Panel

Summit Purpose:

• To bring together faculty and staff to discuss how we can synergistically capitalize on trends, challenges, and changes in healthcare

• To explore how we better integrate our work, more effectively teach the rising generation to meet growing related needs in healthcare

Important trends in Healthcare and education

• Healthcare is rapidly changing and has become a critical topic in society and politics.
  o New issues regarding the Affordable Care Act
  o How does the healthcare system respond to the changes in healthcare policy?

• Preventative Health Care
  o Hospitals are not keeping up with the needs of their communities, they should know what care is needed before people come to them for care
  o Involvement of employers in healthcare choices
  o The single most identified issue in the year-long Rhode Island hospitals study of community health was mental health
  o Aging population (about 1/4 will be over 65)

• Collaborative Care
  o Collaboration between the private sector and academics is essential for the future
Collaboration in education itself to create better address learning and research

Population health as an important focus

- Technology
  - Technology and prevention of healthcare issues: obesity, diabetes, heart disease etc.
  - Technology to provide care

Curriculum/Teaching Collaboration

Numbers of participants: 13 total (11 participants, 1 facilitator, 1 scribe)

What are you currently doing in your own curriculum for collaboration or how can University support this?

- Speech and communicative disorders: work with psychology (children w/ autism). Interdisciplinary staffing and students work with them 2X/semester
- Class (from lawyer perspective): interdisciplinary legislation needs to occur. Bring different perspectives together to work together. In this class- students from all different disciplines.
  - Only pharm students were in it. To get it approved by University, elective class offered at night. Pilot course. Had to fight to get it in curriculum. **Key point: Have to start early! Question: How do we get students to take these courses? – needs to be a part of core curriculum.

How can University support this (IPE, Health Center, etc.)?

- Barriers: “mechanics”, collaboration between departments. Needs to be block of time set aside for IPE. *everyone needs to be on board,
including administration. Not all faculty on board. Curriculum already too jam-packed - no more space. No resources. IRB barriers - too many hoops, too excessive of a process. Process of getting new curriculum passed *especially if classes are cross-listed. Interdisciplinary courses make it even more difficult. Graduate courses take even longer. Workload sharing between departments. Currently don’t have a shared space.

- IPE is in all dept. core competencies. Departments need to plan for that. Medicine MUST do IPE b/c of accreditation.
- URI 101: 8 weeks in discipline, 8 weeks learning about other disciplines. Could break this up into 6 week blocks instead and have an IPE block/intro to other disciplines.
- Living and learning communities - isolating; RAM level: resident academic mentor can start collaboration. Supposed to be aligned with college. Create opportunities for non-academic mingling as well.
- Partner with student affairs and health services - cost savings, campus wide programs for health promotion (i.e. smoking cessation).

Would a physical space/center be a solution? And potential outcomes/advantages to having a division of Health:

- Could problem solve as a team.
- Ideas: cyberspace place, physical place on campus.
- Make sure there’s an academic aspect to it, not just research.
- Start off small, with modules. –things that cross all disciplines: ethics, cultural competencies, caring, motivational interviewing, etc. And then move to courses and actual curricular revisions to joint teach concepts (can be a money saver).
- Create a core for different levels of study in their curriculum. Student would be required to participate in a certain number of those modules.
- All similar courses (listed above) taken together with all students from other disciplines. –Center would organize that. Provide courses at different levels of education.
  - Can be a $ saver for URI.
o Has already been tried in the past: health related research class. Brought in all health programs together. 3 credits together, 1 credit w/ discipline. Didn’t work out. Why? It was too much. Logistics were a huge problem.

o Start with modules, start off small. Example: Every student needs to take 1 of them.

o Involve financial information courses.

• Students take a trip together from different programs.
• Have a team (interdisciplinary) that needs to collaborate and make sure this is in line with how it should work within their department. Have a representative from each department on the team, make sure it meets their own department requirements.
• Take a course in health technology- like Dr. Kumar’s work. Environmental courses also.
• Educate consumers- when over-treated and/or are overusing the health care system. Should be a responsibility of college/URI to start with the students in the university. Ethical responsibility of university to provide this education, possibly to ALL students.
  o A gen ed course. Topic: personal responsibility- to know what services are out there, and what role YOU play to not be a victim or over consumer. = health literacy.
• Create a course addressing big questions in health care. This will attract students from different disciplines.
• Address health determinants- need to include public health issues.
  o *create a public health program. Look at holistic health.
• Opportunities for new programs: MPH, Health care administration, health finance, health reform.
• Use courses to assess the process for IPE (example: HDF takes an environmental approach)

Key Ideas to support IPE:

• Start early
  -recreational teams
  -URI101
- Living and learning community as a college

**Question: How do you integrate undergraduate and graduate students?**

- Make it a part of Core Curriculum across disciplines
- Block off specific time for IPE

