THURSDAY, NOVEMBER 15, 2018
ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE MEETING

Clark C. Kellogg
Cheryl L. Krueger
Abigail S. Wexner
Hiroyuki Fujita
Alan A. Stockmeister
Janice M. Bonsu
Alan VanderMolen
Janet Porter
Richard K. Herrmann
Michael J. Gasser (*ex officio*)

Location: Longaberger Alumni House   Time: 12:15-2:00pm
            Mount Leadership Room

ITEMS FOR DISCUSSION

1. *Suicide and Mental Health Task Force Report and Recommendations*   12:15-12:30pm
   – Dr. Adams-Gaston, Dr. Ryan, Ms. Merchant

2. *Addressing Aging: The "Graying of America" – Dr. Gregoire*   12:30-12:45pm

3. *E-Sports – Dr. Adams-Gaston, Dr. McPheron, Dr. Stone, Dr. Smith*   12:45-1:00pm

ITEMS FOR ACTION

4. Faculty Personnel Actions – Dr. McPheron   1:00-1:05pm

5. Amendments to the *Rules of the University Faculty* – Dr. McPheron   1:05-1:10pm

6. Degrees and Certificates – Dr. McPheron   1:10-1:15pm

7. Honorary Degree – Dr. McPheron   1:15-1:20pm

8. Establishment of a New Degree Program – Dr. Smith   1:20-1:25pm

<u>Executive Session</u>   1:25-2:00pm

Suicide and Mental Health Task Force

RECOMMENDATION REPORT

THE OHIO STATE UNIVERSITY

TABLE OF CONTENTS

I. PURPOSE AND SUMMARY

President Michael V. Drake commissioned the Suicide and Mental Health Task Force in response to important dialogue on campus about suicide prevention efforts and mental health services.

The Task Force was charged with making clear what we, as a university, do well; what we can do better; and what, if any, national best practices may be implemented or adapted to support our community better. President Drake charged the team with:

- Assessing and evaluating mental health and suicide resources at Ohio State.
- Comparing Ohio State's mental health and suicide prevention resources with those of other large state universities with an eye to what resources and innovations may be useful for students.
- Making specific recommendations for areas of improvement and the rationale behind the recommendations.

The Task Force was commissioned within the context of both a university-wide discussion as well as a national dialogue about college student suicide and mental health. Serious mental health problems are prevalent on college campuses across the nation and appear to be increasing at a significant rate.[1][2][3][4][5] Approximately one-third of college undergraduates exhibit symptoms of a mental health disorder, but national statistics consistently demonstrate that more than 80 percent of college students who die by suicide have never been seen by their college mental health services.[6] It is within this national climate that the Task Force has undertaken this important charge.

Helping students who are experiencing mental health problems is essential for the well-being of the affected students and the entire student body. Likewise, it is an important connection to the academic mission of the university. Research consistently demonstrates that college student mental health is linked to academic success, retention and students'

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[1] Cook, L. J. Striving to help college students with mental health issues. (2007). *Journal of Psychosocial Nursing*, 45, 40–44.

[2] Eisenberg, D, Gollust, S. E., Golberstein, E., Hefner, J. L. (2007), Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry, 77,* 534–542.

[3] Twenge J. M., Gentile, B., DeWall, C. N., Ma, D., Lacefield, K., Schurtz, D. R. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review, 30*(145), 145-154. doi: 10.1016/j. cpr.2009.10.005

[4] https://sites.psu.edu/ccmh/files/2018/02/2017_CCMH_Report-1r4m88x.pdf

[5] Bruffaerts, R., Mortier, P., Kiekens, G., Auerbach, R. P., Cuijpers, P., Demyttenaere, K., ... Kessler, R. C. (2018). Mental health problems in college freshmen: Prevalence and academic functioning. *Journal of Affective Disorders, 225*, 97-103.

[6] Lipson, S. K., Gaddis, S. J., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities, *Journal of American College Health,* 63(6), 388-396, doi: 10.1080/07448481.2015.1040411

success in future career opportunities and ability to contribute in the labor market. [7] [8] [9] [10] For example, screening positive for depression is associated with an approximately twofold increased risk of dropping out of college, when controlling for prior academic performance and other background and demographic characteristics.[11] In this way, college student mental health and campus suicide prevention programming efforts are of significant interest to college administrators, parents and other stakeholders.[12]

In addition to calling upon the collective expertise that already exists among the membership of the Task Force, the group collected information and conducted calls with other institutions. The Task Force also met with mental health service providers, experts in suicide prevention and campus mental health initiatives, and students who shared ideas and perspectives.

This document summarizes the work of the Task Force. Section II summarizes the information gathered from internal and external sources. Section III includes recommendations, both Recommendations for Action, which are shorter-term goals that hold higher priority, and Recommendations for Further Consideration, which we suggest the university explore in order to advance a stronger culture of care at Ohio State. Culture of care encompasses a full, concentrated environment by the entire university community to outreach to one another. This includes faculty reaching out to students; administrators and staff extending their care and time to students in ongoing interactions; and encouraging students to check-in on their friends and peers.

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[7] Arria, A. M., Caldeira, K. M., Vincent, K. B., Winick, E. R., Baron, R. A., & O'Grady, K. E. (2013). Discontinuous college enrollment: associations with substance use and mental health. *Psychiatric Services, 64*, 165-172.

[8] Eisenberg, D, Gollust, S. E., Golberstein, E., Hefner, J. L. (2007), Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry, 77,* 534–542.

[9] Eisenberg, D., Golberstein, E., Hunt, J. B. (2009). Mental health and academic success in college. *Berkeley Electronic Journal of Economic Analysis and Policy,* 9(1), doi: 10.2202/1935-1682.2191.

[10] Wang, P. S., Simon, G. E., Avorn, J., et al. (2007). Telephone screening, outreach, and care management for depressed workers and impact on clinical and work productivity outcomes. *JAMA, 298,* 1401–1411.

[11] Eisenberg, D., Golberstein, E., Hunt, J. B. (2009). Mental health and academic success in college. *Berkeley Electronic Journal of Economic Analysis and Policy,* 9(1), doi: 10.2202/1935-1682.2191.

[12] Lipson, S. K., Gaddis, S. J., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities, *Journal of American College Health,* 63(6), 388-396, doi: 10.1080/07448481.2015.1040411

II. OVERVIEW OF WORK OF THE COMMITTEE

Task Force Membership

- (Co-chair) Javaune Adams-Gaston, PhD - Senior Vice President for Student Life
- (Co-chair) Eileen P. Ryan, DO - Interim Chair and Professor, Department of Psychiatry and Behavioral Health, College of Medicine and Wexner Medical Center
- Ziv Bell, MA - Council of Graduate Students' representative and PhD Candidate in Clinical Psychology (Psychology)
- Sarah Gartner - Inter-Professional Council President and M.D. Candidate (College of Medicine, Class of 2019)
- Darcy Haag Granello, PhD - Professor of Counselor Education and Director of The Ohio State University Suicide Prevention Program
- David Horn, PhD - Professor of Comparative Studies
- Bernadette Melnyk, PhD, RN, APRN-CRP, FAANP, FAAN - Vice President for Health Promotion, University Chief Wellness Officer, Dean and Professor, College of Nursing, Professor of Pediatrics and Psychiatry and College of Medicine
- Shamina Merchant - Undergraduate Student Government President and Undergraduate Student (Information Systems)
- Jordan Moseley - Undergraduate member of Ohio State's Board of Trustees and Undergraduate Student (Public Management, Leadership and Policy)
- Anne Schira - Associate General Counsel, Office of Legal Affairs
- Cassandra Shaffer - Crime Prevention Officer with The Ohio State University Police Division

Interviews with Service Providers and Subject Matter Experts

Ohio State

- Maureen Cahill - Office of Student Life's Director of Student Health Insurance
- Lora Eberhard - Personal Counselor, The Ohio State University College of Medicine
- Gladys Gibbs, MD - Office of Student Life's Director of Student Health Services
- Mary Lynn Kiacz, MD - Office of Student Life's Medical Director of Student Health Services
- Cheryl Lyons - Office of Student Life's Director of Residence Life
- Anne McDaniel, PhD - Executive Director of the Center for the Study of Student Life
- Micky Sharma, PsyD - Office of Student Life's Director of Counseling and Consultation Service

<u>External</u>

- John Ackerman, PhD – Suicide Prevention Coordinator, Nationwide Children's Hospital
- Jeff Bridge, PhD – Principle Investigator, Nationwide Children's Hospital; Associate Professor of Pediatrics, The Ohio State University
- Brandon Carrus and Katherine Linzer, McKinsey & Company
- Louise Douce, PhD – JED Foundation representative
- Zoe Ragouzeos, PhD – Associate Vice President for Student Mental Health and Executive Director of Counseling and Wellness Services at New York University

Student Engagement and Suggestions

- Jaime Rainey: Mental Health Liaison program
- Emily Kearney: Peer Assistance Program/Warm Line
- Hannah Kemble: Stigma Reduction and Communication Enhancements
- Taylor Schwein: #mindstrong program
- Will Sullivan: Headspace guided meditation app
- USG feedback tool to capture student perception (APPENDIX A)
- Benchmarking with students at comparable institutions

EXTERNAL SCAN

Suicide and mental health issues on college campuses have emerged as nationwide issues over the past several years. To understand how these issues impact Ohio State, it is first important to consider these topics in the context of mental health and the national landscape.

Suicide in the United States

Suicide is the second leading cause of death in the United States among persons between ages 15-29 years.[13] The percentage of adults aged 18-25 having serious thoughts of suicide was 8.8 percent in 2016.[14] The rate of deaths by suicide has been rising. For persons between ages 15-24, the suicide rate was 13.2 deaths per 100,000 in 2016.[15] Suicide rates in the United States have risen 30 percent over the last 15 years according to data from the Centers for Disease Control and Prevention (CDC).[16]

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[13] Turecki G, Brent DA (2016). Suicide and suicidal behavior. *The Lancet*. 387: 1127-1139.
[14] https://www.nimh.nih.gov/health/statistics/suicide.shtml
[15] https://afsp.org/suicide-rate-1-8-percent-according-recent-cdc-data-year-2016/
[16] https://www.cdc.gov/nchs/products/databriefs/db309.htm

The majority of persons who die by suicide have a diagnosable mental illness (especially a mood disorder, such as clinical depression) at the time of their death.[17] [18] Therefore, it is critical that any person who may be contemplating suicide have a thorough diagnostic evaluation, since these psychiatric disorders are treatable, and the appropriate treatment is dependent upon an accurate diagnosis. Because many suicide attempts and deaths are the result of unrecognized and/or sub-clinically treated mental health disorders, an important key to preventing many suicides is the ability to detect and intervene with people who are exhibiting signs of mental and emotional distress at the earliest possible occasion. This outreach approach to stigma reduction and suicide prevention programming as a method to detect and intervene with potentially suicidal individuals has been identified as one of the goals in the U.S. National Strategy for Suicide Prevention.[19] Unfortunately, it must be noted that there remains no absolute way to guarantee the prevention of suicide, even when mitigating factors are in place.

Suicide Risk Assessment and Suicide Screening

The Task Force identified that two main challenges at Ohio State are (1) attempting to identify those students suffering from emotional and cognitive symptoms and mental health conditions/disorders that place them at the highest risk for suicide, and (2) linking those students with the appropriate interventions and treatment. Addressing these challenges is not an easy task, and our review of the literature describing the challenges faced by other universities and their responses to campus suicide indicates that there is no panacea.

Suicide is a tragedy and a major public health concern. At the same time, it is important to keep in mind that suicide is a rare occurrence and, therefore, it is impossible to predict perfectly who will and who will not attempt suicide. Efforts to do so lead to large numbers of false negative and false positive predictions. A false negative refers to inaccurately identifying someone as not at risk when they are at risk. False positives refer to inaccurately identifying someone who is at risk when they are not. Therefore, a death by suicide does not necessarily indicate that someone must be at "fault" for not preventing the death. There is no currently available instrument or method of suicide risk assessment that can reliably identify who will die by suicide (sensitivity) and who will not (specificity); although findings from some research have indicated that depression, and its severity, as well as hopelessness can predict suicidal ideation (thinking about suicide).[20]

Suicide risk assessment is a complex process that must be conducted by a qualified mental health practitioner to determine an individual's risk for suicide. Ultimately, suicide

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[17] Cavanagh JTO, Carson M, Sharpe M, et al. (2003) Psychological autopsy studies of suicide: a systematic review. Psychological Medicine, 33: 395-405.
[18] Appleby L, Cooper J, Amos T, et al. (1999). Psychological autopsy of suicides by people aged under 35. *British Journal of Psychiatry, 175*: 168-174.
[19] Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action.* Washington, DC: HHS, September 2012.
[20] Farabaugh, A., Bitran, S., Nyer, M. et al. (2012). Depression and suicidal ideation in college students. *Psychopathology, 45,* 228-234.

risk assessment cannot be conducted in a vacuum, as suicide is a process, not an event. Suicide is the culmination of a variety of factors, including diagnostic, genetic, familial, environmental, social, cultural and occupational factors. The risk of suicide in an individual can change rapidly. [21] [22] [23]

Suicide risk assessment "forms" are widespread, but many have not been tested for reliability and validity or lack adequate psychometric properties. A major flaw of such forms is that they lack the process of analysis and synthesis in that the clinician is not required to identify, prioritize and integrate risk and protective factors into an overall assessment of suicidal risk and development a management/treatment plan based on clinical judgment.[24] There is no substitute for informed clinical judgment in the assessment of suicidal risk, hence the need for an adequate number of clinicians to be available to assess students who present with suicidal ideation symptoms that place them at risk for suicidal behavior and/or screen positive on a suicide screening instrument.

Suicide screening is different from suicide risk assessment. Suicide screening refers to the use of a standardized protocol, and screening can be done with large segments of a population to identify individuals who may be at risk for suicide or other significant mental health concerns. Suicide screening can be offered to everyone within a population, regardless of whether they are considered to be at risk for suicide or other mental health problems, and whether or not they are displaying any particular warning signs or risk factors.[25] In contrast, suicide risk assessment is conducted by clinicians with individuals when there is already some indication that there may be an elevated risk for suicide or other mental health conditions. Suicide risk assessments help clinicians develop appropriate intervention plans, whereas suicide screening protocols are only intended to highlight the need for an individual to seek assistance from a qualified clinician.

Data from Ohio State have shown that when graduate students are offered an anonymous, online suicide and depression screening, approximately 7 percent complete the online screening tool.[26] This is roughly equivalent to the national average for graduate and medical students using the same screening protocol, and the Interactive Screen Program for Suicide Prevention is listed in the Best Practices Registry for Suicide Prevention.[27] Although this may seem like a low percentage of students, it is important to note that over

[21] Kleiman EM, Turner BJ, Fedor S et al. (2017). Examination of real-time fluctuations in suicidal ideation and its risk factors: Results from two ecological monetary assessment studies. J. Abnorm. Psychol, 126(6): 726-738. doi: 10.1037/abn0000273. Epub 2017 May 8.

[22] Bagge CL, Littlefield AK, Glenn CR (2017). Trajectories of affective response as warning signs for suicide attempts: An examination of the 48 hours prior to a recent suicide attempt. *Clin. Psychol. Sci.* doi: 10.1177/2167702616681628.

[23] Bagge CL, Littlefield AK, Glenn CR (2017). Trajectories of affective response as warning signs for suicide attempts: An examination of the 48 hours prior to a recent suicide attempt. *Clin. Psychol. Sci.* doi: 10.1177/2167702616681628.

[24] Simon RI (2011) Suicide Risk Assessment Forms. In Preventing Patient Suicide Clinical Assessment and Management, by RI Simon. American Psychiatric Publishing, Inc. Washington, DC

[25] Suicide Prevention Resource Center. (2014, September). *Suicide Screening and Assessment*. Waltham, MA: Education Development Center, Inc.

[26] RUOK OSU. (2018). The Ohio State University Suicide Prevention Program. Unpublished Report.

[27] AFSP. (2018). Interactive Screening Program. https://afsp.org/our-work/interactive-screening-program/

the four years that this screening has been offered to Ohio State graduate students, 99 percent of the students who have completed the screening have been in the highest tiers of risk for suicide and depression (tier 1 and 2), and fewer than 1 percent of the students have been in the lowest risk (tier 3). In other words, graduate students who have self-selected into this screening protocol have done so because they knew that they were at risk and reached out for help. Many of these same students have indicated that they have not sought help previously and no one else knew about their distress. In this way, large-scale screening programs have the potential to increase the number of high-risk students who come to the attention of the university who were previously unknown to the mental health staff. However, the small participation rate of any screening program means that suicide screening provides only one piece of what must be a very complex and multifaceted approach to suicide prevention on campus.

Problem of Conflating Access with Suicide

The Task Force was presented with no data that would lead to the conclusion that death by suicide at our institution is related to problems accessing mental health services at Ohio State. This statement is not meant to imply that there is not more that can and should be done to support mental health services for the students at Ohio State, but rather that it is important to not conflate the issues of mental health access and death by suicide at Ohio State.

Unfortunately, efforts to decrease stigma by downplaying the seriousness of mental illness by using generic terms such as "stress," "worry," etc. can have problematic effects. For example, the majority of individuals have experienced anxiety and depression at some point in their lives, but have not suffered from an anxiety disorder (such as panic disorder, obsessive compulsive disorder or generalized anxiety disorder) or a mood disorder (such as major depression or bipolar disorder). Research indicates that many Americans have experienced or witnessed a traumatic event in their lives, but most people do not have Post-Traumatic Stress Disorder (PTSD).[28] Anxiety, grief and sadness are part of the human experience. Problems may arise when we do not distinguish between feelings and a diagnosable mental disorder or condition. When the conditions of anxiety and depression are "normalized," this can mask a serious health concern. Those who suffer from these conditions on a daily basis may believe that they must figure out how to deal with their distress alone, and then they may feel inadequate and more alienated and hopeless when they are unable to do so.

The majority of college students with diagnosable and severe mental health problems do not seek help, which is why it is essential for students to have a "menu of options" that offer a variety of interfaces and opportunities for evaluation and treatment. It is this population of students that is the most at risk for suicide, and we, at Ohio State, need to

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[28] Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using *DSM-IV* and *DSM-5* Criteria. *Journal of Traumatic Stress*, *26*(5), 537–547. http://doi.org/10.1002/jts.21848

promote a culture of care. This culture is one that encourages students to seek help, promotes acceptance and support for those struggling and assists students in finding the appropriate resources to assist them in their recovery.

The importance of this culture of care cannot be overstated, as it is a protective factor for suicide that has strong empirical support. Feeling supported through a broad social support system (such as could be offered by a campus culture of acceptance and support) has been empirically demonstrated to decrease suicide likelihood of lifetime suicide attempts in a nationally representative sample by as much as 30 percent, even among individuals with many other risk factors for suicide.[29]

Campus Suicide in the U.S.

Suicide on college campuses is not a new phenomenon. Over the past decades, several institutions have been prompted to take significant actions to address stress and anxiety, as well as to mitigate the risk of suicide on their campus. Examples include:

- Cornell University posted security guards and installed fences and netting around university-owned bridges where six students died by suicide during the 2009-2010 academic year.

- New York University installed plexiglass barriers inside their library after two suicides in 2003 and installed additional floor-to-ceiling metal barriers after another suicide in 2009. The university also significantly increased mental health resources on campus, including increasing the number of therapists, psychiatrists and crisis intervention services, as well as instituting a walk-in clinic.

- Johns Hopkins University concealed the grades of first-semester, first-year students from graduate admissions and future employers on transcripts in order to reduce stress and anxiety for students. The policy was enacted in 1971 but removed in 2017.

- Yale University changed readmission policy in 2015 to make it easier for students to leave for medical or mental health reasons and then return to the university; prior to change students had to reapply for admissions.

A decade-long study (currently in the process of being repeated) of some Big Ten Conference institutions on campus suicide provides the best available data on this subject. That study included mostly large Midwestern universities (but not Ohio State) and found that the annual rate of deaths by suicide to be 7.5 per 100,000 students.[30] The Big Ten

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[29] Kleiman, E. M., & Liu, R. T. (2013). Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders,* 150(2), 540–545. doi:10.1016/j.jad.2013.01.033.
[30] Silverman MM, Meyer PM, Sloane F, Raffel M, Pratt DM (1997). The Big Ten Student Suicide Study: A 10-year Study of Suicides on Midwestern University Campuses. *Suicide and Life-Threatening Behavior*, 27(3): 285-303.

study found that the rate of suicide among students was half that of their corresponding age group in the general population, which the authors attributed to colleges' efforts in the area of mental health and suicide prevention. A more recent study of suicide at four-year colleges and universities in the U.S. from 2004-2005 through 2008-2009 found a suicide rate of 7 per 100,000 students, and again found a significantly lower risk for suicide than in a matched national sample. However, it was also noted that the degree to which being a student provided some protective benefit against suicide has diminished.[31] The decrease in the availability of firearms on campus (versus homes) and other features of the campus environment were noted to be the basis for lower suicide rates for college students relative to their same-age peers. Of note in the study was the finding that although suicide by firearm and hanging were less prevalent than in the general population, suicide by jumping and poison were not significantly different in college students than the general population. This study highlights the importance of decreasing access to lethal means as part of suicide prevention efforts.

Campus Mental Health

About 75 percent of mental health conditions begin by age 24. [32] One in four young adults between the ages of 18 and 24 has a diagnosable mental illness/condition, and more than 25 percent of college students have been diagnosed or treated for a mental health condition within the past year. The National Alliance on Mental Illness (NAMI) college survey indicates that greater than 11 percent of college students have been diagnosed or treated for anxiety in the past year, and more than 10 percent reported being diagnosed or treated for depression. The survey also found that more than 40 percent of college students have felt more than an average amount of stress within the past 12 months. Additionally, more than 80 percent of college students felt overwhelmed by all they had to do in the past year and 45 percent have at times felt hopeless.

Most concerning, almost 73 percent of students living with a diagnosed mental health condition experienced a mental health crisis on campus, but 35 percent reported that their college did not know about it. As colleges across the country report large increases in enrollment, college counseling centers have also observed an increase in the prevalence and severity of mental health issues experienced by students and an increase in the number of students taking psychotropic medications. Research has found that 64 percent of young adults who are no longer in college are not attending college because of a mental health related reason. Depression, bipolar disorder and PTSD were the primary diagnoses of these young adults.[33] More than 45 percent of young adults who stopped attending college because of mental health related reasons did not request accommodations, and 50 percent of them did not access mental health services. Overall, 40 percent of students with diagnosable mental health conditions did not seek help, and 57 percent of them did not

[31] Schwartz AJ (2011). Rate, Relative Risk, and Method of Suicide by Students at 4-Year Colleges and Universities in the United States, 2004-2005 through 2008-2009. *Suicide and Life-Threatening Behavior*, 41(4): 353-371.
[32] https://www.nami.org/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-H.pdf
[33] https://www.csc.edu/bit/resources/statistics/

request accommodations from their school. The number one reason that students do not seek help is stigma.[29]

The most recent data from the American College Health Association's (ACHA) National College Health Assessment (NCHA) released in 2017 show that students cited depression and anxiety as among the top impediments to academic performance. Nationally, about 40 percent of undergraduate students felt so depressed in the past year that it was difficult for them to function, and more than 62 percent felt overwhelming anxiety.[34] Ohio State participated in an administration of the NCHA in spring semester 2018 (national data for 2018 has not yet been released, so Ohio State's 2018 results shown below are compared to 2017 national statistics). Data for Ohio State students were similar to national numbers: 37 percent of undergraduates reported feeling so depressed it was difficult to function and 61 percent felt overwhelming anxiety.

Data from Ohio State's 2018 administration of the NCHA revealed that 81 percent of undergraduates and 89 percent of graduate and professional students responded that they would consider seeking help from a mental health professional. In 2018, 36 percent of undergraduate Ohio State student respondents reported they had received psychological or mental health services from a counselor, therapist or psychologist (compared to 41 percent nationally); 52 percent of graduate and professional student respondents reported they had received similar service (compared to 48 percent nationally).

A review of suicide-prevention research in the post-secondary education setting examined all studies in the Cochrane Group database as well as nine other databases; only eight studies met inclusion criteria, highlighting the scarcity of research in this critical area.[35] There was "insufficient evidence to support widespread implementation of any programs or policies for primary suicide prevention in post-secondary educational settings." Classroom instruction and gatekeeper training (training to help community members understand warning signs of suicide and how to respond when presented with such signs) increased suicide-related knowledge in the short-term, but there was no evidence that it had an effect on suicidal behavior. However, the findings were limited by the poor quality of the data.

Most researchers in the field agree that using changes in suicide death rates as the outcome variable is problematic since death by suicide is an infrequent event, making accurate prediction impossible as well as making it difficult to detect the impact of various interventions. Therefore, research on gatekeeper training and classroom instruction often uses changes in participants' knowledge, skills and willingness to intervene as a more appropriate measure of long-term effectiveness. Research on the REACH gatekeeper training at Ohio State found that one-year after the training, 89 percent of participants

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[34] American College Health Association. (2018). *American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Data Report Fall 2017*. Hanover, MD: American College Health Association.
[35] Harrod CS, Goss CW, Stallones L, DiGuisseppi C (2014). Intervention for primary prevention of suicide in university and other post-secondary educational settings. *Cochrane Database Syst Rev*, Oct 29 (10):CD009439. doi: 10.1002/14651858.CD009439.pub2.

stated that in the past year they had attempted to intervene if they were concerned about the behaviors of another person.[36] The vast majority of participants reported that one year after training they would intervene if they were confident in their ability to intervene. Additionally, the vast majority of participants agreed that the REACH training was helpful in increasing their overall knowledge of suicide risk and how to refer students to help. These outcomes have been confirmed in more recent research, with a shorter-term follow-up. A 2017-2018 study of REACH participants demonstrated statistically significant improvements in all of the knowledge and skills questions at short-term follow-up after the training.[37]

Of note is that one study reviewed showed that method restriction and mandatory professional assessment of students who exhibited suicidal behaviors reduced the suicide rate. Restricting access to the means of suicide is guided by the fact that some deaths by suicide are impulsive, and more likely to result in death if a potentially lethal means is employed (e.g., firearm, jumping from heights such as bridges, garages and cliffs). In the absence of high-quality studies to further inform policy and programming, universities must grapple with the need to intervene in ways that will most likely impact suicidal behavior. A lack of empirical data regarding the most effective programming to impact campus suicide should not be interpreted as a call to inaction. Rather, the call to action should be saving lives through empirically validated identification of at-risk individuals and intervening appropriately.

INTERNAL SCAN

The Ohio State University offers a variety of direct suicide prevention and mental health services, as well as a variety of supportive programs and offerings that contribute to advancing mental health and wellness. The following is an overview of the most-used resources at the institution, as well as complementary services that could be leveraged as the university develops a more robust culture of care.

JED Foundation's (JED) Campus Initiative

JED[38] is a non-profit organization that exists to protect the emotional health and prevent suicide among teens and young adults in the United States. JED partners with high schools and colleges to strengthen their mental health, substance abuse and suicide prevention programs and systems. Ohio State is an inaugural recipient of the JED Campus Seal (2013), which recognizes schools for their comprehensive approaches to student mental health promotion and suicide prevention. (APPENDIX B)

The JED Foundation has also partnered with the Steve Fund to develop and adopt the "Equity in Mental Health Framework" [39] to support the mental health of students of color.

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[36] REACH Gatekeeper Training Results. (2013). The Ohio State University. Unpublished Report.
[37] REACH Gatekeeper Training Results. (2018). The Ohio State University Suicide Prevention Program & Center for the Study of Student Life. Unpublished Report.
[38] https://www.jedfoundation.org/
[39] https://equityinmentalhealth.org/

Ohio State is currently in the recertification process for the JED Campus Seal, centered on the following steps:

- Develop life skills
- Promote social connectedness
- Identify students at risk
- Increase help-seeking behavior
- Provide mental health and substance abuse services
- Follow crisis management procedures
- Restrict access to potentially lethal means

The JED process is meant to help schools ensure appropriate policies and programs that are customized to a specific campus.

The Ohio State University Suicide Prevention Program

The mission of The Ohio State University Suicide Prevention Program[40] (Ohio State-SPP) is to develop a comprehensive, effective, culturally responsive, technologically advanced and sustainable system of suicide prevention at the Columbus and five regional campuses.

Ohio State-SPP uses a public health approach to suicide prevention, as recommended by the Surgeon General's Call to Action to Prevent Suicide[41] and more recently by the Harvard Health Policy Review.[42] The program was originally grounded in state and national evidence-based resources and was designed to engage all seven components of the JED/EDC Partnership Model for Comprehensive Suicide Prevention on College Campuses.[43] [44] [45]

Ohio State-SPP has been in continuous operation as a stand-alone office since 2006, making it one of the longest running campus suicide prevention programs in the nation. The program was originally funded from a Garrett Lee Smith (GLS) grant from SAMHSA (2006-2012), and now receives funding through university sources, primarily through the

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[40] https://suicideprevention.osu.edu/
[41] U.S. Public Health Service, The Surgeon General's Call to Action to Prevent Suicide. Washington, DC: 1999. Retrieved from https://profiles.nlm.nih.gov/ps/access/nnbbbh.pdf.
[42] Eells, G. T., Marchell, T. C., Corson-Rikert, J., & Dittman, S. (2012). A Public Health Approach to Campus Mental Health Promotion and Suicide Prevention. Harvard Health Policy Review, 13. Retrieved from http://www.hcs.harvard.edu/~hhpr/wp-content/uploads/2012/04/features-1.pdf.
[43] Suicide Prevention Resource Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/sites/default/files/migrate/library/college_sp_whitepaper.pdf.
[44] Center for Substance Abuse Treatment (CSAT). (2008). Substance abuse and suicide prevention: Evidence and implications - A white paper. Substance Abuse and Mental Health Services Administration (SAMHSA).
[45] Ohio Mental Health and Addiction Services. (2018). Ohio's Suicide Prevention Plan. *http://mha.ohio.gov/Prevention/Suicide-Prevention/Ohios-Suicide-Prevention-Plan*

Office of Student Life, the Graduate School, the College of Education & Human Ecology and the Office of Military and Veterans Services.

