Merging Two Universities: The Medical University of Ohio and the University of Toledo

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Abstract

On July 1, 2006, the Medical University of Ohio officially merged with the University of Toledo and became the third largest public institution of higher education in the state of Ohio. The combination of the two neighboring institutions occurred through the efforts of a number of individuals who recognized the potential advantages of a merger and worked quickly through challenges by early engagement of stakeholders in the merger process. The advantages of a larger, more diverse institution with increased budget and research funding outweighed the challenges of bringing two different cultures together. Changing the culture and leadership was necessary to allow the process to move forward. In addition, statewide political support was mobilized to carry forward the legislative actions that permitted the formation of the new institution. The transformation of a free standing medical campus to a part of a larger university required a fusion of the existing boards of trustees, a new organizational structure and a unified strategic plan, all of which occurred in the first 12 months after the merger. The college of medicine of the former Medical University of Ohio has been strengthened by the merger process, and the new University of Toledo has emerged as a much more diverse and complete institution.


Mergers and combinations of institutions of higher education have not been uncommon in the recent past and have been driven by both financial and strategic reasons. Such combinations, when involving a college of medicine or an academic health science campus, are relatively more unusual than those not involving health professions education, and they require clear vision, meticulous planning, and a healthy dose of patience.

On March 31, 2006, the Ohio governor signed a document merging the Medical University of Ohio and the University of Toledo into a single institution. The merged institutions retained the University of Toledo name, and the former Medical University of Ohio became the Health Science Campus of the University of Toledo, which contains the Colleges of Medicine, Nursing, Pharmacy, and Health Sciences and Human Services. This new university became the third largest public institution of higher education in Ohio. In this article we discuss the process which led to this historic event and provide a context for each institution’s decision to merge with the other. We also review the efforts of a number of individuals who recognized the potential advantages of a merger and worked quickly through challenges by early engagement of stakeholders in the merger process.

History of the Medical University of Ohio

The Medical University of Ohio, originally named the Medical College of Ohio (MCO), was founded by the Ohio legislature on December 18, 1964, when Governor James Rhodes signed legislation passed by the Ohio General Assembly (Ohio Revised Code 3350.01–3350.05). Passage of the bill culminated a four-year campaign led by local medical and business leaders to bring a medical school to northwest Ohio, after intense competition among Ohio cities to be the home of the new medical school. Toledo prevailed partly because northwest Ohio did not have a medical school, although it was home to the University of Toledo (UT). However, in 1964, UT was a municipal university and not a state university. The new state medical school could not be part of the municipal university and it thus was decided to create a free standing medical school. UT became a state university just three years later in 1967, but by then MCO had its own board of trustees and administration, and there was no interest at either school in merging.

A 59-member faculty with 10 administrators was established at MCO to teach the entering class of 32 medical students in the fall of 1969. In addition, 175 community physicians joined the ranks of volunteer faculty. Soon after the first class of medical students began its studies, the schools of nursing and allied health were established. Initial classes were held in temporary classrooms while the campus was being developed on 346 acres of land in south Toledo. The campus was designed by famed architect Minoru Yamasaki, who designed the World Trade Center in New York City. The Health Science Building was the first building completed, followed by construction of the Mulford Library and the Health Education buildings and a tertiary care hospital which opened in 1979.

MCO’s growth was marked by expanded clinical programs and increased numbers of students, academic offerings, and biomedical research activities. The
original plan for the campus was completed in 1990 with the construction of the Ida Marie Dowling Hall, the Lenore and Marvin S. Kobacker Center, the Eleanor N. Dana Conference Center, the Toledo Hilton Hotel, and the Dorothy and Ashel Bryan Academic Commons. In the following years, the Center for Creative Instruction and the Howard L. Collier Building, which housed the schools of allied health and nursing, opened. The Advanced Technology Park of Northwest Ohio, adjacent to the MCO campus, welcomed its first tenants in 2000.

At the start of 2004, MCO comprised the schools of medicine, nursing, allied health, and graduate studies, with 1,600 students enrolled across the four schools. MCO employed 3,384 individuals, making it the tenth-largest employer in Toledo. Of these, 1,544 were employed by the college, 1,795 by the hospital, and 45 by the overall enterprise. The clinical facilities consisted of a 319-bed acute-care inpatient facility with a Level I trauma center designation, a rehabilitation hospital, and a child and adolescent psychiatric hospital. Each year the clinical operation accounted for more than 8,000 admissions, 25,000 emergency department visits, and approximately 200,000 outpatient visits. The overall budget of the campus was $289 million per year. Grant support was $15.2 million, which ranked MCO 213th out of 1,243 institutions evaluated by the National Science Foundation.

