To: Manoa Budget Team
From: Jerris R. Hedges, MD

Context: The following summary represents a second response to the request made on September 9th for comments regarding information sent August 21st by the Manoa Budget Team (MBT). This response is to the amended MBT recommendations provided to me on September 11th. You have previously received a few comments regarding information discussed at the August 24th MBT meeting with our associate deans and me.

As the next process step in the budget discussion was unclear at the time of our August 24th Zoom meeting, only a few department chairs have had the opportunity to review specific components of the MBT’s recommendations. Most faculty members have not had an opportunity to digest the recommendations. Given that the MBT was still meeting with unit leaders until recently and that many items recommended by the MBT require considerable consultation and dialogue with faculty and other unit leaders, the comments below must be considered tentative at best.

Nonetheless, I will summarize some initial thoughts below [in bold font brackets] listed after each of the major recommendations from the MBT. Please note that potential early (and subsequent) operational and fiscal benefits/risks have not been analyzed, and implications may extend beyond JABSOM. Hence the following comments only speak to some logistical issues related to the MBT recommendations.

MBT Comments:

The 2016 program review team identified several issues that were common across the JABSOM MS and PhD programs:

- Overall, the [graduate] programs seem to recruit separately, and since at least two are distinct in their area, this seems an opportunity to grow the programs by cooperative recruitment. Since a significant number of students are from Hawai‘i, either from local schools or from mainland schools but who went to high school in Hawai‘i, and have reasons to want to be near family, identifying ways to target their recruitment, perhaps with the help of the Graduate Division, could have a good yield. This would also benefit training grant applications. -- page 5
  - [A key feature to growing the graduate programs will be to have more faculty with NIH grant support (to inspire applicants) and more GA positions (to help induce talented applicants to apply and select our graduate programs).]
- The absence of a traditional MD PhD program is an opportunity for JABSOM to pair MD students with some PhD programs outside the traditional MD PhD joint program path to develop clinical scientists to serve the state. -- page 4
  - [We need to better understand the goal here and the institutional investment. MD/PhD programs provide full-ride scholarships for students during medical school and graduate school – i.e., for a total of about 7 years per student. In an institution strapped for funding, how will this program be supported?]
- The team identified the MS program as a missed opportunity for students to prepare for medical school, which could help with recruitment of Hawai‘i students into the MD program:
• It will be helpful to better understand what is envisioned. It took 4+ years to stand up a Tropical Medicine graduate certificate program and we are working on a Quantitative Health Sciences graduate certificate program. Certificate programs that do not require a thesis (as MS programs currently require) are more attractive to premedical students in transition. What is envisioned regarding tuition return to sustain such programs? JABSOM has been exploring post-baccalaureate programs in several areas that could lead to a health science certificate and/or serve as a pathway into an MS degree or potentially into an MD degree. These will likely be through the Outreach College in the future.

• In this program and across JABSOM MS programs, determining a path for pre-MD students to increase their preparation and competitiveness for medical school at JABSOM and other universities is a goal that would bring in revenue, if set up properly for tuition return, to help fund PhD program costs, especially things like recruitment. –page 16
  o Please see above.