The staff of the Ohio State-SPP office consists of a part-time Director, Assistant Director, three doctoral student graduate administrative associates, three Federal Work-Study students, three undergraduate interns, one military and veterans community advocate assigned through the Office of Military and Veterans Services and undergraduate and graduate student volunteers. There are also more than 70 campus partners who volunteer to assist with the work of the Ohio State-SPP, primarily in the form of conducting suicide prevention education and outreach programming.

The structure of the Ohio State-SPP is unique among college campuses because it operates as a separate unit within the university. The prevailing strategy among GLS grantees has been to embed the suicide prevention efforts within an existing office (e.g., the counseling center, health center or wellness program). By locating the program outside of an existing office, all of the more than 70 campus partners at Ohio State recognize that the model depends on a shared campus responsibility, and all departments and individuals are equally responsible to help develop a culture of care, including prevention. Thus, the program is owned by all campus and community partners together. The goal has been to get wide-scale buy-in from the partners and then to help each campus and community partner conceptualize, develop and implement their own unique contribution to campus suicide prevention.

The strengths of this large-scale partnership are many. Partners have unique insights into the different components of university life, and each brings an important perspective to share. Campus departments that have not traditionally seen their role as including mental health promotion and stigma reduction are recognizing that this must be a shared campus responsibility. Different partners have found different ways to become involved, but all have demonstrated a commitment both to the process and to the product of a campus culture of care. This unique structure has led to a partnership approach to suicide prevention at Ohio State that has been identified and promoted by SAMSHA as an evidence-based program for campus-based suicide prevention.

The work of the Ohio State-SPP is focused on the following major efforts: Education; Advocacy and Outreach for Stigma Reduction; Mental Health Screening and Referral; Partnerships Toward a Shared Campus Responsibility; and, Leadership in Suicide Prevention.

Office of Student Life's Counseling and Consultation Service (SLCCS)

The Office of Student Life's Counseling and Consultation Service[46] (SLCCS) provides individual and group mental health services, psychoeducational prevention and outreach programming to currently enrolled undergraduate, graduate and professional students. SLCCS services are confidential. In addition, they work with many Ohio State and

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[46] https://ccs.osu.edu/

community providers to ensure that, when necessary, referrals for full-service, specialized or long-term care can be made. SLCCS services are not intended to take the place of a student's primary mental healthcare; it is intended to supplement or enhance this primary mental healthcare.

In the 2018-2019 school year, SLCCS will have 46 senior staff positions, 44 of which are full-time. The senior staff positions include those that report to SLCSS and are embedded in specific academic or administrative units on specific days of the week:

- Optometry
- Pharmacy
- Engineering
- North Residential Area
- Law
- Public Health
- Dentistry
- Nursing
- Office of Diversity and Inclusion
- Fisher College of Business
- Social Work
- Food, Agriculture and Environmental Science

Including the embedded positions that will be added in the coming school year, over the past three academic years, SLCCS will have increased the number of clinicians by 16 and support staff by two. (NOTE: The College of Veterinary Medicine and the College of Medicine each have embedded counselors who report directly to the colleges.)

SLCCS is fully accredited by the International Association of Counseling Services (IACS), and staffing levels are comparable with most other large, public universities. IACS recommends a clinician (not including psychiatrists) to student ratio of 1:1,000-1,500. Based on a student population of 60,000, SLCCS's ratio for the 2018-2019 academic year will be 1:1,463.

SLCCS has expanded its number of locations on campus to include not only the Younkin Success Center but also Lincoln Tower and the North Residential District. Staff members offer therapy in nine languages (Cantonese Chinese, English, Hindi, Korean, Malay, Mandarin Chinese, Spanish, Twi and Yoruba) and the staff is trained in trauma-focused support.

SLCCS offers a multi-model approach for service. First contact is handled through a telephone triage system, implemented in January 2013. Triage calls can be self-scheduled via an online portal. The goal is to offer students the availability of a triage call with a clinician within one day of initial contact. For those whose triage indicates an urgent need, the goal is to provide access to individual appointments within one week.

In addition to one-on-one appointments with counselors for those in crisis with urgent needs, SLCCS's multi-modal approach offers alternatives to those with non-urgent needs, including daily drop-in workshops, weekly group counseling sessions, student wellness coaching through the Student Life Student Wellness Center (SLSWC) and referrals to university and community clinicians.

Students are permitted 10 appointments per academic year. On average (nationally and at Ohio State), an individual student will typically use 5 to 6 sessions during that time. There is no limit to the number of group counseling and workshop sessions that a student may attend.

Demand for SLCCS services has increased dramatically in recent years. Over the past 15 years, there has been a 170 percent increase in the number of unique clients served, from 2,348 in 2003-2004 to 6,336 in 2017-2018. Over the same time period, there has been a 150 percent increase in the number of total appointments (14,300 to 35,709.) The increase in urgent appointments has been even more dramatic, from 376 in 2003-2004 to 1,571 in 2016-2017, a 318 percent increase.

Office of Student Life's Student Health Services (SLSHS)

The Office of Student Life Student Health Services[47] (SLSHS), located in the Wilce Student Health Center, is nationally accredited by the Joint Commission as an outpatient facility, providing a variety of health care services to students. Services routinely include primary and dental care, sports medicine and physical therapy, preventative medicine, optometry and gynecology as well as offering a full-service on-site pharmacy. All enrolled students are eligible to use the Wilce Student Health Center whether or not they have Ohio State University Comprehensive Student Health Insurance.

Over the past 10 years, SLSHS has seen a dramatic rise in the number of students diagnosed and treated for behavioral health conditions. Total visits for behavioral health concerns increased 48 percent from 3,762 in 2011-2012 (July-June) to 7,246 in 2016-2017. Anxiety and depression, taken together, now represent the second most frequent diagnoses for all visits to Wilce. In addition, SLSHS is seeing increasingly complex psychiatric disorders such as addiction and substance abuse, bipolar disorder, eating disorders, attention deficit disorder and schizophrenia.

SLSHS takes referrals from Student Life Counseling and Consultation Service for medical management of patients, as well as receiving referrals from Harding Hospital, Dublin Springs Hospital and Riverside Hospital.

During the 2011-2012 academic year, SLSHS issued 147 counseling and psychiatry outside referrals for behavioral health care. By 2016-2017, the referral rate had more than doubled to 380. These numbers do not include the students referred directly to the

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emergency department for immediate care, nor do they include referrals for ADHD and other psychological testing services.

Office of Student Life's Student Health Insurance (SLSHI)

Students at all campuses of The Ohio State University are required to have health insurance if they are enrolled at least half-time and in a degree program of study.

Student Life Student Health Insurance[48] (SLSHI) manages the university's health insurance requirement and provides an insurance option to fulfill the requirement: the Student Health Insurance Benefit plan (SHI Benefits Plan). This plan offers medical, dental and vision insurance. For the academic year 2017-2018, a total of 14,587 students and their dependents were covered under this benefit plan (5,211 graduate students, 1,047 professional students and 7,462 undergraduate students and their dependents).

The medical policy partner for the SHI Benefits Plan, UnitedHealthCare StudentResources (UHCSR) offers two online resources for *non-emergency* medical and mental health care available as part of the SHI Benefits Plan at no additional charge.

- HealthiestYou provides a student with round-the-clock access to board-certified physicians when a student is unable to visit the Wilce Student Health Center during open hours.

- New for policy year 2018 - 2019: BetterHelp is a confidential virtual counseling service, providing access to Psychologists (PhD / PsyD), Marriage and Family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC). These professional licensed counselors are available to students to schedule an appointment and decide on a communication method that best suits their needs, including ongoing text communications, live chat, phone, video or group webinars. Students who do not have the university's comprehensive student health insurance may purchase access to the service for $260/month.

Office of Student Life's Student Wellness Center (SLSWC)

The Office of Student Life's Student Wellness Center[49] (SLSWC) is structured to promote student wellness and success through a multi-model approach. This approach is centered on a holistic wellness model that encompasses nine dimensions of wellness (APPENDIX C) in an effort to educate and connect students to the concept of holistic well-being. Services at the SLSWC are delivered through a positive, student development and outcomes-oriented lens in order to generate goals and behavior change that are meaningful to each individual student. Services include efforts to address substance use and recovery, diet and body image, financial wellness, sexual health, violence prevention and mental health promotion. The SLSWC services are empowering and preventative in

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[48] https://shi.osu.edu/
[49] http://swc.osu.edu/

nature and free for all Ohio State students. Likewise, the offerings complement those of SLCCS and extend that unit's multi-modal options.

Holistic wellness efforts are offered through a variety of individual coaching services. Examples of specific services that promote the concept of holistic wellness include:

- **Wellness Coaching**: Wellness Coaching provides opportunities for students to gain and improve their awareness around their capacity to create the life they want to live, both now and in the future. Coaching is offered by trained student coaches and one staff member.

- **Nutrition Coaching**: Nutrition coaching is available to students who want to optimize their health and well-being, and work through problems or barriers that block their path to holistic wellness. Nutrition coaching is intended to help students identify any imbalance in their food intake and explore ways to optimize their nutrition needs. Coaching is offered by trained student coaches and one staff member.

- **Financial Coaching**: Scarlet and Gray Financial assists students in creating the life they desire through the use of a goal-driven financial process. Coaching is offered by trained student coaches.

Office of Student Life's Residence Life

Ohio State houses approximately 14,000 students on-campus each year, which requires a multi-pronged approach for supporting students' mental health and wellness, as well as being prepared to respond in times of crisis.

The Office of Student Life's Residence Life includes "Advocating Wellness" as one of its core value areas. The professional and student staff are all trained annually by the staff from the Office of Student Life's Counseling and Consultation Service (SLCCS) as well as staff from the Student Life Student Wellness Center and Student Life Student Advocacy Center. Resident Advisors (RAs) are required to provide wellness-based programs within the halls. In 2017-2018, 862 wellness programs were offered, with 211 specifically related to emotional-wellness. Staff also provide passive education related to wellness resources through posters and newsletters throughout the year.

RAs work closely with their residents and are responsible for important support roles. To provide support for the RAs, Hall Directors meet with RAs individually and as staff teams weekly. RAs strive to support students who may be exhibiting concerning behaviors, such as threats or actions of self-harm. RAs also focus on the community relationship dynamics that are involved in the support of the students and their roommates.

All Residence Life and student staff are trained annually on crisis-management skills and protocol in preparation for their on-call and community management duties. All staff

participate in REACH suicide prevention training (in partnership with Ohio State – SPP) upon joining the office. Annual training each fall for new and returning staff includes how to triage, schedule and understand the operation of crisis counseling systems. Staff members are also educated on resources including the night-time protocol phone counseling service and the mental health response/transport resources by Ohio State Public Safety and local EMTs.

Psychological Services Center

Housed in the College of Arts and Sciences Department of Psychology, the Psychological Services Center (PSC)[50] offers free, evidence-based psychological treatments for a variety of issues, including depression, anxiety, substance use, coping with chronic medical conditions, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder and personality disorders, for adults in central Ohio, including Ohio State students and non-affiliated community members. Therapists are advanced students in Ohio State's Clinical Psychology Doctoral Program. Supervision and training are provided by licensed psychologists in the Department of Psychology. During the 2017-18 academic year, approximately 150 patients were treated in the PSC across the three clinics housed within the PSC (Cognitive Behavior Therapy (CBT) Clinic, Behavioral Medicine Clinic, and Addiction Recovery Clinic).

While the percentages vary by clinic, the client mix is approximately 60 percent community members and 40 percent Ohio State students. Wait times also vary by clinic, time of year and resources available. The Addiction Recovery Clinic typically has the shortest wait time, with new patients usually seen within one to two weeks of initial contact, while the Cognitive Behavior Therapy clinic has a wait time of one to four months.

Ohio State's Consultation and Assessment Team (CAT)

The Consultation & Assessment Team (CAT)[51] is a consultation team that reports to the Senior Vice President for Student Life. Permanent members include representatives from the Ohio State Police, ADA Coordinator's office, Office of Legal Affairs and the following units within the Office of Student Life: Counseling and Consultation Service, Student Advocacy Center and Student Conduct.

Consultation meetings are held at the request of Ohio State faculty, staff or students who are concerned about the behavior of a student that is potentially dangerous to others or presents a significant disruption.

The charge of the CAT team is:
- Assess situations involving students who pose a potential risk of harm to persons or property in the university community or of substantial disruption of university activities.

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[50] https://psychology.osu.edu/psc
[51] https://ccs.osu.edu/for-staff-faculty/consultation-assessment-team/

- Consult with individuals involved in or impacted by the student's behavior.
- Recommend university responses to situations involving violent, threatening or significantly disruptive students.
- Student Life makes recommendations to the Senior Vice President for Student Life on an appropriate course of action with regard to a student who poses a potential risk of harm consistent with university rules and policies.

The team will recommend actions to help manage the situation accounting for community safety, individual student rights, and the preservation of the campus learning, living and working environment. CAT considerations include the potential for violence, strategies to contain disruption, resources available to assist the student in addressing core concerns and to assist others impacted by their behavior, accommodation that may be required by law and setting appropriate behavioral boundaries within existing policies and procedures.

The Ohio State University Division of Police

The Ohio State University Department of Public Safety[52] provides law enforcement, security services, emergency management planning and other public safety services to create a safe and secure environment for university students, faculty and staff. The Ohio State University Police Division (OSUPD)[53] is committed to protecting the general welfare of the university community and surrounding campus area.

OSUPD started requiring all campus police officers to take a 40-hour Crisis Intervention Training (CIT) course. The once-optional training reinforces OSUPD's commitment to providing enhanced support to its campus community. This police training covers all forms of crises and mental health, teaching officers about the resources available in the community for those in crisis, how to identify those suffering from trauma or a mental illness and how to respond when an individual is in a crisis situation, including de-escalation techniques. OSUPD encourages community members who are worried about a friend or coworker to reach out to them so they can perform a well-being check.

College of Nursing (#mindstrong and the Health Sciences Wellness Onboarding Program)

#mindstrong (formerly entitled Creating Opportunities for Personal Empowerment) is an evidence-based, manualized cognitive-behavioral skills building program that integrates key concepts contained in cognitive behavioral therapy typically delivered in seven weekly sessions. Findings from several studies have shown that this program decreases anxiety, depressive symptoms, stress, and suicidal ideation as well as increases self-esteem, healthy lifestyle behaviors, and academic performance in adolescents and college

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[52] https://dps.osu.edu/
[53] https://dps.osu.edu/police

students.[54] [55] [56] [57] [58] [59] [60] #mindstrong can be delivered one on one, in small groups or in classroom venues. An online interactive version of the program also is currently being planned.

The Health Sciences Wellness Onboarding Program was launched in 2014 as a strategy to enhance the mental and physical health of graduate health sciences students. Students entering the seven health sciences colleges are offered the opportunity to participate in the program in the first two weeks of beginning their professional programs. Students complete an online personal wellness assessment, which includes depressive, anxiety and stress symptoms, using the PHQ-9, GAD-7 and the BIPS, along with a variety of other health/healthy lifestyle behavior assessments and are then matched with a second- or third-year nurse practitioner (NP) student who serves as a health coach for a semester. In the 2017-2018 academic year, students received the #mindstrong program as a central component of their health coaching. This wellness onboarding program is offered to students in the context of a research study with outcomes monitoring to determine the short- and long-term efficacy of the program.

Office of the Chief Wellness Officer

Ohio State's first Chief Wellness Officer was appointed in 2011 with a mission to create a culture of wellness and facilitate the highest level of well-being for the university's population. Ohio State has a vision to be the healthiest university in the world. In order to accomplish that vision, the One University Health and Wellness Council was created under the auspices of the Chief Wellness Officer in order to develop a university-wide wellness strategic plan and ensure a comprehensive, integrated and coordinated approach to wellness for faculty, staff and students across all campus locations. The Council is chaired by the Chief Wellness Officer, the Senior Vice President for Student Life and Human Resources' Associate Vice President for Total Rewards. Leaders from all units who are responsible for contributing to health and well-being of faculty, staff and students comprise

[54] Lusk, P., & Melnyk, B.M. (In Press). Decreasing Depression and Anxiety in College Youth Using the Creating Opportunities for Personal Empowerment Program (COPE). *Journal of the American Psychiatric Nurses Association.*

[55] Hoying, J., Melnyk, B.M., & Arcoleo, K. (2016). Effects of the COPE Cognitive Behavioral Skills Building TEEN Program on the Healthy Lifestyle Behaviors and Mental Health of Appalachian Early Adolescents. *Journal of Pediatric Health Care, 30*(1), 65-72.

[56] Melnyk, B.M., Jacobson, D., Kelly, S.A., Belyea, M.J., Shaibi, G.Q., Small, L., O'Haver, J.A., & Marsiglia, F.F. (2015). Twelve-Month Effects of the COPE Healthy Lifestyles TEEN Program on Overweight and Depression in High School Adolescents. *Journal of School Health, 85*(12), 861-870.+*

[57] Melnyk, B.M., Amaya, M., Szalacha, L.A., Hoying, J., Taylor, T. & Bowersox, K. (2015). Feasibility, Acceptability and Preliminary Effects of the COPE On-line Cognitive-Behavioral Skills Building Program on Mental Health Outcomes and Academic Performance in Freshmen College Students: A Randomized Controlled Pilot Study. *Journal of Child and Adolescent Psychiatric Nursing, 28*(3), 147-154.

[58] Hickman, C., Jacobson, D., & Melnyk, B.M. (2014). Randomized controlled trial of the acceptability, feasibility, and preliminary effects of a cognitive behavioral skills building intervention in adolescents with chronic daily headaches: A pilot study. *Journal of Pediatric Health Care, 29*(1), 5- 16.

[59] Melnyk, B.M., Kelly, S., & Lusk, P. (2014). Outcomes and feasibility of a manualized cognitive-behavioral skills building intervention: Group COPE for depressed and anxious adolescents in school settings. *Journal of Child and Adolescent Psychiatric Nursing, 27*(1), 3-13.

[60] Melnyk, B.M., Kelly, S., Jacobson, D., Arcoleo, K., & Shaibi, G. (2013). Improving physical activity, mental health outcomes and academic retention of college students with freshman 5 to thrive: COPE/healthy lifestyles. *Journal of the American Academy of Nurse Practitioner, 26*(6), 314-322;

the council along with leadership representation from the colleges, Administration and Planning, University Marketing, University communications, faculty, staff, graduate students and undergraduate students. Evidence-based multi-component intervention strategies and programs are targeted to individuals, the social and family network, the work place and policy. Population health and well-being outcomes are tracked and quality improvement strategies are implemented on an ongoing basis. A growing body of evidence indicates that employees and students who have higher levels of well-being: (a) are more engaged, productive, and satisfied, (b) perform at higher levels, including academics, (c) miss less work and school, and (d) are at a lower risk for the development of chronic disease, including mental health disorders.

Wexner Medical Center:

- Ohio State Department of Psychiatry and Behavioral Health/Harding Hospital

  Ohio State's department of Psychiatry and Behavioral Health along with the Harding Hospital provide the most comprehensive behavioral healthcare services for adults, older adults, children and adolescents in central Ohio. They offer more treatment options and a more experienced and diversified staff than any other psychiatric or behavioral health care provider in the area, including crisis management and acute inpatient care, a partial hospitalization program, mental and behavioral health outpatient care, neurotherapy and women's behavioral health.

- Emergency Department's Psychiatric Emergency Services

  The adult inpatient program at Ohio State Harding Hospital provides emergency stabilization, diagnosis and the initial stages of treatment. Stabilization is particularly important if there is a risk for personal harm (including suicide risk) or injury to others. Ohio State Harding Hospital Psychiatric Emergency Services (PES) facilitates all admissions to Ohio State Harding Hospital inpatient services. This service is available 24 hours a day, seven days a week. Referrals come from emergency departments, medical units, outpatient clinics and physician offices, community mental health centers and regional healthcare facilities. The PES clinician collaborates with Ohio State Harding Hospital residents and attending psychiatrists to determine the appropriate level of care required. PES uses a structured interview process for patient evaluation. Once a patient has been stabilized, the goal of adult inpatient treatment is to help the person return to independent living and family participation. Treatment and progress toward wellness can then continue through partial hospitalization or outpatient program. The Emergency Department's Psychiatric Emergency Services can also be available for mental health crises.

- Stress, Trauma And Resilience (STAR) Program

    Using evidence-based trauma-informed practices and approaches to care, the Ohio State department of Psychiatry and Behavioral Health's Stress, Trauma And Resilience (STAR) Program addresses the critical need to address traumatic experience before illness or injury as well as after. Specifically, the STAR Programs
    - Serves as a resource for psychological trauma education and training for students, faculty and professionals from The Ohio State University and the central Ohio region.
    - Conducts cutting-edge interdisciplinary research on the causes, biological and behavioral markers, prevention and treatment approaches of psychological trauma.
    - Provides personalized health care to victims of crime and their families (can offer up to 16 free trauma-focused counseling sessions).

Student organizations

Ohio State is home to nearly 1,400 student organizations that focus on a variety of academic, social, creative, cultural, social and special interests. Advocacy for mental health and wellness issues are central to at least 11 of these organizations, and each year a variety of movements and campaigns are present on campus.

INTERNAL SCAN CLOSING

Ohio State offers a wide variety of support and resources for students. At an institution this vast, maintaining an understanding of the comprehensive offerings can be challenging, but is necessary to helping students to navigate the system and access help. Likewise, it is important to continually monitor emerging trends and evolving needs in order to adapt and grow support mechanisms as the data and information suggests.

III. RECOMMENDATIONS

Based upon the review performed by the Task Force, it was identified that the university would be well-served to advance and promote a Culture of Care, similar to university-wide efforts surrounding general wellness and the advancement of excellence. Likewise, the university should ensure appropriate levels and types of resources as well as develop unit- and university-wide programs and protocols to create an Ohio State environment that is more caring, supportive and proactive in mental healthcare.

1. ADVANCE AND SUSTAIN A CULTURE OF CARE

Summary: Culture of Care encompasses a full, concentrated environment by the entire university community to outreach to one another. This includes faculty proactively reaching out to students; administrators and staff extending their care and time to students in ongoing interactions; and encouraging students to check-in on their friends and peers. Building such a culture involves more than a commitment to ideals of diversity and inclusion, mutual support and ready access to mental health resources. It requires institutional infrastructure and concrete practices that minimize the potential for psychological harm to our students; that empower faculty, staff, and students to look out for one another; and that increase the visibility and integration of resources for physical and mental health on and off campus.

RECOMMENDATIONS FOR ACTION

- Continue the university's ongoing work with the JED campus initiative, a strategic planning program that works with schools to strengthen their mental health, substance abuse and suicide prevention programs and systems. Recently, the JED Campus Seal has approved and adopted the "Equity in Mental Health Framework" [61] to support the mental health of students of color and international students. Ohio State is in the process of recertifying our JED Campus Seal. It is recommended that Ohio State continue with this work and more broadly communicate results and actions across the university.

- Implement options for greater mental health consideration in academic pursuits, including:
  - Implement the resolution passed by University Senate on November 10, 2016, (APPENDIX D) and by Undergraduate Student Government on September 21, 2016, (APPENDIX E) to recommend the inclusion of a mental health/suicide prevention statement on all course syllabi, at the undergraduate, graduate and professional levels.

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[61] https://equityinmentalhealth.org/

- Develop a standard academic medical withdrawal and re-enrollment process.

- Provide greater academic support for short-term absences due to mental health concerns.

- Encourage the development of courses that include mental health promotion, life skills, balance in life and stress management as part of the General Education (GE) curriculum model.

- Disseminate mental health and crisis response information to all faculty and staff each year.
    - Most recently, this has taken the form of a digital handout[62] and in the past this piece was distributed in hard-copy form to all instructors.

- Expand discussion of mental health, crisis intervention and suicide prevention services at first-year, graduate, professional and transfer orientations, as well as First Year Success Series (FYSS) courses and STEP Professional Development Co-curriculars (PDCs).

- Expand REACH training at Ohio State. REACH is the Ohio State suicide prevention training program designed to help prevent suicide by teaching faculty, staff and students how to **R**ecognize warning signs, **E**ngage with empathy, **A**sk directly about suicide, **C**ommunicate hope and **H**elp suicidal individuals to access care and treatment. We recommend expansion in the following areas:
    - Encourage all colleges/departments across the university to participate in REACH training(s) each year.

    - Facilitate more REACH trainings for first- and second-year students through existing First Year Success Series (FYSS) courses and the Second-year Transformational Experience Program (STEP).

    - Facilitate more REACH training for graduate and professional students.

    - Embed REACH trainers into the Office of Human Resources and strongly encourage new staff who have direct contact with students to attend a REACH training within first six months of hire.

    - Enact opportunities to incentivize completion of REACH training.

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[62] https://oaa.osu.edu/assets/files/documents/911handout.pdf

- Assist academic units with developing ways to link academic courses to existing campus stress reduction and wellness resources (e.g., Wellness Coaching, SMART Lab, #mindstrong).

- Advance university-wide commitment to mental health through increased collaboration, communication and development of new partnerships.
    - Create a cross-university engagement group that regularly meets to share, collaborate, discuss trends and celebrate the work of mental health contributors across campus.

2. ENHANCE AND STANDARDIZE SCREENING PROCEDURES

Summary: Utilize nationally recognized, evidence-based and standardized suicide screening options.

There are a variety of nationally recognized, evidence-based and standardized suicide screening options. Some of the more well-known include the following:

- **Ask Suicide-Screening Questions (ASQ).**[63] The National Institute of Mental Health (NIMH) began a multi-site study in 2008 to develop and validate a suicide risk screening tool called the ASQ. The ASQ consists of four yes/no questions and takes only 20 seconds to administer. This screening identifies individuals that require further mental health/suicide safety assessment. The ASQ is designed for screening individuals ages 10-24, is free of charge and available in multiple languages, including Spanish, Portuguese, French, Arabic, Dutch, Hebrew, Mandarin and Korean. The majority of individuals who die by suicide are suffering from a diagnosable and treatable mental illness, frequently a mood disorder such as depression.
- **The Patient Health Questionnaire-9 (PHQ-9).**[64] The PHQ-9 is a screening instrument that has been shown in multiple studies to be a reliable, valid and brief measure of depression severity. Assessment of the severity of depression is important for guiding treatment decisions.
- **The Columbia-Suicide Severity Rating Scale (C-SSRS).**[65] The C-SSRS is a brief questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported

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[63] Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J., Rosenstein, D. L. Joshi, P. (2012). Ask Suicide-Screening Questions (ASQ): A brief instrument for the pediatric emergency department. *Archives of Pediatrics & Adolescent Medicine, 166*, 1170-1176.

[64] Kroenbke K, Spittzer RL, Williams JBW (2001). The PHQ-9 Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9): 606-613

[65] Posner K, Brown GK, Stanley B, et.al. The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. Am J Psychiatry. 2011;168:1266–1277.

and available in 103 different languages. This scale has been successfully implemented across many settings, including college campuses.[66] [67]

RECOMMENDATIONS FOR ACTION

- Inventory current mental health and suicide screening protocols and tools to standardize usage and the method for communicating and sharing information among all screening units (digital and in-person). It is recommended that mental health and suicide screening protocols be evaluated for consistency across the university to assist with guiding students to the appropriate level of services.

    - Student Life's Counseling and Consultation Service (SLCCS) currently utilizes an expanded screening evaluation tool that assesses suicidality. SLCCS may consider adopting the PHQ-9 and the ASQ or C-SSRS in lieu of some of their current questions regarding depression and suicide. Standardizing very basic assessment of depression and suicidality will assist in the use of a common "language" among providers and screeners with respect to risk.

    - Although it has not been proven at Ohio State, national research indicates a high percentage of individuals who die by suicide had contact with a primary care provider within a month of their deaths.[68] It is therefore recommended that:
        - The PHQ-9 and ASQ be utilized for all students age 24 or under who visit a Student Life's Student Health Services (SLSHS) provider regardless of whether they present with a psychological concern.
        - The PHQ-9 and the C-SSRS be administered to all students age 25 or older[69] who visit a SLSHS provider.

- Expand The Ohio State University Suicide Prevention Program's anonymous online suicide prevention and mental health screening to include all graduate programs and other areas as identified. (Appendix F)

- Expand the wellness survey administered to graduate students in the Health Sciences colleges to all graduate students.

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[66] http://cssrs.columbia.edu/the-scale-in-action/schools/
[67] https://caps.tcnj.edu/c-ssrs-training/
[68] Luoma JB, Martin CE, Pearson JL. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry,* 159(6): 909-916.
[69] The ASQ has been studied and validated in ages 10-24. The C-SSRS is slightly longer and requires training (30-min DVD) but has been validated on adults.

- Explore opportunities to adapt suicide prevention screenings into the new Digital Flagship program.

3. ENHANCE RESOURCES

Summary: Enhance current counseling and support services to include diversified services tailored to addressing varied needs of students in different states of distress, including providing resource managers to assist students who require mental health services to access the appropriate level of care and assist students who may be struggling with accessing the appropriate services.

RECOMMENDATIONS FOR ACTION

- Conduct a needs analysis to determine the level of resources and triage model necessary for SLCCS to continue to provide the appropriate level of service, including the ability to link students to external treatment services.
    - Based on needs assessment, consider increasing the number of counselors, including embedded counselors and support in Student Life's Student Health Services (SLSHS).

- Create a warm line for students.
    - Different from a crisis hotline, a warm line is intended to be a non-emergency line that operates during late night and early morning hours with the support of highly trained student volunteers. SUNY Albany instituted such a line in 1970, and it is still in operation today.[70] A warm line advances the benefits of a peer-to-peer support model that academic literature suggests can make a positive impact on student development.[71] In addition to SUNY Albany, similar lines are available at comparable institutions, including Texas A&M,[72] Washington University of St. Louis[73] and University of Notre Dame.[74] Student volunteers would need comprehensive training and supervision with a focus on clear understanding of referral resources and the hand-off process in cases of emergencies. It is recommended that this program report through SLCCS for training, oversight and referral management.

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[70] https://www.albany.edu/middleearthcafe/indexME.shtml
[71] National Coalition for Mental Health Recovery. (2014). *Peer Support: Why it works*. Retrieved from https://www.ncmhr.org/downloads/References-on-why-peer-support-works-4.16.2014.pdf
[72] https://scs.tamu.edu/?q=helpline
[73] https://unclejoe.wustl.edu/
[74] https://ucc.nd.edu/emergency-services/warm-line/

- Increase collaboration with the Ohio State Wexner Medical Center units and the health sciences colleges, including the Emergency Department, Psychiatric Emergency Services, Department of Psychiatry Ambulatory Services, Stress, Trauma and Resilience (STAR) program; the College of Nursing, the College of Medicine and others as identified.
    - Consider implementing a shared electronic medical records system in order to improve communication across various areas providing mental health evaluation and treatment.