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**Research Collaboration**

Small Group: 23 Participants

- Collaboration
  - To establish collaboration tools, equipment, man power, and skills are needed
  - How do researches find people to fill the gaps in their research?
    - We need a process in place to know what other people are researching in order to identify the synergies between projects
    - Build a database of keywords that is searchable
    - Establish relationships with hospital associations and relationships with academic institutions, like medical schools
    - Establish research interest groups
  - Roadblocks to collaboration
    - Collaborating with other disciplines will require university support, including new ways to evaluate tenure and compensation and changes in the mindset of the individual researchers on the expectation of recognition
- Narrow views of team science: researchers need to include people in team science who are in adjacent areas like prevention to provide different perspectives

- Dysfunction in teams: collaboration will require us to think about how teams function, the science of team science
  - Group process is essential to think about including laying out expectations, shared visions, language use, and recognition

- The distribution of resources, grants, and credit is often a deterrent to collaboration
  - Building a more collaborative future
    - Work with graduate students to teach them collaborative work
      - What do our student need to know, do and be able to stand for?
      - Can we educate graduate students to be able to do this kind of team science?
    
- Identify areas where we can be world leaders
  - Health disparity and team science
  - Population health

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**Practice/Clinical Collaboration**
Numbers of participants: 13 (including 2 facilitators)

- Health Science Center
  - Pediatric rotations would benefit from health center
    - Hasbro
• Utilized for all rotations in nursing for all RI universities
• Not enough patient population in the hospital for students
  o Clinical center for multiple diagnoses with many disciplines to the table, positive to include mental health
    ▪ Discipline collaborations in training or conducting research, combine scholarship and research
    ▪ Can drive many of these interests for outcome effectiveness and other barriers

• Better Advocacy/Marketing of URI Services
  o Recent discussion prior included ideas to meet with different levels at locations
    ▪ Services for each disciplines described – brochure?
    ▪ All dept doing the same thing trying to form relationships, duplicating efforts
  o Partner with commercial organizations doing something similar, ex – Coastal
    ▪ Panels of patients need to be served within their organization
    ▪ More control of discipline relationships
  o Hasbro – new initiative to create own hospital
    ▪ Had a page with all their partners, etc
      ▪ URI was not on it yet many of our students are there
    ▪ Not doing well enough of a coordinated “face” of URI in clinical placements
  o How do we represent the varied things of what’s happening on campus of URI with a single face?
  o Clinical psychology – look for opportunities with students that are not integrated while thinking about integrative care education
    ▪ Aware – APA not doing well with integrative care and developing training opportunities
      ▪ Backgrounds are silo models – referrals and phones calls slipping through
- Clinical psychology want to have the integration of other discipline, would love to see that and be a part of it

- **Legislative Outreach**
  - Opportunity things from national level maybe from a PAC, their mandate
  - Help for better funding, especially in RI
    - No university or state funding right now at the two center in southern RI
  - National level of these centers– established a method to do regularly
  - Reach out to legislatures and universities to know what we are doing
    - Ambitious, but legislative outreach would be a nice thing.

- **Innovative teams**
  - Sporadic opportunities are existing on campus
    - Parkinson’s disease patients, gateway café
    - Need a coordinative effort, also to include mental health, hasn’t happened yet but needs to
  - More collaboration – in house clinics as well as external placements
    - Opportunity in house to create a collaborative care model, train students to integrative and innovative health care model
    - Then include outreach effort to external constituents to send out well trained teams to external sites instead of individual professions
    - Barriers – teamwork is hard to pull together, a lot of energy time and money investment to get that to work well
    - On campus as a provider, still learning resources available on campus to treat students

- **Athletics**
  - From health services perspective – not much interest in student athletes as patients
    - Need to build on campus in an integrative way to at least serve our students
  - Recommendation - ?
As health care providers, meet together, master that, determine a list of provided resources for health care on campus
  • Business engagement center to help create this, package it nicely
• Can get different people in one room to work on problems, just small groups thinking of common themes and opening communication
  • Ex – small research poster worthy had three disciplines working together

• Sharing Patients/HIPPA
  o Across disciplines to create database of patients/clinics, some sort of registry for research projects, students
    • Everyone has a list of people to call for students, bring it together so people can use from other departments
  o HIPPA restraints, large concern
    • Privacy of patients, from the get go that their name could be provided to other disciplines?