Department of Anatomy, Biochemistry & Physiology

Summary Recommendations

• Consider merging the Departments of Anatomy, Biochemistry & Physiology, Quantitative Health Sciences, and Cell & Molecular Biology.
  o One could envision a department of health science fundamentals. One may wish to also include the JABSOM Department of Tropical Medicine, Medical Microbiology, and Pharmacology. To attain buy-in there would need to be one chair and multiple associate chairs at the outset. Administrative support could be pooled, but currently these departments are under-staffed, even if combined. From the standpoint of training medical students, graduate students, building research teams, etc., this configuration would not change things that much for JABSOM. Sustaining a strong basic science foundation and research portfolio is critical for medical school accreditation, national ranking, and the Kaka’ako business model. It represents one of the JABSOM areas of critical need.
  o During the August 24th meeting, we discussed the potential merger of all life science graduate programs across UH Manoa. There are differences of research focus and knowledge application for the faculty teaching the health science fundamentals versus those largely focused on undergraduate education. Nonetheless, the basic science departments in JABSOM have provided considerable support to sustain the College of Natural Sciences undergraduate programs in the life sciences and should be included in plans to deliver life sciences to undergraduates. Programmatic integration rather than the melding of units structurally may be more easily achieved. The departments/units associated with undergraduate life science education could form a faculty curriculum body that crosses units and uses an executive management leader in the Provost’s office to adjudicate potential disagreements.]
• Consider stopping admission to the MS and PhD in Developmental & Reproductive Biology; establish concentrations within the Cell & Molecular Biology programs.
  o [When this was explored with the graduate program chairs in the past, the initiative was not supported by the UH Manoa Graduate Division.]
• If graduate programs continue, recommend reviewing the role of the MS program and its relationship with the PhD and MD programs.
  o [It is unclear what is meant by “if graduate programs continue”. JABSOM has a critical need to regrow its foundation of health science programs and graduate programs represent one important aspect of such programs. That said, some operational features could be reconsidered and perhaps standardized.]
  o [For example, what if students for all JABSOM graduate programs are first accepted into either a certificate or MS program? If they do well and choose to seek a PhD path, they would then go into a PhD program. If we did that, how many super talented PhD candidates would we lose because they seek a full PhD commitment at the outset? Alternatively, might it be better to accept graduate students not specifically interested in a certificate/MS degree directly into the PhD program as with CMB? Doing so would come with clear guidance on how one can leave the program with a certificate and/or MS degree if choosing not to continue with the PhD program? Whichever direction we go, there may be value in consistency across all the programs (or implement a standard approach as one larger PhD program).]

Details
• The Department offers the MS and PhD in Developmental and Reproductive Biology, and undergraduate courses in Biochemistry and Physiology to support STEM majors. The graduate programs were last reviewed in 2016.
• There are 8 enrolled in the MS and 9 in the PhD program. Tenure-track FTE is 11, down from 12.50 in 2014.
• The external review team identified several issues with the MS program that merit attention.
  If an MS is required for matriculation to the PhD this should be clear to all applicants, and the program should consider the fairness of this requirement since they accept PhD students into their labs from CMB, which does not have this requirement. … Furthermore, if these students are qualified as PhD students when applying this may send a wrong message as to the goal of the program in education versus in obtaining researchers to staff the labs…It appears most of these are prePhD, thus this is indeed a very small MS program and, in fact, a small PhD program. It is also not clear the curriculum requires a separate program. –page 16
  o [Consistency across the graduate programs would be good, but may have unintended consequences as noted above.]
• The team also recommended that the DRB programs be merged into the Cell & Molecular Biology program as a concentration. If the programs merge, may want to consider merging the departments as well.
In addition, considering issues of curriculum, student support, and overlap of the faculty with the CMB program, transitioning the DRB program into a specialization within CMB, like Neuroscience appears warranted. This is an efficient way to enhance the student experience and address many of the concerns raised above. –page. 16

- Who drives this change? Will we have Manoa leadership and Graduate Division support to make this change? Fiscal benefits seem marginal, but after adjustment, there may be some operational efficiency.

The Department offers undergraduate courses in Biochemistry and Physiology that support multiple STEM (undergraduate) majors. Faculty in Natural Sciences, however, are often at odds with the JABSOM faculty over primary instruction (which governs which unit is credited with SSH). At times, the Natural Sciences departments have insisted that Life Sciences faculty teach the courses. Given that these courses belong to JABSOM (through official subject code assignments through IRAO), the rationale behind that argument doesn’t make sense. Recommend that positions pulled from Life Sciences be reallocated as joint hires with JABSOM to help resolve this and other issues across these units (see discussions under Life Sciences, and Cell & Molecular Biology).

- We need to have more dialogue with Manoa leadership and with CNS. What is the issue(s) we are trying to fix? (1) Are we trying to attract and retain the best instructors for the undergraduate life science courses? (2) Are we trying to develop more meaningful undergraduate life science degree programs that will attract more undergraduates? (3) Are we trying to provide consistent instruction and course offerings for the undergraduate life science students (whether in a CNS degree program or otherwise)? (4) Are we trying to generate operational savings?