- Develop a central mental health case management process to enhance support and make it easier for students to take advantage of multi-modal resources.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- Explore the development of a walk-in clinic that would provide another option for students feeling they are in immediate crisis, with the recognition that a limit on capacity needs to be set in order to ensure that students experiencing severe symptoms have priority.
    - New York University has a Counseling Walk-In Service at the Student Health Center, which provides a safety net for students in crisis situations. Same day counseling assessments and psychiatric services received are at no cost to students.[75]

- Continue to monitor and, as needed, enhance student support to ensure diverse services tailored to address the varied needs of students.

- Explore expansion of existing mental health programming on campus, including, but not limited to, the #mindstrong program.

4. COMMUNICATION OF SUPPORT AND MENTAL HEALTH PROMOTION

Summary: Clearer, more concise explanation of available services and access points, with more definition of a comprehensive portfolio of resources that address various levels and types of need; early intervention programming.

RECOMMENDATIONS FOR ACTION

- Coordinate evidence-based, stigma-reduction promotional efforts across the university.

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[75] https://www.nyu.edu/students/health-and-wellness/counseling-services/psychiatry.html

- Expand discussion of mental health throughout a student's academic journey, starting with Orientation (all programs for any student type) and including promotion of services, programs and courses available throughout each year, with focus on the start of semesters.

- Develop a comprehensive online and/or mobile tool to assist students in better understanding the resources that best tailor to their needs. It is recommended that this tool:

  - Clearly outlines available resources and simple explanation about access points.

  - Aggregates information from across the university (using list outlined in Section II) in a user-friendly manner that allows students to understand the level of service based on their needs.

- Collaborate with the Digital Flagship, OSU Mobile, Carmen and the Online Education Teams to determine the best methods for placement and delivery of digital messages related to mental health services to students.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- Evaluate the current community mental health resources available in the broader Columbus community and identify potential linkage with Ohio State. Determine possibility of including such organizations in communication materials in order for students to more readily access recourses in the community. (NOTE: SLCCS currently has a "find a provider" tool on their website, so a potential collaboration exists.)

5. EXPANSION OF DELIVERY MECHANISMS

Summary: Explore digital delivery/support platforms

During the course of its work, the Task Force received information from students, faculty and staff regarding digital platforms that provide support to students. The Task Force understands that its exploration of available digital delivery and support platforms was not exhaustive, and before the university implements a platform, additional review and data collection should be conducted.

RECOMMENDATIONS FOR ACTION

- Create an internal committee to review and advise on the introduction of digital platforms before purchase and/or use by the university. The committee should

be comprised of students, faculty and staff with expertise in digital platforms and the delivery of mental health support services via digital platforms.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- The following is a list of potential platforms for the university to consider for broader use in the future:

    - HeadSpace app:[76] A guided meditation application that explores the bond between mental strength, mindfulness and wellness (resilience) in order to address a single crisis, form a long-term approach to wellness and develop lifelong coping skills.

    - SilverCloud:[77] A confidential internet-based system or platform that delivers online therapeutic and psycho-education programs. SLCCS is currently awaiting the decision of a grant submitted to fund the purchase of SilverCloud.

    - SLCCS app:[78] Expansion of the existing app developed by CCS.

      "Just Breathe" campaign digital resources: Available as part of the upcoming university-wide "Just Breathe" campaign that is focused on stress reduction and resiliency building skills for faculty and staff. These digital resources may also be useful for both undergraduate, graduate and professional students.

    - A digital version of the cognitive behavioral therapy-based skills building program (i.e. #mindstrong) offered by the College of Nursing.

    - The Calm app:[79] Another guided meditation application similar to HeadSpace.

    - Therapist Assisted Online (TAO):[80] Self-help modules that provide students with evidence-informed interventions to manage anxiety and depression.

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[76] https://www.headspace.com
[77] https://us.silvercloudhealth.com
[78] https://ccs.osu.edu/self-help/
[79] https://www.calm.com/
[80] Benton, S. A., Heesacker, M., Snowden, S. J., & Lee, G. (2016). Therapist-assisted, online (TAO) intervention for anxiety in college students: TAO outperformed treatment as usual. *Professional Psychology: Research and Practice, 47*(5), 363-371.

6. EXPLORE OUR CAMPUS ENVIRONMENTS TO ADVANCE ADDITIONAL SAFETY MEASURES

Summary: In accordance with best practices, continue to evaluate and consider environmental design to advance safety on campus.

In April, President Drake asked Senior Vice President for Administration and Planning, Jay Kasey, to convene a group to review physical structures of garages and identify potential safety enhancements on campus.[81] As of the submission of this report, the following action has been taken and/or is planned:

- The university's contract with ProtoCall, the provider for SLCCS's after-hours urgent call line, was expanded to include service for each of the 16 parking garages on campus. Signage, with unique crisis numbers for each garage, have been installed (APPENDIX G).
- Security enhancements are in progress in the Ohio Union South Garage.
- Student Life's Counseling and Consultation will work with student organizations to vision design for murals[82] (wall clings) to be installed on all other garage top floors.

RECOMMENDATIONS FOR ACTION

- Conduct an annual environmental review of vulnerabilities with respect to methods of suicide.

- Continue work with the JED Foundation, with particular focus on processes and protocols to restrict access across campus, including but not limited to, protocols for limiting access to chemicals and controlled substances.

- Continue environmental design review of university parking garages and implementation of design features, signage and murals.

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[81] https://www.parking.org/wp-content/uploads/2016/05/0416_Suicide_Book_web_final3.pdf
[82] https://www.10tv.com/article/police-credit-teens-uplifting-notes-bridge-helping-save-six-lives

IV. CLOSING

Through the creation of this Task Force, Ohio State has demonstrated a commitment to ongoing leadership for the promotion of student mental health and well-being, making this effort a priority and shared value for the entire campus community. Importantly, the Task Force recognizes that the recommendations that are included in this report are more than the work that can be done by a single office or solely through the work of the mental health services on campus. This report serves to reaffirm the guiding principle of the JED Campus Seal, which is that the support for the emotional well-being and prevention of suicide of the students at Ohio State must be seen as a shared campus responsibility. Through these recommendations we aim to shine light on Ohio State's responsibility on mental health and suicide, thus expanding resources and communication to all students – undergraduate, graduate and professional. The strategy should be comprehensive, from prevention and detection to early evidence-based intervention and treatment. The work completed by this Task Force is only the beginning in advancing the Culture of Care at Ohio State, and we hope our recommendations will inspire new conversations, policy changes and actions for the future.

- **Student Feedback**

    - **Communication of Support and Mental Health Promotion**
        - FYSS sessions
        - STEP PDCs
        - Advertisements for services in academic areas, residence halls and other high traffic areas (Union, RPAC, etc.)
        - Advertise crisis textline, hotlines, Let's Talk, etc.
    - **Expansion of Delivery Mechanisms**
        - App ideas: SilverCloud
        - SMART lab utilized as an extension of SLCCS
        - Mental health modules embedded on Carmen
    - **Enhance and standardize screening processes**
        - Digital triage system (current phone method can cause some students anxiety and/or they do not want to tell their concerns to several people outside of their counselor)
    - **Enhance Resources**
        - Specialized counselors for relationships/relationship (domestic) violence
        - REACH training for all students (include the training in online modules first-year students have to complete before starting – similar to the sexual assault and alcohol training)
        - Option to discuss anonymously online (online chat service with a professional)
        - Peer counseling (area for students to speak to trained students about their mental health concerns)
        - SLCCS Ambassador program (students who represent SLCCS to other students could give presentations on resources and basics of mental health)
        - Several open sessions per day for walk-in appointments/emergencies
        - More diversity in counseling staff
        - More centralized location (expand Let's Talk hours – this resource is located in the Union so it's accessible, but many students don't know about it, so advertising it better and expanding its accessibility could be an asset to students)
    - **Advance a Culture of Care**
        - Support groups (ex: student organizations like Never Walk Alone)
        - Engagement by professors in supporting mental health
        - More flexible support group times (like SLCCS group therapy)
        - More regular surveys for students to voice their opinions/share feedback
    - **Care Management**
        - More streamlined system between branches of health care on campus

The JED Foundation Announces First Class of JEDCampus Seal Recipients

October 1, 2013

We are honored to announce the inaugural colleges and universities awarded the JEDCampus Seal. The Seal recognizes schools that exhibit comprehensive mental health promotion and suicide prevention programming. The Seal is part of the Foundation's JEDCampus program, the first nationwide program to facilitate a school's ability to assess and enhance their mental health support system from a campus-wide perspective.

The schools that have received the JEDCampus Seal are:

Alfred University
Barnard College
Boston University
Brandeis University
Columbia University
Cornell University
Emory University
Fordham University
Georgetown University
Luther College
Marymount Manhattan College
Monmouth University
New York University
The Ohio State University
Pace University
Pennsylvania State University, Altoona
School of the Art Institute of Chicago
Stevens Institute of Technology
Texas State University
Three Rivers Community College
Tulane University
University at Albany, State University of New York
University of Kentucky
University of Southern California
University of the Sciences
University of West Georgia
University of Nevada, Las Vegas
Worcester Polytechnic Institute
Yeshiva University
Yale University

"We are thrilled to be able to announce the first schools in the nation to receive the JEDCampus Seal. These schools have shown they employ a comprehensive, community-based approach to mental health care which will result in the identification and care of more at-risk students," said John MacPhee, Executive Director of The JED Foundation. "We believe that the implementation of a campus-wide approach to mental health promotion will lead to safer, healthier campuses, and possibly greater student retention."

The JED Foundation only publicly recognizes those schools awarded the Seal. The names of participating schools that do not receive the JEDCampus Seal are kept confidential. The JED Foundation provides customized suggestions for enhancements, which can become a road map for assisting schools in creating a comprehensive emotional health program on their campus. Please join us in congratulating these schools for the excellent work they are doing to support the emotional wellbeing of their campuses.

For more information on JEDCampus, visit www.jedcampus.org.

The Student Life Student Wellness Center promotes balanced lifestyles and student success through the Nine Dimensions of Wellness:

Emotional Wellness
The emotionally well person can identify, express and manage the entire range of feelings and would consider seeking assistance to address areas of concern.

Career Wellness
The professionally well person engages in work to gain personal satisfaction and enrichment, consistent with values, goals and lifestyle.

Social Wellness
The socially well person has a network of support based on interdependence, mutual trust, respect and has developed a sensitivity and awareness towards the feelings of others.

Spiritual Wellness
The spiritually well person seeks harmony and balance by openly exploring the depth of human purpose, meaning and connection through dialogue and self-reflection.

Physical Wellness
The physically well person gets an adequate amount of sleep, eats a balanced and nutritious diet, engages in exercise for 150 minutes per week, attends regular medical check-ups and practices safe and healthy sexual relations.

Financial Wellness
The financially well person is fully aware of financial state and budgets, saves and manages finances in order to achieve realistic goals.

Intellectual Wellness
The intellectually well person values lifelong learning and seeks to foster critical thinking, develop moral reasoning, expand worldviews and engage in education for the pursuit of knowledge.

Creative Wellness
The creatively well person values and actively participates in a diverse range of arts and cultural experiences as a means to understand and appreciate the surrounding world.

Environmental Wellness
The environmentally well person recognizes the responsibility to preserve, protect and improve the environment and appreciates the interconnectedness of nature and the individual.

To: University Senate
From: Michael Frank, University Senator (Undergraduate)
Date: November 3rd, 2016

A RESOLUTION to recommend the inclusion of a mental health statement on course syllabi

LEAD SPONSOR: Michael Frank
COSPONSORS: Zach Clark, Lauren Todd, Varsha Challapally, Vikas Munjal, Laura Hammerstein, Mario Belfiglio, Sunder Sai, Sam Whipple

WHEREAS   Pursuant to §3335-5-41-B of the University Faculty Rules, "The university senate, subject to the authority of the board of trustees, shall have the power [t]o consider, to make recommendations concerning, and (in pursuance of rules pertaining to the university) to act upon matters relating to the rights, responsibilities, and concerns of students, faculty, administrators, and staff"; and

WHEREAS   The National Institute of Mental Health estimates that 18.1% of U.S. adults suffer from some form of mental illness,[1] and

WHEREAS   95% of college counseling center directors surveyed said the number of students with significant psychological problems is a growing concern in their center or on campus,[2] and

WHEREAS   The Ohio State University Counseling and Consultation Service (CCS) provides a multitude of resources to prevent and treat mental illness,[3] and

WHEREAS   The Office of Academic Affairs requires all faculty at The Ohio State University to distribute course syllabi to their students, and

WHEREAS   The Ohio State University advises all faculty members to include syllabi statements that address academic misconduct and disability services,[4] [5] and

WHEREAS   course syllabi are a form of communication that reaches nearly every student, and

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[1] https://www.nimh.nih.gov/health/statistics/prevalence/index.shtml

[2] http://www.apa.org/monitor/2013/06/college-students.aspx

[3] http://ccs.osu.edu/about-us-and-our-services/

[4] https://oaa.osu.edu/coamfaqs.html#academicmisconductstatement

[5] http://http://www.ods.ohio-state.edu/faculty-staff/syllabus-statement/

WHEREAS unaddressed mental health concerns can harm a student's classroom performance, academic progress, and general wellbeing;

NOW THEREFORE BE IT RESOLVED that the University Senate encourages all instructors and academic units to include a mental health statement on course syllabi, similar to the following sample prepared by CCS:

Mental Health Services:

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the **Office of Student Life's Counseling and Consultation Service (CCS) by visiting ccs.osu.edu or calling 614-- 292--5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at 614--292--5766 and 24 hour emergency help is also available through the 24/7 National Suicide Prevention Hotline at 1-- 800--273-- TALK or at suicidepreventionlifeline.org.**

49-R-15

A RESOLUTION TO SUPPORT THE INCLUSION OF A MENTAL HEALTH STATEMENT ON COURSE SYLLABI

Michael Frank (for himself, Sophie Chang, Lauren Fechtel, Paige Bennett, Win Adissem, Melissa Chime, and Varun Jambunath) introduced the following resolution to the Steering Committee, where it passed.

*   *   *

Whereas the Undergraduate Student Government represents all undergraduate students at The Ohio State University, and

Whereas the National Institute of Mental Health estimates that 18.1% of U.S. adults suffer from any form of mental illness,[1] and

Whereas 95% of college counseling center directors surveyed said the number of students with [2] significant psychological problems is a growing concern in their center or on campus, and

Whereas The Ohio State University Counseling and Consultation Service (CCS) provides a[3] multitude of resources to prevent and treat mental illness, and

Whereas the Office of Academic Affairs requires all faculty at The Ohio State University to distribute course syllabi to their students, and

Whereas The Ohio State University advises all faculty members to include syllabi statements[4] [5] that address academic misconduct and available services for students with disabilities,   and

Whereas the inclusion of a mental health statement on all course syllabi will increase awareness of contact information for campus resources that offer treatment for mental health issues, and

Whereas the 48th General Assembly passed 48-R-15, which supported the inclusion of a mental[6] health statement on course syllabi;

Therefore Let it Be Resolved that the Undergraduate Student Government recommends that the administration of The Ohio State University encourage every academic department to include a mental health statement on their course syllabi.

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[1] https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml

[2] http://www.apa.org/monitor/2013/06/college-students.aspx

[3] http://ccs.osu.edu/about-us-and-our-services/

[4] https://oaa.osu.edu/coamfaqs.html#academicmisconductstatement

[5] http://www.ods.ohio-state.edu/faculty-staff/syllabus-statement/

[6] https://usg.osu.edu/posts/documents/doc_1182015_134957852.pdf

Floor Vote: Aye: Passed

Gerard C. Basalla

Gerard Basalla
President

Danielle M. Di Scala

Danielle Di Scala
Vice President

Date Adopted:_____9/21/16_____   Date Terminated:

The online, anonymous, completely voluntary suicide prevention/mental health screening program through The Ohio State University Suicide Prevention Program (Ohio State-SPP), in coordination with the American Foundation for Suicide Prevention (AFSP), should be expanded to include all graduate programs. Graduate programs should be strongly encouraged to offer this free voluntary screening to their graduate students.

- Context: 42 of 97 Master's and 94 PhD programs currently participate in this screening program, which is free to graduate programs. To expand, it will require additional resources in the form of doctoral level Graduate Associate (positions must be licensed professional counselors).

    - Ohio State-SPP offered screening to 5,500 grad students last year.
    - The Graduate School is extremely supportive of this endeavor and currently pays for the Graduate Associate who runs this program.
    - Once Graduate Programs 'opt in,' Ohio State-SPP does all the administrative work.
    - Students are not required to participate. The screening is voluntary and anonymous.
    - National response rate is 8 percent. Ohio State's response rate for graduate students is 7 percent.
    - Each additional Graduate Associate can screen approximately 6,000 students, according to AFSP best practices.
    - There must be resources in place at SLCCS or within other resources to receive the additional students who screen positive and engage in online discussions with a counselor through this screening process.

Curriculum, student experience and research: an integrated approach to game studies and esports

The field of game studies and esports, which aligns with Ohio State's strengths, offers our next opportunity to innovate and respond to the market. We are focused on three interlinked areas: new curriculum, student experiences and research.

Whether pursuing a career in technology, health care or logistics-driven fields, students today increasingly need to develop a "systems mindset." Unique to Ohio State, our approach will include an investment in research and curricula that will create new knowledge to benefit not only students, but medical patients and athletes, too.

Game Studies and Esports: The Backdrop

- Almost three-quarters of Americans ages 14 to 21 either played or watched multiplayer online games or competitions in 2017, according to a survey by *The Washington Post* and the University of Massachusetts, Lowell. The same poll found that almost 9 in 10 young men are competitive gamers, along with more than half of young women.

- The gaming and esports industry is driven by some of the most creative and innovative minds in the technology sector. Unprecedented leaps in software and hardware engage a diverse field of creators.

- The convergence of augmented reality and mobile technologies has lowered the cost of entry for industry adopters. It is spurring radical growth across multiple industries, resulting in emerging career opportunities in and beyond the tech sector.

- As technologies continue to rapidly evolve, there will be an increasing amount of overlap between different job functions. Employers and recruiters will need nimble employees who possess skills not readily evident on a resume, such as the ability to adapt to new technologies, cross-team functionality and communications, data analytics, and the ability to experiment with common neural networks and the multi-faceted realm of coding.

THE FORMATIVE STAGES OF THIS INITIATIVE

New Curriculum

An **interdisciplinary curriculum spanning five colleges** focused on game studies and esports will serve as a platform for adopting **innovative teaching and learning** approaches.

- This curriculum will include **undergraduate and graduate degrees**, an elective course in esports content production, online certification programs for specialized credentials, and a gaming speaker series.

- **Specific areas of study** may include esports management, game art and production, game design, programming, the business of games, and health and rehabilitation.

- As we have done in the past with new curricula like data analytics, the university is **actively seeking input from industry partners** to build the most comprehensive programs possible.

Student Experience

The Office of Student Life's gaming and esports experiences will **blend learning outcomes and real-world interactivity with an immersive video game community**.

- Ohio State students have already formed **three student clubs and competitive teams in more than 10 games**.

- A **dedicated gaming facility in Lincoln Tower** will encourage open gaming and virtual reality experiences by providing access to the latest gaming computers, consoles, games and broadcast technology.

- The development of **'official' competitive teams and a collegiate league** will provide student groups social and competitive forums. Inclusivity and accessibility will be at the forefront of these efforts.

Research

Building upon our core depth and breadth of disciplines, the university will establish the **High Performance Consortium to study the relationships between brain, body and behaviors**, and to catalyze Ohio State as a leader in human performance.

The innovative program will:

- Connect faculty and researchers across the university to leverage our academic medical center to **conduct high-impact research** and enhance human performance through rehabilitation, situational training and learning.

- **Discover ways to unlock new levels of human performance** for both individuals and cohorts with similar profiles by delving into the influence of the brain, body and behavior on an individual's ability to perform a given task.

- Assess short- and long-term effects of these characteristics to inform **predictive modeling, a performance index**, and **evidence-based guidelines for safe and healthy practices**.

THE OHIO STATE UNIVERSITY

FACULTY PERSONNEL ACTIONS

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the August 31, 2018, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: NICK BRUNELLI
Title: Assistant Professor (H.C. "Slip" Slider Professorship in Chemical and Biomolecular Engineering)
College: Engineering
Term: September 1, 2018 through August 30, 2023

Name: *DARRICK HAMILTON
Title: Executive Director of the Kirwan Institute for the Study of Race and Ethnicity
Office: Academic Affairs
Term: January 1, 2019 through December 31, 2023

Name: *GIL LATZ
Title: Vice Provost, Global Strategies and International Affairs
Office: Academic Affairs
Term: January 1, 2019 through December 31, 2023

Name: ROBERT LEE
Title: Professor (Charles H. Kimberly Professorship in Pharmacy)
College: Pharmacy
Term: September 1, 2018 through August 31, 2021

Name: *EUGENE OLTZ
Title: Professor (Samuel Saslaw Professorship in Infectious Diseases)
Title: Chair, Department of Microbial Infection and Immunity
College: Medicine
Term: January 1, 2019 through December 31, 2023

Name: LAWRENCE "DREW" SHIRLEY
Title: Assistant Professor (Ward Family Surgical Oncology Designated Professorship)
College: Medicine
Term: July 1, 2018 through June 30, 2022

*New Hire

FACULTY PERSONNEL ACTIONS (cont'd)

<u>Reappointments</u>

Name: HENRY W. FIELDS
Title: Professor (Vig/Williams Endowed Chair in Orthodontics)
College: Dentistry
Term: October 1, 2018 through September 30, 2023

Name: GIORGIO RIZZONI
Title: Professor (Ford Motor Company Chair in Electromechanical Systems)
College: Engineering
Term: July 1, 2018 through June 30, 2023

Appointments/Reappointment of Chairpersons

**SHERYL BARRINGER, Chair, Department of Food Science and Technology, effective June 1, 2018 through May 30, 2022

CYNTHIA CLOPPER, Interim Chair, Department of Linguistics, effective August 15, 2018 through June 30, 2019

**RONALD HARTER, Chair, Department of Anesthesiology, effective July 1, 2017 through June 30, 2021

KAREN HUTZEL, Interim Chair, Department of Art, effective September 1, 2018 through June 30, 2019

**JAMES METZGER, Chair, Department of Horticulture and Crop Science, effective June 1, 2018 through May 30, 2021

MATTHEW OHR, Interim Chair, Department of Ophthalmology and Visual Sciences, effective August 31, 2018 through August 30, 2019

JANET PARROTT, Director, Advanced Computing Center for the Arts and Design, effective September 1, 2018 through May 31, 2020

**JEFF SHARP, Director, School of Environmental and Natural Resources, effective June 1, 2018 through May 30, 2022

**Reappointments
*New Hire

Faculty Professional Leaves

JIYOUNG LEE, Associate Professor, Division of Environmental Health Sciences, effective Spring Semester 2019

ERDAL OZKAN, Professor, Department of Food, Agricultural and Biological Engineering, effective Spring Semester 2019

GUY RUB, Professor, Moritz College of Law, FPL change from Autumn Semester 2017 and Spring Semester 2018 to Autumn Semester 2018 and Spring Semester 2019

Faculty Professional Leave Cancellations

CINNAMON CARLARNE, Professor, Moritz College of Law, FPL Cancellation for Spring Semester 2019

Emeritus Titles

DEREK ALWES, Department of English, with the title of Associate Professor Emeritus, effective June 1, 2017

THOMAS M. ARCHER, Department of Extension, with the title of Associate Professor Emeritus, effective October 1, 2018

JOHN W. ARNOLD, Agricultural Technical Institute, with the title of Associate Professor Emeritus, effective September 1, 2018

MARY JO BOLE, Department of Art, with the title of Professor Emeritus, effective June 1, 2011

ROBERT DISILVESTRO, Department of Human Sciences, with the title of Professor Emeritus, effective September 1, 2018

HARVEY GRAFF, Department of English, with the title of Professor Emeritus, effective November 1, 2017

SEBASTIAN KNOWLES, Department of English, with the title of Professor Emeritus, effective July 1, 2019

THOMAS F. MAUGER, Department of Ophthalmology and Visual Science, with the title of Professor Emeritus, effective August 30, 2018

MARY G. NASH, College of Nursing, with the title of Professor Emeritus, effective October 2, 2018

HENDRIK VERWEIJ, Department of Materials Science and Engineering, with the title of Professor Emeritus, effective September 1, 2018

COLLEGE OF ARTS AND SCIENCES

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Robinson, Amanda, Political Science, effective September 1, 2018

PROMOTION TO PROFESSOR
Jones, Norman, English, effective November 16, 2018

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

Synopsis: Approval of the following amendments to the *Rules of the University Faculty*, is proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the president to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS the proposed changes to rule 3335-7 in the *Rules of the University Faculty* were approved by the University Senate on October 6, 2017; and

WHEREAS the proposed changes to rule 3335-5-19 and the creation of rule 3335-5-36 in the *Rules of the University Faculty* were approved by the University Senate on September 20, 2018:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendments to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

Chapter 3335-7 Rules of the university faculty concerning clinical and research faculty appointment, reappointment and nonreappointment, and promotion

3335-7-01 Definition.

Clinical faculty appointments are fixed term contract appointments that do not entail tenure. Clinical faculty are teacher/practitioners and shall be engaged primarily in teaching activities related to: a) courses or instructional situations involving live patients or live clients, b) courses or instructional situations involving the simulation of live patients or live clients, or c) courses or instructional situations involving professional skills.

(Board approval dates: 7/12/2002, 6/4/2004, 6/7/2013)

3335-7-02 Titles.

If individual colleges, schools, and departments with clinical faculty wish to provide clinical faculty with faculty-rank titles, then whatever title is used must be distinct from tenure-track titles (see paragraph (A) of rule 3335-5-19 of the Administrative Code). Titles include instructor, assistant professor, associate professor or professor of clinical (name of college, school, or department), or instructor, assistant professor, associate professor or professor of professional practice of (name of college, school, or department). Exceptions to these titles must be approved by the provost or his/her designee.

(Board approval dates: 7/12/2002, 6/4/2004, 6/1/2007, 6/7/2013)

3335-7-03 Appointment cap.

Unless an exception is approved by the university senate and the board of trustees, clinical faculty may comprise no more than forty percent of the total tenure-track, clinical and research faculty (as defined in rule 3335-5-19 of the Administrative Code) in each of the colleges of the health sciences and no more than twenty percent of the tenure-track, clinical, and research faculty in all other colleges. In all tenure-initiating units not in health sciences, the number of clinical track faculty members must be fewer than the number of tenure-track faculty members in each unit.

(Board approval dates: 7/12/2002, 6/4/2004, 6/7/2005, 6/22/2012, 6/7/2013, 6/6/2014)

3335-7-04 Proposals and approval process.

(A) Proposals to establish or amend a clinical faculty in a college or school reporting directly to Office of Academic Affairs (OAA) must be submitted to the provost by the dean of the college or director of the school reporting directly to OAA. Proposals must include a clear rationale for establishing a clinical faculty and address how the terms and conditions of the appointments will be consistent with the rules set forth in Chapter 3335-7 of the Administrative Code, what titles will be given to clinical faculty, and what department and college

Current Rule

3335-5-19 Faculty.

As used in these rules the term "faculty" shall include persons appointed by the board of trustees with tenure-track, non-tenure track, and emeritus faculty titles on full or part-time appointments, with or without salary.

(A)   "Tenure-track faculty": ……

(B)   "Non-tenure-track faculty": ……

(C)   "Emeritus faculty": tenure-track, clinical, or research faculty who, upon retirement, were recommended by the chair, the dean and the executive vice president and provost for emeritus status. Emeritus faculty may not vote at any level of governance and may not participate in promotion and tenure matters but may have such other privileges as individual academic units or the office of human resources may provide.

Proposed Rule

3335-5-19 Faculty.

As used in these rules the term "faculty" shall include persons appointed by the board of trustees with tenure-track and non-tenure track titles on full or part-time appointments, with or without salary, and emeritus faculty.

(A)   "Tenure-track faculty": ……

(B)   "Non-tenure-track faculty": ……

(C)   "Emeritus faculty": Emeritus faculty status is an honor given in recognition of sustained academic ~~service~~ contributions to the university as described in rule 3335-5-36.

3335-5-36 Emeritus Faculty.

(A)   Full-time tenure-track, clinical, research, or associated faculty may request emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service.

(B)   The request for emeritus status is made to the tenure initiating unit (TIU) head, except that for associated faculty with appointments at regional campuses, the request for emeritus status is made to the regional dean. ~~and t~~he process for awarding emeritus status shall be described in the TIU/regional campus appointments, promotion and tenure document~~.~~. The executive vice president and provost must approve requests for emeritus status for faculty who do not otherwise meet the qualifications in 3335-5-36 (A). Emeritus status is recommended by the TIU head, the dean, and the executive vice president and provost, and approved by the board of trustees.

(C)   Emeritus faculty, in keeping with the honorific nature of the title, are not expected to perform faculty duties (under rule 3335-5-07), nor do they retain the specific powers of the faculty

(under rule 3335-5-14). Emeritus faculty may not vote at any level of governance and may not participate in promotion and tenure matters but may have such other privileges as individual academic units or the ~~office of human resources~~ university may provide.

(D)   If emeritus status is requested but denied by the TIU head/regional dean, the decision can be appealed in writing to the dean or executive vice president and provost for units for which the dean is the TIU head. If the request for emeritus status or an appeal is denied by the dean, the decision can be appealed in writing to the executive vice president and provost, who shall make the final decision. Every effort shall be made by the dean and executive vice president and provost to conclude all decisions on appeals within 60 days.

(E)   In lieu of the process described in rule 3335-5-04, the president, subject to the approval of the board of trustees, shall have the authority to revoke emeritus status if an emeritus faculty member at any time engages in serious dishonorable conduct in violation of law, rule, or policy and/or causes harm to the university's reputation.