• Research
  o Psychology got a grant to redo the behavioral change research ctr, psychological counseling center
    • Requirement to have the research occur within that space, not just psych needs to be multidisciplinary
  o Health education –
    • Smoking cessation research in psychology, need to be available to health services
    • Availability for experts internally to be available across disciplines – motivational interviewing

• URI 101/Undergraduate experience
  o Team building thinking of working as a healthcare team
  o Undergraduate health classes can be multidisciplinary, including psychology
    • People will be needed to do behavioral health and medical health education

• Catalog of clinical services on campus
  o Business students involved?
  o Internally –
• Promote services, what are here at URI, interprofessional classes
• Nursing, PT, psychology, pharmacy, clinical health services represented
  • Need nutrition, gerontology?
• Need to connect all departments and resources to students
• Internal committee
  o Bill for services on campus?
    • Private pay sliding scales for psych, pharm, speech
    • Speech & PT bill insurances
  o Externally –
    • Each discipline has its own clinical pattern for experiences, variable and complex
    • Nice to sit down for all students, how do we do it, where, who, timeframe
      • Sense of an idea of what everyone is doing
      • How much do we value interdisciplinary education in this?
• Issues – not on same clinical schedule, not easy to do
• Start in the small group
• Accrediting requirements? Will need to have a balance.
  • Pharmacy must have interdisciplinary education, now a key element.
  • Brown interprofessional education days – nursing, pharmacy, physical therapy
  • Psychology requirement? Not yet
    o Now students placed in chemotherapy/radiation at So. Cty Hospital
      • URI is relying on what is happening at Brown and not developing more

• Next meeting is May 21st, 1:30 pm, Independence Square, Physical Therapy Department
  o External clinical placement coordination primarily
Outreach Collaboration
Numbers of participants: 13

Topic: How can we stimulate collaborative, joint outreach programs?
What would you like see done differently?

- The term “outreach” depends on each person’s perspective.
  Some are paid staff members; some are students participating
  in outreach as a part of their academic program.
- **There is isolation between other disciplines on campus.** Very little collaboration & communal development.
- The ability to share education & resources for data, to build
  resources & have discussion, is really lacking. We’re separated
  by silos, which are preventing us from crossing over.
  - The need for a list of partners

- **Having a list available of community partners will allow us to develop quick connections.** This would allow us to network and collaborate instead of cold calling.
  - Faculty does not have a space or time to come together and collaborate together. The point of this is to streamline relationships, share contacts. We’ve been trying to do it, but it hasn’t happened.
  - We need an overarching snapshot of what’s going on campus-wide between departments

Topic: Communication

- URI’s communication systems are lacking (ex: email calendars).
- Other schools have much more developed calendars and technology.
- Advertising to the community (agencies) of what services we can provide, what teams are available for outreach?
- Can we send teams of students in? Students are way too busy to coordinate by themselves; there needs to be a simpler way to build networks and teams.
- Are we on the interface between experiential and clinical?
**Topic: Students**

- Students build rapport with the communities they work with.
- A lot of work has been established to build connections. To let another student in, they need to be trusted.
- It must be done in a way as to not ruin the relationship that has been established.
- This is not a “turf war”, but rather, building trust and protecting what you’ve invested in.
- Students get credit for these outreach programs. This is merging education & curriculum with clinical participation.
  - Seminar for inter-professional groups?

- Outreach needs to be valued by the university more than it is now. Nobody currently is going to stake his or her promotion or tenure on outreach.

**We need better PR on outreach activities.** Advertising all the great things other programs and students are involved in.

- Outreached should be combined with education or research. It should be viewed as a component as our teaching duties, and should be used as a component of our tenure or promotion.
  - Our research is scattered and fragmented in different pockets.
- There must be clear understanding of how our discipline fits into (or compliments) the others’, as to reduce friction and allow for easier collaboration.
  - Interface of clinical vs. teaching vs. outreach.

**Topic: What populations can we reach?**

**Potential Outreach Populations:**

- Homeless (under-served)
- Uninsured
- Imprisoned
- Geriatrics
  - Life-long learning community / healthy folks
  - Senior centers
• Nursing homes
  ▪ Substance abuse seminars
  ▪ Developmentally disabled
  ▪ School-based
    ▪ Anxiety, depression, mental health issues within institutions
  ▪ Faith-based health communities
    ▪ Services delivered at churches

• Can we use these programs to train students how to work constructively together?
• It’s hard to get your foot in the door if they don’t know who you are.
  It took us so long to establish trust at report. Can’t be a one-time thing; there needs to be consistency and excellency.
    o Must be valued more by the University!
• What about asking students themselves where they do outreach? A lot of them have done community service.
• This hinges on communication. It gets exhausting fielding all these calls and emails (ex: South Bay Manor outreach). Some facilities are just too busy already.
• If there is a sudden influx of new students, it might overwhelm the facility or agency.

**Topic: What would you like the University to supply you with? What are your needs?**

• A mechanism for coordinating outreach efforts
  o Ex: structure, committee, department (“Department of University Outreach?”)
• Experiential coordinators
  o Making sure there is continual communication between departments and faculty
• Undergraduate vs Graduate programs – we need a unified focus
• Physical meeting spaces
• Website
• More value placed on tenure process, faculty member time, rewarding faculty for coordinating outreach programs. This must be higher in the pecking order.

• A true IT (data processing, computers)
  o University of Minnesota (“Extensions”)
  o Creating collaborative extensions (instead of cooperative)

• Chief Outreach Officer position?

• Employers for Wellness Teams