- If we are addressing #1, moving the life science faculty, courses and undergraduate degrees to JABSOM could raise the institutional prestige for recruiting PhD and post-doc talent who desire a medical school affiliation for broader teaching experience, translational research career development and NIH grant support. However, other faculty members likely desire a life science position without a health focus. If we are addressing #2, more JABSOM faculty input into the course content and teaching could infuse greater clinical relevance and meaningful undergraduate research opportunities into the life science courses. If we are addressing #3, anything that reduces faculty and course assignment fragmentation should help. If we are addressing #4, there may be some savings, were we to move life science graduate programs into JABSOM. However, doing the latter would have many unintended consequences for the faculty and their units.

- Given anticipated push-back from the faculty and given that each unit likely has different needs/expectations, it might be better to envision programmatic integration rather than unit structural integration. This may be more easily achieved through the melding of faculty effort associated with undergraduate life science education into a curriculum coordinating body that crosses units and uses an executive management leader in the Provost office to adjudicate potential disagreements. In a similar manner, graduate program melding with retention of current unit structure also seems wise.
Department of Cell & Molecular Biology

Summary Recommendations

- Consider merging the Departments of Anatomy, Biochemistry & Physiology, Quantitative Health Sciences, and Cell & Molecular Biology.
  - [Discussed previously]
- Increase collaboration between faculty in the Life Sciences (Natural Sciences) and Cell & Molecular Biology. Reallocate faculty positions and split FTE across both units to facilitate collaboration.
  - [Collaboration is good, but the nature of the proposal is unclear. It is unclear why FTE should be split between units rather than undergraduate courses assigned to departments in different units. GA support should follow teaching responsibilities regardless of unit. Further reducing faculty positions in JABSOM would compromise medical school accreditation and national ranking. As noted above, coordination of teaching can be done through a governing body that crosses units and uses an executive management leader to adjudicate potential disagreements. CNS life science faculty members could be given adjunct appointments in JABSOM to enhance their professional recognition, grantsmanship prestige, and translational research opportunities. The converse could be done for JABSOM faculty.]
- Recommend that the MS/PhD programs be jointly administered by the School of Life Sciences and JABSOM.
  - [As was discussed August 24th, a graduate program that brought Life Sciences & Health Sciences fundamentals together could be advantageous. However, it might be best to bring the entirety of Manoa life & health science graduate programs (SOEST, CTAHR, CNS, JABSOM) together if we are seeking campus integration and synergy. Such a joint graduate program should have a coordinating faculty council with representatives from each of the contributing units. Further, such a conjoint program will require significant Manoa executive management leadership engagement from the Provost office, both to launch the initiative and to adjudicate the inevitable jurisdictional disputes.]

Details

- The Department offers the MS and the PhD in Cell & Molecular Biology. The graduate programs were last reviewed in 2016.
- There are 5 enrolled in the MS and 18 in the PhD program. Tenure-track FTE is 7.25, down from 10.25 in 2014.
- Per the website, the program draws faculty from across campus, including the Cancer Center, the Natural Sciences, CTAHR, and SOEST. The faculty list only includes one faculty member from Natural Sciences (Chemistry), however.
- The creation of the School of Life Sciences provides the opportunity for increased collaboration (research, courses, programs) between faculty in Natural Sciences and
JABSOM. Recommend that the School of Life Sciences and CMB jointly administer the graduate programs. Reallocation of faculty positions to provide for a split of FTE between these units could assist with this effort.

- [Moving the School of Life Sciences to JABSOM would greatly facilitate this effort, but is politically unlikely. Otherwise, it is unclear what is meant by “reallocation of faculty positions”. Alternatives have been previously discussed in this response, including a more meaningful melding of all life science graduate programs across UH Manoa using a coordinating faculty council with representatives from each of the contributing units.]

**Department of Tropical Medicine, Medical Microbiology & Pharmacology**

**Summary Recommendations**

- Review recruitment strategies for all Tropical Medicine programs, including the Graduate Certificate offered through extension.
  - [The biggest problem in graduate student recruitment is the limited number of GA positions and declining faculty numbers. There are a few teaching GA positions available while the majority of graduate positions are funded by the faculty off of NIH grants.]