DEGREES AND CERTIFICATES

Synopsis: Approval of Degrees and Certificates for autumn semester, is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements; and

WHEREAS the College of Dentistry has recommended Kwi Hyun Cho be awarded the Doctor of Dental Surgery degree, posthumously; and

WHEREAS the College of Arts and Sciences has recommended that William Miller be awarded a Bachelor of Arts degree, posthumously; and

WHEREAS the College of Education and Human Ecology has recommended that Sangin Shin be awarded a Master of Arts in Educational Studies degree, posthumously; and

WHEREAS the College of Education and Human Ecology has recommended that William Wickes be awarded a Bachelor of Science in Hospitality Management degree, posthumously; and

WHEREAS the College of Arts and Sciences has recommended that Quincy Guttman be awarded a Bachelor of Science degree, effective spring semester 2017:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on December 16, 2018, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools; that Kwi Hyun Cho, William Miller, Sangin Shin and William Wickes be awarded the above-named degrees, posthumously; and that Quincy Guttman be awarded the above-named degree, effective spring semester 2017.

HONORARY DEGREE

Synopsis: Approval of the below honorary degree, is proposed.

WHEREAS pursuant to paragraph (A)(3) of rule 3335-1-03 of the Administrative Code, the president, after consultation with the Steering Committee of the University Senate, recommends to the Board of Trustees the awarding of an honorary degree as listed below:

Lora Stilke   Doctor of Science

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the awarding of the above honorary degree.

ESTABLISHMENT OF A MASTER OF DIETETICS AND NUTRITION DEGREE PROGRAM

COLLEGE OF MEDICINE AND COLLEGE OF EDUCATION AND HUMAN ECOLOGY

Synopsis: Approval to establish a Master of Dietetics and Nutrition degree program in the College of Medicine and the College of Education and Human Ecology, is proposed.

WHEREAS in response to an accreditation-based national change in the level of preparation for the Registered Dietitian Nutritionist, to the graduate level, a workgroup from the School of Health and Rehabilitation Sciences and the Department of Human Sciences has developed a new, shared graduate-level program; and

WHEREAS the new Master of Dietetics and Nutrition will provide a unified dietetics program between the two units, eliminating internal competition for resources and public confusion, regarding dietetics education at the university; and

WHEREAS the proposal has the support of the faculty and the leadership of the School of Health and Rehabilitation Sciences and the Department of Human Sciences and their respective colleges; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 12, 2018; and

WHEREAS the proposal was reviewed and received a vote of approval by the University Senate on September 20, 2018:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the establishment of a Master of Dietetics and Nutrition degree program in the College of Medicine and the College of Education and Human Ecology.

TO: Randy Smith, Vice Provost for Academic Programs
FROM: Jennifer Schlueter, Faculty Fellow for Curriculum, Graduate School
DATE: 17 May 2018
RE: Proposal to create a new Master in Dietetics and Nutrition (MDN)

The Division of Health Sciences, Medical Dietetics, and Injury Biomechanics in the College of Medicine in collaboration with the Department of Human Sciences, Human Nutrition program in the College of Education and Human Ecology is proposing a Master of Dietetics and Nutrition (MDN) professional degree. This program will eventually bring with it the discontinuation of the current Coordinated Graduate Program in Medical Dietetics, the Undergraduate Coordinated Program in Medical Dietetics, and the Dietetic Internships in Medical Dietetics and Human Nutrition. Primary motivation for this new MDN is changes within the profession itself and recommendations for levels of training from the Academy of Nutrition and Dietetics and the Accreditation Council for Education in Nutrition and Dietetics.

The proposal was received by the Graduate School on 4 December 2017. It was reviewed by the combined GS/CAA Curriculum subcommittee, chaired by Faculty Fellow Jennifer Schlueter, on 25 January 2018, and returned to proposers for revision that same day. Revisions were received on 2 February 2018 and reviewed by the subcommittee on 5 April 2018. Final small revisions were received on 17 April 2018, and forwarded to the Graduate Council for their review that same day. The proposal was reviewed and approved at the Graduate Council in May 2018 by electronic vote.

THE OHIO STATE UNIVERSITY

COLLEGE OF
EDUCATION AND HUMAN ECOLOGY

Academic Affairs
College of Education and Human Ecology
172 Arps Hall
1945 North High Street
Columbus, OH 43210
614-688-4571 Phone

Memo

April 23, 2018

To: Randy Smith, Vice Provost of Academic Programs
Katie Reed, Executive Assistant

CC: Andrew Zircher, Director of Assessment and Curriculum
Danielle Brown, Curriculum Development Specialist

From: Bryan Warnick, Associate Dean of Academic Affairs

RE: NEW PROFESSIONAL DEGREE PROPOSAL, MASTER OF DIETETICS AND NUTRITION, DEPARTMENT OF HUMAN SCIENCES

The faculty and administration of the College of Education and Human Ecology (EHE) have approved a proposal from the Department of Human Sciences in collaboration with the School of Health and Rehabilitation Sciences (SHRS) to create a new graduate professional degree in dietetics and nutrition. The proposed degree program will require students to complete 61 semester hours over 5 semesters and is designed to prepare students for leadership roles in the health care industry.

The proposal was approved by the EHE Curriculum Committee on April 19, 2018 and received unanimous support. I am writing to request review of this proposal by the Council on Academic Affairs. If there are any questions, please contact me at warnick.11@osu.edu or Danielle Brown at brown.2199@osu.edu.

THE OHIO STATE UNIVERSITY

School of Health and Rehabilitation Sciences
Academic Affairs

206 Atwell Hall
453 W. 10th Ave.
Columbus, OH 43210

614-292-4758 Phone
614-292-0210 Fax

https://hrs.osu.edu/

4/17/2018

RE: Master of Dietetics and Nutrition Program Proposal
   Response to GS/CAA curriculum subcommittee

Thank you for your feedback provided on April 16, 2018. I have responded to each of the queries below.

1. The response to question two provoked an additional query from the committee: can you clarify what is meant by, "This process has allowed for dissemination of the new information." The new MDN program cannot be formally advertised until ODHE approval is received.

   This sentence was meant to infer that the proposal was disseminated to faculty in the respective current programs for feedback prior to resubmission to the subcommittee. The information has not been disseminated outside of Ohio State.

2. On page 8 of the proposal: can you distinguish between the roles of the Graduate Advisory Committee and the Graduate Studies Committee?

   The Graduate Advisory committee would oversee the specific curriculum, admissions and overall management concerns of the MDN dietetics program. This committee is led by the co-directors. The Graduate Studies committee that is mentioned on pages 27 and 37 of the program proposal refers to the graduate committee that serves the entire School of Health and Rehabilitation Sciences for all graduate programs.

3. The electives list on page 16 of the proposal does not include the edits articulated by Dr. Bisesi for the Public Health courses. Per his email (page 43 of the PDF we viewed), the elective courses should be: PUBHBIO 6211, PUBHEPI 6410 (not PUBHEPI 6430 and PUBHEPI 7410), PUBHEPI 8411, PUBHHBP 6515. The courses on the sample curriculum do not match this list, and also use erroneous codes—PH is not the code for Public Health). Also, in the sample curriculum, PUBHBIO 6210 is listed as PUBHLTH 6210.

   This has been corrected.

4. One last question emerged: has any consideration been given to incorporating the capstone project as part of the coursework within the MDN degree? Why or why not?

   During this program design process, we were simply following the model for the majority of Master degrees at the university and our current graduate dietetic

programs in SHRS. Currently thesis hours are used to distinguish the research portion of the degree. Certainly, the capstone could be connected to the culminating supervised practice MDN 6589 and actually could serve as a competency measure for the degree. This will be brought back to the respective programs for consideration.

Sincerely,

Marcia Nahikian-Nelms, PhD, RDN, LD, FAND
Professor, Clinical
Director, Academic Affairs

THE OHIO STATE UNIVERSITY

School of Health and Rehabilitation Sciences
Academic Affairs

206 Atwell Hall
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614-292-4758 Phone
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https://hrs.osu.edu/

April 3, 2018

Jennifer Schlueter, PhD
Faculty Fellow, Curriculum, Graduate School
GS/CAA Subcommittee

Dear Dr. Schlueter;

Please find responses to the GS/CAA Subcommittee from your January 25, 2018 meeting.
Over the previous two months, the proposal has been reviewed and edited several times by
the faculty. I have included with this email a copy of the revised program proposal that
includes those edits.

Thank you for your review and consideration of this policy.

Sincerely,

Marcia Nahikian-Nelms, PhD, RDN, LD, FAND
Professor, Clinical
Director, Academic Affairs

Response to GS/SAA Subcommittee

1. **Are any of the courses to be offered towards this degree new? If so: please include
   a short form syllabus that includes course title, number, credits, prerequisites,
   course description, objectives, and a topic list. If not: please confirm that within
   the body of the proposal.**

   *There are 15 new courses that are proposed for the MDN degree. The syllabi for the
   courses are included as a new appendix to this response. We have proposed a new
   department abbreviation to differentiate the courses offered for the degree. (See
   response to question #3)* Required information requested is included for each
   syllabus.

2. **Some members of the subcommittee wondered if programs like the
   Interdisciplinary PhD in Nutrition or the MS in Human Nutrition would be**

impacted by the termination of the Coordinated Graduate Program in Medical Dietetics or the Internships in Medical Dietetics and Human Nutrition.

The Interdisciplinary PhD and the MS in Human Nutrition are graduate programs with no dietetic training/education components and are not nationally accredited to provide dietetic education programs. Their enrollment should remain consistent as students who would apply to these graduate programs are not seeking a path to achieve the Registered Dietitian Nutritionist credential.

Currently, the dietetic education programs in Medical Dietetics and the Dietetic Internship in Human Nutrition have proposed a transitioned closure as the new MDN degree will accommodate the students who previously would have sought admission to these programs. (See Appendix) The undergraduate didactic program in dietetics – Human Nutrition Program in Human Sciences will remain as it currently stands.

Could you clarify that all potential stakeholders are aware of the changes?

The proposal development has involved faculty from Medical Dietetics, the School of Health and Rehabilitation Sciences and Human Nutrition over the past 2 years. A core group representing each department provided consistent feedback to the departments and have received positive votes from the respective curriculum and graduate committees. The Dean of the College of Human Ecology and Education – Dr. Cheryl Achterberg, Dr. Dan Clinchot and Dr. Deborah Larsen – Vice Deans - College of Medicine have provided written concurrence for the proposal. (See Letters of Concurrence in proposal). Please see letters of support included in the original electronic submission and in Appendix I (pages 33-36) Since the initial committee review by CAA, the Chair of Human Sciences and Human Nutrition faculty provided additional edits to the document and put the proposal back to their faculty for a vote. The final vote was 12-Approve and 2 -Not Approve on Friday March 30, 2018. This process has allowed for dissemination of the new information. Edits provided by Human Nutrition faculty and the Chair of Human Sciences has been integrated throughout. (pages 2,3,4,7)

3. **With each mention of a class name, please use the official department abbreviations. This will aid our review, and your students' ability to find classes in Buckeyelink. http://registrar.osu.edu/transfer_credit/depts.asp**

After speaking with Michael Gable – Assistant Registrar, it was confirmed that we would use the prefix MDN for new courses as long as the only students enrolled in these courses would be individuals admitted to the new program. That is our plan at this time.

4. **The list of "Potential Cognate Elective Courses" in Appendix A seems to have the same list of courses pasted twice. Also: please confirm that all departments offering**

these courses are aware of their inclusion on this list. We want to ensure that space will be available for all students. The faculty in Human Nutrition and Health and Rehabilitation Sciences are aware of the potential cognate courses offered for this degree program.

> *Corrections for the error of including elective courses has been completed and can be found on <u>page 16.</u>*
>
> *Cognate elective courses have been proposed from Human Nutrition and Health and Rehabilitation Sciences, and Public Health. The courses listed are currently offerings within the existing program and the faculty are aware of their inclusion in the proposal. Michael Bisesi, PhD, REHS, CIH - Senior Associate Dean in the College of Public Health - was contacted for concurrence to offer the public health courses as potential electives. He provided positive support for their inclusion with some minor revisions of recommendations for Public Health coursework. Those changes have been made and can be found on <u>page 16.</u> Additionally the email with Dr. Bisesi's recommendations is on <u>page 37.</u>*

5. Also in Appendix A, "Certificate of Specialization Opportunities" are listed. Are these potential Certificates that you are considering towards the future, or Certificates that you wish to propose alongside the Masters of Dietetics and Nutrition? If the latter, further proposal materials will be required.

These certificates have not been created at this time. After initial transition to the new degree, the development of these certificates will be initiated. We will use ODEE needs assessment as the basis for selection of these focus areas for certificate development. *(<u>Changed language to future on page 16, 17</u>).*

MASTER OF DIETETICS AND NUTRITION (MDN)

PROFESSIONAL DEGREE PROPOSAL

Transition of the Coordinated Graduate Program in Dietetics and Dietetic Internships

Division of Health Sciences, Medical Dietetics and Injury Biomechanics
School of Health and Rehabilitation Sciences (SHRS)
College of Medicine

And

Human Nutrition – Department of Human Sciences
College of Education and Human Ecology

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To: The Ohio State University Council on Academic Affairs
School of Graduate Studies
From: Sue Leson, PhD,RDN, LD, FAND   Erik Porfeli, PhD
Division Director   Professor and Chair
Health Sciences, Medical Dietetics, IBRC   Human Sciences, Education
                                                       and Human Ecology

The purpose of the attached proposal is to introduce and provide the rationale for the _Master in Dietetics and Nutrition_ (MDN) professional degree.

Over the past fifteen years the Academy of Nutrition and Dietetics (AND) and the Commission on Dietetic Registration (CDR) have been assessing the need to expand the depth and breadth of dietetics education and the credentialing pathways to become a Registered Dietitian Nutritionist (RDN). The Academy along with CDR (the credentialing arm) made the decision to move the entry level education required for the RDN credential to the graduate level beginning 2024. As a result, the Accreditation Council for Education and Dietetics (ACEND) was tasked creating a new model of education for programs preparing students for careers as RDNs.

The MDN proposal is being submitted with the following objectives:
1. The Ohio State University will continue to be a leader in dietetics education by submitting a program revision that will align with standards and competencies of the new model for dietetics education set forth by ACEND.
2. The Ohio State University will provide a unified dietetics program between SHRS and Human Nutrition eliminating internal competition for resources and public (student) confusion regarding dietetics education on-campus.

In order to accomplish these objectives, a workgroup of faculty from SHRS and Human Nutrition was formed to discuss and eventually develop a shared dietetics program. Following frequent workgroup meetings, discussions with faculty, and several meetings with Vice Provost Smith the draft program is ready for approvals. Vice Provost Smith has made it extremely clear that this program is an **_"institutional priority"_** and is set to move swiftly through the academic channels. The MDN will be administered through the Graduate School of the University. SHRS will serve as a home for the program with oversight by a graduate advisory committee led by a Co-Directors from Medical Dietetics and Human Nutrition. Additionally, the MDN has been conditionally accepted by Accreditation Council for Education in Nutrition and Dietetics (ACEND) as a pilot demonstration program for the future model of dietetics education.

Your time to review and provide feedback of this program is appreciated. Please do not hesitate to contact us with questions.

MASTER OF DIETETICS AND NUTRITION –PROFESSIONAL DEGREE PROPOSAL

Transition of the Coordinated Graduate Program in Dietetics and Dietetic Internships

Division of Health Sciences, Medical Dietetics and Injury Biomechanics
School of Health and Rehabilitation Sciences (SHRS)
College of Medicine

And

Human Nutrition – Department of Human Sciences
College of Education and Human Ecology

The Division of Health Sciences, Medical Dietetics and Injury Biomechanics (IBRC) in collaboration with the Department of Human Sciences, Human Nutrition program proposes the development of the Master of Dietetics and Nutrition (MDN) professional degree. This degree program will replace the current Coordinated Graduate Program in Medical Dietetics and the Undergraduate Coordinated Program in Medical Dietetics, and the Dietetic Internships in Medical Dietetics and Human Nutrition. This initial proposal addresses the new accreditation and education model recently proposed by the Accreditation Council for Education in Nutrition and Dietetics (ACEND)[1] and a streamlined path for students at The Ohio State University to meet the educational and practice competencies to sit for the national credentialing exam to become a Registered Dietitian Nutritionist (RDN).   ACEND has granted the Ohio State University MDN program to move forward as a demonstration program (early adopter) for the future model of dietetic education at the graduate level.

I.   GENERAL INFORMATION

1. **Indicate the nature of the proposal:**   New degree program

2. **Give the name of the proposed program:** Master of Dietetics and Nutrition (MDN)

3. **Give the degree title:** Master of Dietetics and Nutrition (MDN)

4. **State the proposed implementation date:**   Autumn 2019

5. **Identify the academic units responsible for administrating the degree program:**
   A. Division of Health Sciences, Medical Dietetics, Injury Biomechanics Research Center (IBRC) – School of Health and Rehabilitation Sciences – College of Medicine
   B. Department of Human Science, Human Nutrition program – College of Education and Human Ecology

II. RATIONALE

In 2012, the Academy of Nutrition and Dietetics (AND) recommended that the level of educational preparation for the Registered Dietitian Nutritionist (RDN) be elevated to a graduate level to provide a greater depth of knowledge and skills needed for future practice in the profession by the year 2024.[1,2]

In response, the Accreditation Council for Education in Nutrition and Dietetics (ACEND) collected data from key stakeholders and conducted a thorough environmental scan to inform its review of the current standards for nutrition and dietetics education. In 2017, new education standards were released. Additionally, a proposed model of education was proposed to move the educational preparation of entry level generalist dietitian nutritionists to the graduate level.

Further support for requiring graduate level education for the RDN credential comes from the Institute of Medicine[3], the Interprofessional Core Competencies[4] and the Lancet Commission[5] global health care systems, stating that health professional education is outdated and disconnected. Five competencies recommended by the IOM for all health professionals include: patient-centered care, interdisciplinary teams and research, evidence-based practice, continuous quality improvement and informatics. These targeted educational areas further demonstrate opportunities to update the educational preparation of nutrition and dietetics professionals to meet present and future health care demands.

Educational levels and changes observed in other health professions provide timely guidance for RDN educational programs. Namely, the majority of health professions have established multiple degree levels. A graduate degree, often a doctoral degree, represents the entry-level professional practice degree for most of the health professions (e.g. physical therapy, occupational therapy, pharmacy). All of the health professions require a significant number of hours in supervised practice (or its equivalent) as part of the overall training and education. Therefore, the success and advancement of the nutrition and dietetics practitioner may require a progressed academic preparation that includes interdisciplinary education, informatics, telehealth, critical thinking skills, nutritional genomics, nutritional pharmacology, case management, coding and reimbursement, evidence-based practice and outcomes research, behavioral counseling and multi-disease clinical care to meet the growing demands of advancing knowledge, skills and new practice settings.

At The Ohio State University, the Division of Health Sciences and Medical Dietetics has provided a coordinated dietetics education program since 1961 and is considered one of the leading dietetics education programs in the United States. Indeed, the Accreditation Council for Education in Nutrition and Dietetics (ACEND) recognized this program as the leading dietetics innovator in 2015. The Department of Human Sciences has offered a Master of Science in Human Nutrition either in conjunction with the dietetic internship or with a stand-alone dietetic internship for decades. The Human Nutrition Dietetic Internship has outstanding metrics. The program receives about 250 applications a year (~10% acceptance rate) and maintains national registration exam rates and job placement rates well above the national average. Over the past twenty years, the programs (Human Nutrition and Medical Dietetics) have provided routes for post-baccalaureate supervised practice that fulfill the practice competencies

required to sit for the credentialing examination to become a Registered Dietitian Nutritionist. Over the past twenty years, two dietetic internships (Human Nutrition and Medical Dietetics) have provided a route for a post-baccalaureate supervised practice that fulfills the practice competencies required to sit for the credentialing examination to become a Registered Dietitian Nutritionist. This proposed collaboration of a new degree will establish a unified program for students to fulfill educational training to become a RDN, reduce student confusion, and enhance affiliate/partner communication. The program will be jointly directed by faculty in the two scholarly areas of Medical Dietetics and Human Nutrition at the university.

This proposed degree will use the new model of education for dietetics education, which includes both the graduate coursework and supervised practice requirements designed to meet all educational and practice competencies for Registered Dietitian Nutritionists. This model exists within the current graduate level Coordinated Program in Medical Dietetics but this program will require adaptation of our current undergraduate coursework to the graduate level, include a new capstone/graduate project and will include the identified areas of training as well as allow for collaboration among all dietetic education programs at OSU.

Current Educational Models to Gain Eligibility to Sit for the Registered Dietitian Nutritionist Exam

Traditional Model	Coordinated Undergraduate	Coordinated Graduate
4 year Didactic Program in Dietetics (DPD)	Inclusive 4 year OSU Didactic + Internship (CUP)	Earned Bachelor's
Separate Competitive Dietetic Internship (DI)		OSU Didactic + Internship (CGP)
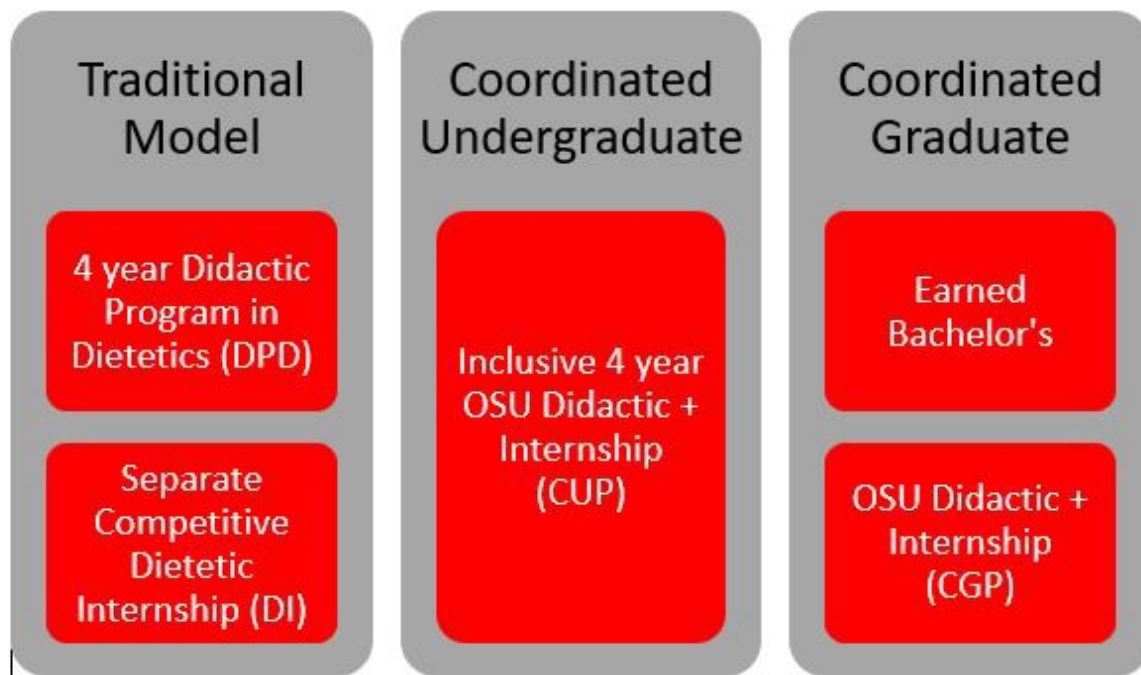
OSU Medical Dietetics – currently offers CUP, CGP, DI
OSU Human Nutrition – currently offers DPD, DI

III. Mission, Philosophy, and Goals of the Program:
The following are the mission, philosophy, and goals to support and guide the development of the Master of Dietetics and Nutrition (MDN) degree:

Mission

The mission of The Ohio State University Master of Dietetics and Nutrition is to provide a professional degree whose purpose is to produce graduates to become Registered Dietitian Nutritionists who will in turn provide high-quality entry-level practice and obtain advancement to positions of leadership and influence. Graduates will be prepared to think critically, engage in ethical decision-making, provide leadership for nutritional care, practice and manage in a variety of environments, function as active multidisciplinary team members, and continue professional development throughout life.

Philosophy

A professional degree in dietetics and nutrition is an excellent way to educate entry-level practitioners to provide high quality medical nutrition therapy in diverse practice settings that comprise our rapidly changing professional environment. A high-quality graduate professional degree is scholarly, forward-thinking and collaborative.

The professional graduate degree will continue the long tradition of working within a world-class academic health center; the graduate students will be required to complete a master's degree; and emphasis is placed on integration of theory, evidenced-based practice and competency based education.

The curriculum will address current trends, research, and projected future practice. The faculty and staff embrace and incorporate adult learning concepts and methodologies that emphasize the capacity for intellectual growth, critically integrate their own experiences, and take responsibility for their individual learning. We continually strive for innovation and flexibility. In addition, critical thinking, leadership development, management skills, team-building and interprofessional training is emphasized throughout the program. Collaboration, commitment and involvement of faculty, staff, medical facilities and other resources within the local professional community will further enhance and support the student's experience.

Goals

The MDN proposal is being submitted with the following goals:

1. The Ohio State University will continue to be a leader in dietetics education by submitting a program revision that will meet the standards and competencies of the new model for dietetics education set forth by Accreditation Council for Education in Nutrition and Dietetics (ACEND)

2. The Ohio State University will provide a unified dietetics program between SHRS and Human Nutrition eliminating internal competition for resources and confusion regarding dietetics education on the Ohio State campus shared by the public, profession, and students.

IV. Description of the Master of Dietetics and Nutrition Professional Degree

The Master in Dietetics and Nutrition professional degree will be firmly rooted in the scholarly and practice traditions of a major academic medical and health center. Graduate students will be learn and apply evidenced based research and will practice based upon research outcomes. Graduate students learn to translate knowledge to the bedside. Graduate students have the opportunity to be mentored by established practitioners in a variety of highly respected practice settings.

The professional degree in dietetics and nutrition is forward thinking in that it will prepare graduate students to assume leadership roles in a rapidly changing health care marketplace. Graduates will be prepared to meet the challenges of dietetic practice along the continuum of care in hospitals and other institutions, community-based programs, long-term care, industry, research, and entrepreneurial enterprises. An emphasis on interprofessional teamwork, leadership development, management skills, critical thinking, and professional competence, will make OSU graduate students particularly suited for emerging roles within dietetics practice and the health care team.

Description of Proposed Curriculum

The curriculum will require students to complete 61 semester credits over 5 semesters which includes one summer session of supervised practice. The current Medical Dietetics Coordinated Graduate program requires 78 semester credits over 8 semesters including one year of undergraduate coursework.

The new courses developed for this program are included in Appendix A with the advanced level objectives and assignments requiring application of evidence based analysis in Appendix C. The syllabi for new courses are included in Appendix J. Of note, all required professional courses have been given a MDN designation, thus eliminating any confusion about the unit of offering (SHRS or EHE). Additionally, three courses (MDN 5000, 5200 and 5600) have been given 5000 level designations, which could afford the development of a 3 + 2 program at a future date to meet the needs of our more advanced undergraduate student population.

Description of a Required Culminating or Integrated Learning Experience

We propose the use of a Plan B capstone project as an alternative to the traditional Plan A thesis. This Plan B is currently approved by the Graduate School and is in use within the School of Health and Rehabilitation Sciences (see Appendix D for description of the project guidelines). The program will require graduate faculty with M or P status to serve as primary advisors or committee members. If each eligible faculty serves as the Primary Advisor for two to three students, there will be adequate faculty from SHRS and Human Nutrition (see Appendix G). The case study oral examination will be administered by the Graduate Exam Committee and will be a case study presentation followed by a question and answer period. A detailed rubric for assessment of passing or non-passing grade will be utilized to standardize the evaluation process and address interrater reliability. A Graduate Exam Committee, consisting of at least three faculty members with M status will administer the oral examination. One retest will be permitted if the student's oral examination is deemed to be non-passing by the Graduate Exam Committee.

Administrative and Organizational Structure

The Master in Dietetics and Nutrition professional degree will be a component of the Graduate School of The Ohio State University. SHRS will serve as the home for the program with oversight by a graduate advisory committee led by Co-Directors from Medical Dietetics and Human Nutrition. The co-directors will be PhD trained Registered Dietitian Nutritionists, will be active members of the Academy of Nutrition and Dietetics and fulfill the requirements of the accrediting agency Accreditation Council for Education in Nutrition and Dietetics (ACEND). The co-director from SHRS will serve as the liaison to the Accreditation Council for Education in Nutrition and Dietetics. Three full-time supervised practice coordinators and one full-time acute care preceptor will oversee student placements in supervised practice.

An appointed graduate advisory committee will provide oversight and support for all aspects of this degree program. The Graduate Advisory Committee will include a minimum of two faculty members from both Medical Dietetics and Human Nutrition, who are Registered Dietitian Nutritionists and are active members of the Academy of Nutrition and Dietetics. The co-directors and the Graduate Advisory Committee will administer the admission process with the support from a full-time graduate advisor housed in the School of Health and Rehabilitation Sciences Student Services. Faculty with appropriate expertise and clinical practice will teach the cognate courses; advise students and manage student issues; evaluate students; evaluate, revise and upgrade curriculum. Graduate faculty from the School of Health and Rehabilitation Sciences, Medical Dietetics and Human Sciences, Human Nutrition will be invited to support the graduate capstone projects by serving as members of the students' graduate committees. The co-directors, the graduate committee, and the Graduate School will manage student probation or dismissal per guidelines from an approved student handbook and follow the guidelines for professional students in the School of Health and Rehabilitation Sciences. The Graduate School will oversee admission, enrollment, course approval, curriculum revisions and graduation of students.

The School of Health and Rehabilitation Sciences director and Associate Dean of the College of Medicine and the Dean of the College of Education and Human Ecology oversees the Medical Dietetics Division and the Department of Human Sciences, respectively, and meet regularly to guide, monitor, and assess the faculty and programs. The MDN Graduate Advisory committee and its' co-directors will coordinate specific aspects of the medical dietetics program that interface with the Graduate School per SHRS professional program guidelines with the assistance of the Office of Academic Affairs. These include, for example, program assessment, fellowship applications, and when needed, application, enrollment, and graduation issues. The College of Medicine oversees the school through leadership of the college. The administrative resources required for this program include administrative release time for the co-directors, three supervised practice coordinators, one full-time advisor, and access to administrative assistance. The Organizational Chart for the School of Health and Rehabilitation Sciences is located in Appendix E.