MCO’s faculty included more than 400 full-time faculty members, with more than 1,000 area physicians, as well as nurses, physical therapists, and other health professionals serving as advisors and student preceptors. After the first class of medical students graduated in 1972, MCO conferred more than 3,640 doctor of medicine degrees, more than 300 doctor of philosophy degrees in medical science, and more than 1,195 masters degrees in nursing, biomedical sciences, occupational health, occupational therapy, public health, and physician assistant studies. In addition, 72 certificates of completion were awarded to students enrolled in specialty programs in nursing, pathology, occupational health, and faculty development.

History of the University of Toledo

UT was founded in 1872 as an arts and trade school which offered painting and architectural drawing as the only subjects. Jessup Wakeman Scott donated 160 acres of land as an endowment to develop a university, and as the institution grew, several moves to larger buildings in the downtown area were necessary. In 1928, plans were made for a new permanent home for the institution that was financed by a bond levy passed by Toledo voters 11 months before the start of the Great Depression. The new campus was designed by a local architectural firm in the Collegiate Gothic style and was modeled after the best universities of Europe in an effort to inspire its students. The cornerstone for University Hall, the signature building on the new campus, was laid in June 1930. It was completed in less than a year, along with the Memorial Field House. The institution continued to grow as a municipal university thanks to significant increases in enrollment following World War II as returning veterans started college on the G.I. Bill. Receiving a significant portion of its budget from the city put substantial burdens on the growing university as well as the city of Toledo. The state legislature voted on July 1, 1967, to make the University of Toledo a state university, opening the way for increased student subsidies and capital improvement funds. The result was a major expansion in building and enrollment, with 15 new academic buildings and residence halls added to the campus before 2000.

The University of Toledo, classified by the Carnegie Foundation as doctoral/ research extensive, became home to more than 20,000 students from more than 40 states and 105 foreign countries. In 2004, the urban university offered more than 250 academic programs as part of the university’s graduate school and eight colleges: Arts and Sciences, Business Administration, Education, Engineering, Health and Human Services, Law, Pharmacy, and University College. The institution employed 5,079 people, including 820 faculty members, making it the fifth largest employer in the city of Toledo. The annual budget for the university was $300.7 million. Grant support was $12.7 million, which ranked the University of Toledo 228th out of 1,243 institutions evaluated by the National Science Foundation.

Seeds of Change at the Medical College of Ohio

Presidential leadership

Lloyd A. Jacobs, MD, became MCO’s sixth president in November 2003 after a national search. Dr. Jacobs began his presidency at a time when many challenges faced the institution. The clinical enterprise was only marginally profitable and had significant competition from health systems in the region. The hospital was an acute care facility that did not include obstetrics or pediatrics. The community health care market was largely controlled by two highly competitive systems. MCO hospital’s market share was decreasing largely because of this competition. In addition, one of the competing systems eliminated their facilities as teaching sites for students and residents, which had been necessary for both obstetrics and pediatrics clinical experiences. Regulatory agency evaluations had been scheduled to evaluate both the academic and clinical programs of the institution. There was concern about the possible outcomes of these evaluations based on analysis of existing data. To improve performance, important leadership positions in the institution had to be filled quickly to accomplish MCO’s teaching, research, and service missions. Addressing these and multiple other concerns would require changing the culture of the 40-year-old college.

An early priority was development of a new vision for the institution and revision of existing mission statements. On January 29, 2004, the president presented a talk in which he outlined his vision for the institution. The mission statement called the institution “to improve the human condition . . . through the creation of new knowledge, the dissemination of knowledge, and the application of knowledge and wisdom to increase the length and quality of human lives.” A number of strategies were presented to address the academic medical center’s clinical, educational, and research missions. These strategies emphasized quality, transparency, and fiscal responsibility. Aggressive timelines were set, a new emphasis was placed on shorter time cycles, and a plan was outlined to “build the management team of the future” with key leadership positions (see List 1).
List 1
Clinical, Academic, and Future Strategies for the Medical College of Ohio (MCO)

Clinical Strategy for MCO Hospitals

Goals
- 4% margin on operations
- Patient satisfaction ≥90th percentile
- Market growth from 10% to 15%