**Details**

- The Department offers the MS, PhD, and the Graduate Certificate in Tropical Medicine, and courses in support of the Medical Technology (BS), Public Health, Biology, and Medicine (MD) programs. The graduate programs were last reviewed in 2016.
- There are 7 enrolled in the MS, 12 in the PhD, and 5 in the Graduate Certificate. Tenure-track FTE is 9.58, down from 10.12 in 2014.
- In response to the 2014 program review, the Department began collaborating with Outreach College to offer the Certificate in Tropical Medicine online to increase enrollment. Per day-school enrollment, there are 5 students in the program, however there may be more enrolled through extension.
  - [Yes, there are. The limited availability of GA positions has held this program back.]

**Department of Quantitative Health Sciences**

**Summary Recommendations**

- Consider merging the Departments of Anatomy, Biochemistry & Physiology, Quantitative Health Sciences, and Cell & Molecular Biology.
  - [Discussed previously.]
- Reconsider the cohort model for the MS in Clinical and Translational Research.
  - [Done after 2016 review.]
• Work with Outreach College to make Clinical & Translational Research courses available to clinicians and scientists.
  o [I believe this is underway.]

Details

• The Department offers the MS in Clinical and Translational Research. Admission to the PhD program is stopped out. The graduate programs were last reviewed in 2016.
• There are 10 students enrolled in the MS program. Tenure-track FTE is 4.00, up from 3.00 in 2014.
• The review team identified the cohort model as a weakness of the program as it limits enrollment. It is unclear from the website whether the program still operates this way. Enrollment has remained stable, averaging 10 students since 2012.

  While there are inherent advantages in student networking with this model, it yields a small and less efficient program. The program director informed the committee that students not in the entering MS cohort are not allowed to participate in the curriculum. This is unfortunate because many of these courses could be of great value to many clinicians and scientists who could enrich the course discussion and who need to accomplish competencies of clinical research for career development, such as individuals on a T or K award. Desire for this training was specifically cited among Tropical Medicine students. Translational research education is a mainstay of training grant programs and lack of these educational opportunities may impede institutional development. Last year, only one new student entered the program. –page 9
  o [A lot of program transition has occurred since 2016, including expansion of program offerings beyond the cohort approach.]

Doctor of Medicine Program

Summary Recommendations

• Work with the state to increase the number of residency slots.
  o [This action would be good for general physician workforce growth and complement the needed growth in the medical student class size. However, increasing residency slots may not help underlying Manoa fiscal challenges, as JABSOM will also need additional clinical faculty positions to teach/train any additional residents.]
• Follow-up on findings of 2017 LCME accreditation review.
  o [JABSOM has resolved accreditation visit issues with the exception of the preclinical teaching of biochemistry, immunology and microbiology. This issue is under assessment and modification by the JABSOM Office of Medical Education. Greater basic science strength (i.e., additional faculty and programs in these areas) would benefit the school. If this issue is not resolved by the time of the next site visit, the school could be placed on probation.]
• Work with the Mānoa Assessment Office on assessment and curricular review strategies and to implement regular student surveys to monitor satisfaction with career advising.
  
  o [Always worth considering, but the career advising that the medical students require is significantly different from that of undergraduates/graduate students. Assessment must focus on the unique advising elements offered at JABSOM. Since the site visit, these activities have been enhanced and data suggest that this issue has been resolved as of the last LCME data submission.]

Details

• The Medical Education units include the Departments of Medicine; Family Medicine & Community Health; Geriatric Medicine; Obstetrics, Gynecology & Women’s Health; Native Hawaiian Health (a few faculty); Pathology; Pediatrics; Psychiatry; and Surgery.
  
  o [Those are the clinical sciences in JABSOM. The MBT did not include our foundational health science departments: Trop Med, CMB, ABP, and QHS. This may explain some incorrect assumptions by the MBT.]

