APPENDIX II

EDUCATION SUBCOMMITTEE REPORT

HSC STRATEGIC PLANNING
UNM MASTER PLAN

STRATEGIC PLANNING BY
CONSSENSUS BUILDER
1412 MORNINGSIDE DRIVE NE
ALBUQUERQUE NM 87110-5640

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BACKGROUND
When the University of New Mexico embarked on an update of its facilities master plan in 2007, the leadership team of the Health Sciences Center (HSC) decided to undertake a parallel process, which would produce the health sciences component of the UNM master plan. Accordingly, the leadership formed four subcommittees to look at HSC facilities needs from the perspectives of 1) clinical, 2) education, 3) research, and 4) administration. Operating within a common framework with the assistance of Consensus Builder, each subcommittee was charged with developing the strategic plan for its area. The documents from each subcommittee and the master planning consultant for the hospital and clinical operations would then be brought together into a single HSC facilities strategic plan.

On February 14th, the Education Subcommittee met with the strategic planning team in a six-hour planning workshop. This report summarizes the plan produced by the Education Subcommittee.

INTERVIEWS
Prior to the strategic planning session, the consultants interviewed each member of the Education Subcommittee. The interviews explored the committee members’ insights into trends and driving forces in healthcare education that are likely to affect future space and facility needs. The interviews explored HSC’s strengths and vulnerabilities that will affect the need for future space. In addition, the participants identified key facilities- and space-related issues that the strategic planning process should address along with outcomes they would like to see from the process. The facilitation team presented the major themes that had emerged from the interviews at the beginning of the February 14th strategic planning session, and the appendix to this report provides that summary.

GOALS AND PLANNING ASSUMPTIONS
Reflecting on the overall vision and strategies presented in this plan, the Education Subcommittee revised the goals and assumptions framed by the HSC leadership.

The Goal is to:
Address health professional workforce needs in New Mexico by enhancing the size and array of educational programs at the Health Sciences Center. The growth in educational programs may include implementing the following major initiatives:

- The School of Medicine will implement the year 2 of BA/MD program;
- The College of Pharmacy will implement the UNM/NMSU Cooperative Pharmacy Program;
- College of Nursing will implement a 4-term/16-month curriculum, and will implement the satellite Nursing Program; and
The Health Sciences Library and Informatics Center will lead in planning and implementing technology and instituting the Hall of Discovery, which is required for the Domenici Center for Health Sciences Education.

Revised Planning Assumptions
The subcommittee based its goals, vision strategies and tactics on the following assumptions about future growth and expansion of buildings and space for education over the next 10 years. Note: please see Attachment A, a detailed table that elaborates the implications of the space needs for programming purposes (such as the implications for number and capacity of classrooms, offices and special spaces)

Medicine
- Increase MD class size by at least 33% to 100 (or 120) students

Research, Population Sciences, Epidemiology and Public Health
- Increase Biomedical Sciences Graduate program 8% (PhD and MD/PhD from 124 to 134 students)
- Increase Medical Laboratory Sciences 140% (BS degree from 25 to 60 students)
- Increase Medical Laboratory Sciences 500% (MS degree from 2 to 10 students)
- Increase the Masters in Public Heath 32% (MPH degree from 63 to 83 students including a Public Health Certificate Program, PHC)
- Initiate a new Population and Laboratory Sciences (PALS) degree (15 students)
- Initiate a PhD in Epidemiology (15 students)
- Increase Masters of Science in Clinical Research (CTSC from 12 to 24 students)
- Initiate a University Science Teaching Certificate program (6 students)
- Initiate Medical Physics program (12 students; moving program from SOE to HSC; and A PhD program may be added in the future)

PT/OT and Rehabilitation Services
- Increase PT enrollment 50% (72 to 108 students through the DPT)
- Increase OT enrollment 50% (90 to ~138 students; MOT and OTD to be proposed)
- Rehabilitation Sciences or other Interdisciplinary Ph. D. Program (possibly 5 to 10 students; program to be proposed)