Strategies
- Build on existing strengths—“not all things to all people”
- Develop “featured service line” of a few carefully considered, mission-driven service lines
- Stabilize our workforce
- Align research with clinical service lines

Academic strategy for MCO

Goals
- Redesign the academic budgeting process
- Build the management team of the future
- Up the rankings
- Align research with clinical strategy
- Align MCO-affiliated organizations

Strategies
- Establish and measure key performance indicators for each individual faculty member and translate into budget
- Form a search advisory committee for dean of the school of medicine
- Reorganize reporting structures
- Develop a graduate medical education initiative
- “Vector change” toward translational and clinical research
- Initiate an interdisciplinary curriculum
- Associated Physicians of the Medical College of Ohio (APMCO) to become 501(c)3
- The Medical College of Ohio Foundation (MCOF) to better align with the college

MCO and the future
- More patient, learner, community focus
- More balance—research, education, care
- More connection—up, down, across
- Higher performance: speed, consensus, closure, action

MCO appointed new leaders to many positions, including dean of the college of medicine, executive director of the medical college hospitals, chief financial officer, and general counsel, among others. Improvements in organizational processes and productivity also occurred during 2004. Inpatient and outpatient clinical operations demonstrated steady growth, and a plan was developed to align research and clinical service lines to foster growth. The hospital’s clinical programs were to become “narrower and deeper.”

New emphasis was placed on building the workforce and connecting to the community. Measuring patient and employee satisfaction and employee productivity were assessed to gauge the effectiveness of the culture change.

The physician practice plan, Associated Physicians of MCO, was realigned to work more closely with the hospital system and college. This physicians’ practice plan (now known as University of Toledo Physicians) is structured as an independent, not-for-profit organization (501c3), such that the functions of the board of trustees, the elected leadership, and staff were to complement the academic and clinical missions of the college of medicine. The overlapping leadership, including the chairman of the board of the organization, who is by definition the dean of the college of medicine, was designed to sustain significant strategic alignment.

The institution’s educational mission was also being evaluated during 2004 through a Liaison Committee for Medical Education (LCME) self-study in anticipation of an accreditation visit in the spring of 2005. At the conclusion of his state of the college address in November 2004, Dr. Jacobs introduced the concept of the Medical University of Ohio.

The Medical University of Ohio

The idea of changing the name of the institution to incorporate the word university originated early in Dr. Jacobs’ presidency. At that time, MCO was one of 15 four-year and graduate public institutions of higher education in Ohio. However, it was the only one that did not have the word university in its name.

In discussions with his senior staff members, the president first posed the question of what it meant to be a university. With its singular mission of educating health-professions students, MCO was not a comprehensive university and did not fit the definition of a broad-based university that spanned everything from the creative arts and teacher training to professional schools such as law and engineering. However, the institution was a graduate school that granted a wide range of masters and doctoral degrees in the health sciences and biomedical research. In addition, MCO had a number of professional-degree programs in medicine, nursing, physical therapy, occupational therapy, and other fields.

After it was decided to pursue a name change, the question became what the new institution should be called. This had always been a stumbling block in previous discussions for more than a 10-year period. MCO had become a well-known brand in Toledo, as well as throughout Ohio and Michigan. Everyone knew what you were talking about when you said MCO, which also was the main identifier of the institution’s hospital in Toledo. However, it was quickly perceived that attaching the word university to the medical center would have a positive effect on the image of the hospital. The simple substitution of the word university for college had the most internal support.

With the consent of the institution’s board of trustees, it was decided to request that the general assembly, as part of the 2005 state capital appropriations bill, change the name of the Medical College of Ohio to the Medical University of Ohio (MUO). As a public institution created by a law and subject to Ohio law,
the institution’s name could only be altered by a change to state law. It was this legislation and the necessary broad support that was developed by Dr. Jacobs and the institution’s vice president for government relations.

After a positive vote on the House floor, the capital bill with the MUO name change amendment sailed through the Ohio Senate and was signed into law by the governor, and it became official in late spring. However, Dr. Jacobs decided to “officially” acknowledge the name change in a campus-wide celebration on June 8, 2005, that was designated as “the institution’s first University Day.” That clear, bright June day in Toledo featured a free lunch for all employees and students, speeches by administrators and politicians, and free Medical University of Ohio T-shirts. Ironically, no one knew politicians, and free Medical University to “officially” acknowledge the name change in a campus-wide celebration on June 8, 2005, that was designated as “the institution’s first University Day.” That clear, bright June day in Toledo featured a free lunch for all employees and students, speeches by administrators and politicians, and free Medical University of Ohio T-shirts. Ironically, no one knew that the first University Day would also be the institution’s last University Day as well.

