hospital Affairs and the College of Health Sciences consistent with the percentage of effort devoted to the Operational/Academic aspects of the position respectively.
- Circumstances under-which there might be a split of the functions (quality of candidate and 'fit' for each respective role...)

Table 8. Guidelines for Appointment and Evaluation of CHS Chairs with Joint Operations Responsibilities, February 14, 2008 (continued)

Accountability	Appointment and re-appointment
	process
Academic: Dean of College of Health Sciences or	Search Committee Appointment: The Dean of the CHS and the SVP for
designee	Hospital Affairs will appoint the search committee and its Chair.
Hospital & Medical Center:	Job Description:
Senior Vice President for Hospital Affairs	The job description for the appointment of an academic Chair and operational Director will clearly and separately delineate the academic and the operational expectations and qualifications of the position.
	The committee will seek candidates who meet the job description requirements for both the academic and operational scope of the positions.
Implementation:	Recommendation:
Medical Center/Hospital Executive or	The search committee, through its Chair,
Dean initiates and performs the annual	will recommend 2-3 candidates to the Dean
appraisal of operational performance of	of CHS and the appropriate Medical
the position. The CHS Dean will perform	Center/Hospital Executive, including
an academic-specific appraisal separately, which will be incorporated into the overall	analysis of the suitability of each candidate.
organizational appraisal form. Resulting	The Dean of CHS and MC/Hospital
merit adjustment will be collaboratively	Executive (with approval of the SVP for
determined between the MC/Hospital	Hospital Affairs) will collaboratively select
Executive and the CHS Dean.	the appropriate candidate and make final recommendation to the Provost.

#### Table 9. Allied Health Groups in the U.S.

- All Health Service Workers (includes allied health and nursing):
  - 13,062,000 in 2004
  - Projected increase to 16,627,900 in 2014 (up 27.3%- BLS)
- Nursing
  - 4,270,000 nurses and related personnel (all levels 2002)
- Medicine
  - 850,000 physicians and surgeons (2002)
- 7,780,000 non-physician non-nurse health care workers in 2002

## Workforce Demand for 2004-2014 (BLS)

	Current	Projecte	d Increase
Physician Assistants	62,000	93,000	49.6%
Physical Therapists	155,000	211,000	36.7%
Sonographers	42,000	57,000	34.8%
Occupational Therap	ists 92,000	123,000	33.6%
HIM/Medical Record	s 178,900	229,400	28.2%
Radiologic Technolog	gists 182,000	224,000	23.2%
Respiratory Therapist	s 118,496	145,905	23%
Health Services Mana	agers 248,000	305,000	23%
Medical Technologist	rs 156,000	188,000	20.5%
Dietitians/Nutritionist	ts 50,000	59,000	18.3%
Speech Pathologists	96,000	110,000	14.6%
Audiologists	10, 134	11,060	9.1%

Table 10. Rush Allied Health Areas and Number of Incumbents, fall 2007

JOB TITLE	NUMBER OF RUSH EMPLOYEES
Medical Laboratory Technologists, Medical Laboratory Technicians, Histotechnologists, Cytotechnologists	136
X-ray and Imaging (radiographers, mammographers, CT/MRI)	81
Respiratory Care (Respiratory Therapists) and PFT	62
Ultrasound and Echocardiography Technologists	34
Physical Therapists and PTAs	34
Occupational Therapists (OT) and OTAs	32
Dietitians (Clinical Nutrition)	24
Physician Assistants	16
Radiation Physicists, Therapists, and Dosimetrists	18
Audiologists and Speech Pathologists	15
Nuclear Medicine Technologists/PET	8
Cardiac Catherization Technicians (Cardiopulmonary Technicians)	6
Clinical Ethicists	6
Perfusionists	5
Art Therapists	3
Ophthalmology Technicians	2
TOTAL	482