• The Doctor of Medicine is accredited by the Liaison Committee on Medical Education (LCME) in the Association of American Medical Colleges. The program was last reviewed in 2017. The next review is scheduled for the 2024-25 academic year.
  
  o [True, but a school must submit operational data annually to the AAMC. All potential citations must be addressed a full year before the next site visit. A medical school may be reviewed sooner than scheduled if a major structural/operational change occurs such as a removal of a dean, loss of funding, significant loss of faculty numbers, and significant student discord.]

• There are 289 enrolled in the MD program, up from 249 in 2012.
  
  o [If we are able to sustain the increased MD student class size started in FY 2019 and we have no drop-outs or delays in graduation, we will soon (in 2 more years) have a total of 77 X 4 = 308 enrolled.]

• Tenure-track and Non-Tenure-track FTE:

<table>
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<th>Medical Education Department</th>
<th>Tenure Track</th>
<th>Non-Tenure Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine &amp; Community Health</td>
<td>2.00</td>
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</tr>
<tr>
<td>Geriatric Medicine</td>
<td>2.00</td>
<td>8.88</td>
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<tr>
<td>Medicine</td>
<td>5.00 (down from 6.83 in 2012)</td>
<td>13.99</td>
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<tr>
<td>Native Hawaiian Health</td>
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<td>6.00</td>
</tr>
<tr>
<td>Obstetrics, Gynecology &amp; Women’s Health</td>
<td>1.00</td>
<td>19.22</td>
</tr>
<tr>
<td>Pathology</td>
<td>0 (down from 1.00 in 2012)</td>
<td>4.62</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2.00 (down from 3.00 in 2012)</td>
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</tr>
<tr>
<td>Psychiatry</td>
<td>4.00</td>
<td>20.13</td>
</tr>
<tr>
<td>Surgery</td>
<td>3.00 (down from 2.00 in 2012)</td>
<td>14.05</td>
</tr>
</tbody>
</table>
• The School may benefit by working with the Mānoa Assessment Office on assessment and curricular review strategies, and to help monitor student satisfaction with career advising.
  
  o [Addressed previously.]

• LCME did not identify any concerns with respect to faculty FTE for medical education.
  
  o [The LCME determination of the adequacy of faculty numbers is done several ways. It is done by monitoring absolute numbers relative to student numbers, monitoring educational impact (student impression of education and board examination scores), and faculty perspectives regarding sufficient time available to teach. Unfortunately, JABSOM has been declining in basic science faculty numbers over the last 5 years while dealing with a student perception of insufficient education in Immunology and Medical Microbiology education and declining student research opportunity/productivity. This is happening at the same time as the MD class size has been growing significantly. Given the high-demand for faculty time with each student, faculty transitions, and declining budgets coupled with a hiring freeze, the ability to maintain accreditation is at great risk without immediate action.]

Department of Communication Sciences & Disorders

• [See Appendix A.]

Summary Recommendations

• Follow-up on any outstanding issues or concerns in advance of Fall 2020 accreditation review.
  
  o [Done, materials for reaccreditation submitted.]

• Follow-up on the status of the CSD “online BS” degree (program terminated in 2015, no WASC approval for online delivery).
  
  o [No BS online degree. CSD offers a certificate program to qualify those with training in other disciplines for the opportunity to apply for a CSD MS program.]

Details

• The Department offers the professionally accredited MS in Communication Sciences and Disorders. The next review is scheduled for Fall 2020. There are 31 students enrolled in the program. The BS was terminated in 2015.

• Retention is high, with an average of 98% of the cohort completing the program (3-year average). The Praxis pass rate for the last 3 years is 100%. All graduates found employment within a year of graduation (per data for last three cohorts).

• The Department operates the Speech and Hearing Clinic, affiliated with the University Health Partners of Hawai‘i. Graduate students work with clients under the supervision of faculty to provide diagnostic evaluations and therapy to children and adults.
• Tenure-track FTE is 2.50. Non-tenure track FTE is 3.99.
• The BS in Communication Sciences and Disorders, which was never (WASC) approved for distance delivery, was terminated in 2015. Recommend follow-up on the status of this program.
  o [The CSD faculty have offered courses through Outreach College as part of a certificate program to permit students with other degrees to complete courses needed to qualify for application to a speech language pathology program. Given some students taking these courses are enrolled in undergraduate programs at UH Manoa, recent changes in how charges and reimbursement is done for those undergraduates will have a significant fiscal impact upon the CSD fiscal sustainability.]