The Merger

In retrospect, the name change was seen by some as the early stage of a plan to merge the newly named Medical University of Ohio with its sister state institution, the University of Toledo. Dr. Jacobs and his senior leadership team felt that the concept of a medical school or medical university being part of a larger intellectual framework was the preferred and desirable model. Other state university potential “partners,” such as Bowling Green State University or Ohio State University in Columbus, did not seem to be a good match. Ohio State, which was 144 miles to the south of Toledo, already had a medical school and the MUO leadership team had no interest in becoming a “branch” campus of a much larger institution. Bowling Green did not have the same breadth of professional programs as the University of Toledo and was 20 miles south of Toledo, whereas UT was a mere 3.5 miles from the Medical University of Ohio’s campus.

The MUO leadership was conscious that the vast majority of the 125 medical schools in the country were part of larger universities and, in fact, almost all of the top-rated medical schools, according to standards such as National Institutes of Health research funding, were all part of nationally ranked universities. Leadership believed it was difficult for a medical school to excel without the resources and faculty depth found at major universities and that there were many potential advantages to a merger. For MUO it included being part of a larger institution which improved research rankings, giving the institution more clout within the state of Ohio and providing a larger employee base to develop a self-insurance model. It would increase diversity of the faculty and would help in the development of programs to improve diversity in the student population. The merger would also help to increase the numbers of patients using the university medical center for their health care needs. This would allow the institution to better compete in a highly competitive health care market. The advantages to UT included adding a full range of health professions colleges to its portfolio of programs, thus making the institution more desirable to potential students. This was seen as a way of improving enrollment and quality of applicants to the university in the current competitive academic recruiting environment. Improving the institutions’ stature by higher rankings would also potentially attract learners as well as new research dollars. In addition, the merger would be looked on favorably by the Ohio Board of Regents. The regents would see this as a way to encourage cooperation among institutions of higher learning in the state and to act as an example for other institutions to work together and hold down expenses.

In July 2000, Daniel Johnson, PhD, had been appointed president of UT. Dr. Johnson had worked hard to restore stability to an institution that had gone through a difficult time, including budgetary and enrollment challenges. Undergraduate enrollment had fallen by more than 5,000 students, and the president was beset by continuous challenge. He decided early in his presidency to pursue a merger with MUO because of many perceived advantages to both institutions. The first meetings and e-mail exchanges with Dr. Jacobs where the merger was discussed happened in summer 2005 soon after MUO’s University Day celebration. Accordingly, the two presidents decided to discuss the possibility of a merger with the chairs of their respective boards of trustees. Both the MUO chair and the UT chair were cautiously receptive to the possibility of a merger.

MUO contracted with a consulting firm to do a study of the feasibility of the merger. This firm worked primarily with the MUO senior vice president of finance to analyze the fiscal viability of a possible merger, and a supporting document was circulated to key individuals as the 2005 summer ended.

By this time rumors were increasing on both campuses that merger discussions were underway. The atmosphere at MUO was generally receptive. Physicians and other employees who worked in the clinics and hospital believed that a merger would not greatly affect them or their work. Faculty members in the science departments were already collaborating with many scientists at UT and also did not think that they would be greatly affected. The faculty and staff of UT were more concerned regarding a possible merger and how it would affect their futures. Some of the UT faculty regarded the merger as a move to more emphasis on science and technology which could lead to a marginalization of nonscience programs.

In midfall 2005, the presidents agreed to have MUO’s vice president for governmental relations perform the same function for UT as well. Since a vacancy existed in government relations at UT, this seemed on the surface to be a natural if somewhat unusual collaboration between the two institutions. However, the appointment signaled to senior administrators at both institutions that the rumored merger discussions were serious. While he worked on routine political issues for the two institutions, the governmental relations appointee was also given the specific task by the two presidents to explore how the merger could be accomplished legislatively. This role was pivotal in aligning the legislative process and moving it forward.

Merger discussions moved forward rapidly on a number of different fronts in November and December 2005. The local newspaper broke the news of the merger, along with Dr. Jacobs’ endorsement of it, in November, including an editorial that stated, “If Medical University of Ohio and the University of Toledo merge, the end product should reflect the medical school’s more progressive culture.” Both boards of trustees by now were fully
informed and engaged with the merger talks. The board chairs of each institution began regular meetings with their respective presidents to discuss merger issues. Both boards separately passed nonbinding resolutions supporting the merger effort.