Over 1,000 non-nurse/non-physician clinical employees at Rush

## Table 11. Proposed College of Health Sciences Organization - Approved In Principle by Chairs Council (4-18-08)

#### I. Current Departments and Programs

- Communication Disorders and Sciences
  - Doctor of Audiology AuD
  - Speech-Language Pathology MS
- Clinical Laboratory Sciences (Medical Technology)
  - BS, MS, MS in CLS Management
  - Blood Bank Specialist (certificate)
- Clinical Nutrition MS
- Health Systems Management MS
- Medical Physics
  - Radiation Oncology Medical Physics Residency
- Occupational Therapy MS
- · Perfusion Technology
  - BS. MS
- Religion, Health and Human Values
  - Clinical Pastoral Education (Certificates)
  - Health Care Ethics
    - Certificate, MA
- Vascular Ultrasound (BS)

#### II. Proposed Departments and Programs

- Communication Disorders and Sciences
  - Doctor of Audiology AuD
  - Speech-Language Pathology MS
- Clinical Laboratory Sciences (Medical Technology)
  - BS, MS, MS in CLS Management
  - Blood Bank Specialist (certificate)
- Clinical Nutrition MS
- Health Sciences
  - PhD pending program development and approval
  - BS pending program development and approval
- Health Systems Management MS
- Imaging Sciences
  - Vascular Ultrasound (BS)
  - Imaging Sciences (BS)
- Medical Physics
  - Radiation Oncology Medical Physics Residency
    - Medical Dosimetry MS initial program approvals needed
- Occupational Therapy
  - MS
    - OTD pending program development and approval
- Religion, Health and Human Values
  - Clinical Pastoral Education (Certificates)
  - Health Care Ethics
    - Certificate, MA

#### Cardiopulmonary Sciences and Physician Assistant Studies

- Perfusion Technology (MS)
- Physician Assistant Studies (MS)
- Respiratory Care (BS,MS)

Initial approvals received
In development

Figure 1. Current Organizational Chart for the College of Health Sciences

# Rush University College of Health Sciences

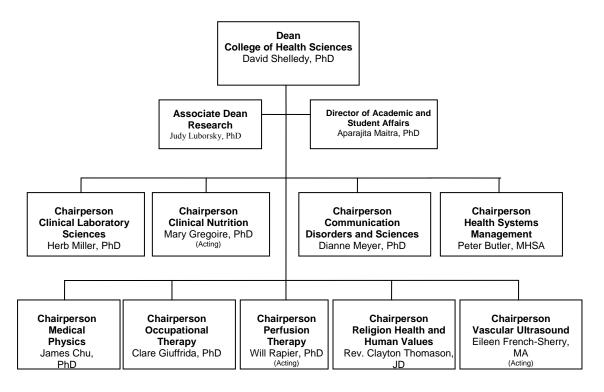
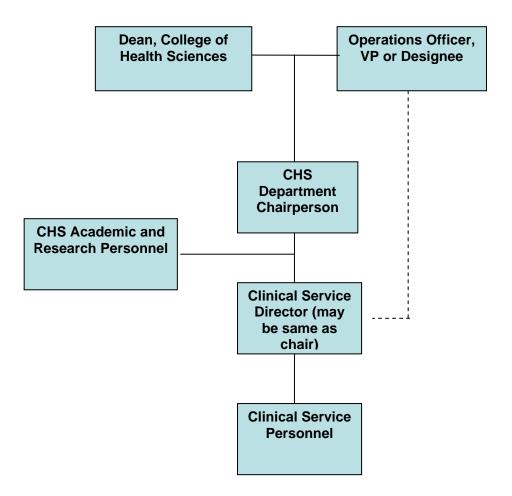


Figure 2. Suggested organization for CHS departments in cases where the chairperson is responsible for one or more clinical services.