Physician Assistant
- Increase PA enrollment 100% (from 30 to 60 students)

Dental
- Increase Dental Hygiene 50% (undergraduate 24 to 36 students)
- Initiate Graduate Dental hygiene program (unknown)
- Initiate Dental School (unknown)

Radiological Sciences
- Increase Radiology enrollment 100% (30 to 60 students - Radiologic Sciences Program, with Nuclear Medicine)
CME and GME
- Expand Residency Program and various grand round activities 50% from 1,520 (includes 535 GME) to 2,280 (includes ~669 GME)

Pharmacy
- Increase the Pharm. D. enrollment 25% (from 340 to 425 students)
- Increase the Pharm. D. Graduate enrollment 50% (from 20 to 30 students)
- Changing requirements will require an increase in the Residency Program enrollment by 400% (from 8 to 32 students)
- Develop & maintain an E-portfolio for student pharmacists and Continuing Professional Education in Pharmacy

Nursing
- Increase BSN enrollment 100% (baseline presently 120 students per year)
- Increase RN to BSN enrollment 100% (baseline presently approximately 75 students per year)
- Increase MSN enrollment in the Education track 100%. This will include the addition of a DPN program in addition to the present Ph. D. program. This assumes the Nurse Practitioner programs will be phased out as the DNP degree is phased in.
- West Campus initiatives will be undertaken in collaboration with CNM (These may include a basic BSN program with 16-24 students admitted each term; an RN to BSN program with 45 students assuming 15 students admitted each term; and possibly a master’s initiative).
- Collaborate with University Hospital on implementation of the Clinical Nurse Leader master’s preparation as Nurse Practitioner programs transition to DPN.
- Continue to explore outreach endeavors throughout New Mexico, as permanent funding is available for high quality initiatives.
- Explore freshman to BSN admission at the main campus and at the West Campus.

Library & Technology Services
The following planning assumptions are relevant to guide space projections for the central HSC campus as well as for the Rio Rancho campus:
- Collection will remain at 90% electronic and 10% physical (to provide for some redundancy and disaster preparedness; to provide access to materials only available in print; and to meet special needs.)
- Increased storage space will be needed for historical collections as well as materials that are not available electronically
- There will be an increase in distributed knowledge management and information technology.
- There will be an increase in student study space (both for individual and collaborative purposes) at the central as well as distributed locations, including Rio Rancho.
- Certain functions will require a balance between distributed and centralized approaches.
• Activities require “face time” to be productive.
• There will be an increase in electronic classroom space for library resource/informatics instruction as well as other types of instruction.
• Faculty offices for co-located faculty health sciences librarians will be needed at the Rio Rancho campus. Additional faculty offices will be needed at the central HSC campus for health sciences librarians, informaticists; informatics trainees; and for staff and technologists to support knowledge management and IT services.

Outstanding Issues and Questions
• Will Telehealth grow, and, if so, how fast?
• What will be the impact of expanding and improving HSC education on Arts & Sciences undergraduate education?
  o Increase capacity in pre-requisite classes and labs.
• How will HSC increase the diversity of faculty, staff and students?
• What will be the impact of changing University enrollment levels?
  o Need to understand Main Campus undergraduate needs and how they will change/affect HSC.
  o Need to understand CNM undergraduate needs and how they will change/affect HSC.
**Practical Vision**

To develop a long-range vision for educational facilities, the participants focused on the question, “In ten years, what facilities do we want to see to support HSC’s educational mission?” The discussion began by imagining HSC’s educational programs ten years in the future. The subcommittee imagined that in the time between now and then, the HSC has become so extraordinarily successful that it becomes a national model of innovative and collaborative education involving all of the healthcare programs. As the participants brainstormed, they could envision that the accreditation bodies have come together with the Carnegie Institute and the Malcolm Baldrige National Quality program to establish a joint award recognizing the visionary, interdisciplinary educational model that HSC has created. In exploring this scenario, the participants imagined a new structure for HSC education.