On December 16, 2005, before the Ohio Board of Regents’ meeting in Cleveland, the two presidents signed the Memorandum of Understanding Regarding the Combination of the University of Toledo and the Medical University of Ohio at Toledo. The document proposed specific details about the merger, concentrating on board organization but also announcing that the combined institution would be called The University of Toledo and that Dr. Jacobs would become the president of the combined institution. Early on in the merger process, Dr. Jacobs was strongly endorsed for president by UT President Johnson. Dr. Jacobs had the support of the MUO trustees and his successful two-year tenure as president of MUO was well known in the community and in academic circles in Ohio. In addition, it was acknowledged by both boards that the merger could only succeed if there was strong administrative leadership. In other words, it would have been impossible to try and have the two institutions merge while conducting a search for a new chief executive. Dr. Johnson became president emeritus and would maintain a campus office to work on special economic development projects.

The regents passed a resolution endorsing the merger, an important action in the eyes of legislators, but one that carried no official weight since the two institutions were state entities and could only be changed by action of the Ohio General Assembly. Meetings were also conducted with faculty leadership which resulted in resolutions from both faculty senates endorsing the merger. Similarly, in an extraordinary display of support, all of the separate unions of the institutions endorsed the merger.

Sixteen different and highly focused premerger workgroups, who were appointed by the two presidents, set about the task of aligning the academic and business units of the soon-to-be new University of Toledo. Several basic premises formed the basis of these recommendations and implementation plans: the guarantee of transparency of information for students and junior faculty members, the commitment towards continued excellence, and a presumption of benign intent.

**Legal Aspects of the Merger**

The nine-member boards for institutions of higher education in Ohio, including four-year public universities and community colleges, are established by law. The trustees, who are appointed by the governor, each serve nine-year terms and rotate off one per year, so that there are always eight active members. The UT and MUO trustees naturally opposed having the two boards dissolved and a new board appointed that could exclude many if not all of the sitting trustees. But trustees were also concerned that the two institutions maintain equal representation on any new board. An initial solution that appeared to be reasonable was to have the boards combined into one large 18-member board. As members’ terms expired, the board would eventually be reduced to the usual statewide established number of nine. A compromise was reached by having the two trustees who naturally rotate off the combined board yearly be replaced by one new trustee appointed by the governor.

There had been a persistent legislative theme that higher education should collaborate, and that the new university should be rewarded for that effort. However, such collaboration incurs high costs: the so-called frictional costs of the merger were estimated to be in the range of $25 to $30 million, with much of the money spent on integrating computer systems and a new pharmacy building on the MUO campus. However, because Ohio has a biennial budget and the merger was happening right at the midpoint of the budget, there was no obvious or easy way for the legislators to appropriate any funds. The leadership decided to move forward with the merger and to seek financing for the frictional costs in the next budget cycle.

The merger bill was introduced to both the House and Senate Finance Committees. With supporting testimony from UT and MUO administrators and faculty, as well as both presidents, the bill was passed unopposed, and Governor Taft signed the legislation on March 31, 2006. The merger became effective at the start of the new fiscal year, on July 1, 2006. The newly merged University of Toledo had 8,287 employees, a $650 million budget, and 23,000 students, with an economic impact estimated to be in excess of $1 billion. It also was 1 of only 17 public institutions in the country to have the breadth of professional schools, including medicine, law, education, engineering, nursing, pharmacy, and business.

Dr. Jacobs’ remarks at the legislation signing ceremony noted that the university’s mission was “to improve the human condition” and that its mantra would be dedicated to excellence. He stressed that the new university would follow four principles as it moved forward: to prioritize programs to “become narrower and deeper”; to work to know and serve its customers; to educate, build, value, and strengthen the workforce, noting that “fulfilled people are productive people”; and to reach out to the region and state, stressing that “our success, indeed our survival, is inextricably linked to the city, the region and the state.” On July 1, 2006, the merger became official, and the two institutions united under a common name. President Jacobs remarked, “The new university will be dedicated to improving the human condition, in all its many facets. Whether through the performance of a medical procedure or the performance of a Shakespearean work, we are here to help our fellow humans physically and intellectually.”