V. Evidence of Need for the New Degree Program

This new professional degree will eventually replace three current programs in medical dietetics and one program in Human Nutrition. The new degree will meet the future educational model requirements required by the Academy of Nutrition and Dietetics and the Accreditation Council for Education in Nutrition and Dietetics (ACEND). It is our hope that addressing this new educational model *now* will support Ohio State's position as a continued leader in dietetics education.

VI. Prospective Enrollment

The current coordinated degrees (undergraduate and graduate) and dietetic internship in Medical Dietetics are accredited for a combined 38 students per cohort. Human Nutrition's Dietetic Internship is accredited for 24 students per cohort. We will request that this new program receive permission to admit 30 students the first year and increase to 65 by year 3. This will allow for a staged transition of all currently enrolled students.

Diversity Efforts

As a leader in dietetic education, we embrace the responsibility to prepare RDNs who have a broad set of attributes and strong potential for success. A holistic admissions process assesses an applicant's unique experiences alongside traditional measures of academic achievement such as GPA and GRE scores. In addition, the Human Nutrition program has received numerous federally-funded minority scholars training grants (USDA) over the last decade. The training grants help recruit minorities to dietetics programs and help prepare them for post-baccalaureate professional programs like the MDN.

The Ohio State University Master in Dietetics and Nutrition seeks self-directed learners who are resilient, insightful and ethical. Ideal candidates are motivated to become RDNs who provide state-of-the art, evidence-based nutrition therapy for individuals and communities. We seek students who display diversity in background, experience and thought and who demonstrate the potential to improve health and nutrition through innovation, excellence, and leadership in practice, research, education and community service.

Applications will include a holistic review, which uses a balanced consideration of experiences, attributes, and academic metrics, and, when considered in combination, how the applicant might contribute value as a future RDN and health care provider. Foundational admission requirements include a bachelor's degree, minimum overall GPA of 3.00 on a 4.00 scale, competitive GRE scores, and successful completion all prerequisites.

The holistic review helps assess an applicant's potential to become a highly competent, diverse, and caring RDN. Therefore, the admissions process will include a structured evaluation of an applicant's personal characteristics such as the following:

• Compassion for others • Altruism • Preparation for graduate work• Communication skills • Leadership abilities • Personal maturity • Cultural competence • Ethical behavior •Reliability • Positive work habits • Adaptability • Teamwork • Self-discipline • Resilience • Persistence

* See Appendix F for questions and scoring of the holistic questions.

VII. Availability and Adequacy of the Faculty and Facilities

Education of health professionals is an intensive process, requiring that faculty spend face-to-face hours in laboratory sessions, individual student assessment, advising and coordinating clinical experiences. Because all 65 of the Master in Dietetics and Nutrition professional degree students will require a graduate capstone project, the demand for mentoring and advising will significantly increase. Currently we have 6 faculty (with 3 part-time adjunct) for total of 9 who teach within the Medical Dietetics division and 7 faculty (with 4 part-time adjunct) in Human Sciences who have the appropriate PhD training and RDN credential to support a professional degree in dietetics and nutrition. However, there are many other faculty within both units that are expected to contribute to the program through courses and capstones with teaching and advising assignments/approval determined by the advisory committee. Appendix G lists faculty in Medical Dietetics and Human Nutrition, who have the expertise to support coursework and the capstone projects within the professional degree in dietetics and nutrition.

As a shared program between SHRS and Human Nutrition, resources to manage the program will be decided between the two departments. I The MDN will require additional faculty lines as the program develops certificate programs in the curriculum and will need appropriate faculty release time for administration; the proposed budget should cover these costs. Current faculty, staff and physical resources will be incorporated into the program as needed. Both departments have significant expertise in all areas of dietetic education to meet the requirements of the program. Distribution of income will be determined by credit hour generation per faculty as well as time commitment to clinical oversight and governed by an MOU, developed by the unit leaders.

In order to accommodate courses/labs that may need more than one section, it is proposed that there should be adequate faculty to teach a total of 151 credit hours to staff these sections and to oversee/mentor graduate projects. In addition, three full time supervised practice coordinators are needed.   In this professional program, students will have five clinical placements - a total of 325 placements each year. Clinical contracts and affiliation agreements for the MDN will continue to be administered through the School of Health and Rehabilitation Sciences. There is increasing competition for clinical placements and the maintenance of these affiliations is crucial for the success of the dietetic education programs. The colleges and school provide administrative support for logistics of clinical placements. Clinical placements will be coordinated through the three proposed clinical coordinators and overseen by the co-directors. Each coordinator will be responsible for a specific rotation (i.e. Acute Care, Long-Term Care, Foodservice, Community, Culminating) with a specific cohort of students.

The following projected income and costs associated with the program are included in the Proposed MDN Budget. Additionally, in order to assure targeted enrollment numbers and sufficient student support the following are included in the proposed budget (below).
- Graduate Advisor (1)
- Supervised Practice Coordinators (3)
- Acute Care Preceptor (1)
- Faculty
- Administrative Assistance

- Marketing and Recruitment
- Operational Expenses – application review/processing; ACEND annual fee; computer software; space rentals; advisory board meetings; marketing and recruitment; travel; professional memberships
- Travel (in and out of state)
- Memberships

VIII. Budget

Proposed Budget

Proposed MDN Budget

Estimated Revenue

Year	No Of Students	Tuition	Subsidy	*Marginal PBA Generation (Total – Central Tax & SSA)	Amount Available to Program (Cumulative margin – College tax)
Year 1	45	$733,409	$278,396	$399,892	$319,914
Year 2 1st year (n=60) 2nd year (n = 45)	105	$2,190,447	$810,132	$1,163,075	$1,250,382
Year 3	120	$1,967,882	$697,604	$1,002,035	$1,801,933
Estimated Costs by Year 3					
		FTE's	Salary	Benefits	Total Cost
Faculty		8.4**	812,000	243,545	1,055,545
Staff		4.0	200,000	60,000	260,000
Lecturers		2.0	80,000	24,000	104,000
Operating	30,000				1,449,545

*Marginal PBA Generation: Permanent budget allocation: difference in income from one year to the next.

SSA = student support assessment (used to support scholarships, libraries, etc.); Central tax = university tax that is kept by the university to support administration and central priorities

**Estimated based on average teaching load of 18 credits/faculty member per academic year.

IX. Program Accreditation

Communication to the external accrediting body, the Accreditation Council for Education in Nutrition and Dietetics (ACEND) will be completed by the Co-Directors of the MDN. The accrediting body has accepted the MDN as a demonstration program for the Future Education Model. The purpose of engaging demonstration sites is to measure program and graduate outcomes under the Future Education Model Accreditation Standards. The intent is to confirm and to assure stakeholders that ACEND accredited programs produce graduates that are adequately prepared for *future* practice in nutrition and dietetics. ACEND has accepted the Ohio State University MDN program as a demonstration program for the new model of dietetic education at the graduate level.

The MDN will receive many benefits as a demonstration program:

1. The program site visit, which is currently scheduled for autumn 2018, will be postponed for four years

2. The program will continue to show leadership in dietetics education and receive national recognition as a leader in the implementation of the Future Education Model.

3. The program co-directors will have access to competency-based education (CBE) support materials including participation in online and in-person training on competency-based education and competency assessment planning.

4. The program will receive some monetary benefits of having the following fees waived: Program change fee ($250); one year annual accreditation fee ($1975); travel and registration for in-person training on competency-based education and assessment.

X. Transition for Currently Enrolled Students

A plan for transitioning students through their current program of study or matriculating them into the MDN is outlined in Appendix F. Once the program has been approved the Co-Directors in participation with the SHRS and EHE Student Services office will set up meeting times for the current medical dietetics students to discuss the changes. Additionally, it is important that future students and the public are informed of the impending changes in the dietetics education programs and credentialing of the Registered Dietitian Nutritionists. Subsequently, communicating this information will be critical and will require assistance from the marketing personnel in the School of Health and Rehabilitation Sciences through the various communication channels including the School website, printed materials, and other social media outlets.

APPENDICES

Appendix A

Proposed Semester Plan for Master of Dietetics and Nutrition (MDN) Professional Degree

Autumn Year 1		Credit Hours
MDN 6900 Nutrition Entrepreneurship, Management and Leadership	Includes management theory, budget financial and productivity data management, leader skills, application to program management (SWOT analysis, program development, quality improvement, risk management, strategic planning,)	3
MDN 5800 Advanced Nutrition Assessment with Laboratory	To include adults and pediatrics – pharmacology. DXA, ultrasound, nutrition focused physical exam, point of care testing, etc.	3
MDN 6700 Advanced Nutrition Education and Counseling	Includes interprofessional simulation – standardized patients-education intervention development Behavior change theories and their application to nutrition and public health interventions; individual/group; motivational interviewing;	3
MDN 5000 Medical Nutrition Therapy and Pathophysiology 1	Inflammation, Fluid, Electrolyte, Acid Base, Immunology, enteral, parenteral, pharmacology, disorders of energy balance, cardiology, malnutrition; evidenced-based practice; coordinated with MNT 1	3
MDN 5100 Nutrition Care Process Laboratory 1	Includes interprofessional simulation – clinical informatics modules with EMR- standardiz patients; evidenced-based practice	2
MDN 6001 Communication Strategies, Methods and Technology I	Informatics, public policy, research tools	1
TOTAL		**15**
Spring 1		**Credit Hours**
MDN 5200 Medical Nutrition Therapy and Pathophysiology 2	GI diseases, Liver, gallbladder, pancreas, endocrine, renal, respiratory, cancer; evidenced-based practice	3
MDN 5300 Nutrition Care Process Laboratory 2	Includes interprofessional simulation – standardized patients-education intervention development; evidenced-based practice, nutrition counseling and assessment skills coordinated with MNT 2	2
MDN 5600 Advanced Community Nutrition and Health Promotion	Higher level focus on use of big data, public policy, food insecurity, nutritional surveillance, grantsmanship In-depth analysis of global issues and methods to improve nutrition status/health, epidemi malnutrition, policy, includes maternal and child, food insecurity, nutrition surveillance	3

MDN 6002 Communication Strategies, Methods and Technology II	Informatics, public policy, research tools	1
MDN 6189 Supervised Practice 1: Food Service Management 32/wk X 8 wk = 256 hours		3
TOTAL		12
Full Summer Session		**Credit Hours**
MDN 6400 Medical Nutrition Therapy and Pathophysiology 3	Neurological, Metabolic Stress/Critical care, Metabolic Disorders in adults and pediatrics	3
MDN 6289 Supervised Practice 2: Community /Outpatient 2 – four week rotations T-Fr 128 each =256 hrs		3
MDN 6500 Nutrition Care Process Laboratory 3	Includes interprofessional simulation – standardized patients; education intervention development	1
TOTAL		**7**
Autumn 2		**Credit Hours**
MDN 6389 Supervised Practice 3:Community/Outpatient/Inpatient 3 days/24wk = 384 hours		5
Elective COGNATE course		3
MDN 5900 Nutritional Genomics		3
PUBHBIO 6210 Design and Analysis of Studies in the Health Sciences.		3
TOTAL		**14**
Spring 2		**Credit Hours**
MDN 6489 Supervised Practice 4 Outpatient/Inpatient 3 days/wk x 8 weeks, 192 hours		2
MDN 6589 Supervised Practice 5 Culminating 4 days /week x 8 weeks = 256 hours	Culminating supervised practice	3

Elective COGNATE course		3
MDN 6003 Evidence Based Analysis		3
MDN 7999 Capstone/Graduate Project		2
TOTAL		**13**

Total hours for graduation: 61 credit hours total (45 didactic; 16 supervised practice; 1344 clock hours)

Potential Cognate Elective Courses:

Nutrition and Physical Performance:	HN 5705/MD 5705
Advanced Community and International Nutrition	HN 7804
Advanced Macronutrient Metabolism:	HN 7761
Vitamin and Mineral Metabolism:	HN 7762
Advanced Micronutrient Metabolism:	HN 8802
Macronutrients – Lipids and Energy Balance:	HN 8801
Nutrition Support in Critical Care:	MD 6350
Care and Management of Diabetes Mellitus:	MD 6100
Diet, Nutrition and Cancer:	HN 8833
Grantsmanship:	HN 8835
Design and Analysis of Studies in Health Sciences II	PUBHBIO 6211
Epidemiology	PUBH EPI 6410
Epidemiology of Obesity	PUBH EPI 8411
Advanced Preventing Disease and Promoting Health (w/ permission from Instructor)	PUBH BHBP 6515

Certificate of Specialization Opportunities:

Definition of Graduate Academic Certificate: *"Designed for post-baccalaureate who want to earn an academic certificate by completing course with graduate academic credit in a select topic area."* (OAA ad hoc Certificate Committee 8/19/16 – OAA Handbook 2016-17.) Rationale: The 12 credit hours of coursework (6 hours included in the MDN) required for a Graduate Certificate allows the student to personalize their educational training in a way for a specific job market. This is a value-added component that will provide an additional credential increasing marketability of the program and graduate. These certificate options will also provide a recruitment and revenue stream attracting practicing health professionals who wish to augment their training and practice.

Proposed Future Certificates:

1. *Preventive Health and Nutrition:* Nutrition and Physical Performance; Advanced Nutrition in a Global Community; Program Development, Implementation and Evaluation; other courses to be determined

2. *Sports Nutrition:* Nutrition and Physical Performance: Exercise Physiology; other courses to be determined

3. *Pediatric and Maternal Nutrition*: Pediatric Nutrition; Women's Health; other courses to be determined

Admission Prerequisites

Proposed Program Prerequisites:
Students who have an undergraduate degree with a Didactic Program in Dietetics will be considered to have met the program prerequisites.

Students who do not have an undergraduate degree with a Didactic Program in Dietetics and who wish to apply to the program must have completed an undergraduate degree and all of the following program prerequisite courses or their equivalent with a C- or higher by the end of spring term prior to enrollment in the professional program. The numbers listed are Ohio State course numbers:

- Math (1150 eligibility)
- Statistics (1135 or 1145 or equivalent)
- Chemistry: two semesters with labs (1210 & 1220 or equivalent)
- Biology (1113 or equivalent)
- Biochemistry 4511 OR Biopharm 3311 & 3312 or equivalent
- Basic Human Nutrition (HUMN NTR 2310 or equivalent)
- Basic Physiology (EEOB 2520 or equivalent)
- Microbiology with Lab (MICROBIO 4000 or equivalent)
- Psychology (1100 or equivalent)
- Medical Terminology (Classics 2010, HTHRHSC 2500) or equivalent
- Introduction to Anatomy (2300 or equivalent)
- Advanced Nutrition and Metabolism (HUMN NTR 4609 or equivalent)
- Lifecycle Nutrition (HUMN NTR 3506 or equivalent)
- Introduction to Foods/Food Science (HUMN NTR 2314)
- Food Service Management (CSHSPMG 3720 & 3730 or equivalent)
- Community or Public Health Nutrition (HUMN NTR 3704 or equivalent)
- Social science – (SOCIOL 1101, or ANTHROP 1100 or equivalent)
- Food Safety and Sanitation (HUMN NUTR 2450 or equivalent)

Appendix B

Admission & Application Procedures

Applicants must meet the following minimum requirements and submit requested materials to be considered for admission. An electronic application available online at http://www.professional.osu.edu/alliedmed.asp which should be completed and submitted with all required supplemental documents.

- A minimum 3.0 cumulative GPA is required in all coursework taken at all accredited institutions. All post-secondary coursework is considered in admission.
- Successful completion of prerequisite courses.
- Submission of GRE scores which meet HRS Graduate Program requirements.
- A personal interview using holistic interview questions will be required. Knowledge of the profession, personal career goals, leadership, and professionalism will be evaluated at this time.

Requirements for Graduation will include successful completion of HRS Plan B graduate project requirements and oral exam.

Holistic Admission Questions

Applicant's Name: _____

Date of Interview: _____

Reviewer Initials: _____

Passion: Compassion and Empathy

Experience: Breadth and depth of knowledge of Dietetics

Describe the process you went through to make the important decision of pursuing dietetics as your profession.				
	0	1	2	3
Understanding of Breadth and Depth	Unable to describe any process of decision making; describes a pattern of inability to make linear/logical decisions.	Able to briefly describe the process of deciding to pursue dietetics, but description lacks depth/thought; presents limited knowledge of dietetics.	Presents a clear understanding of dietetics; able to describe the steps and thoughts involved in his/her decision to pursue dietetics; processes described are logical and indicate significant time spent on making decision.	Demonstrates significant time and thought spent on making decision to pursue dietetics; high level reasoning skills used in making decision; process demonstrates understanding of dietetics practice and reflection on personal skills, attributes, and interests that are aligned with dietetics profession.

Attribute: Resilience

Describe a goal you have set for yourself, and how you worked toward achieving it.				
	0	1	2	3
Commitment	Unable to achieve goal or articulate a goal. Described that new projects and ideas distracted him/her from goal completion; described pattern of setting a goal and then pursuing a different one/changing interests	Some evidence goal at least partially met, but excuses for why unable to completely achieve goal	Completed goal but did not express diligence, hard work, commitment as a part of achieving the goal	Demonstrated diligence, persistence, saw goal/project through to completion

Attribute: Ethical Behavior

If you saw a fellow student doing something dishonest, what would you do?				
	0	1	2	3
Awareness of Stakeholders	Consideration of only one stakeholder (e.g. oneself) relevant to the ethical decision.	Identifies & considers a few potential stakeholders relevant to the ethical decision.	Identifies & considers many or most potential stakeholders relevant to the ethical decision but leaves out some significant stakeholders.	Identifies & considers all potential stakeholders relevant to the ethical decision.

Experience: Leadership

	0	1	2	3
Describe a time you advocated for an issue, a person/population, or situation? What was the issue, what did you do and what was the result?				
Advocacy	Unable or inadequately described a time they advocated for an issue, a person /population, or situation.	(1) Identified an issue, activities, and end result	(1) Identified an issue. (2) did not explain knowledge of the issue (3) did not fully identified possible supporters and detractors, (4) described activities, (5)described end result	(1) Identified an issue outside of one's self (2) knowledge of the issue (3) identified possible supporters and/ or detractors, (4) described activities, (5)described end result

Score:_____/ 12

Communication Skills				
Criteria	0	1	2	3
Non-verbal Speed, tone, affect	Speech too fast or high-pitched, tone not indicative of appropriate emotion for context, flat affect	Speech appropriate pitch and speed, affect not flat, but also not assisting in conveying care/interest	Successfully match speech tone, pitch, and speed to context of activity, affect conveys interest and care, however difficulty maintaining when focused on task	Naturally match speech tone, pitch and speed to context, able to maintain this when focused on tasks.
Verbal/critical thinking	Responses to questions are scattered and unorganized. Answers questions but with lack of insight.	Expresses self but answers do not always relate to questions asked or lack insight	Answers are good but demonstrate some stumbling over words or slower thought processing	Provides in depth answers spontaneously Able to expresses self clearly and concisely Able to think on feet Able to critically answer question/apply past experiences
Approachability & Confidence	Posture, facial expression, gestures, attitude do not convey approachableness. Appears standoffish, avoids eye contact, slouches, hesitant to speak	Neutral appearance, some effort made to appear friendly or approachable (return a smile, etc.). May appear forced at times.	Utilize smiling, positive attitude, and engaged posture to increase approachability. Appeared comfortable and confident, some internal hesitation	Used several techniques to demonstrate friendly attitude, appears natural and confident, establishes rapport and initiates interaction.

Score:_____/ 9

Appendix C

Required Coursework Linked To Accreditation Curricular Competency

ACEND accreditation standards state that the curriculum must include the following required components, including prerequisites:

CURRICULUM REQUIREMENTS	COURSES TO MEET CURRICULUM REQUIREMENTS
1. Research methodology, interpretation of research literature and integration of research principles into evidenced-based practice.	Communication Strategies, Method and Technology I; Design and Analysis of Studies in Health Sciences; Advanced Community Nutrition/Advanced Nutrition in a Global Community; MNT I and II and Nutrition Care Process Labs I and II; Theories of Behavior Change and Their Application to Nutrition
2. Communication skills sufficient for entry into professional practice.	Communication Strategies, Method and Technology I; Theories of Behavior Change and Their Application to Nutrition/ Advanced Nutrition Education and Counseling; Nutrition Care Process Labs I and II
3. Principles and techniques of effective counseling methods.	Theories of Behavior Change and Their Application to Nutrition/ Advanced Nutrition Education and Motivational Interviewing; Nutrition Care Process Labs I and II
4. Governance of nutrition and dietetics practices, such as the Scope of Nutrition and Dietetics Practice and the Code of Ethics for the Profession of Nutrition and Dietetics; and interprofessional relationships in various practice settings.	Nutrition Care Process Labs I and II; Theories of Behavior Change and Their Application to Nutrition/ Advanced Nutrition Education and Counseling;
5. Principles of medical nutrition therapy and the Nutrition Care Process.	MNT I and II and Nutrition Care Process Labs I and II; Advanced Nutrition Assessment with Lab, Advanced Nutrition and Metabolism (prereq)
6. Role of environment, food, nutrition and lifestyle choices in	Intro to Foods/Food Science (prereq), Basic Human Nutrition (prereq), Advanced Nutrition and Metabolism (prereq); Community Nutrition (prereq), MNT I, Nutritional Genomics, Advanced Community Nutrition/Advanced Nutrition in a Global Community

health promotion and disease prevention	
7. Education and behavior change theories and techniques	Nutrition Care Process Lab I and II; Theories of Behavior Change and Their Application to Nutrition and Program Design, Implementation, and Evaluation/ Advanced Nutrition Education and Counseling
8. Management theories and business principles required to deliver programs and services	Food Service Management (prereq); Nutrition Entrepreneurship, Management and Leadership
9. Continuous quality management of food and nutrition services	Food Service Management (prereq); Nutrition Entrepreneurship, Management and Leadership
10. Fundamentals of public policy, including the legislative and regulatory basis of nutrition and dietetics practice	Community Nutrition (prereq); Advanced Community Nutrition/Advanced Nutrition in a Global Community; Nutrition Entrepreneurship, Management and Leadership
11. Health care delivery systems (such as accountable care organizations, managed care, medical homes)	Nutrition Entrepreneurship, Management and Leadership
12. Coding and billing of nutrition and dietetics to obtain reimbursement for services from public or private payers and fee-for-service and value-based payment systems	Nutrition Entrepreneurship, Management and Leadership; MNT 1,II – Nutrition Care Process Lab 1,II
13. Food science and food systems' techniques of food preparation and development, modification and evaluation of recipes, menus, and food products acceptable to diverse populations	Intro to Foods/Food Science (prereq), Community nutrition (prereq), Food Service Management (prereq)

14. Organic chemistry, biochemistry, anatomy, physiology, genetics, microbiology, pharmacology, statistics, logic, nutrient metabolism, functional and integrative nutrition and nutrition across the lifespan.	Statistics 1135 or 1145 or equivalent Chemistry: two semesters with labs 1210 or 1220 or equivalent Biochemistry 4511 or Biopharm 3311 and 3312 or equivalent Basic Human Nutrition 2310 or equivalent Basic Physiology or equivalent Microbiology with Lab 4000 or equivalent Introduction to Anatomy 2300 or equivalent Advanced Nutrition and Metabolism Lifecycle Nutrition Medical Nutrition Therapy I and II
15. Cultural competence and human diversity human behavior, psychology, sociology, or anthropology.	Social science – psychology, sociology, or anthropology (prereq) Community Nutrition (prereq); Advanced Community Nutrition/Advanced Nutrition in a Global Community; Theories of Behavior Change and Their Application to Nutrition/Advanced Nutrition Education and Counseling

Appendix D

Outline of Graduate Project Requirements

(Currently approved for MS Allied Medicine)

Non Thesis (Plan B) CASE STUDY option

The comprehensive case study projects require an in-depth assessment and synthesis of the information from the core curriculum, current evidence, and clinical or management practice guidelines in relation to a specified case. Case studies will foster your analytic skills for patient/client/program management through the Clinical Care Process of gathering and evaluating information, assessment, d i a g n o s i s , developing care plans, monitoring outcomes, and integrating prevention and wellness strategies to optimize the health and clinical status of the patient.

Topics of the case study may encompass any of the following practice areas:
- Education
- Research
- Management/administration
- Clinical nutrition-inpatient
- Clinical nutrition-outpatient/ambulatory care
- Clinical nutrition-long-term care
- Community nutrition
- Consultation and business practice
- Medical Laboratory Science
- Healthcare Policy

Selecting a Case
Potential case report topics and cases must be discussed and approved with the research advisor prior to initiation of the project. You will identify the area of research for your case study during your plan of study. Examples of experiences that may inform your selection include: education practicum, management practicum, food service management, community wellness, or medical nutrition therapy rotation (acute care or outpatient clinic).

Guidelines for the Written Case Study within the Non-Thesis Plan B Process
The following describes the information needed to develop and format the Non-Thesis (Plan B) written Case Study Report document. Sample case studies will be provided for student reference.

The purpose of the case is to describe an interesting case and how it impacts some aspect of clinical practice. You will examine the literature to discuss the evidence behind the care you provided as well as describe the outcomes obtained within the context of the current evidence. Alternate treatment plans and adaptations should also be described as part of the evaluation of outcomes.

Outcome Measures will be required to document the impact of care provided, consistent with the Clinical Care Process guidelines for a clinical case. The outcome measures you choose must be

supported by the scientific evidence or standards of practice.

The case manuscript should follow the format:
   a. Title page
   b. Abstract
   c. **Chapter One:** Introduction and Statement of the Problem
   d. **Chapter Two:** Literature review supporting the topic
   e. **Chapter Three:** Introduction of the Case: Assessment; Diagnosis; Intervention; Monitoring; and Evaluation
   f. **Chapter Four**: Discussion, Implications and Future Directions
   g. References
   h. Tables and Figures
   i. **Chapter Five:** Sample manuscript formatted for the appropriate journal

Selection of Graduate Exam Committee Members
The MS student and advisor will mutually decide on faculty to ask to serve on the Graduate Committee. Selection of members of the committee will be based on their expertise as it relates to the clinical topic; the goal is that these members provide support and advice to develop a sound and valid case study. The HRS MS graduate program requires that the case study committee be comprised of at least 3 graduate faculty, including the student's advisor, with M or P status. One committee member must be outside the student's discipline and/or division. Non-graduate faculty members may be appointed to the case study committee by approval of the MS Graduate Studies Committee and by petition to the Graduate School. Non-graduate faculty will serve in addition to the required two Ohio State graduate faculty. The student will ask the committee members and will proceed with scheduling the meeting once a full committee has been formed. When asking the committee members, the student should be able to articulate the purpose and scope of the case study. In addition, potential faculty members often need to know the student's timeline in order to plan their own workload.

Oral Presentation of Case Study
The case study oral examination will be administered by the Graduate Exam Committee and will be a formal case study presentation followed by a question and answer period. A detailed rubric for assessment of passing or non-passing grade will be utilized to standardize the evaluation process and address interrater reliability. A Graduate Exam Committee, consisting of at least three faculty members with M status will administer the oral examination. The Committee will be formed according to the guidelines above. One retest will be permitted if the student's oral examination is deemed to be non-passing by the Graduate Exam Committee.