• The results of the previous accreditation review were not available. The Department modified the program a month ago to bring course requirements into alignment with accreditation standards, presumably before the review this fall. Recommend following up with the Department to identify any outstanding issues or concerns that may affect accreditation.
  o [Adjustments were made to address evolving accreditation standards and COVID realities. Accreditation materials were submitted for the 2020 reaccreditation.]

Department of Medical Technology

• [See Appendix B.]

Summary Recommendations

• Review industry standards to determine whether the KCC program is sufficient to meet state needs.
  o [Please see below and Appendix B. Please note that a BS degree in Medical Laboratory Science is required to qualify as a lab director and perform complex tests. What is the UH vision here? Would this BS degree be offered at Kapiolani CC? The clinical intern program which provides clinical experiences for the BS students would need to be maintained with a transfer as well. Unclear that there is any advantage to moving this program to KCC.]

Details

• The Department offers the BS in Medical Technology, accredited by the National Accrediting Agency for Clinical Laboratory Science. The program (last reviewed in 2019) is accredited through 2030.
• There are currently 19 students enrolled in the program. Tenure-track FTE is 1.00. Non-tenure-track FTE is 1.55.
• In 2010, admission was stopped to modify the program as a 2+2 program with the KCC Medical Laboratory Technician (AS) program. Admission reopened in 2014. The change in structure has not resulted in increased enrollment.
  o [The stop-out was to reallocate personnel and to acquire additional funding which was done for a transition period using philanthropy. In order to further increase the class size,
it would be necessary to increase faculty and course offerings. Additional clinical rotations also would need to be identified. The program seems to be at steady state with state needs.]

- While there may be a state need for medical technicians, it’s unclear at what level training is needed to meet that need. Recommend a review of industry standards to determine whether the KCC program is sufficient to meet state needs.
  
  o [The term Medical Technician is confusing. It may refer to the Medical Laboratory Technician (MLT) trained at a community college or to someone having a Medical Laboratory Science (MLS) BS degree. The JABSOM Med Tech program is an MLS college degree program plus clinical intern program.]
  
  o [MLTs (as trained at KCC) are associate degree individuals (or sometimes high school graduates with additional training) who obtain samples, process them, and may be allowed to do certain CLIA waived tests. Phlebotomy is a major part of their duties. It is true that Hawaii is very short on phlebotomists. Per the Healthcare Association of Hawaii (HAH) 2019 report, there were 22% open positions and 31% turnover rate. But interestingly the "difficult to fill rating" for Medical Technicians is almost "normal" (i.e., able to fill within 6 months).]
  
  o [Per the HAH 2019 report, MLS open position data (i.e., JABSOM BS degree program graduates) in Hawaii show 17% open positions and a 1.7 "difficult to fill rating" (i.e., more than one year to fill). The report says, among the respondent facilities, there were 44 open positions for MLS and 32 for MLT – i.e., a greater number needed with MLS degrees. Laboratories need both MLS and MLT trained individuals.]
  
  o [MLT and MLS have different duties and responsibilities. MLS duties include all of the MLT duties plus Quality Control/Quality Assurance work, method validation, employee training, and general lab operations oversight.]
  
  o [CLIA requires an MLS degree to be nationally certified as "testing personnel" who are permitted to perform "highly complex" tests. Today, many labs also perform "lab developed tests" for which there are yet no pre-established procedures. Individual labs must demonstrate the validity of the tests to CLIA. Many new molecular biology or toxicology methods used for diagnostic purposes fall into this category, where qualified MLS and lab directors must establish validity.]
  
  o [Certification agencies (e.g., American Society for Clinical Pathology) require a bachelor's degree from accredited programs for individuals to qualify for the MLS exam. Bachelor's degree is also required for categorical (e.g., Molecular Biology Technologist) and specialist certifications (e.g., Blood Bank).]
  
  o [Accreditation standards for MLS programs are different from those for MLT programs in terms of curriculum, focus and scope.]
Appendix A: Communication Sciences & Disorders

Emeritus Vice Dean Satoru Izutsu reached out to Department Chair Henry Lew and Graduate Program Director Pauline Mashima to provide additional context regarding the Department of Communication Science & Disorders (CSD).