**The New University of Toledo**

Accomplishment of the merger did not signify the end of the process, as much work still lay ahead. Dr. Jacobs began the process of putting together a new leadership team for the merged institution much as he had accomplished two years earlier at MCO. Representatives from both campuses would be included in a transition team. This transition team was formed prior to completion of the merger. From UT, the dean of the college of business administration, and from MUO, the provost and executive vice president for health affairs and the dean of the college of medicine, led an executive steering group that coordinated the transition team work groups and activities. This group focused on maintaining strategic initiatives,
prioritizing merger projects, and accounting for costs of the merger. The
group also assured that there was effective communication with all
stakeholders during the merger process. Other work groups were formed to focus
on student life, graduate colleges, capital campaign, information technology,
facility master planning, faculty life, finance and strategy, purchasing, naming
of entities, reporting and analysis, police, safety and public transportation,
marketing and communication, and research and grants administration.
Separate work groups were also formed for the colleges of nursing, health
sciences, and health and human services.

Members of the new leadership team would include a mix of leaders from both
of the institutions. It was important to implement clearly defined lines of
responsibility and make senior executive decisions as rapidly as possible.

During this period of time, the presidents of both universities asked a small group,
headed by the dean of the college of medicine, to study the governance
structure of the 17 universities across the United States in which a college of
medicine was part of an independent health sciences campus and had a wholly
owned hospital system as part of a large
university with multiple academic units. The study, guided by the leadership of
the Association of American Medical Colleges (AAMC), compared and contrasted each of the governance
structures, the distribution of educational research and clinical responsibilities, as
well as, the leadership of the physician practice group of the 17 universities.
After careful evaluation of this study, the work group proposed a structure for the new
merged university which was ultimately approved by the board of trustees.

Although the decision was subject to change over time, it was decided by Dr.
Jacobs that the dean of the school of medicine and vice president of medical
affairs would become the provost of the health science campus, which was the
campus of the former MUO. This included the university health center and clinics and the colleges of medicine, nursing, health science and human
services, and pharmacy. By consolidating leadership, this would bring all of the
units of the health sciences into strategic
alignment. The health science campus organizational structure thus would enhance the education, research, and clinical missions of the university (see
Figure 1). The main campus, in turn,
would retain the existing provost of the
original University of Toledo, thereby providing stability to the education,
academic, and research missions of the
main campus. Each provost would be an integral part of the president's senior
leadership team and would report directly to Dr. Jacobs (see Figure 2).

The Strategic Plan
The first academic year for the newly combined University of Toledo began in late August 2006, a mere six weeks after the official merger date. Although there were few outward signs that the merger had occurred, there was one important symbolic event. For the first time in a number of years, the undergraduate enrollment at UT increased by approximately one and a half percent instead of following a historical downward trend. The modest increase was the first indication of ongoing change, expectation of growth, and positive publicity that continued throughout the year. The positive developments included stable university funding, a number of significant research awards, and the important emergence of a new university-wide strategic plan, known as Directions, which was developed by a strategic planning committee made up of the work groups

![Figure 1](image-url)
that Dr. Jacobs had established during the summer of 2006.  

The strategic planning committee consisted of faculty, administrators, present and past trustees, students, and community representatives. It met on a rigorous timetable and its progress was closely monitored by the UT community, which now consisted of the newly identified main campus and the health science campus. The hospital was renamed the University of Toledo Medical Center. Shortly after the completion of the work of the merger, the mission, vision, and core values of the newly formed university, built around the concept of improving the human condition, were agreed on by the leadership, faculty, and students (see List 2).

The new strategic plan used the following premise to establish 38 strategies to guide the entire University of Toledo: foster, assess, and enhance an academic environment that maximizes student learning. The plan emphasized a focus on both student centeredness and faculty governance participation. It also increased research activity and research collaboration. It noted the university’s responsibility to regional economy, technology development, cultural and artistic activities, and social issues.

### The First Year: Challenges and Successes

Over the course of the first year after the two institutions merged and indeed, leading up to the first year postmerger, the newly formed UT and the college of medicine has been working closely with both the LCME and the American Council for Graduate Medical Education to ensure that the appropriate standards were maintained. In each instance, not only was an official name change necessary, but myriad accreditation changes spanning the academic research and clinical aspects of the entire university. No fewer than 55 different accreditation agencies required resubmission and/or site visit based reaccreditation. To date, these have all been successful; the mission and vision of UT have been enthusiastically received and even lauded.