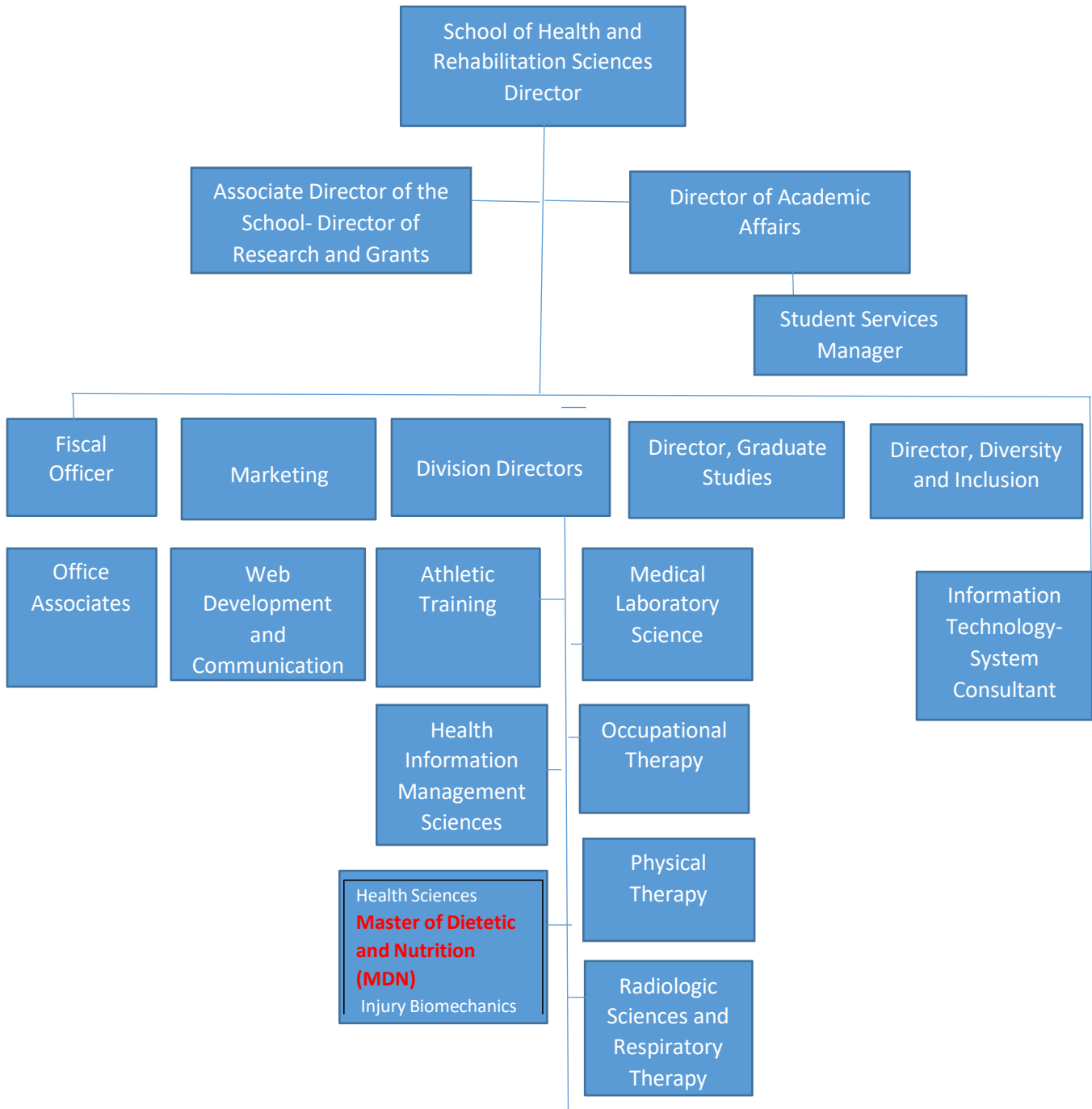**Guidelines for Oral Presentation – Plan B Graduate Project**

	Inadequate	Meets Expectations	Exceeds Expectations
Title			
Introduction – (Why is this case interesting? What question do you need to answer?) *Background and purpose*			
Review of literature investigating the problem, evaluation, treatment			
Importance of the problem			
Case Description			
Background leading to case presentation			
Assessment, Clinical Diagnosis, and Prognosis (Supported by evidence from the literature and clinical reasoning grounded in science and theory)	███	███	███
Assessment			
Clinical Diagnosis			
Prognosis			
Clinical Intervention (Supported by evidence from the literature, where possible, or clinical reasoning grounded in science and theory)			
Planned interventions and ability to fully execute			
Clinical Monitoring Plan	███	███	███
Data to be collected and intervals *Expected changes as a result of intervention*			
Clinical Evaluation	███	███	███
Reexamination and progress			
Patient Outcomes, including future goals, potential alternate interventions			
Discussion (draw conclusions, discuss implications and make recommendations) - Reflecting on this patient/program: If presented again with a similar patient or problem what would you do differently? - Was there access to services that was particularly helpful or that was lacking and could have improved care? - Was there adequate research/literature to guide your care of this patient or to impact delivery of nutrition care?			
References: AMA bibliography (>60% of references are research articles or systematic review)			
Appropriate internal citations			
General overall grading items: Terminology consistent with Clinical Care Process and standards of care			
Word-processed, double-spaced, 12 point font			

Passing = 14 of the scores are at meets or exceeds expectations

Appendix E

**School of Health and Rehabilitation Sciences
Organization Chart**

School of Health and Rehabilitation Sciences
Organization Chart

School of Health and Rehabilitation Sciences Director

Associate Director of the School- Director of Research and Grants

Director of Academic Affairs

Student Services Manager

Fiscal Officer

Marketing

Division Directors

Director, Graduate Studies

Director, Diversity and Inclusion

Office Associates

Web Development and Communication

Athletic Training

Medical Laboratory Science

Information Technology- System Consultant

Health Information Management Sciences

Occupational Therapy

Health Sciences
Master of Dietetic and Nutrition (MDN)
Injury Biomechanics

Physical Therapy

Radiologic Sciences and Respiratory Therapy

Appendix F

Transition Plan for Currently Enrolled Students

a. We propose that we will transition admissions for our undergraduate coordinated dietetics education program beginning in the academic year 2019-2020.

b. We propose that we will no longer accept graduate students for the current coordinated graduate program in dietetics education beginning in the academic year 2020-2021.

c. We propose that we will no longer accept students into the Dietetic Internships in Medical Dietetics and Human Nutrition beginning in the academic year 2021-2022.
   In 2019-20 and 2020-21, the Human Nutrition DI will limit acceptance of those with a bachelor's degree to 10 and 5 interns, respectively; the remaining matches must have a master's degree by the DI program start date. Individuals with a master's degree will not be seeking a coordinated program placement. This keeps the number of potentially competing students at the 10 (2019-20) and 5 (2020-21) as in prior proposal.

d. All currently enrolled students will be able to complete their degree requirements.

e. In Autumn 2020, the MDN program will be evaluated for its' feasibility and success. If the program is not meeting enrollment goals or it is determined not to be mutual beneficial to Human Sciences and Medical Dietetics, the transition goals will be reconsidered.

f.

PROPOSED TRANSITION PLAN					
Academic Year	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**
MD* SO **CPUG coordinated	8	5	5 (if applied)	0	0
MD JR CPUG coordinated	26	8 + 7new 15	5	5	0
MS SR CPUG coordinated	21	26	15	5	5
MD Coordinated Grad. yr. 1	7	(Est) 5	All move to MDN	0	0
MD Coordinated Grad. yr. 2	11	7	5	0	0
MD Coordinated Grad. yr. 3	7	11	7	5	0
MD Dietetic Internship yr. 1	8	8	8	5	0
MD Dietetic Internship yr. 2	7	8	8	5	5
Human Nutrition Dietetic Internship	20	20	15	10	0

New MDN*** Year 1	0	0	30	40	65
New MDN Year 2	0	0	0	30	40
TOTAL	**115**	**105**	**88**	**100**	**115**

Appendix G

Graduate Faculty SHRS and Human Nutrition

Faculty Name	Credentials	Faculty Appointment
Cheryl Achterberg	PhD	Dean, Professor
Ingrid Adams	PhD RDN LD	Associate Professor
Amanda Agnew	PhD	Assistant Professor
Tonya Apke	DPT	Assistant Professor-Clinical
Tammy Bannerman	PhD	Assistant Professor
Michele Basso	EdD,PT	Professor
Martha Belury	PhD RDN LD	Professor
Amanda Bird	PhD	Associate Professor
Jackie Buell	PhD RDN LD	Assistant Prof-Clinical
John Bolte	PhD	Associate Professor
Josh Bomser	PhD	Associate Professor
Laura Boucher	PhD AT	Assistant Professor-Clinical
Rich Bruno	PhD RDN	Professor
Dennis Cleary	OTD	Assistant Professor-Clinical
Steven Clinton	MD PhD	Professor
Jill Clutter	PhD	Associate Professor
Amy Darragh	PhD	Associate Professor
Carmen Digiovine	PhD	Associate Professor
Robert DiSilvestro	PhD	Professor
Crystal Dunlevy	EdD	Professor-Clinical
Kevin Evans	PhD	Professor
Nicholas Funderburg	PhD	Assistant Professor
Carolyn Gunther	PhD	Assistant Professor
Earl Harrison	PhD	Dean's Distinguished Prof
Irene Hatsu	PhD RDN	Assistant Professor
Jill Heathcock	PhD	Associate Professor
Randee Hunter	PhD	Assistant Professor-Clinical
Sanja Ilic	PhD	Assistant Professor
Deborah Kegelmeyer	DPT	Professor-Clinical
Erika Kemp	OTD	Assistant Professor-Clinical
Julie Kennel	PhD RDN LD	Assistant Professor-Clinical
Rachel Kopec	PhD	Assistant Professor
Sue Leson	PhD RDN LD	Associate Professor-Clinical
Anne Kloos	DPT	Professor-Clinical
Jessica Krok	PhD	Assistant Professor
Deborah Larsen	PhD,PT	Professor –Associate Dean College of Medicine
Mark Merrick	PhD AT	Associate Professor
Carla Miller	PhD RDN LD	Professor

Marcia Nahikian-Nelms	PhD RDN LD	Professor-Clinical
James Onate	PhD,AT	Associate Professor
Tonya Orchard	PhD RDN LD	Assistant Professor
Stephen Page	PhD	Professor
Emily Patterson	PhD	Associate Professor
Andrew Persch	PhD	Assistant Professor
Catherine Quatman-Yates	DPT,PhD	Assistant Professor
Laurie Rinehart-Thompson	JD,RHIA	Associate Professor-Clinical
Kristin Roberts	PhD RDN LD	Assistant Professor-Clinical
Monica Robinson	OTD	Assistant Professor-Clinical
Stephanie Roewer	DPT	Assistant Professor
Laura Schmitt	PT,PhD	Assistant Professor
Georgianna Sergakis	PhD,RRT	Associate Professor-Clinical
Colleen Spees	PhD RDN LD	Assistant Professor
Christopher Taylor	PhD RDN LD	Professor
Sarah Varekojis	PhD,RRT	Associate Professor-Clinical
Lindy Weaver	PhD,OTR/L	Assistant Professor-Clinical
Randall Wexler	MD	Associate Professor-Clinical
Kay Wolf	PhD RDN LD	Professor
Ouliana Ziouzenkova	PhD	Associate Professor

Appendix H

References

1. Accreditation Council for Education in Nutrition and Dietetics. Rationale for Future Education Preparation of Nutrition and Dietetics Practitioners. http://www.eatrightpro.org/resources/acend/accreditation-standards-fees-and-policies/future-education-model. Published January 2017. Accessed May 21, 2017.

2. Accreditation Standards for Master Degree Programs in Nutrition and Dietetics. http://www.eatrightpro.org/~/media/eatrightpro%20files/acend/futureeducationmodel/revisedfemmastertrackchanges.ashx

   Published February 2017. Accessed May 21, 2017.

3. Institute of Medicine. Center for Health Workforce Studies. Allied Health Workshop, Institute of Medicine: May 9 and 10, 2011, Scope of Practice and the Future of Team Based Care. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2011-10-03_chws_presentation.pdf Accessed September 11, 2014.

4. Sullivan M, Kovsky RD, Mason DJ, Hill CD, and Dukes C. Interprofessional Collaboration and Education. Am J Nurs. 2015: 115: 47-54.

5. Institute of Medicine of the National Academies. Measuring the Impact of Interprofessional Education (IPE) on Collaborative Practice and Patient Outcomes. 2015. Washington, DC.

6. Frenk J, Chen L, and Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet.* 2010: 376: 1923-1958.

Appendix I

Letters of Support

12/19/2017

To: The Ohio State University Council on Academic Affairs

The School of Health and Rehabilitation Sciences curriculum committee met on 12/19/2017 to review the Professional Degree Proposal for the Master in Dietetics and Nutrition. After discussion, the committee voted to approve the PDP (6 in favor, 0 opposed, 1 abstain, 1 absent). Thank you.

Sincerely,

Sarah Varekojis

Sarah M. Varekojis, PhD, RRT
Chair, School of Health and Rehabilitation Sciences curriculum committee
Associate Professor and Director of Clinical Education
Respiratory Therapy Division

THE OHIO STATE UNIVERSITY

November 27th, 2017

The Ohio State University
Council of Academic
Affairs:

The School of Health and Rehabilitation Sciences Graduate Studies Committee met, reviewed, and approved (vote 6-0 with 3 abstains) the proposal for a Masters in Dietetics and Nutrition program on 11-2-17. We believe these are outstanding opportunities for enhancement of graduate education in these combined areas that will benefit the students learning experience. We have forwarded this recommendation to our Health and Rehabilitation Sciences Curriculum committee and the graduate M faculty in Health and Rehabilitation Sciences for further input regarding this proposal.

Best Regards,

James Onate, PhD, ATC, FNATA
The Ohio State University
Associate Professor, Athletic Training Division
Chair, Graduate Studies in School of Health and Rehabilitation Sciences
Director, MOVES Laboratory
College of Medicine School of Health and Rehabilitation Sciences
228B Atwell Hall, 453 West 10th Ave, Columbus, OH 43210-
2205 Office: 614-292-1632 Office / Fax: 614-292-0210
onate.2@osu.edu

From: Bisesi, Michael
To: Nahikian-Nelms, Marcia
Cc: Archer, Kellie J.; Miller, William C.; Pirie, Phyllis
Subject: RE: inquiry from Marcia Nahikian-Nelms SHRS
Date: Monday, February 5, 2018 9:34:28 AM
Attachments: image004.png
image001.png

Marcia,

Thank you for your inquiry in your email. I have communicated with the applicable CPH Division Chairs and a summary of what they think best follows below. There suggestions are based on several factors including the fact that some courses you proposed are being discontinued. They suggest:

Biostatistics:

· PUBHBIO 6210 Design and Analysis of Studies in Health Sciences I (3cr)

· PUBHBIO 6211 Design and Analysis of Studies in Health Sciences II (3cr)

Epidemiology:

· PUBH EPI Epidemiology 6410 (3cr) instead of PUBHEPI 6430 Epidemiology I and PUBHEPI 7410 Epidemiology II

· PUBH EPI 8411 Epidemiology of Obesity

Health Behavior/Promotion:

· PUBH BHBP 6515 Advanced Preventing Disease and Promoting Health (3cr) (w/ permission from Instructor)

Contact me with any questions.

Best,

Mike

Michael S. Bisesi, MS, PhD, REHS, CIH

Senior Associate Dean, Academic Affairs

Professor & Chair (Interim), Environmental Health Sciences

Fellow, AIHA

College of Public Health

256 Cunz Hall 1841 Neil Ave

Columbus, OH 43210-1351

(614) 247-8290 bisesi.12@osu.edu

(Executive Administrative Assistant Mindy Freed (614) 292-4475 freed.28@osu.edu)

(EHS Division Coordinator Christy Mcleod mcleod.53@osu.edu)

THE OHIO STATE UNIVERSITY

College of Education and Human Ecology

Office of the Dean

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1945 N. High Street
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614-292-6991 Phone
614-292-8052 Fax

ehe.osu.edu

November 27, 2017

Deborah S. Larsen, PhD, FAPTA, FASHAP
Professor and Director, School of Health and Rehabilitation Sciences
Associate Dean, College of Medicine
Associate Vice President, Health Sciences

Dear Dr. Larsen,

Per our meeting of November 8, 2017, I am writing this letter of concurrence and support for the proposal for a Master's in Dietetics and Nutrition (MDN). The proposed program will be an integrated program between the two units: Medical Dietetics within the School of Health and Rehabilitation Sciences in the College of Medicine and Human Nutrition within the Department of Human Sciences in the College of Education and Human Ecology. The School will serve as the home for the program with oversight by a graduate advisory committee led by a Co-Director (from Medical Dietetics) and a Co-Director (from Human Nutrition). It will be administered through the Graduate School of the University.

As outlined in the program proposal, courses may be offered by either unit as determined by the advisory committee and faculty expertise, or co-taught by faculty from each unit. A memorandum of understanding will be developed to delineate the revenue and cost-sharing aspects of the program with appropriate approval from the School, College of Medicine, Department, and College of Education and Human Ecology (CEHE).

As the MDN is initiated, the combined undergraduate internship program in dietetics in the College of Medicine, as well as the internship program in the College of Education and Human Ecology, will be phased out, allowing those within these programs to complete their degrees but discontinuing admissions to these programs. In addition, CEHE will continue to offer a Bachelor's in Nutrition with articulation to the MDN program in the School of Health and Rehabilitation Sciences. A date will be determined jointly by the School of Health and Rehabilitation Sciences and CEHE once the MDN is approved and an initial cohort admission date identified.

This is an exciting next step in dietetics education at The Ohio State University, and I am looking forward to seeing it come to fruition.

Sincerely,

Cheryl Achterberg, Dean
College of Education and Human Ecology

Copy to: Bryan Warnick, Associate Dean of Academic Affairs
            Erik Porfeli, Chair, Department of Human Sciences

Appendix J

MDN New Course Syllabi

Medical Nutrition Therapy and Pathophysiology 1

MDN 5000
3 Semester credit hours
The Ohio State University
Days/Time:

Faculty:
Office Hours: Upon Request

Course Description: Study of nutrition therapy in disease: interrelationships of nutrition with biochemical, physiological and anatomical changes associated with energy balance, diseases of the cardiovascular, musculoskeletal and respiratory systems.
Prerequisites: Admission to MDN degree program

Course Objectives:
   At the completion of this course, students will:

1. Integrate the foundation principles for fluid, electrolyte, acid-base balance, cellular and physiological response to injury, nutritional genomics and pharmacology for the nutritional care of infants, children and adults.

2. Apply the knowledge of anatomy, physiology, biochemistry, and nutrition science to the physiological changes that occur in disorders of energy balance, diseases of the cardiovascular, musculoskeletal and respiratory systems.

3. Demonstrate competence in nutrition assessment techniques and the appropriate interpretation for infants, children and adults with selected diseases/conditions.

4. Acquire and demonstrate competence in prescribing nutrition therapy for individuals with medical diagnoses associated with disorders of energy balance, diseases of the cardiovascular, musculoskeletal and respiratory systems.

5. Demonstrate the ability to prescribe and monitor alternative feeding modalities including parenteral and enteral nutrition support.

6. Justify appropriate medical nutrition therapy recommendations for the management of patients with selected diseases/conditions.

Required Textbooks:
   Required AND Membership:
   Academy of Nutrition and Dietetics Student Membership. http://eatright.org

   Nutrition Care Manual from the American Dietetic Association. http://Nutritoncaremanual.org

   Nelms, Sucher, Lacey. Nutrition Therapy and Pathophysiology. 3e   Belmont CA:
   Cengage. 2016. ISBN 0-534-62154-6

   Nelms, Sucher, Long. Medical Nutrition Therapy: A Case Study Approach. 5e   Belmont CA: Cengage. 2016.
   ISBN 10: 133-59315-1

   Online International Dietetics and Nutrition Terminology Reference Manual: Standardized Language for the Nutrition Care Process (2017)

Grading Policy:

- The University's standard grading scheme will be used for this course.

- Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Case Studies (3)	150
Clinical Applications	200
Pre-class Quizzes	100
Examinations (3)	300
Total	750

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**

- **Course technology**: For help with your password, university e-mail, Carmen, or any other technology issues, questions, or requests, contact the OSU IT Service Desk. Standard support hours are available at https://ocio.osu.edu/help/hours, and support for urgent issues is available 24x7.
  - Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)

  - Email: 8help@osu.edu • TDD: 614-688-8743

- **Academic Misconduct** –

  Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University and the Committee on Academic Misconduct (COAM) expect that all students have read and understand the University's Code of Student Conduct, and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University's Code of Student Conduct and this syllabus may constitute "Academic Misconduct."

  The Ohio State University's Code of Student Conduct (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination.

  Faculty are obligated by University Rules to report my suspicions to the Committee on Academic Misconduct. If COAM determines that you have violated the University's Code of Student Conduct (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing

  grade in this course and suspension or dismissal from the University. If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact me. Other sources of information on academic misconduct (integrity) to which you can refer include:

  - The Committee on Academic Misconduct web pages (www.oaa.osu.edu/coam/home.html)

  - Ten Suggestions for Preserving Academic Integrity (www.oaa.osu.edu/coam/ten- suggestions.html)
    Eight Cardinal Rules of Academic Integrity (www.northwestern.edu/uacc/8cards.html

- **School and Program Handbooks:** Handbooks are available on the SHRS website: hrs.osu.edu. These handbooks provide all required policies and procedures required for students accepted into academic programs in SHRS.

- **Disabilities** - The University strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on your disability (including mental health, chronic or temporary medical conditions), please let faculty know immediately so that we can privately discuss options. To establish reasonable accommodations, we may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion. **SLDS contact information:** slds@osu.edu; 614-292-3307; slds.osu.edu; 098 Baker Hall, 113 W. 12th Avenue.

- **Counseling and Consultation Services:**
  As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life Counseling and Consultation Services (CCS) by visiting ccs.osu.edu or calling (614) 292- 5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at (614) 292-5766 and 24 hour emergency help is also available through the 24/7 National Prevention Hotline at 1-(800)-273-TALK or at suicidepreventionlifeline.org

- **Due Dates / Make-up Assignments** – Due dates for all assignments are firm. Assignments submitted past the deadline will be deducted half the value of the assignment. For example, a 20 point assignment submitted past the deadline may earn a maximum 10 out of 20 points. The online course management Carmen sends a confirmation email to students when assignments are successfully uploaded - if you do not receive confirmation check Carmen. Unless otherwise noted on the schedule below, grades and/or feedback will be posted 5 business days following the submission of an assignment or exam.

- This syllabus, the course elements, policies, and schedule are subject to change in the event of extenuating circumstances.

Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE	Introduction to Pathophysiology - Inflammatory Response Medical and Nutritional Management of Inflammation	Chapter 9– Cellular and Physiological Response to Injury Peer Reviewed Research Readings	
TWO	Immunology – Inflammation – Allergy Medical and Nutritional Management of Autoimmune disease and food allergies	Chapter 9 – Cellular and Physiological Response to Injury Peer Reviewed Research Readings Nutrition Care Manual – Nutrition Therapy for Food Allergy	
THREE, FOUR	Energy Balance – Pathophysiology Medical and nutritional management for Obesity/Overweight/Eating Disorders/Refeeding Syndrome	Chapter 12 – Diseases and Disorders of Energy Balance Peer Reviewed Research Readings Academy of Nutrition and Dietetics - Evidence Analysis Library	
FIVE	Musculoskeletal Disorders - Osteoporosis	Chapter 25 Osteoporosis Prevention and Treatment Guidelines	
SIX	Pharmacology	Ch 11 – Drug mechanisms, Pharmokinetics Food Drug Interactions – Populations at risk	
SEVEN	Fluid and Electrolyte Balance Medical and Nutritional Management of dehydration, electrolyte imbalances	Chapter 7 – Fluid and Electrolyte Balance Peer Reviewed Research Readings Nutrition Care Manual – Sodium, Potassium, Phosphorous Nutrition Therapy	
EIGHT. NINE	Introduction to Cardiac – HTN Other Cardiac Pathophysiology- Dyslipidemias, Atherosclerosis, Myocardial Infarction, Congestive Heart Failure Pediatric Diagnoses	Chapter 13 – Fluid and Electrolyte Balance Peer Reviewed Research Readings Nutrition Care Manual – DASH, MI, TLC, Mediterranean Diet Nutrition Therapy	
TEN	Introduction to Enteral Nutrition Support	Chapter 5 – Enteral and Parenteral Nutrition Support	

		American Society for Parenteral and Enteral Nutrition Support Guidelines Peer Reviewed Research Readings
ELEVEN	Introduction to Parenteral Nutrition Support	Chapter 5 – Enteral and Parenteral Nutrition Support American Society for Parenteral and Enteral Nutrition Support Guidelines Peer Reviewed Research Readings
TWELVE	Acid Base Balance – Applications to Nutrition Support	Chapter 8 – Acid Base Balance Peer Reviewed Research Readings Nutrition Care Manual – Sodium, Potassium, Phosphorous Nutrition Therapy
THIRTEEN, FOURTEEN	Respiratory Disorders Nutrition Therapy for Pulmonary health, COPD, Respiratory failure - Mechanical Ventilation, patients with tracheostomies,	Chapter 21 – Diseases of the Respiratory System Peer Reviewed Research Readings Nutrition Care Manual – COPD,
FIFTEEN	Neurological Disease – epilepsy and seizure disorders; stroke and aneurysm, Progressive neurological disorders; Dysphagia Nutrition Therapy	Chapter 20– Diseases and Disorders of the Neurological System Peer Reviewed Research Readings Nutrition Care Manual – Dysphagia, Nutrition Therapy; Ketogenic Diet; Nutrition therapy for Stroke and progressive neurological disorders.

Nutrition Care Process Laboratory 1
MDN

2 Semester credit hours
The Ohio State University
Date/Time:

Faculty:
Office Hours: Upon Request

Course Description: Laboratory: integration and application of knowledge of nutrition, dietetics, metabolism, and physiology to plan and manage the nutritional care of a variety of patients/clients with evidence-based medical nutrition therapy with laboratory and experiential application. Prerequisites: Admission to MDN degree program

Course Objectives:
At the completion of this course, students will:
1. Develop appropriate nutrition care process steps for assessment, diagnosis, intervention, monitoring and evaluation for infants, children and adults with selected diseases/conditions.
2. Identify appropriate medical nutrition therapy for individuals with disorders of energy balance, diseases of the cardiovascular, musculoskeletal and respiratory systems.
3. Select and manage learning activities appropriate to meet defined objectives for medical nutrition therapy.
4. Effectively plan and deliver medical nutrition therapy.
5. Effectively use nutritional informatics for medical nutrition therapy, education, teaching and counseling.
6. Maintain a portfolio of teaching/counseling resource materials.
7. Plan and document evidence based nutrition therapy for infants, children and adults with disorders of energy balance, diseases of the cardiovascular, musculoskeletal and respiratory systems.
8. Implement interdisciplinary team involvement for provision of medical nutrition therapy, education and counseling for infants, children and adults with selected diseases/conditions.

Grading Policy:
- The University's standard grading scheme will be used for this course.

- Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Case Studies (3)	150
Nutrition Focused Physical Exam competency	100
Acute Care Meal Rounds – Interacting with patients/Patient Safety protocols	50

Clinical Observations: 125
*Cardiac
Rehabilitation;
Weight
Management Class;
Student Wellness
Center; OSU
Childcare; Nutrition*

Support; Fiberoptic Evaluation of Swallowing	50
Nutrition Screening and Documentation	50
Menu Planning and Modification	50
Nutrition care Process documentation and Laboratory Notebook	50
Interprofessional Simulation	100
Video Standardized Patient	
Examinations (3)	300
Total	775

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**

- **Course technology**: For help with your password, university e-mail, Carmen, or any other technology issues, questions, or requests, contact the OSU IT Service Desk. Standard support hours are available at https://ocio.osu.edu/help/hours, and support for urgent issues is available 24x7.
  - Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)

  - Email: 8help@osu.edu • TDD: 614-688-8743

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(www.oaa.osu.edu/coam/home.html)

- Ten Suggestions for Preserving Academic Integrity
  ([www.oaa.osu.edu/coam/ten- suggestions.html](www.oaa.osu.edu/coam/ten-suggestions.html))
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- This syllabus, the course elements, policies, and schedule are subject to change in the event of extenuating circumstances.

Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE	Introduction to Role of the RDN in the Health Care System Role of the RDN in the Interdisciplinary Team	AND Standards of Practice IPEC Core Competencies NTP: Ch. 1	
TWO	Application of the Nutrition care process: Assessment(Dietary)	NTP: Ch. 2,3	
THREE	Application of the Nutrition care process: Assessment (Anthropometric)	NTP: Ch. 2.3	
FOUR	Application of the Nutrition care process: Assessment (Anthropometric)	NTP. Ch 2,3	
FIVE	Application of the Nutrition care process: Assessment (Clinical – Nutrition Focused Physical Examination)	NTP Ch. 2,3 Video and study guide: NFPE	
SIX	Application of the Nutrition care process: Assessment (Biochemical)	NTP Ch. 2,3	
Seven	Nutrition Screening Tools HIPPA, safety protocols in the acute care setting Documentation Clinical Informatics	Assigned Readings AND Nutrition Care Manual NTP CH. 3,4	
EIGHT	Establishing MNT Plans for weight management	NTP Ch. 3, 4, 12 AND Nutrition care manual	
NINE	Establishing MNT Plans for Cardiovascular disease Cardiac Rehabilitation	NTP Ch. 3, 4, 13 AND Nutrition care manual	
TEN,ELEVEN	Establishing MNT Plans for Respiratory disease	NTP Ch. 3, 4, 21 AND Nutrition care manual	
TWELVE	Standardized Patients		
THIRTEEN	Standardized Patients		

FOURTEEN	Interdisciplinary simulations	
FIFTEEN	Final Competency Examination	
Finals		

Medical Nutrition Therapy and Pathophysiology 2
MDN 5200

3 Semester credit hours
The Ohio State University
Date/Time:

Faculty:
Office Hours: Upon Request

Course Description: Study of nutrition therapy in disease: interrelationships of nutrition with biochemical, physiological and anatomical changes associated with disorders of Gastroenterology, Endocrine, Renal, and Oncology, Nutritional genomics, Intellectual Disabilities. Prerequisites: Admission to MDN degree program

Course Objectives:
At the completion of this course, students will:

1. Integrate the anatomy, physiology, biochemistry and nutrition to physiological changes that occur in disorders associated with Gastroenterology, Endocrine, Renal, and Oncology, Nutritional genomics, Intellectual Disabilities.

2. Demonstrate competence in advanced nutrition assessment techniques and their application for individuals with disorders associated with Gastroenterology, Endocrine, Renal, and Oncology, Nutritional genomics, Intellectual Disabilities.

3. Demonstrate competence in prescribing the appropriate nutrition therapy for individuals with disorders associated with Gastroenterology, Endocrine, Renal, and Oncology, Nutritional genomics, Intellectual Disabilities..

4. Demonstrate the ability to prescribe alternative feeding modalities including enteral and parenteral nutrition support for disorders associated with Gastroenterology, Endocrine, Renal, and Oncology, Nutritional genomics, Intellectual Disabilities.

5. Design and implement nutrition education for patients with disorders associated with Gastroenterology, Endocrine, Renal, and Oncology, Nutritional genomics, Intellectual Disabilities.

6. Represent the dietetics professional within the healthcare team.

Required Textbooks:
Required AND Membership:
Academy of Nutrition and Dietetics Student Membership. http://eatright.org

Nutrition Care Manual from the American Dietetic Association. http://nutritoncaremanual.org

Nelms, Sucher, Lacey. Nutrition Therapy and Pathophysiology. 3e   Belmont CA: Cengage. 2016. ISBN 0-534-62154-6

Nelms, Sucher, Long. Medical Nutrition Therapy: A Case Study Approach. 5e   Belmont CA: Cengage. 2016. ISBN 10: 133-59315-1

Online International Dietetics and Nutrition Terminology Reference Manual: Standardized Language for the Nutrition Care Process (2017)

Grading Policy:
- The University's standard grading scheme will be used for this course.

- Grades will be available for students to view on the course's CARMEN website

Case Studies (3)	**150**
Point of care competency	100
Counseling and group education sessions	300
Clinical Observations: Diabetes group education; Endoscopy/Colonoscopy; Dialysis; Cooking demonstrations for cancer prevention	125
Nutrition Screening and Documentation	50
Menu Planning and Modification	50
Nutrition care Process documentation and Laboratory Notebook	50
Interprofessional Simulation: Pharmacy-Physician Assistant-Dietetics Diabetes Team Care	50
Video Standardized Patient	100
Development of Cooking Demonstration	100
Total	1075

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
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    • Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)

    • Email: 8help@osu.edu • TDD: 614-688-8743

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Committee on Academic Misconduct (COAM) expect that all students have read and understand the University's Code of Student Conduct, and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University's Code of Student Conduct and this syllabus may constitute "Academic Misconduct."