## **College of Health Sciences**



#### **Departments**

- Communication Disorders and Sciences (Audiology and Speech Pathology)
- Clinical Nutrition
- Health Systems Management
- Occupational Therapy
- Medical Physics
- Perfusion Technology
- Religion, Health and Human Values

CLS, Vascular Ultrasound



# Rush University College of Health Sciences Strategic Plan

**Approved August 3, 2007** 

## Rush University College of Health Sciences

#### **Mission and Vision**

The purposes of Rush University are to educate students as practitioners, scientists and teachers who will become leaders in advancing health care and to further the advancement of knowledge through research. The College of Health Sciences, as an integral component of the University, seeks to prepare superb practitioners and leaders in the allied health professions to provide the very best care for our patients. In addition, the College seeks to make meaningful and significant contributions in advancing health care through excellence in research, scholarship, and service. In keeping with the Rush University practitioner-teacher model, the College integrates patient care, research, scholarship and service into the teaching-learning process of developing future allied health professionals and leaders.

#### Mission

The Mission of the College of Health Sciences is to advance the quality and availability of health care through excellence in education, research and scholarship, service and patient care. The College promotes the values of diversity, access and inclusion in all of its endeavors.

#### Vision

The College of Health Sciences at Rush University will be a world class school of allied health sciences whose programs are recognized as among the best in the United States.

Mission and Vision Statements approved by Chairs Council July 27, 2007

## Rush University College of Health Sciences

#### Goals and Strategic Objectives

#### Goal 1: Excellence in Education

As a leader in allied health professional education, the College of Health Sciences prepares superb health care professionals in the allied health disciplines represented within the College. This will require that the College continue to ensure that core programs offered are among the best in their class. In addition, the College should optimize enrollments in existing programs and consider the addition of new programs to meet the needs of Rush University Medical Center, the State of Illinois and the nation. Major indicators of program quality which should continue to be met include exceptional graduate job placement, superior graduate performance on board examinations, high levels of graduate satisfaction with their program of studies, high levels of employer satisfaction with the graduates and competitive program rankings (where available), and a reputation for excellence. In addition, graduates' success in achieving leadership positions in the health sciences is an important outcome. These leadership activities may include clinical leadership, professional leadership, community service, education, management, and continuing professional education. The College also seeks to promote the values of diversity, access and inclusion in all of its endeavors.

#### Strategic Objectives - Excellence in Education

The following are the CHS strategic objectives related to education. These objectives will be reviewed and revised on a regular basis based on recommendations from the College Strategic Planning Committee and input from faculty, students, staff, administrators, clinical service providers and other members of the Rush community.

#### Quality of program portfolio

Expansion of the program portfolio will support excellence in teaching by expanding the quality and size of the resource base, as well as supporting other goals of workforce development. Specific objectives:

- Ensure that existing programs offered within the College are appropriate to meet the needs of the
  community and are properly supported and effective in preparing a diverse workforce of outstanding health
  care professionals and leaders to provide superb health care. Programs will demonstrate outcomes
  consistent with this goal and regular program resource assessments will ensure that programs have the
  resources needed to succeed.
- 2. Increase enrollment in the College of Health Sciences by at least five percent per year over the next five years.
- 3. Develop the infrastructure, resources and faculty support needed within the College to fully implement educational goals and web-based and distance education.
- 4. Consider the development or expansion of specific distance education programs and/or consortium programs, as appropriate.
- 5. Implement at least two new allied health entry level professional programs. Programs that should be considered include the imaging sciences (radiologic technology, nuclear medicine technology, fusion imaging [PET/CT], general diagnostic medical sonography, cardiac ultrasound (echocardiography), physician assistant, genetic counseling, health information management, medical informatics, medical dosimetry, physical therapy and respiratory therapy.
- 6. Consider the development of an undergraduate program in the health sciences (BS in Health Sciences) with tracks in management, health and wellness and pre-professional preparation.