**Vision: 2018**

Envisioned as concentric rings, the HSC structure recognizes students and staff as being the core of the HSC mission. Accordingly, “Life Enhancing” facilities are at the heart of the structure—cafeteria, daycare, and gathering places make it easy for students, faculty, and staff to integrate their educations or jobs with other aspects of their lives. Moving out across the successive rings, the structure also includes education, research, and practice, patients and community. Further, “bridges” (shown as lines crossing the circles in the diagram) connect the rings, integrating education with research and clinical practice/community.

There is a strong connection between this healthcare structure and the activities on main campus. To facilitate this connection, there are bridges crossing Lomas Boulevard, making it easy for pedestrians to cross at multiple points.
These physical connections are a reflection of the educational program. Students find the learning environment inviting and challenging. They like having professors and taking classes with students from the full spectrum of healthcare professions. They like the integration of interdisciplinary clinical practice and research into their educations. They appreciate the focus on experiential learning in acute care, community care, or other aspects of care that mirror the way healthcare is delivered in New Mexico. They especially appreciate the institution’s commitment to making them “an equal partner.”

Faculty members benefit greatly from HSC’s interdisciplinary approach to education, research, and practice. They interact on a regular basis with instructors from other healthcare professions. They value their clinical practices in rural communities as fundamental to their teaching and research endeavors. Their exposure to multiple perspectives has facilitated the development of effective ways to evaluate student and faculty performance in interdisciplinary education. The resulting competency model has motivated accrediting groups to work across disciplines as well. Those achievements have given HSC faculty a growing reputation as cutting-edge educators.

UNM administrators are so committed to this educational approach that they have brought together campus leaders to create educational opportunities that connect healthcare professions with other disciplines. One result of their efforts is a transdisciplinary master degree in healthcare administration, which blends such disciplines as business, sociology, anthropology, communications and public administration. This “global” healthcare degree is highly popular, attracting many well-qualified students who choose this program over programs offered by other well-recognized institutions.

The Education Subcommittee envisions the following five components of the vision (also shown in a matrix form on page 5).

- **Life Enhancement: Heart of the Place**
  By 2018, the HSC campus is an informal, interactive environment. Distributed through the campus are many identifiable “life enhancing” spaces, where students, staff, and faculty come together, exercise, eat, and integrate the learning and non-learning aspects of their lives. Some of these spaces are housed within the Health Sciences core facilities, while others are “built into the distributed environment.”

- **Information Technology Infrastructure**
  Ten years from now, HSC has centrally managed, but physically distributed, technology. The infrastructure includes expanded access and excellent technical support staff, equipment, software, and space. In particular, there is simulation space, equipment, and technical assistance for all healthcare programs. In summary, HSC has a strong reputation for its state-of-the-art, ubiquitous, and
user-friendly facilities and technical support for computing, videotaping, web technology, and tele-medicine.

- **Planning and Follow-Through**
  In the envisioned future, HSC has been able to accommodate enrollment increases across the professions because in 2008 HSC leadership accelerated the pace of facility planning and construction. That strategic decision makes it possible for Health Sciences to acquire the funding and complete construction of buildings as well as reallocate existing space (consistent with the practice vision). The new facilities include:
  
  - Dedicated interdisciplinary space
  - Progressive interior design and furniture that enables the flexible use of space
  - Multi-media distribution space
  - Small “wired” education spaces that are distributed throughout the campus
  - Allocated space for student-controlled, informal learning
  - Excellent transportation links to main campus

- **Scholarship at the Center**
  The vision calls for renewing commitment to scholarship and connecting scholarship with the research enterprise. HSC attains this accomplishment largely by integrating scholarship into all educational activities and disseminating results to educational and community audiences. There is also space for administrative support and editorial staff.

