

Proposal to Deactivate a Major

Submitted by: School of Allied Medical Professions
Deborah S. Larsen, PhD
Director, School of Allied Medical Professions
Associate Dean, College of Medicine

Proposal: The School of Allied Medical Professions proposes to deactivate the major of Circulation Technology, beginning in 2010. The Executive Committee of the School, comprised of all Division Directors, voted in favor of this proposal on 6/2/09 (8 in favor, 1 abstention).

Rationale: This decision results from multiple factors, including financial considerations, limited staffing, and student enrollment. Circulation Technology (CT) is a competitive admission baccalaureate program, accepting students at the junior level but also offering a post-baccalaureate certificate option. The Circulation Technology program has always been one of the smallest programs in the School, and for the last few years has been the smallest. Its largest enrollment was 22 students in a single cohort, and in 2008, only 13 students were admitted. Yet, the cost of offering the program is relatively high with the need to provide costly animal-based laboratories and staffing with clinicians that earn more than regular faculty. The last two tenured faculty retired prior to 2008, leaving the program staffed with one Instructor and several auxiliary teaching staff, yet the cost of the program was higher than other programs with similar low student enrollment.

Under the current financial environment, the School evaluated our need for continued forward momentum in the face of at best level funding. The School has seen continuous growth since 2002 (10-20% per year) with minimal change in resources, either in annual budget or personnel. Thus, continued forward momentum necessitates a consolidation of resources to support programs that are advancing our mission and that of the College and University. The CT program faculty have not been contributors to scholarship or graduate education for more than a decade, nor has the program been able to consistently retain students, typically losing 10-20% from each admitted cohort. Thus, by any academic standard, it is a struggling program. With the loss of its tenured faculty, the program has struggled even more.

Impact: The School suspended admissions to the program for Autumn 2009 but has been able to enroll the qualified applicants into alternate programs within the School, so the immediate impact on the students, School and University is minimal. There are no tenured faculty; the auxiliary faculty have been given notice that their contracts will not be renewed after 12/31/09, when they expire. There is 1 probationary instructor, she will continue through Spring 2009 to oversee the senior students' terminal clinical experiences but has been given notice that her position will be eliminated.

The long term impact on the School, College, University and community is not clear because the CT profession is changing. These clinicians operate the heart-lung machines used during open heart surgeries; however, fewer such surgeries are being performed with the advent of more non-invasive cardiac interventions, so the long term need for these practitioners is unclear. Yet, there still is a need that may increase in the coming decade due to the projected retirement of many baby boomers.

The OSU-CT program is one of only two in the state; the other is at the Cleveland Clinic. So, it is the School's intent to deactivate the program and use the next year or more to further evaluate the need for the program and possible methods of offering the program, including identification of appropriate faculty, evaluation of linking the program with another program to consolidate resources, availability of additional resources from the College and/or health system, and the potential for a post-baccalaureate only offering. Many CT programs nationally are offered at the entry-level master's level due to the high cost, academic rigor, and need for a mature student to succeed in the profession, for which there is a high burnout rate.

This review will include consultation with national academic leaders in CT education, the local CT and cardiothoracic surgery community, potential and past students, and College leadership. It is expected that the earliest re-activation of the program would occur with the 2012 academic year.