Goals and Strategic Objectives approved by Chairs Council August 3, 2007

#### Quality of faculty

To ensure that our programs are the highest quality, we will need to ensure that the faculty are as effective as they can be in their educational roles. To this end, we have several objectives related to faculty selection and development:

- 1. Design and implement a faculty development plan for promoting teaching excellence.
- 2. Explore development of a Center for Excellence in Teaching.
- 3. Consider the development of a doctoral (PhD) program in the health sciences to prepare future faculty and scientists for allied health.
- 4. Increase the diversity of the faculty to better represent the communities served by Rush.

#### Quality and diversity of students

The quality of students graduating from our programs is influenced strongly by the quality of students entering our programs. To this end, we have several objectives related to ensuring the highest-quality matriculants into our programs:

- 1. Develop and implement a marketing and recruitment plan to include revision of the College Web page, hiring a college recruiter and implementing an e-marketing program for student recruitment.
- 2. Develop stipends and scholarship programs to attract and retain the best students.
- 3. Increase the diversity of the student body to better reflect the communities served by Rush.

#### Quality of curriculum and educational outcomes

- Develop and implement interdisciplinary courses and/or units of instruction as needed. These may include
  ethics; leadership, supervision and management; education; research and statistics; cultural competency;
  disaster response; outcomes and evidence-based care; health promotion, disease prevention and disease
  management; genetics and genetic testing; medical errors and patient safety; health care policy; health care
  systems; These courses and units of instruction may be provided using web-based or distance technology to
  facilitate scheduling across multiple programs.
- 2. Ensure the integration of clinical practice and teaching through case-based, problem-based, and evidence-based learning and the use of simulation laboratories and/or standardized patients in the curriculum.
- 3. Design and implement a Program Review and Outcomes Assessment System for measuring, monitoring and improving programs' educational outcomes and a Resource Assessment System for ensuring programs have the needed resources to meet their educational goals.

#### Action Plan

- 1. Meet with all program directors and department chairs to review current program goals, objectives, outcomes and resources.
- 2. Review and revise the College's leadership council activities and implement a system for shared governance within the College.
- 3. Implement continuing college-wide bench marking and strategic planning activities to develop, review and refine proposed goals, objectives and strategies for implementation.
- 4. Meet with clinical service area representatives to review allied health workforce needs.
- 5. Implement a task force for developing and refining the proposed "Program Review and Outcomes Assessment System" for measuring, monitoring and improving program education outcomes.
- 6. Review program applicant pools, enrollment, graduation rates and graduate performance on key outcome measures (placement, board examinations, employer satisfaction, graduate satisfaction).
- 7. Develop a college central data base to track applicant pools, enrollment, graduation rates and graduate performance and other key outcome measures.
- 8. Initiate a Committee for Interdisciplinary Education within the College to explore and develop interdisciplinary courses and/or units of instruction for use in multiple programs.
- 9. Initiate a Committee to Develop Stipends and Scholarships to explore current offerings and develop additional sources of support, such as a tuition forgiveness plan for graduates who go to work at Rush.
- 10. Ensure that community advisory committees are in place for each program and that they are being used to ensure that programs are meeting community needs and producing outstanding graduates.
- 11. Integrate data for recommendations for program expansion, revision or refocusing of resources.

12. Ensure the promotion and tenure and annual faculty evaluation procedures recognize and reward excellence in teaching and the scholarship of teaching.

#### Goal 2: Excellence in Research and Scholarship

There is a need to further develop research activities within the College. Outcomes research and collaborative and interdisciplinary research should be expanded. In addition, research is needed in the areas of health promotion and wellness, disease prevention and management of chronic disease. There is also a need for research related to allied health work force issues and allied health training and education. In many cases, collaboration with other colleges and professionals is ideal for allied health research.

Major impediments to success in the research endeavor include insufficient faculty time due to heavy teaching and clinical loads, a need for faculty development, and insufficient numbers of existing faculty with research expertise. A research infrastructure within the College is needed to assist faculty in the development of research proposals, study design and management, data analysis and statistics, identification of funding sources, grant writing, and manuscript preparation. Access to laboratory facilities, space and equipment, limited funding availability, and a lack of startup funds and seed money are also substantial impediments to research within the College. There is also a need for more collaboration (interdisciplinary research) both within the College and with medicine, nursing, and the graduate college.

