



26 July 2024

Karla Zadnik, Interim Executive Vice President and Provost  
Patrick Louchouart, Senior Vice Provost for Faculty  
W. Randy Smith, Vice Provost for Academic Programs

Dear Dr. Zadnik, Dr. Louchouart, and Dr. Smith,

On behalf of the School of Health and Rehabilitation Sciences (SHRS), I respectfully request that our currently approved Patterns of Administration (POA) be adjusted to reflect our longstanding practice of a 45% cap on clinical faculty. This corrects the record to match the current SHRS reality on which clinical programs were designed and faculty hiring decisions were based. This is not a request to increase or change the cap, rather, it is a request to match our governance structure with a longstanding practice based on over a decade of approved POA.

I request your assistance in this matter to work for approval from the University Senate and the Board of Trustees.

For twelve years (since 2012), the SHRS POA has been approved with a 45% cap. In 2011, the cap was 40% per the HRS POA. In the 2012 POA, this was raised to 45%. In every subsequent approved POA, the cap was listed at 45%. In 2024, when we submitted our newest POA, it was noted that this change was never formally approved by the University Senate or the Board of Trustees and we were told to revert to the 40% cap. We have designed and grown our educational programs and research agenda with this proportion of clinical faculty. This change to 40% places our faculty and our programs at risk, given the heavy requirements for clinical teaching and the number of clinical faculty currently hired and working in HRS.

The School of Health and Rehabilitation Sciences offers multiple undergraduate and graduate clinical programs, including radiography, sonography, radiation therapy, respiratory therapy, medical laboratory sciences, health information management and systems, medical dietetics and nutrition, athletic training, occupational therapy, and physical therapy. These programs (and their national accrediting bodies) require clinical experts to educate our future healthcare professionals, and we recruit faculty with deep and specialized expertise in their fields. Our clinical faculty teach clinical labs and practica, engage in clinical practice in the OSUWMC and Nationwide Children's Hospital, and participate in clinical research. Our tenure



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track faculty have rigorous requirements for extramural funding, salary coverage, high-impact research dissemination, and graduate student mentorship. The HRS faculty operate in a deeply symbiotic way to ensure leadership in education, research, and service, which has resulted in highly ranked programs, an outstanding record of research, and national professional leadership. We built this structure intentionally, and the cap has allowed us to enjoy tremendous success across the tripart mission.

Clinical education programs, such as those listed above, require time-intensive, specialized, and complex curricular design. The faculty and students engage in long hours of clinical labs, clinical simulations, and clinical practice in order to assure that the next generation of health care providers are able to provide high quality, excellent, and safe care to vulnerable patient populations. Our clinical faculty have deep expertise in the accreditation requirements, curricular design, and professional requirements (e.g., national boards and licensure) required for student success and are therefore critical to the delivery of our excellent, and nationally ranked, programs. They are nationally and internationally recognized experts in their areas of clinical practice and raise the status of HRS, the College of Medicine, and Ohio State.

I humbly request your support and collaboration with the University Senate to reinstate the 45% cap on clinical faculty in the School of Health and Rehabilitation Sciences.

Sincerely,

Amy Darragh, PhD, OTR/L, FAOTA  
Director, School of Health and Rehabilitation Sciences  
Vice Dean of Health and Rehabilitation Sciences, College of Medicine