The college of medicine has enjoyed a remarkable year postmerger, with an all-time record high number of applications from a highly qualified and diverse population of student applicants. The delivery of the academic, clinical, and research programs over this first year of function has also been remarkably stable, and indeed, in many aspects, has shown growth. During this same period, four chairs of the college of medicine departments were filled with prominent national figures, all recruited as the result of a formal academic search. In addition, hospital admissions, clinic visits, and emergency department care, as well as other parameters of the clinical enterprise, continued to grow at a record pace.

Meanwhile, a number of important collaborative programs among and between the various academic units of the university, including a doctoral program in biomedical engineering, were formed and approved by the state board of regents. A number of multiple collaborative, interdisciplinary faculty recruitments, and the development of new centers, such as the Center for Diabetes and Endocrinology Research, jointly supported by the college of medicine and the college of pharmacy, continued to mark the academic progress of this first year.

Numerous challenges continue to lie ahead, which for the most part relate to those challenges being faced broadly by academic medicine and are not by any means unique to the merger process. Bringing together the two academic budgets and understanding the cultures of the nonhealth sciences and academic health center faculties, as well as the needs of a large and diverse undergraduate student body, have been challenging but highly rewarding. The two-provost model has been a highly successful response to these challenges through working closely with the university president, senior leadership team, and board of trustees. There are ongoing challenges of unifying the two independent faculty senates, each with its own, different culture. There are also differences in benefit packages for the employees and faculty of the two campuses which will need to be aligned as current contracts expire. The college of pharmacy, which was affected the most by the merger in that it would be moved to the health science campus, continues in the process of doing business on both campuses and planning for future space in its new home. The advantages of being part of a medical campus have outweighed any perceived disadvantages of moving. The dean of the college of pharmacy and the faculty have been very
List 2

Mission, Core Values, and Vision of the University of Toledo

Mission

The mission of The University of Toledo is to improve the human condition; to advance knowledge through excellence in learning, discovery, and engagement; and to serve as a diverse, student-centered public metropolitan research university.

Core values

- **Compassion, professionalism, and respect**: Treat every individual with kindness, dignity, and care; consider the thoughts and ideas of others inside and outside of the university with a strong commitment to exemplary personal and institutional altruism, accountability, integrity, and honor.
- **Discovery, learning, and communication**: Vigorously pursue and widely share new knowledge; expand the understanding of existing knowledge; develop the knowledge, skills, and competencies of students, faculty, staff, and the community while promoting a culture of lifelong learning.
- **Diversity, Integrity, and Teamwork**: Create an environment that values and fosters diversity; earn the trust and commitment of colleagues and the communities served; provide a collaborative and supportive work environment, based on stewardship and advocacy, that adheres to the highest ethical standard.
- **Engagement, outreach, and service**: Provide services that meet students’ and regional needs and where possible exceed expectations; be a global resource and the partner of choice for education, individual development and health care, as well as a center of excellence for cultural, athletic, and other events.
- **Excellence, focus, and innovation**: Strive, individually and collectively, to achieve the highest level of focus, quality, and pride in all endeavors; continuously improve operations; engage in reflective planning and innovative risk taking in an environment of academic freedom and responsibility.
- **Wellness, healing, and safety**: Promote the physical and mental well-being and safety of others, including students, faculty, and staff; provide the highest levels of health promotion, disease prevention, treatment and healing possible for those in need within the community and around the world.

Vision

The University of Toledo will become a thriving, student-centered, community-engaged, comprehensive research university known for its strong liberal arts core and multiple nationally ranked professional colleges, and distinguished by exceptional strength in science and technology.

Lessons Learned

Perhaps surprisingly, there was little if any resistance internally or externally to the merger. All parties that were potentially affected by the merger were engaged early on in the process and there was no organized resistance that developed. There was no compelling argument that surfaced to derail the merger process. The advantages to both UT and MUO were clearly articulated and supported. Leaders were able to share their vision with all stakeholders which was important in making the merger a reality. A steady hand and clear long- and short-term focus have been key. The one group of stakeholders which may not have been adequately engaged was the alumni of the former MCO. The effect of the one year name change to MUO and the adoption of the UT name proved to alienate a number of alumni who had a long history with the institution. Graduates of the schools of medicine, nursing, and allied health as well as graduates of the graduate medical education programs will need continuous communication to help them reengage and feel a part of the new university while valuing the history that they share with the former MCO.