Faculty participation in scholarly activities related to their disciplines is a hall mark of outstanding schools of allied health. Activities that will be encouraged at Rush include the discovery of new knowledge and the dissemination of existing knowledge through invited lectures, invited courses, presentations, publications (papers, book chapters, and textbooks), service as an editor or on an editorial board for scholarly publications, grant submissions, consultations, and software and product development.

#### Strategic Objectives - Research and Scholarship Excellence

The following are the College's strategic goals and objectives related to research and scholarship. These objectives will continue to be reviewed and revised based on recommendations from the College Strategic Planning Committee – Subcommittee on Research.

1. Develop the research support infrastructure within the College to expand and support fundable or publishable research activities.

#### **Objectives**

- a. Hire an Associate Dean for Research
- b. Establish a research committee to work with the Associate Dean for Research
- c. Identify a liaison with the University Research Office for the CHS to help with the preparation of grants and budgets
- d. Disseminate information to faculty about available RFPs
- e. Identify and support external and internal reviewers of grant proposals and manuscripts
- f. Designate an office support person to manage the preparation and delivery of grant materials and to assist with budget management of the grant
- g. Develop the resources/mechanism to support consultation about research design and data analyses
- h. Identify seed money which can be made available to faculty on a competitive basis to support pilot or preliminary research which may lead to extramural funding.
- 2. Implement a faculty development program for research in allied health.

#### **Objectives**

- a. Develop a short course on clinical and outcomes research
- b. Implement regular "lunch and learn" activities within the College,
- c. Review faculty teaching loads, compensation, and clinic or other outside assignments and attempt to provide protected research and other scholarly time
- d. Develop a College of Health Sciences Research Mentoring Program and a working relationship with the College of Medicine Research Mentoring Program.
- 3. Seek development funds to establish a Center of Excellence for Allied Health Research within the College.

#### Objectives

Establish a task force to develop the purpose, structure, and funding for the Center and an Implementation plan. A focus on allied health outcomes research and evidence-based practice should be a priority. Other center activities may include research related to health promotion, wellness and disease prevention (smoking and tobacco abuse, drug and alcohol abuse, obesity and nutrition, fitness, healthy lifestyle, accident avoidance, stress, anxiety, depression, grief); workforce research (human resources/healthcare delivery); chronic disease management (heart disease, cancer, stroke, asthma, COPD, diabetes, other); and educational research (teaching, learning, methods, evaluation).

#### Action Plan

- 1. Implement a research office within the College to be led by an associate dean for research. This office would be charged with faculty development, providing assistance with developing ideas, finding potential funding, collaboration across departments and colleges, grant writing assistance, assistance with research design and statistics, study management and publication assistance.
- 2. Identify funds for seed grants and establish an Internal Grant Review Committee for administering these funds.
- 3. Establish a subcommittee of the College Strategic Planning Committee to develop a strategic research plan for the College. This plan should include identifying areas of potential growth or concentration and opportunities for interdisciplinary and collaborative research.
- 4. Evaluate current research activities within the College and available support infrastructure, including laboratories and equipment.
- 5. Establish a Research Collaborative Group to meet on a regular basis to provide a forum for discussion, mentoring and faculty assistance.
- 6. Ensure College participation in university efforts to establish a clinical translational science research center (CTSC).
- 7. Seek development funding for a Center of Excellence for Research in Allied Health, as described above.
- 8. Encourage implementation of a student research project requirement for all programs.
- 9. Ensure the promotion and tenure and annual faculty evaluation procedures recognize and reward excellence in research and scholarship.
- 10. Develop expectations that that all departments participate each year in the Rush research forum.
- 11. Expect each department each year to have at least one research goal.