As you recall, the Department of CSD is one of the departments with a unique graduate program which was discussed during the August 24th meeting of the Associate Deans and me with the UH Manoa budget team. We would like a better understanding of how UH Manoa will decide to continue such programs. In 2010, this program was deemed essential by the Hawaii State Department of Education in response to the Felix Degree which cost the state $1 billion dollars.

By email on September 7th, we provided an article from 2012 discussing the history of this program which uniquely prepares students to serve as speech-pathology language specialists in Hawaii.

The following italicized information as provided by the Chair and Graduate Program Director. This information outlines some more current facts related to the relevance of this program to UH and the state of Hawaii. You are aware that we submitted reaccreditation materials this summer for the graduate program.

(1) With regards to the training of Speech Language Pathologists (SLPs) to serve people with communication, cognitive and swallowing disorders, the University of Hawaii’s CSD Department is a nationally accredited program. It is the only one of its kind within UH and in the State of Hawaii.

(2) According to the American Speech-Language and Hearing Association, the required level of education to become a Speech Language Pathologist (SLP) is a master’s degree in CSD, plus clinical fellowship training. To qualify as a master’s student in CSD, the applicant has to achieve a satisfactory GPA in any undergraduate degree, plus pass the necessary prerequisite courses in CSD, and GRE. The rigors of preparing for the CSD program approach those of applying to medical school.

(3) In 2010, UHM began phasing out the undergraduate component of the Department of Communication Sciences and Disorders (CSD), so that the department can focus on training graduate students. By 2013-2014, the CSD department successfully replaced the CSD undergraduate program with a series of online prerequisite CSD courses. It should be noted that those undergraduate courses are still being taught by dedicated CSD graduate faculty, who feel the need to provide the necessary education although undergraduate education was no longer in their job description.

(4) With the severe shortage of Speech Language Pathologists (SLPs) in the state of Hawaii, specifically in the public schools, the UHM CSD program provides a much-needed pipeline of graduates to serve the people of Hawaii.

(5) From 2015 to 2020, the UHM CSD program demonstrated the following promising statistics:
   (b) Increase in annual degrees awarded: 2015 (10), 2016 (12), 2017 (12), 2018 (14), 2019 (15), 2020 (16).

(6) Since 2015, graduates of the UH CSD graduate program have always passed the national licensing examination before their graduation. They are well trained and demonstrate competencies comparable to other programs across the nation. Moreover, they are taught core values of ethical responsibility, to
help individuals with communication disabilities, and to be respectful of social, cultural and linguistic differences.

(7) Students from the UH CSD graduate program are unique in their knowledge of communication as it relates to our local values and culture. Furthermore, they not only embrace the commitment to our profession, but they are also strongly tied to our community. Alumnae of the UH CSD program carry those core values and volunteer to assist in mentoring graduate students while they rotate through the hospitals, nursing homes, and public schools.

(8) For the past decade, the CSD department has been working tirelessly with JABSOM and UHM to meet the common goal in being an institution of education, research, and service to the many communities in the state of Hawaii.

There are some unique aspects to this program in addition to the program serving as virtually the sole source of SLP’s for Hawaii. JABSOM renovated space which is now part of a long-term clinical teaching space lease in the 677 Ala Moana Building. The faculty members teach summer classes and oversee extension credit courses through Outreach College to help support their faculty positions. The faculty members also work through the University Health Partners of Hawaii academic practice plan to provide billable clinical services which also help fund their faculty positions.

Despite this entrepreneurial effort on behalf of the faculty members, all of the student tuition is kept by UH Manoa (with the exception of Outreach College tuition). Unfortunately, some of the Outreach College credits may not be billable in the future because of recent changes in the Outreach College charging process which prohibits charging for courses when the student is currently taking 12 or more credits.