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Faculty are obligated by University Rules to report my suspicions to the Committee on Academic Misconduct. If COAM determines that you have violated the University's Code of Student Conduct (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in this course and suspension or dismissal from the University. If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact

Other sources of information on academic misconduct (integrity) to which you can refer include:

- The Committee on Academic Misconduct web pages (www.oaa.osu.edu/coam/home.html)

- Ten Suggestions for Preserving Academic Integrity ([www.oaa.osu.edu/coam/ten- suggestions.html](www.oaa.osu.edu/coam/ten-suggestions.html))
  Eight Cardinal Rules of Academic Integrity (www.northwestern.edu/uacc/8cards.html

- **School and Program Handbooks:** Handbooks are available on the SHRS website: hrs.osu.edu. These handbooks provide all required policies and procedures required for students accepted into academic programs in SHRS.

- **Disabilities** - The University strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on your disability (including mental health, chronic or temporary medical conditions), please let faculty know immediately so that we can privately discuss options. To establish reasonable accommodations, we may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion. **SLDS contact information:** slds@osu.edu; 614-292-3307; slds.osu.edu; 098 Baker Hall, 113 W. 12th Avenue.

- **Counseling and Consultation Services:**
  As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life Counseling and Consultation Services (CCS) by visiting ccs.osu.edu or calling (614) 292- 5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at (614) 292-5766 and 24 hour emergency help is also available through the 24/7 National Prevention Hotline at 1-(800)-273-TALK or at suicidepreventionlifeline.org

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confirmation email to students when assignments are successfully uploaded - if you do not receive confirmation check Carmen. Unless otherwise noted on the schedule below, grades and/or feedback will be posted 5 business days following the submission of an assignment or exam.

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Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE, TWO	Upper Gastrointestinal Disease – Medical and nutritional management of : pathophysiology of the oral cavity; gastroesophageal reflux disease; Barrett's esophagus; eosinophilic esophagitis; Indigestion, nausea and vomiting, Peptic Ulcer Disease; gastroparesis; gastic surgery Application of nutrition support	Chapter 14 Diseases of the Upper Gastrointestinal Tract Peer Reviewed Research Readings Nutrition Care Manual – Nutrition Therapy for Stomatitis, dysgeusia, GERD, Eosinophilic esophagitis, Nausea and vomiting, PUD, gastroparesis, postoperative care for gastric surgery ACG and ASPEN guidelines	
THREE, FOUR,FIVE	Lower Gastrointestinal disease – Medical and nutritional management of : diarrhea, constipation, malabsorption, celiac disease, irritable bowel syndrome, inflammatory bowel disease, diverticulosis – Intro to GI surgeries Application of Nutrition Support	Chapter 15 Diseases of the Lower Gastrointestinal Tract Peer Reviewed Research Readings Nutrition Care Manual – Nutrition Therapy for diarrhea, constipation, malabsorption, IBS, IBD, Celiac, ileostomy/colostomy, short bowel syndrome ACG and ASPEN guidelines	
SIX, SEVEN	Diabetes – Medical and Nutritional management of Type 1, Type 2 and Gestational Diabetes (Pharmacology, Nutrition Therapy)	Chapter 17 – Diseases of the Endocrine System Peer Reviewed Research Readings Academy of Nutrition and Dietetics - Evidence Analysis Library American Diabetes Association Medical and Nutritional Guidelines	
EIGHT, NINE	Renal Disease - Medical and Nutritional management of Chronic Kidney Disease	Chapter 8– Diseases of the Renal System Peer Reviewed Research Readings	

	Application of Nutrition Support	KODQI Medical and Nutritional Guidelines Nutrition Care Manual – CKD Nutrition Therapy
TEN,ELEVEN	Hepatobiliary Disease - Medical and Nutritional management of Hepatitis, Cirrhosis, NASH, Cholelithiasis, Pancreatitis Application of Nutrition Support	Chapter 13 – Diseases of the Liver, gallbladder and exocrine pancreas Peer Reviewed Research Readings Nutrition Care Manual – Nutrition /ASPEN GuidelinesTherapy for Acute Pancreatitis, Nutrition Therapy for Chronic Pancreatitis. Nutrition Therapy for Liver Disease – Cirrhosis and NASH; ACG and ASPEN guidelines
TWELVE,THIRTEEN	Nutritional Genomics Neoplastic Disease – Medical and Nutritional Management during and after treatment	Ch. 23 Neoplastic Disease Nutrition Care Manual – Nutrition Therapy for Oncology Patients – prevention and during treatment AICR Guidelines
FOURTEEN	Neurological Disorders	Assigned Readings NTP Ch. 20
FIFTEEN	Intellectual and Physical Disabilities, Cerebral Palsy, Autism Spectrum Disorders Application of Nutrition Support	Evidence Based Articles; Policy for IDD

Nutrition Care Process Laboratory 2
MDN 5300
2 Semester credit hours
The Ohio State University

Faculty:
Office Hours: Upon Request

Course Description: Laboratory for nutrition care process: integration and application of knowledge of nutrition, dietetics, metabolism, and physiology with the ultimate goal to effectively plan and manage the nutritional care of a variety of patients/clients using a critical thinking approach to evidence-based medical nutrition therapy with laboratory and experiential application.   Prerequisites: Admission to MDN degree program

Course Objectives:
At the completion of this course, students will:

1. Integrate the anatomy, physiology, biochemistry and nutrition to physiological changes that occur in complex disease states.

2. Demonstrate competence in advanced nutrition assessment techniques and their application for individuals in complex disease conditions.

3. Demonstrate competence in prescribing the appropriate nutrition therapy for individuals with complex diagnoses.

4. Demonstrate the ability to prescribe alternative feeding modalities including enteral and parenteral nutrition support.

5. Design and implement nutrition education for patients with complex disease state.

6. Represent the dietetics professional within the healthcare team.

Grading Policy:
- The University's standard grading scheme will be used for this course.
- Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Case Studies (3)	150
Point of care competency	100
Counseling and group education sessions	300
Clinical Observations: Diabetes group education; Endoscopy/Colonoscopy; Dialysis; Cooking demonstrations for cancer prevention	125

Nutrition Screening and Documentation	50
Menu Planning and Modification	50
Nutrition care Process documentation and Laboratory Notebook	50
Interprofessional Simulation: Pharmacy-Physician Assistant-Dietetics Diabetes Team Care	50
Video Standardized Patient	100
Development of Cooking Demonstration	100
Total	1075

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**

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    - • Email: 8help@osu.edu • TDD: 614-688-8743

- **Academic Misconduct** – The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism, collaboration on assignments assigned to be independent, using the same work for more than one course, and dishonest practices in connection with examinations and quizzes. The code of student conduct defines plagiarism as "… the representation of another's work or ideas as one's own; it includes the unacknowledged word-for-word use and/or paraphrasing of another person' work, and/or the inappropriate unacknowledged use of another person's idea." Students are expected to report to the instructor peers' actions that they believe to represent academic misconduct.

    - o It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. Instructors shall report all instances of alleged academic misconduct to the committee and the committee will determine a course of action (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct [http://studentconduct.osu.edu/].

- **School and Program Handbooks:** Handbooks are available on the SHRS website: hrs.osu.edu. These handbooks provide all required policies and procedures required for students accepted into academic programs in SHRS.

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be implemented in a timely fashion. **SLDS contact information:** slds@osu.edu; 614-292-3307; slds.osu.edu; 098 Baker Hall, 113 W. 12th Avenue.

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- **Due Dates / Make-up Assignments** – Due dates for all assignments are firm. Assignments submitted past the deadline will be deducted half the value of the assignment. For example, a 20 point assignment submitted past the deadline may earn a maximum 10 out of 20 points. The online course management Carmen sends a confirmation email to students when assignments are successfully uploaded - if you do not receive confirmation check Carmen. Unless otherwise noted on the schedule below, grades and/or feedback will be posted 5 business days following the submission of an assignment or exam.

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Week	Topic	Readings	Assignments Due
ONE	Enteral Nutrition Protocols and Application Abdominal Assessment Feeding Tube insertion and care	NTP: Ch. 5,22 ASPEN guidelines	
TWO	Parenteral Nutrition Protocols and Application Observation and Standardized Patients	NTP: Ch. 5,22 ASPEN guidelines	
THREE	Application of the Nutrition care process: Disorders of the upper GI	NTP: Ch. 5,14 Nutrition Care Manual ASPEN guidelines	
FOUR	Application of the Nutrition care process: Disorders of the lower GI	NTP: Ch. 5,14 Nutrition Care Manual ASPEN guidelines	
FIVE	Application of the Nutrition care process: Disorders of the lower GI Observation and Standardized Patients	NTP: Ch. 5,15 AND Nutrition Care Manual ASPEN guidelines	
SIX	Application of the Nutrition care process: Diabetes	NTP: Ch. 5,17 AND Nutrition Care Manual ASPEN guidelines American Diabetes Association Guidelines	
Seven	Application of the Nutrition care process: Diabetes	AND Nutrition Care Manual NTP CH. 5,17 ASPEN guidelines	
EIGHT	Application of the Nutrition care process: Diabetes Observation and Standardized Patients Interprofessional Simulation	NTP Ch. 3, 4, 12 AND Nutrition care manual ASPEN guidelines American Diabetes Association Guidelines	

NINE	Application of the Nutrition care process: Renal Disease	NTP Ch. 3,18
		AND Nutrition care manual
		KDOQI Guidelines
TEN	Application of the Nutrition care process: Renal Disease	NTP Ch. 3,18
	Observation and Standardized Patients	AND Nutrition care manual
		KDOQI Guidelines
ELEVEN	Application of the Nutrition care process: Hepatobiliary Disease	NTP Ch. 16
	Observation and Standardized Patients	AND Nutrition Care Manual
TWELVE	Application of the Nutrition care process: Neoplastic Disease	NTP Ch. 23
		AND Nutrition Care Manual
		NCI resources
THIRTEEN	Standardized Patients	
FOURTEEN	Interdisciplinary simulations	
FIFTEEN Finals	Final Competency Examination	

Advanced Physical and Nutritional Assessment
3 Semester credit hours
The Ohio State University
MDN 5800

Faculty:
Office Hours: Upon Request

Course Description: Comprehensive development of skills for nutritional & physical assessment information using evidence-based research. Assessment of macro and micronutrient status will be discussed in the context of Inflammation, pathology, aging, and sarcopenia will be investigated.
Prerequisites: Admission to MDN degree program

Course Objectives:
   At the completion of this course, students will:

1. Develop competency in performing nutrition-focused physical examination of human subjects.

2. Evaluate sensitivity and specificity of evidenced-based screening instruments and apply their use in appropriate populations.

3. Perform the procedure used for indirect calorimetry and evaluate the accuracy of data, factors that can influence energy expenditure, and methods for estimating total energy expenditure. Use benchmark history and current research methods to develop and assess protocols for use of indirect calorimetry.

4. Demonstrate the collection of dietary data, use of nutrient analysis software and differentiate some aspects of benefits & limitations of analyzing dietary intake with available software programs and with various methods (record vs recall vs food frequency questionnaires). Perform quality assurance measures on dietary analysis records.

5. Review the publically available applications for dietary analysis and compare to evidence based systems of analysis.

6. Understand and apply the four major components of a nutritional assessment with competency benchmarks: anthropometric, biochemical, clinical, and dietary.

7. Perform and interpret routine biochemical analyses of nutritional status and understand the physiologic principles underlying each test, with an emphasis on point-of-care testing. Margins of error and research interpretations will be covered for each method of biochemical assessment. Baseline Competency established.

8. Utilize advanced methods of physical & nutritional assessment including ultrasound, functional assessment, genetics and micronutrient assessment.

Required Texts:

Nelms and Sucher. Nutrition Therapy and Pathophysiology. 3e. 2016

Harrison's Internal Medicine and UptoDate from OSU Library System

Required Peer-Reviewed Literature

Required Materials:

Lab coat. (Sharpie permanent marker, stop watch, calculator, notebook).

Lab Policies:

Unless instructed otherwise, wear comfortable & loose fitting clothing under lab coats. Always bring your required

materials & text to lab. Absolutely no food or beverages in labs. No open-toed shoes, flip flops, or crocs. **Lab points**

deducted for late arrivals & inappropriate dress.

Optional Texts:

Gibson, R Principles of Nutritional Assessment   Second edition

Grading Policy:
- The University's standard grading scheme will be used for this course.
- Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Lecture Mini Quizzes	100
Multiple Pass Approach – evaluation of reference instruments for dietary assessment	200
Comprehensive Case Studies	300
Competency Exams	300
Examinations (3)	300
Total	1200

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
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    - Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)
    - Email: 8help@osu.edu • TDD: 614-688-8743
- **Academic Misconduct** –
    - Academic misconduct: Include the Committee on Academic Misconduct statement on academic integrity, or similar statement. Additional information can be found at http://oaa.osu.edu/coam/home.html.

- o Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University and the Committee on Academic Misconduct (COAM) expect that all students have read and understand the University's Code of Student Conduct, and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University's Code of Student Conduct and this syllabus may constitute "Academic Misconduct."
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  - o Ignorance of the University's Code of Student Conduct is never considered an "excuse" for academic misconduct, so I recommend that you review the Code of Student Conduct and, specifically, the sections dealing with academic misconduct.
  - o If faculty suspect that a student has committed academic misconduct in this course, I am obligated by University Rules to report my suspicions to the Committee on Academic Misconduct. If COAM determines that you have violated the University's Code of Student Conduct (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in this course and suspension or dismissal from the University.

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Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE	Nutrition Care Process, Assessment	Ch. 3 Text Peer Reviewed Articles	
TWO	Basic assessment, vitals Advanced anthropometrics	Ch. 3 Text Peer Reviewed Articles	
THREE	Nutrition Focused Physical exam Introduction	Ch. 3 Text Peer Reviewed Articles	
FOUR	Strength, flexibility, fitness	Ch. 3 Text Peer Reviewed Articles	
FIVE	Energy Expenditure Energy Needs and Metabolic rate Using Indirect calorimetry	Ch. 3 Text Peer Reviewed Articles	
SIX	Tools for Diet Assessment – Reliabilty Validity	Ch. 3 Text Peer Reviewed Articles	
SEVEN	Fluid and Electrolyte Evaluation	Ch. 3 ,7 Text Peer Reviewed Articles	
EIGHT	Evaluation of the cardiovascular system: HTN, Lipids, CHF Biochemical by system, condition	Ch. 3,13 Text Peer Reviewed Articles	
NINE	Evaluation of the renal system: Biochemical by system, condition	Ch. 3,18 Text Peer Reviewed Articles	
TEN	Endocrinology Assessment	Ch. 3 Text Peer Reviewed Articles	
ELEVEN	Assessment in the Aging Population – Physiological changes/Sarcopenia Skin Integrity Assessment Using DEXA,portable ultrasound	Ch. 3 Text Peer Reviewed Articles	
TWELVE	Assessment of the pediatric population – growth requirements	Ch. 3 Text Peer Reviewed Articles	
THIRTEEN	Micronutrient Asssessment	Ch. 3 Text Peer Reviewed Articles	
FOURTEEN	Gastrointestinal Function	Ch. 3 Text Peer Reviewed Articles	

FIFTEEN	Genetic Assessment; Assessment in Special populations (developmental delay, autism, NICU) Assessment and Interpretation of Laboratory Data for of Food Allergies	Ch. 3 Text Peer Reviewed Articles

Medical Nutrition Therapy and Pathophysiology 3
MDN 6400

3 Semester credit hours
The Ohio State University
Date/Time:

THE OHIO STATE UNIVERSITY

Faculty:
Office Hours: Upon Request

Course Description: Study of nutrition therapy in disease: interrelationships of nutrition with biochemical, physiological and anatomical changes associated with acute, chronic and terminal illness, surgery and trauma. Prerequisites: Admission to MDN degree program

Course Objectives:
  At the completion of this course, students will:

  1. Integrate the anatomy, physiology, biochemistry and nutrition to physiological changes that occur in complex disease states.

  2. Demonstrate competence in advanced nutrition assessment techniques and their application for individuals in complex disease conditions.

  3. Demonstrate competence in prescribing the appropriate nutrition therapy for individuals with complex diagnoses.

  4. Demonstrate the ability to prescribe alternative feeding modalities including enteral and parenteral nutrition support.

  5. Design and implement nutrition education for patients with complex disease state.

  6. Represent the dietetics professional within the healthcare team.

Required Textbooks:
   Required AND Membership:
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    Nelms, Sucher, Long. Medical Nutrition Therapy: A Case Study Approach. 5e Belmont CA: Cengage. 2016. ISBN 10: 133-59315-1

    Online International Dietetics and Nutrition Terminology Reference Manual: Standardized Language for the Nutrition Care Process (2017)

Grading Policy:
  •   The University's standard grading scheme will be used for this course.

  •   Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Case Studies (3)	150
Literature review	100
Development of Case Study	100
Examinations (3)	300
Total	650

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
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- **Due Dates / Make-up Assignments** – Due dates for all assignments are firm. Assignments submitted past the deadline will be deducted half the value of the assignment. For example, a 20 point assignment submitted past the deadline may earn a maximum 10 out of 20 points. The online course management Carmen sends a confirmation email to students when assignments are successfully uploaded - if you do not receive confirmation check Carmen. Unless otherwise noted on the schedule below, grades and/or feedback will be posted 5 business days following the submission of an assignment or exam.

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Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE	Review: Inflammatory Response and Metabolic Stress Medical and Nutritional Management of the ICU patient – Nutrition Assessment of the ICU patient	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
TWO	Management of hyperglycemia, fluid, electrolyte and micronutrients	NTP Ch. 5,8 AND Nutrition care manual ASPEN Critical Care Guidelines	
THREE	Chronic Respiratory Failure – BPD, Cystic Fibrosis	NTP Ch. 21 AND Nutrition care manual ASPEN Critical Care Guidelines Cystic Fibrosis Guidelines	
FOUR	Sepsis and SIRS	NTP Ch.22 2017 CCM – Sepsis Guidelines/Surviving Sepsis Campaign ASPEN Critical Care Guidelines	
FIVE	Complex Gastrointestinal Surgeries – Short Bowel Syndrome	NTP Ch. 15 AND Nutrition care manual ASPEN Critical Care Guidelines	
SIX	Surgery and Trauma – Open Abdomen; Congenital Heart Disease	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
Seven	Solid Organ Transplantation	NTP Ch. 9 AND Nutrition care manual ASPEN Critical Care Guidelines	
EIGHT	Burns and Wound Healing	Assigned Readings NTP Ch. 22	

NINE	Spinal Cord Injury and Closed Head Injury	NTP Ch. 20 NPUP Guidelines
TEN	Oncology – Head/Neck Surgeries/Bone Marrow Transplant	NTP Ch. 23 AND Nutrition care manual NCI Guidelines

Nutrition Care Process Laboratory 3
MDN 6500
2 Semester credit hours
The Ohio State University

Faculty:
Office Hours: Upon Request

Course Description: Laboratory for nutrition care process: integration and application of knowledge of nutrition, dietetics, metabolism, and physiology with the ultimate goal to effectively plan and manage the nutritional care of a variety of patients/clients using a critical thinking approach to evidence-based medical nutrition therapy with laboratory and experiential application. Prerequisites: Admission to MDN degree program

Course Objectives:
At the completion of this course, students will:

1. Integrate the anatomy, physiology, biochemistry and nutrition to physiological changes that occur in complex disease states.

2. Demonstrate competence in advanced nutrition assessment techniques and their application for individuals in complex disease conditions.

3. Demonstrate competence in prescribing the appropriate nutrition therapy for individuals with complex diagnoses.

4. Demonstrate the ability to prescribe alternative feeding modalities including enteral and parenteral nutrition support.

5. Design and implement nutrition education for patients with complex disease state.

6. Represent the dietetics professional within the healthcare team.

Grading Policy:
- The University's standard grading scheme will be used for this course.
- Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Case Studies (4)	150
Enteral and Parenteral Workshop	100
Home PN and EN care plans	200
Clinical Observations:	125
Nutrition Screening and Documentation	50
Menu Planning and Modification	50

Nutrition care Process documentation and Laboratory Notebook	50
Interprofessional Simulation: Acute Care ICU	50
Video Standardized Patient	100
Total	675

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**

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    - • Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)

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    o   It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. Instructors shall report all instances of alleged academic misconduct to the committee and the committee will determine a course of action (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct [http://studentconduct.osu.edu/].

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Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE	Nutrition Assessment of the critically ill MICU patient	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
TWO	Nutrition Assessment of the critically ill SICU patient	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
THREE	Application of the Nutrition care process: Mechanically Ventilated Interprofessional Simulation with Respiratory Indirect Calorimetry	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
FOUR	Application of the Nutrition care process: Surgery and Trauma Observation and Standardized Patients	NTP Ch.22 AND Nutrition care manual ASPEN Critical Care Guidelines	
FIVE	Application of the Nutrition care process: Wound Healing Observation and Standardized Patients	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
SIX	Application of the Nutrition care process: Short Bowel Syndrome Observation and Standardized Patients	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
Seven	Application of the Nutrition care process: TBI Interdisciplinary team in rehabilitation – PT, OT, Speech Observation and Standardized Patients	NTP Ch. 22 AND Nutrition care manual ASPEN Critical Care Guidelines	
EIGHT	Application of the Nutrition care process: Frail Older Adult	Assigned Readings	

	Observation and Standardized Patients	
NINE	Application of the Nutrition care process: Solid Organ Transplant Role of the interdisciplinary team in organ transplant - obeservation	NTP Ch. 9 Assigned Readings
TEN	Application of the Nutrition care process: Pediatric Metabolic Disorders Observation	NTP Ch. 26 AND Nutrition care manual
ELEVEN	Application of the Nutrition care process: Observation and Standardized Patients	NTP Ch. 16 AND Nutrition Care Manual
TWELVE	Application of the Nutrition care process: Neoplastic Disease	NTP Ch. 23 AND Nutrition Care Manual NCI resources
THIRTEEN	Application of the Nutrition care process: palliative care Role of the interdisciplinary team in palliative care/hospice: obeservation	Assigned Readings
FOURTEEN	Interdisciplinary simulations – Peer Mentoring of first year students	
FIFTEEN Finals	Final Competency Examination	

Supervised Practice I: Food Service Management
MD 6189
3 Semester credit hours
Class Schedule: Day/Time

Faculty:
Office Hours: Upon Request

Course Description: Supervised practice experience in a specific health care system with foodservice emphasis to achieve professional competencies. The student works under the direction of Registered Dietitians and the supervision of MDN faculty.

Course Objectives:
At the completion of this course, students will:
1. Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics. (ACEND CRDN 2.1)
2. Demonstrate professional writing skills in preparing professional communications. (ACEND CRDN 2.2)
3. Demonstrate active participation, teamwork and contributions in group settings. (ACEND CRDN 2.3)
4. Function as a member of interprofessional teams. (ACEND CRDN 2.4)
5. Assign duties to NDTRs and/or support personnel as appropriate. (ACEND CRDN 2.5)
6. Apply leadership skills to achieve desired outcomes. (ACEND CRDN 2.7)
7. Demonstrate negotiation skills(ACEND CRDN 2.8)
8. Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings. (ACEND CRDN 2.5)
9. Design, implement and evaluate presentations to a target audience. (ACEND CRDN 2.5)
10. Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources. (ACEND CRDN 3.9)
11. Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals. (ACEND CRDN 3.10)
12. Participate in management of human resources. (ACEND CRDN 4.1)
13. Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food. (ACEND CRDN 4.2)
14. Conduct clinical and customer service quality management activities. (ACEND CRDN 4.3)
15. Apply current nutrition informatics to develop, store, retrieve and disseminate information and data. (ACEND CRDN 4.4)
16. Analyze quality, financial and productivity data for use in planning. (ACEND CRDN 4.5)
17. Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment. (ACEND CRDN 4.6)
18. Conduct feasibility studies for products, programs or services with consideration of costs and benefits. (ACEND CRDN 4.7)
19. Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies. (ACEND CRDN 4.8)

Required Texts:

Required AND Membership:
> Academy of Nutrition and Dietetics Student Membership. http://eatright.org

Nutrition Care Manual from the American Dietetic Association. http://Nutritoncaremanual.org

Nelms, Sucher, Lacey. Nutrition Therapy and Pathophysiology. 3e   Belmont CA: Cengage. 2016. ISBN 0-534-62154-6

Online International Dietetics and Nutrition Terminology Reference Manual: Standardized Language for   the Nutrition Care Process (2016)

Holli, BB. Beto, J. Nutrition Counseling and Education Skills for Dietetics Professionals, sixth Ed. Lippincott Williams & Wilkins, 2012.

Rollnick S, et al. Motivational Interviewing in Health Care: Helping Patients Change Behavior

Grading Policy:
- This course is graded satisfactory/unsatisfactory. To facilitate the evaluation process, the student is responsible for making an appointment with the dietitian preceptor to review progress at the midpoint   as well as at the end of the supervised practice experience. To pass the course:
- The student must perform all of the objectives or activities in a satisfactory manner as evaluated by the preceptor.
- Complete documentation and evidence for competencies completed during this rotation on E*Value.
- Submit a preceptor evaluation on E*Value.
- Achieve a score of satisfactory or better on professional, ethical, and leadership behaviors as measured   by the evaluation instrument.
- Attendance for all faculty-led weekly clinical discussions.
- Development and presentation of case study pertinent to this clinical rotation.

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**

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All schedule changes MUST BE CLEARED with the faculty member prior to discussing with the preceptor at the clinical site. NO EXCEPTIONS.

All personal appointments have to be made outside of the work day. Supervised practice takes priority over any work schedule.

Clinical Discussions: Weekly with faculty.

The policy for this course is that the student will notify the instructor and the preceptor by phone or e-mail, *prior to the start of supervised practice* if the student will be LATE or ABSENT. Time missed will need to be made up. Please be aware of the weather in Ohio, you are expected to be at your supervised practice based upon your site's schedule.

Important General Information
- Contact your preceptor and the medical dietetics faculty directly for absences, or if you will be late on a given day.
- Give your home/cell phone number and e-mail address to the dietitian on the first day. They may need to contact you about schedule changes.
- Professional behavior and dress is expected. – Business casual, no tennis shoes, no short shirts or skirts (no skin should show). Slacks should be dress casual (no jeans or scrubs).
- Avoid strong perfume or lotions as clients and patients are often sensitive to strong smells.
- You are expected to attend all supervised practice weekly classes – these are scheduled during your rotations and you will receive a schedule for all dates prior to the onset of your rotations.

Bring to Supervised Practice
- Lab coat, name tag
- Calculator (or two)
- Clinical Notebook
- Any required/supplemental references
- Black pens/scrap paper, clipboard, or notebook

Expectations: Required Compliance with all components of the MDN Handbook
- Communicate work completed or not completed to the dietitian in a timely manner
- Set weekly goals with your preceptor. Evaluate these goals weekly.
- Take the initiative to assure all competencies are completed.
- No use of computers for e-mail or web access during supervised practice unless it is a direct need for an assignment
- No use of cell phones on supervised practice time, no exceptions.

E*Value
- Complete time tracking every day at the end of your work day.
- Track all competencies completed and upload examples of your work.
- Complete your site evaluation and your preceptor evaluation for each rotation.
- Make sure your preceptor has access to E*Value and if not, communicate in a timely fashion to faculty.

THE OHIO STATE UNIVERSITY

Faculty:
Office Hours: Upon Request

Course Description: Supervised practice experience in a specific health care system with community outpatient emphasis to achieve professional competencies. The student works under the direction of Registered Dietitians and the supervision of MDN faculty.

Course Objectives:
At the completion of this course, students will:
1. Select indicators of program quality and/or customer service and measure achievement of objectives. (ACEND CRDN 1.1)
2. Apply evidence-based guidelines, systematic reviews and scientific literature. (ACEND CRDN 1.2)
3. Justify programs, products, services and care using appropriate evidence or data. (ACEND CRDN 1.3)
4. Evaluate emerging research for application in nutrition and dietetics practice. (ACEND CRDN 1.4)
5. Conduct projects using appropriate research methods, ethical procedures and data analysis. (ACEND CRDN 1.5)
6. Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics. (ACEND CRDN 2.1)
7. Demonstrate professional writing skills in preparing professional communications. (ACEND CRDN 2.2)
8. Demonstrate active participation, teamwork and contributions in group settings. (ACEND CRDN 2.3)
9. Function as a member of interprofessional teams. (ACEND CRDN 2.4)
10. Refer clients and patients to other professionals and services when needs are beyond individual scope of practice. (ACEND CDRN 2.6)
11. Apply leadership skills to achieve desired outcomes. (ACEND CRDN 2.7)
12. Participate in professional and community organizations. (ACEND CRDN 2.9)
13. Show cultural competence/sensitivity in interactions with clients, colleagues and staff. (ACEND CRDN 2.11)
14. Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession. (ACEND CRDN 2.14)
15. Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings. (ACEND CRDN 3.1)
16. Conduct nutrition focused physical exams. (ACEND CRDN 3.2)
17. Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings. (ACEND CRDN 3.3)
18. Design, implement and evaluate presentations to a target audience. (ACEND CRDN 3.4)
19. Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience. (ACEND CRDN 3.5)
20. Use effective education and counseling skills to facilitate behavior change. (ACEND CRDN 3.6)
21. Develop and deliver products, programs or services that promote consumer health, wellness and

lifestyle management. (ACEND CRDN 3.7)
22. Deliver respectful, science-based answers to client questions concerning emerging trends. (ACEND CRDN 3.8)
23. Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources. (ACEND CRDN 3.9)
24. Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals. (ACEND CRDN 3.10)
25. Apply current nutrition informatics to develop, store, retrieve and disseminate information and data. (ACEND CRDN 4.4)
26. Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems. (ACEND CRDN 4.9)

Required Texts:

Required AND Membership:
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- Attendance for all faculty-led weekly clinical discussions.
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  The Ohio State University's Code of Student Conduct (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination.

  Ignorance of the University's Code of Student Conduct is never considered an "excuse" for academic misconduct, so I recommend that you review the Code of Student Conduct and, specifically, the sections dealing with academic misconduct.

  If I suspect that a student has committed academic misconduct in this course, I am obligated by University Rules to report my suspicions to the Committee on Academic Misconduct. If COAM determines that you have violated the University's Code of Student Conduct (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in this course and suspension or dismissal from the University. Additional information can be found: http://oaa.osu.edu/coam/home.html.

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All personal appointments have to be made outside of the work day. Supervised practice takes priority over any work schedule.

Clinical Discussions: Weekly with faculty.

The policy for this course is that the student will notify the instructor and the preceptor by phone or e-mail, *prior to the start of supervised practice* if the student will be LATE or ABSENT. Time missed will need to be made up. Please be aware of the weather in Ohio, you are expected to be at your supervised practice based upon your site's schedule.