The remaining lesson learned concerns the “frictional” costs of the merger. These costs were well described early on in the process. Because of the way state subsidies are determined in Ohio, any money given to any state institution of higher education would need to be shared with a proportionate share to the “sister” state institutions. Asking for the money up front would have led to opposition by the legislature as well as by the other state universities for their share. After the merger occurred, there was not a process in the state to help finance the cost of the merger. The regents as a coordinating body did not have the ability to provide funds and the legislature could not provide special financing to one state university and not the others. The university has been left with financing the cost of the merger on its own. This possibility could have been discussed early on in the merger process and the decision to move forward even without financing could have been made openly. To encourage other joint ventures including mergers within the state higher education system, the state of Ohio may consider developing alternative means of financing the frictional costs of these projects.

Although still a work in progress, the merger continues to be discussed in educational and political circles throughout the state as an example of state institutions being able to work out problems and effectively function together with the goal of serving more students more efficiently. The newly elected Ohio governor as well as the legislators and board of regents often cite the University of Toledo as an innovative education leader in the state.

The efforts of the merger had true life breathed into them, when on May 6, 2007, to a pair of separate audiences exceeding 8,000 family members and friends, the undergraduate and graduate programs of the main campus celebrated the first formal spring commencement of the new UT. Approximately one month later on June 1, 2007, the first commencement for the University of Toledo College of Medicine bestowed 151 UT College of Medicine MD degrees in front of an audience of over 2,000 family and friends, Darrell G. Kirch, MD, president of the AAMC, was the 2007 commencement speaker and the recipient of the first UT College of Medicine honorary doctor of science degree. Speaking at a reception before commencement, Dr. Kirch commented, “I wouldn’t call it a merger. I would call it a transformation.” As the first graduating class of the UT College of Medicine receives their degrees, the transformation continues. It has become apparent that
the merged whole is much greater than the sum of its parts.

References


Teaching and Learning Moments

Making Students Cry
(Or: How Hammering Home the Point Can Smash the Process to Pieces)

Medical students, I have realized, can be fragile. It’s not that I didn’t know before, but I was so focused on the learning point, on correctness, that the fragility of a student’s confidence was not in my viewfinder. Until, that is, the tears started to flow!

Take for example my unsuccessful attempts to teach a nurse practitioner the physiology of restrictive and obstructive lung diseases. She couldn’t get it, so I kept hammering on with new examples, slightly rephrased questions, each ending with “so would that be restrictive or obstructive?” Each time, her answer was wrong. I thought she was coping fine with this approach. Only when I played back the video of the tutorial did I realize that my refusal to move on until she understood the concept was making her look extremely uncomfortable.

Next, there was the medical student that ran out of her simulated consultation in tears. I had, rather foolishly, allowed the actor to give her feedback. Although this feedback was accurate concerning her shortcomings, it was frank and insensitive in the manner of its delivery. Nevertheless, the student seemed to take it well—until I confirmed that I agreed about the shortcomings. That was when she ran out in tears.

Finally, there was a mini-viva with a rather inscrutable medical student three weeks before the start of her finals. She got a question wrong, so I tried again with another question tackling the same issue from a different angle. Again she got it wrong, but seemed completely unruffled. So I tried again . . . and again . . . until, that is, a nudge from my fellow examiner startled me into noticing that her eyes were full of tears.

Now I realize that one can be so intent on correcting error, so focused on the point in hand, that one can forget the person. One can forget the sensitivities, the fact that it can feel very humiliating being told one is wrong—again and again. My tale has only involved females—who perhaps are more open with their emotions. However, I now remember my own experience as a male student: the incessant attentions of a picky boss, the downward spiral of feeling inadequate, losing confidence, and performing even more poorly at the next attempt. This makes me wonder what inner turmoil has been hidden beneath the flushed faces and avoidant eyes of the strapping men I have previously put on the spot.

So what do I do differently now? The person is more important than the point. The process is more important than the correction of imperfection. Learners learn best in a perceived low-threat environment, says Rogers.¹ So now, if a student gets something wrong at the second attempt, I’m much more likely to drop it and move on to something I know they can get right. I also need to remember that although I know I am not a threat, a student may not feel the same; so I monitor the person for signs of discomfort. I have learned that when I focus on error, I need to step back and ask, “how is the student feeling right now?”

Medical students seem to be robust—frequently asking for feedback on their weaknesses and errors. However, I have come to realize that such robustness cannot be assumed and that when addressing a point of error, I need to remember that the person is always more important than the point.

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Reference
1 Rogers C. Freedom to Learn. Columbus, Ohio: Merrill; 1969.