Were the credits fully charged (to those taking the courses) and all tuition returned to JABSOM, this program would be close to breakeven financially, even with the facility lease. There are ongoing collaborations with the UH Manoa College of Education to further increase the class size, given the ongoing need for SLP’s in Hawaii. The recent change in the Outreach College charging process is problematic and may cost UH Manoa 30% of the tuition collected by Outreach College for this program.

Again, we seek your guidance regarding how you will make decisions related to which programs will be kept alive at UH Manoa. If this program is to be stopped out, it will be critical for UH leadership to discuss this plan with Governor Ige and the Hawaii State Director of Education. If this program is to be continued, we strongly urge UH Manoa to return the graduate tuition to JABSOM to help cover costs.
Appendix B: Medical Technology

On August 24th, the JABSOM associate deans and I spoke with the UH Manoa budget team. We discussed a number of topics, but there was no clarity on whether specific programs should be stopped out, retained as they exist, expanded, or otherwise modified. As there was discussion regarding the status of the small, but unique Medical Technology program, emeritus vice dean Satoru Izutsu asked the department chair Dick Teshima to provide us all with some additional background information related to the program offered by his department and the graduates of his program. He has kindly provided the following information in italics.

The Department of Medical Technology educates and trains future clinical laboratory professionals who will be performing highly complex and vital lab procedures to help promote health and to assist in diagnosis, monitoring and treatment of diseases. The Department is the only nationally accredited program in the State for certified and licensed medical technologists. Licensure to perform these duties is required by law for medically reportable results. Competent lab professionals are in high demand today, especially in times of a public health crisis such as the SARS-CoV-2 pandemic.

Workforce shortages in clinical laboratories, both nationally and locally, have been well documented. For example, the Healthcare Association of Hawaii has recently reported that the proportion of unfilled positions is 17% and the average turnover rate is nearly 10%. Respondents of the survey reported a “difficulty to fill the position” rating from “difficult” to “very difficult,” indicating that they are unable to fill the open position within a year. A representative of the Department of Medical Technology is working with the Healthcare Education & Training Alliance (Hawaii Sector Partnerships) to address this issue.

The Department offers a career-pathway curriculum in collaboration with the Kapiolani Community College Medical Laboratory Technician (KCC MLT) program. This enables KCC MLT graduates to advance in their career by earning a bachelor’s degree at Manoa. To facilitate their degree-completion at Manoa, a number of MEDT courses are now Focus designated. This career-pathway 2+2 curriculum is a streamlined structure with no duplication of required courses on either campus. We also have a very close relationship with all of our clinical affiliates in the community throughout the State who provide the necessary clinical training and employment for our graduates.

In addition to the 2+2 pathway, the Department of Medical Technology offers a second-degree admission route for students who already earned a degree in a related field. Many bachelor’s degree holders struggle to find fulfilling careers, particularly in the healthcare field due to strict personnel regulations. Students who enter our major via this route are highly focused and bring with them valuable work experience. Today, approximately half of our students are using the second-degree pathway.

We have been awarded the maximum ten-year accreditation renewal this year. For this important achievement, much credit goes to our faculty members, students, graduates and clinical affiliates who maintain excellent graduation rate, significantly higher certification exam pass rate than the national average, and nearly 100% employment rate.

The Department of Medical Technology, the only undergraduate program within the John A. Burns School of Medicine, provides a vital service to the State of Hawaii by educating and training qualified clinical laboratory professionals that are critically needed.
I realize these are challenging times and that the regents will be asking the UH System and Manoa leadership to sustain those programs of great value to the state and which will contribute to rebuilding of the state's economy over the next several years. I sense that the regents, legislators, and general health system business sector would encourage UH leadership to sustain the UH JABSOM Medical Technology program. In particular in this age of COVID when coronavirus testing is dependent upon the availability of adequate medical laboratory specialists, it seems especially wise to sustain this program. Yet, given these challenging times, I did not want to take anything for granted. Would you please provide clear guidance regarding your expectations for the Department of Medical Technology and its BS degree program?