#### Outcomes

These expected outcomes will facilitate monitoring and evaluation of the research strategies:

- 1. Using 2006 as a baseline, there will be a marked increase in grant submissions by 2012. These grants will have a CHS faculty member as PI or Co-PI
- 2. Using 2006 as a baseline, the number of peer-reviewed or invited presentations and publications will increase by 25% by 2012.
- 3. The CHS will double funding for research by 2012 (as compared to 2006)

#### Goal 3: Excellence in Service

One attribute of outstanding allied health schools is the ability to make important contributions in the area of service. Professional service may include participation at the state, national and international levels in activities to advance the effectiveness of the allied health professions. Faculty professional service activities to be encouraged may include service as reviewers or editorial board members for professional journals; participation in professional association and society committees (members, committee chairs), boards (members, officers); and participation on community and governmental advisory panels. Community service and outreach activities may include volunteer activities (health fairs, talks, presentations, clinical outreach) and service on community boards and service committees and other community education and service activities.

Professional continuing education is also provided by many allied health schools. Current practitioners must keep up with advances in their disciplines, and allied health faculty are uniquely well prepared to assist in providing courses and programs to meet this need. Continuing education is also required for licensure in most allied health

fields. Last, continuing education can be a source of income for allied health schools to help support other activities, such as faculty professional development.

#### Strategic Objectives - Service Excellence

The following are the College's strategic objectives related to service. These objectives will continue to be revised and refined based on recommendations from the College Strategic Planning Committee.

- 1. Promote faculty participation in state, regional, national and international professional service activities such as professional associations, editorial boards, examination boards, and specialized educational accreditation agencies as members, committee appointees, committee chairs, officers and leaders.
- 2. Promote faculty participation in community service activities as volunteers and leaders.
- 3. Develop an active continuing education division for both live programs and internet-based programs for providing high quality professional continuing education.

#### Action Plan

- 1. Ensure that promotion and tenure and annual faculty evaluation procedures recognize and reward excellence in service.
- 2. Review current continuing education programs in the College and adjust, as appropriate, to provide funding incentives for continuing education activities.
- Consider purchase of an internet-based continuing education administration system (such as Netkeva) that
  provides online course registration, fee payment, course content delivery, transcripts and certificates of
  completion.
- 4. Develop and disseminate a data base of CHS faculty experts on selected topics.
- 5. Develop a CHS faculty speakers' bureau and make the bureau available to community organizations.

#### Goal 4: Excellence in Patient Care

Rush University integrates patient care, education and research through the *practitioner-teacher model*. Clinical education of students, faculty practice, and clinical services all contribute to providing high quality patient care. In addition to supervising clinical training and clinical experiences for College of Health Sciences students, many College faculty have clinical or administrative responsibilities within Rush University Medical Center.

#### Strategic Objectives – Excellence in Patient Care

The following are strategic objectives related to excellence in patient care. These objectives will continue to be reviewed and revised based on recommendations from the College Strategic Planning Committee. Strategic Objectives.

- 1. Define excellence in patient care for each profession and define how it is practiced by faculty and students.
- 2. Consider implementation of new university provided clinical services to include specialty and /or multidisciplinary allied health services.
- 3. Consider implementation of a faculty practice plan for the College for faculty that have billable services.
- 4. Establish infrastructure to conduct patient care related research such as clinical outcomes, clinical resource allocation, and clinical application of translational sciences.
- 5. Ensure the integration of clinical practice and teaching through case-based, problem-based, and evidence-based learning and the use of simulation laboratories and/or standardized patients.

#### Action Plan

- 1. Review current clinical activities for faculty and students within the College for use as a basis for planning.
- 2. Ensure that promotion, tenure, and faculty evaluation procedures appropriately recognize and reward excellence in patient care.
- 3. Establish a Patient Care Committee to investigate strategic objectives two and three and make recommendations to the Chairs Council.