Important General Information

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♦ Give your home/cell phone number and e-mail address to the dietitian on the first day. They may need to contact you about schedule changes.

♦ Professional behavior and dress is expected.– Business casual, no tennis shoes, no short shirts or skirts (no skin should show). Slacks should be dress casual (no jeans or scrubs).

♦ Avoid strong perfume or lotions as clients and patients are often sensitive to strong smells.

♦ You are expected to attend all supervised practice weekly classes – these are scheduled during your rotations and you will receive a schedule for all dates prior to the onset of your rotations.

Bring to Supervised Practice

♦ Lab coat, name tag
♦ Calculator (or two)
♦ Clinical Notebook
♦ Any required/supplemental references
♦ Black pens/scrap paper, clipboard, or notebook

Expectations: Required Compliance with all components of the MDN Handbook

♦ Communicate work completed or not completed to the dietitian in a timely manner
♦ Set weekly goals with your preceptor. Evaluate these goals weekly.
♦ Take the initiative to assure all competencies are completed.
♦ No use of computers for e-mail or web access during supervised practice unless it is a direct need for an assignment
♦ No use of cell phones on supervised practice time, no exceptions.

E*Value

♦ Complete time tracking every day at the end of your work day.
♦ Track all competencies completed and upload examples of your work.
♦ Complete your site evaluation and your preceptor evaluation for each rotation.
♦ Make sure your preceptor has access to E*Value and if not, communicate in a timely fashion to faculty.

Supervised Practice III: Community Outpatient
MDN 6389
5 Semester credit hours
Class Schedule: Date/Time

THE OHIO STATE UNIVERSITY

Faculty:
Office Hours: Upon Request

Course Description: Supervised practice experience in a specific health care system with community outpatient and inpatient emphasis to achieve professional competencies. The student works under the direction of Registered Dietitians and the supervision of MDN faculty.

Course Objectives:

At the completion of this course, students will:

1. Select indicators of program quality and/or customer service and measure achievement of objectives. (ACEND CRDN 1.1)
2. Apply evidence-based guidelines, systematic reviews and scientific literature. (ACEND CRDN 1.2)
3. Justify programs, products, services and care using appropriate evidence or data. (ACEND CRDN 1.3)
4. Evaluate emerging research for application in nutrition and dietetics practice. (ACEND CRDN 1.4)
5. Conduct projects using appropriate research methods, ethical procedures and data analysis. (ACEND CRDN 1.5)
6. Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics. (ACEND CRDN 2.1)
7. Demonstrate professional writing skills in preparing professional communications. (ACEND CRDN 2.2)
8. Demonstrate active participation, teamwork and contributions in group settings. (ACEND CRDN 2.3)
9. Function as a member of interprofessional teams. (ACEND CRDN 2.4)
10. Assign duties to NDTRs and/or support personnel as appropriate. (ACEND CRDN 2.5)
11. Refer clients and patients to other professionals and services when needs are beyond individual scope of practice. (ACEND CDRN 2.6)
12. Apply leadership skills to achieve desired outcomes. (ACEND CRDN 2.7)
13. Participate in professional and community organizations. (ACEND CRDN 2.9)
14. Demonstrate professional attributes in all areas of practice. (ACEND CRDN 2.10)
15. Show cultural competence/sensitivity in interactions with clients, colleagues and staff. (ACEND CRDN 2.11)
16. Practice and/or role play mentoring and precepting others. (ACEND CRDN 2.15)
17. Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings. (ACEND CRDN 3.1)
18. Conduct nutrition focused physical exams. (ACEND CRDN 3.2)
19. Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings. (ACEND CRDN 3.3)
20. Design, implement and evaluate presentations to a target audience. (ACEND CRDN 3.4)
21. Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience. (ACEND CRDN 3.5)
22. Use effective education and counseling skills to facilitate behavior change. (ACEND CRDN 3.6)

23. Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management. (ACEND CRDN 3.7)
24. Deliver respectful, science-based answers to client questions concerning emerging trends. (ACEND CRDN 3.8)
25. Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources. (ACEND CRDN 3.9)
26. Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals. (ACEND CRDN 3.10)
27. Conduct clinical and customer service quality management activities. (ACEND CRDN 4.3)
28. Apply current nutrition informatics to develop, store, retrieve and disseminate information and data. (ACEND CRDN 4.4)
29. Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems. (ACEND CRDN 4.9)
30. Analyze risk in nutrition and dietetics practice. (ACEND CRDN 4.10)

Required Texts:

Required AND Membership:
   American Dietetic Association Student Membership. http://eatright.org

Nutrition Care Manual from the American Dietetic Association. http://Nutritoncaremanual.org

Nelms, Sucher, Lacey. Nutrition Therapy and Pathophysiology. 3e   Belmont CA: Cengage. 2016. ISBN 0-534-62154-6

Online International Dietetics and Nutrition Terminology Reference Manual: Standardized Language for the Nutrition Care Process (2016)

Grading Policy:
- This course is graded satisfactory/unsatisfactory. To facilitate the evaluation process, the student is responsible for making an appointment with the dietitian preceptor to review progress at the midpoint as well as at the end of the supervised practice experience. To pass the course:
- The student must perform all of the objectives or activities in a satisfactory manner as evaluated by the preceptor.
- Complete documentation and evidence for competencies completed during this rotation on E*Value.
- Submit a preceptor evaluation on E*Value.
- Achieve a score of satisfactory or better on professional, ethical, and leadership behaviors as measured by the evaluation instrument.
- Attendance for all faculty-led weekly clinical discussions.
- Development and presentation of case study pertinent to this clinical rotation

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:

- **All School and Program course policies apply to this course.**

- **Course technology**: For help with your password, university e-mail, Carmen, or any other technology issues, questions, or requests, contact the OSU IT Service Desk. Standard support hours are available at https://ocio.osu.edu/help/hours, and support for urgent issues is available 24x7.

  • Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)

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- **Academic Misconduct** –

  Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University and the Committee on Academic Misconduct (COAM) expect that all students have read and understand the University's Code of Student Conduct, and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University's Code of Student Conduct and this syllabus may constitute "Academic Misconduct."

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  If I suspect that a student has committed academic misconduct in this course, I am obligated by University Rules to report my suspicions to the Committee on Academic Misconduct. If COAM determines that you have violated the University's Code of Student Conduct (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in this course and suspension or dismissal from the University. Additional information can be found: http://oaa.osu.edu/coam/home.html.

- **School and Program Handbooks:** Handbooks are available on the SHRS website: hrs.osu.edu. These handbooks provide all required policies and procedures required for students accepted into academic programs in SHRS.

- **Disabilities** - The University strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on your disability (including mental health, chronic or temporary medical conditions), please let faculty know immediately so that we can privately discuss options. To establish reasonable accommodations, we may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion. **SLDS contact information:** slds@osu.edu; 614-292-3307; slds.osu.edu; 098 Baker Hall, 113 W. 12th Avenue.

- **Counseling and Consultation Services:**
  As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life Counseling and Consultation Services (CCS) by visiting ccs.osu.edu or calling (614) 292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at (614) 292-5766 and 24 hour emergency help is also available through the 24/7 National Prevention Hotline at 1-(800)-273-TALK or at suicidepreventionlifeline.org

- **Due Dates / Make-up Assignments** – Due dates for all assignments are firm. Assignments submitted past the deadline will be deducted half the value of the assignment. For example, a 20 point assignment submitted past the deadline may earn a maximum 10 out of 20 points. The online course management Carmen sends a confirmation email to students when assignments are successfully uploaded - if you do not receive confirmation check Carmen. Unless otherwise noted on the schedule below, grades and/or feedback will be posted 5 business days following the submission of an assignment or exam.

- This syllabus, the course elements, policies, and schedule are subject to change in the event of extenuating circumstances.

Weekly Course Schedule – Dependent on assigned site.

Your preceptor will determine your specific work hours. You are required to be flexible to assure that all work that is assigned to you is completed and that some days will be longer than others.
All schedule changes MUST BE CLEARED with the faculty member prior to discussing with the preceptor at the clinical site. NO EXCEPTIONS.

All personal appointments have to be made outside of the work day. Supervised practice takes priority over any work schedule.

Clinical Discussions: Weekly with faculty.

The policy for this course is that the student will notify the instructor and the preceptor by phone or e-mail, *prior to the start of supervised practice* if the student will be LATE or ABSENT. Time missed will need to be made up. Please be aware of the weather in Ohio, you are expected to be at your supervised practice based upon your site's schedule.

Important General Information
- Contact your preceptor and the MDN faculty directly for absences, or if you will be late on a given day.
- Give your home/cell phone number and e-mail address to the dietitian on the first day. They may need to contact you about schedule changes.

- Professional behavior and dress is expected.– Business casual, no tennis shoes, no short shirts or skirts (no skin should show). Slacks should be dress casual (no jeans or scrubs).

- Avoid strong perfume or lotions as clients and patients are often sensitive to strong smells.

- You are expected to attend all supervised practice weekly classes – these are scheduled during your rotations and you will receive a schedule for all dates prior to the onset of your rotations.

Bring to Supervised Practice
- Lab coat, name tag
- Calculator (or two)
- Clinical Notebook
- Any required/supplemental references
- Black pens/scrap paper, clipboard, or notebook

Expectations: Required Compliance with all components of the MDN Handbook
- Communicate work completed or not completed to the dietitian in a timely manner
- Set weekly goals with your preceptor. Evaluate these goals weekly.
- Take the initiative to assure all competencies are completed.
- No use of computers for e-mail or web access during supervised practice unless it is a direct need for an assignment
- No use of cell phones on supervised practice time, no exceptions.

E*Value
- Complete time tracking every day at the end of your work day.
- Track all competencies completed and upload examples of your work.
- Complete your site evaluation and your preceptor evaluation for each rotation.
- Make sure your preceptor has access to E*Value and if not, communicate in a timely fashion to faculty.

Supervised Practice IV: Outpatient Inpatient

MDN 6489

2 Semester credit hours
Class Schedule: Date/Time

THE OHIO STATE UNIVERSITY

Faculty:
Office Hours: Upon Request

Course Description: Supervised practice experience in a specific health care system with outpatient and inpatient emphasis to achieve professional competencies. The student works under the direction of Registered Dietitians and the supervision of MDN faculty.

Course Objectives:
At the completion of this course, students will:

1. Select indicators of program quality and/or customer service and measure achievement of objectives. (ACEND CRDN 1.1)
2. Apply evidence-based guidelines, systematic reviews and scientific literature. (ACEND CRDN 1.2)
3. Justify programs, products, services and care using appropriate evidence or data. (ACEND CRDN 1.3)
4. Evaluate emerging research for application in nutrition and dietetics practice. (ACEND CRDN 1.4)
5. Conduct projects using appropriate research methods, ethical procedures and data analysis. (ACEND CRDN 1.5)
6. Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics. (ACEND CRDN 2.1)
7. Demonstrate professional writing skills in preparing professional communications. (ACEND CRDN 2.2)
8. Demonstrate active participation, teamwork and contributions in group settings. (ACEND CRDN 2.3)
9. Function as a member of interprofessional teams. (ACEND CRDN 2.4)
10. Assign duties to NDTRs and/or support personnel as appropriate. (ACEND CRDN 2.5)
11. Refer clients and patients to other professionals and services when needs are beyond individual scope of practice. (ACEND CDRN 2.6)
12. Apply leadership skills to achieve desired outcomes. (ACEND CRDN 2.7)
13. Participate in professional and community organizations. (ACEND CRDN 2.9)
14. Demonstrate professional attributes in all areas of practice. (ACEND CRDN 2.10)
15. Show cultural competence/sensitivity in interactions with clients, colleagues and staff. (ACEND CRDN 2.11)
16. Practice and/or role play mentoring and precepting others. (ACEND CRDN 2.15)
17. Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings. (ACEND CRDN 3.1)
18. Conduct nutrition focused physical exams. (ACEND CRDN 3.2)
19. Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings. (ACEND CRDN 3.3)
20. Design, implement and evaluate presentations to a target audience. (ACEND CRDN 3.4)
21. Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience. (ACEND CRDN 3.5)

22. Use effective education and counseling skills to facilitate behavior change. (ACEND CRDN 3.6)

23. Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management. (ACEND CRDN 3.7)
24. Deliver respectful, science-based answers to client questions concerning emerging trends. (ACEND CRDN 3.8)
25. Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources. (ACEND CRDN 3.9)
26. Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals. (ACEND CRDN 3.10)
27. Conduct clinical and customer service quality management activities. (ACEND CRDN 4.3)
28. Apply current nutrition informatics to develop, store, retrieve and disseminate information and data. (ACEND CRDN 4.4)
29. Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems. (ACEND CRDN 4.9)
30. Analyze risk in nutrition and dietetics practice. (ACEND CRDN 4.10)

Required Texts:

Required AND Membership:
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- Complete documentation and evidence for competencies completed during this rotation on E*Value.
- Submit a preceptor evaluation on E*Value.
- Achieve a score of satisfactory or better on professional, ethical, and leadership behaviors as measured by the evaluation instrument.
- Attendance for all faculty-led weekly clinical discussions.
- Development and presentation of case study pertinent to this clinical rotation.

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:

- **All School and Program course policies apply to this course.**

- **Course technology**: For help with your password, university e-mail, Carmen, or any other technology issues, questions, or requests, contact the OSU IT Service Desk. Standard support hours are available at https://ocio.osu.edu/help/hours, and support for urgent issues is available 24x7.

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- **Counseling and Consultation Services:**
  As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life Counseling and Consultation Services (CCS) by visiting ccs.osu.edu or calling (614) 292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at (614) 292-5766 and 24 hour emergency help is also available through the 24/7 National Prevention Hotline at 1-(800)-273-TALK or at suicidepreventionlifeline.org

- **Due Dates / Make-up Assignments** – Due dates for all assignments are firm. Assignments submitted past the deadline will be deducted half the value of the assignment. For example, a 20 point assignment submitted past the deadline may earn a maximum 10 out of 20 points. The online course management Carmen sends a confirmation email to students when assignments are successfully uploaded - if you do not receive confirmation check Carmen. Unless otherwise noted on the schedule below, grades and/or feedback will be posted 5 business days following the submission of an assignment or exam.

- This syllabus, the course elements, policies, and schedule are subject to change in the event of extenuating circumstances.

Weekly Course Schedule – Dependent on assigned site.

Your preceptor will determine your specific work hours. You are required to be flexible to assure that all work that is assigned to you is completed and that some days will be longer than others.
All schedule changes MUST BE CLEARED with the faculty member prior to discussing with the preceptor at the clinical site. NO EXCEPTIONS.

All personal appointments have to be made outside of the work day. Supervised practice takes priority over any work schedule.

Clinical Discussions: Weekly with faculty.

The policy for this course is that the student will notify the instructor and the preceptor by phone or e-mail, *prior to the start of supervised practice* if the student will be LATE or ABSENT. Time missed will need to be made up. Please be aware of the weather in Ohio, you are expected to be at your supervised practice based upon your site's schedule.

Important General Information
- Contact your preceptor and the MDN faculty directly for absences, or if you will be late on a given day.
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- Professional behavior and dress is expected.– Business casual, no tennis shoes, no short shirts or skirts (no skin should show). Slacks should be dress casual (no jeans or scrubs).

- Avoid strong perfume or lotions as clients and patients are often sensitive to strong smells.

- You are expected to attend all supervised practice weekly classes – these are scheduled during your rotations and you will receive a schedule for all dates prior to the onset of your rotations.

Bring to Supervised Practice
- Lab coat, name tag
- Calculator (or two)
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- Any required/supplemental references
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Expectations: Required Compliance with all components of the MDN Handbook
- Communicate work completed or not completed to the dietitian in a timely manner
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- Complete time tracking every day at the end of your work day.
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THE OHIO STATE UNIVERSITY

Faculty:
Office Hours: Upon Request

Course Description: Supervised practice experience in a specific health care system with outpatient and inpatient emphasis to achieve professional competencies. The student works under the direction of Registered Dietitians and the supervision of MDN faculty.

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28. Apply current nutrition informatics to develop, store, retrieve and disseminate information and data. (ACEND CRDN 4.4)
29. Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems. (ACEND CRDN 4.9)
30. Analyze risk in nutrition and dietetics practice. (ACEND CRDN 4.10)
31. Prepare a plan for professional development according to Commission on Dietetic Registration guidelines. (ACEND CRDN 2.13)

Required Texts:

Required AND Membership:
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- Complete documentation and evidence for competencies completed during this rotation on E*Value.
- Submit a preceptor evaluation on E*Value.
- Achieve a score of satisfactory or better on professional, ethical, and leadership behaviors as measured by the evaluation instrument.
- Attendance for all faculty-led weekly clinical discussions.
- Development and presentation of case study pertinent to this clinical rotation.

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**

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accommodations so that they may be implemented in a timely fashion. **SLDS contact information:** slds@osu.edu; 614-292-3307; slds.osu.edu; 098 Baker Hall, 113 W. 12th Avenue.

- **Counseling and Consultation Services:**
  As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life Counseling and Consultation Services (CCS) by visiting ccs.osu.edu or calling (614) 292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at (614) 292-5766 and 24 hour emergency help is also available through the 24/7 National Prevention Hotline at 1-(800)-273-TALK or at suicidepreventionlifeline.org

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Weekly Course Schedule – Dependent on assigned site.

Your preceptor will determine your specific work hours. You are required to be flexible to assure that all work that is assigned to you is completed and that some days will be longer than others.
All schedule changes MUST BE CLEARED with the faculty member prior to discussing with the preceptor at the clinical site. NO EXCEPTIONS.

All personal appointments have to be made outside of the work day. Supervised practice takes priority over any work schedule.

Clinical Discussions: Weekly with faculty.

The policy for this course is that the student will notify the instructor and the preceptor by phone or e-mail, *prior to the start of supervised practice* if the student will be LATE or ABSENT. Time missed will need to be made up. Please be aware of the weather in Ohio, you are expected to be at your supervised practice based upon your site's schedule.

Important General Information
- Contact your preceptor and the MDN faculty directly for absences, or if you will be late on   a

given day.

- ♦ Give your home/cell phone number and e-mail address to the dietitian on the first day. They may need to contact you about schedule changes.

- ♦ Professional behavior and dress is expected.– Business casual, no tennis shoes, no short shirts or skirts (no skin should show). Slacks should be dress casual (no jeans or scrubs).

- ♦ Avoid strong perfume or lotions as clients and patients are often sensitive to strong smells.

- ♦ You are expected to attend all supervised practice weekly classes – these are scheduled during your rotations and you will receive a schedule for all dates prior to the onset of your rotations.

Bring to Supervised Practice
- ♦ Lab coat, name tag
- ♦ Calculator (or two)
- ♦ Clinical Notebook
- ♦ Any required/supplemental references
- ♦ Black pens/scrap paper, clipboard, or notebook

Expectations: Required Compliance with all components of the MDN Handbook
- ♦ Communicate work completed or not completed to the dietitian in a timely manner
- ♦ Set weekly goals with your preceptor. Evaluate these goals weekly.
- ♦ Take the initiative to assure all competencies are completed.
- ♦ No use of computers for e-mail or web access during supervised practice unless it is a direct need for an assignment
- ♦ No use of cell phones on supervised practice time, no exceptions.

E*Value
- ♦ Complete time tracking every day at the end of your work day.
- ♦ Track all competencies completed and upload examples of your work.
- ♦ Complete your site evaluation and your preceptor evaluation for each rotation.
- ♦ Make sure your preceptor has access to E*Value and if not, communicate in a timely fashion to faculty.

Nutrition Entrepreneurship, Management and Leadership
3 Credit Hours
Class Schedule:
The Ohio State University

Faculty:
Office Hours: Upon Request

Course Description: Managerial leadership principles for the development /administration of clinical departments in the health care system. Integration of leadership literature and content with facilitated group discussion and learning circles to develop the skills required of leaders.

Course Objectives:
At the completion of this course, students will:
- Describe, understand and apply theoretical models of leadership and management.
- Identify key functions that leaders must manage and review their application in the healthcare environment.
- Review and critique peer-reviewed literature regarding leadership skills and behaviors.
- Critically explore current topics influencing leadership in the workplace.
- Design and participate in collaborative leadership learning circles.
- Initiate self-reflection and self-assessment to guide individual leader development.
- Apply research and leadership skills to support proposed entrepreneurial plan of action.

Grading Policy:
- The University's standard grading scheme used for this course.
- Grades will be available for students to view on the course's CARMEN website

Graded Item	Points per
Strengths Paper	50
Harvard Business Case Study Review Synopsis (2)	50
Creativity/Innovation Group Entrepreneurial Project	100
Final Culminating Project	100
Mid-term and Final Exam	200
Total	500

Graded Item Descriptions:
- **See Modules in Carmen for overview of each assignment.**

Course Policies:
- **All School and Program course policies apply to this course.**
- **Course technology**: For help with your password, university e-mail, Carmen, or any other technology issues, questions, or requests, contact the OSU IT Service Desk. Standard support hours are available at https://ocio.osu.edu/help/hours, and support for urgent issues is available 24x7.
  - Self-Service and Chat support: http://ocio.osu.edu/selfservice • Phone: 614-688-HELP (4357)

• Email: 8help@osu.edu • TDD: 614-688-8743

Academic Misconduct – Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University and the Committee on Academic Misconduct (COAM) expect that all students have read and understand the University's Code of Student Conduct, and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University's Code of Student Conduct and this syllabus may constitute "Academic Misconduct."

The Ohio State University's Code of Student Conduct (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination.

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Weekly Course Schedule

Week	Topic	Readings	Assignments Due
ONE	**Introduction to Leadership and Evolution of Leadership Theory**	You Don't Need a Title to be a Leader Chronology of Leadership Study and Practice, 2nd edition. – Chapter 4: Leadership for Health Professionals Theory, Skills, and Applications Gerald R. Ledlow, M. Nicholas Coppola. Jones and Bartlett Learning, 2014.	**Small Group Activity**: Leaders in History – Small Group Activity o Choose a Leader in History o Ideas: Nelson Mandela, Mother, Teresa, George Patton, Napolean, Lincoln, Martin Luther King, Steve Jobs o Why were they a leader? Describe their situation. o Why did their style work at that time? o Great man, behavioral or situational leadership style o Describe 1 of Sanborn's Six Leadership Principles and how did it work for them?
TWO	Personal Leader Behaviors and Competencies	Required Reading: • Leadership Competencies – Society for Human Resource Management Website • Haden, J. The one attitude every successful person has. LinkedIn. June 29, 2015. • Petrie, N. Future trends in leadership development. Center for Creative Leadership. 2014 (white paper) • Watkins, M. How managers become leaders. Harvard Business Review June 2012.	**Small Group Activity:** Compare and contrast required current and future leadership competencies (skills) and leadership development process ☐Compare and contrast leader

			development programs – Ford Motor Company, Johns Hopkins University and Google
THREE	**Leadership Styles – Deep Dive**	Rooke, D.; Torbert, W. Seven transformations of leadership. Russell, R.; Stone, A. A review of servant leadership attributes: developing a practical model. Leadership and Organization Development 23 (3): 145-157. Stone, A.; Russell, R.; Patterson, K. Transformational versus servant leadership: a difference in leadership focus. Leadership and Organization Development 25(4): 349-361. Metcalf, M. Level 5 Leadership: Leadership that transforms organizations and creates sustainable results. March 2008. www.integralleadershipreview.com	**Small Group Activity:** Review, describe and compare leadership styles for a character in a popular TV show Review different leadership styles – servant leadership; level 5 leaders; transactional and transformational leadership
FOUR	**Strengths Based Leadership**	Review strengths based approach to personal, career and academic achievement Review use of strengths in team development Complete strengths assessment prior to class	**Supplemental Reading:** ☐ Strengths Based Leadership; StrengthsCenter YouTube Channel REQUIRED HOMEWORK: Using my strengths Paper. Due next week by class time.
FIVE	**Decision Making**	Guerra-Lopez, I.; Blake, A. Leadership decision making and the use of data. Performance Improvement Quarterly 24(2): 89-104. Guinn, S.; Williamson, G. Eight habits of critical thinkers. June 2014. www.amanet.org Hammond, J.; Keeney; R.; Raiffa, H. Smart Choices – A practical guide to decision making. Chapter 1 and 11. Harvard Business School Press, 1999. Available as ebook through library.	Small Group Activity: Review of decision making, behaviors and approaches ☐ Small Group Activity: Decision Making – Real World Decision by a Company – Do a retroactive review using decision making points discussed in class. Did it achieve their desired outcome?

SIX	Teams and Motivation	Pentland. The New Science of Building Great Teams. Harvard Business Review. April 2012. T. Amabile, S. Kramer. The Power of Small Wins . Harvard Business Review. May 2011. C. Porath. Half of Employees Don't Feel Respected by their Bosses. Harvard Business Review. November 2014 Watkins, M. Leading the Team You Inherit. Harvard Business Review. June 2016.	Review key information about teams, building teams and motivations ☐ Group Discussion– Harvard Business Case Study - Leading Change in the General Surgery Unit.
Seven	**Communication, Feedback and Interpersonal Skills**	. Barrett. Strong communication skills a must for today's leaders. Handbook of Business Strategy, Vol 7 (1): 385-390, 2006. M. Myatt. 10 Communication Secrets of Great Leaders. Forbes. April 14, 2012. Amy Cuddy. Your Body Language Shapes Who You Are. TED talks. (TED Global). June 2012. Carmello Gallo, Message Map: How to pitch anything in 15 seconds. YouTube video: https://www.youtube.com/watch?v=phyU2BThK4Q Center for Creative Leadership. 10 common mistakes in giving feedback. Video http://www.ccl.org/leadership/ J. Smith, V. Giange. 11 Email etiquette rules every professional should know. Business Insider Sept. 3, 2014. MIDTERM EXAM	Review key information about communication, leadership communication framework, and persuasive communication ☐ Analyze nonverbal behaviors and impact on communication ☐ Utilize different mediums to provide feedback about messages ☐ 2 person activity: Develop your own message map; present and
EIGHT	Emotional Intelligence and Managing Yourself and Others	Choices, Consequences and Dilemmas Podcast. Center for Creative Leadership. (website) Bregman, P. 3 Ways to Stop Yourself from Being Passive Aggressive. Harvard Business Review June 2016. Bradberry, T. These Types of People Never Succeed at Work. LinkedIn Pulse article. June 2016. The Explainer: Emotional Intelligence. Harvard Business Review Video. August 2015. Reardon, K. 7 Things to Say When a Conversation Turns Negative. Harvard Business Review. May 2016 **Supplemental Reading:**	Discuss keys to emotional intelligence and methods to manage yourself during interactions Discuss impact of EQ on leadership How will EQ impact others SelfAssessment- EQ Activities: Choices, Consequences and Dilemmas – Small

		Bradberry, T., Greaves, J. Emotional Intelligence 2.0.	group activity discussion
			EQ Self-Assessment and Small Group Discussion
NINE	**Strategic Vision/Development and Appreciative Inquiry**	Richer, MC, Ritchie, J, Marchionni, C. "If we can't do more, let's do it differently!" : using appreciative inquiry to promote innovative ideas for better health care work environments.	Review strategy, strategic planning logic and developing vision
		Simon Sinek. TED Talks. Start with Why.	Discuss strategy maps, outcomes and process for development
		Porter, M. What is Strategy? Harvard Business Review Nov-Dec 1996.	
		Mintzberg, H. The fall and rise of strategic planning. Harvard Business Review Jan-Feb 1994.	Review appreciative inquiry research, approach and integration into practice
		Rohm, H. Is there any strategy in your strategic plan? Balanced Scorecard Institute, 2008.	
			Facilitated Group Discussion: -Strategic Plan Development
TEN	**Creativity and Innovation**	Linda Hill. TED Talk. How to manage for collective creativity. (show in class)	Review how leaders set the stage for creativity and innovation
		Linkner, J. 5 common myths about creativity. Forbes.com October 2015.	
		Harvard Business Review articles – design thinking and creativity	Discuss why creativity and innovation will be a critical leadership skill set
			Small Group Activity Creativity/Innovation to get the brain going
			Identify a new group project or task—setting up small business model activity based on campus etc. They bring back that night
Eleven	Leading Change	Kotter, J. Accelerate! Harvard Business Review. November 2012.	Review operating systems that support change
		Battilana, J., Casciaro, T. The network secrets of great change agents. Harvard Business Review. July – August 2013.	Discuss formal and informal networks of change

		Dinwoodie, D. Pasmore, W., Quinn, L., Rabin, R. Navigating Change: A Leader's Role. Center for Creative Leadership. White paper. (website access). 2015 Katzenbach, J., Steffen, I., Kronley, C. Cultural change that sticks. Harvard Business Review. July – August 2012.	Review types of change required and networks that best support change Assess the impact of culture on change **Small group activity: Review current change process**
TWELVE	**Execution and Performance Management**	Maubossin, M. The True Measures of Success. Harvard Business Review October 2012. Executive Overview: 4 disciplines of execution. YouTube. Franklin Covey (16:00 min) Schawabel, D. 4 Disciplines of Business Execution Forbes April 2012 Goldsmith, M. 6 part structure for giving clear and actionable feedback. Harvard Business Review. August 2015 Finnegan, D. 6 tips for using metrics in performance reviews. www.inc.com Feb 2015	Review and discuss development of performance statistics Identify common resources for healthcare statistics Review and discuss 4 disciplines of execution (Steven Covey) Use Discipline of Accountability to discuss performance management Performance Management – Sample Case discussion - Group
THIRTEEN	Pulling It All Together	Groups of 3 or 4. Pick a movie, book or TV show – and complete a 35 – 40 minute presentation for the class on the last night of class Demonstrate the development of a character in the plot and identify their leadership behaviors Characterize the type of leader behavior they exhibit; reasons rationale and show examples of how this happens – Leadership Styles. Bring in an additional reference for type of leader style than those referenced in class. Incorporate at least two additional content topics from the class – decision making, creativity as examples and further develop how their leadership style impacted outcomes. Can use additional resources than those listed in class The group needs to effectively tell the leader story through visual and verbal communication. Think beyond PowerPoint to effectively tell the story. Evaluated on content, application of knowledge, communication, and team work skills.	

		After presentation, class will provide feedback
FOURTEEN	Group Presentations	Entrepreneurial Project Plan due
FIFTEEN	Final exam	