- **Community Education Building**
  The involvement of community is fundamental to the educational mission. The final element of the vision seeks to identify education sites and develop the equipment, life enhancing facilities, and other resources (such as mobile simulations and mannequins) necessary for effective work in remote communities. Through a statewide network of collaborative learning sites, students directly transfer healthcare information from UNM to rural communities.

**OBSTACLES**

The subcommittee was concerned with the value that HSC places on “the bottom line” and how that affects education, especially in the drive to increase class sizes, maximize resources, and minimize costs. The subcommittee acknowledged that there will need to be strong and ongoing support from HSC leadership to implement the strategies, particularly in creating a heart for the North Campus and establishing a more supportive environment for students, faculty, and staff.

To ensure that life-enhancing facilities are incorporated into buildings will require strong recognition of students as being at the core of HSC’s mission and a commensurate shift in priorities.
The tenure and promotion systems often block interdisciplinary work. The programs are neither structured to facilitate nor track student credit hours in interdisciplinary courses. Also, broadly accepted methods for evaluating interdisciplinary teaching are lacking.

Similarly, the promotion system contradicts the value placed on collaborative scholarship. Faculty members hired into the clinical medical track realize that they are funded through the hospital and rewarded for clinical activity rather than scholarship. Consequently, HSC will not only lose faculty who are scholars, but the institution will also lose the expertise for leading and mentoring scholarly projects. Based on recent accreditation reports, this situation endangers the accreditation of the entire enterprise. Similar problems are occurring in the School of Nursing.

Because the funding formula doesn’t include information technology and library acquisitions, the Health Sciences Center has to “find” the funds each time a request is approved. The pace of academic decision-making is also considerably slower than the rate of technological improvements, resulting in the acquisition of outdated technology.

**STRATEGIES AND TACTICS**

To develop strategies, the Education Subcommittee discussed the question, “What are the practical, innovative actions we can take in the next three years to address the obstacles and move toward our vision?” The participants identified three strategies aimed at integrating student/faculty/staff needs into the learning/research/clinical/administrative process. These strategies are to:

- **Integrate Life-Enhancing Facilities**
  As a pilot, the subcommittee recommends space and facilities similar to those Google has created in its home office complex—areas where work groups come together to share ideas, have tea, coffee and snacks, exercise, give impromptu or schedules lectures throughout the day, thus creating a dynamic area of multidisciplinary exchange, renewal, and growth. As the first step, HSC could start with a designated tea and coffee house with scheduled and unscheduled activities. Additional facilities could be identified through a focus group, especially those that would aid recruitment as well as retention of senior faculty and staff.

- **Create Space for Interdisciplinary Work**
  To provide space for interdisciplinary work, a pilot community-based learning center should be created. Beyond the creation of physical space, the subcommittee recognized that a wide range of incentives and rewards are critical to expanding and fostering interdisciplinary work, which are reflecting in the tactics that support this strategy.

- **Creatively Use Existing Space and Facilities**
  The strategy to make more creative use of existing space and facilities calls for a) re-engineering large classrooms that function poorly into pilot model classrooms equipped with technology, b) implementing centralized classroom scheduling, and
c) placing an access priority on shared space such as a clinical performance center.

The charts on page 8 summarize the strategies as well as tactics that support implementation of the strategies.

**NEXT STEPS**

Clearly, the vision broadens the direction implied by the goals and assumptions proposed by HSC leadership. By placing students at the core of HSC’s mission and reflecting that priority by creating “life enhancing” facilities, the practical vision recognizes the importance of attracting and retaining a long-term healthcare workforce to meet growing demographic demands. To implement the vision, the Education Subcommittee recommends that the following steps be taken in the short term:

- Identify and implement a pilot project for each area of the vision;
- Make interdisciplinary work a priority and create a structure for it across the programs;
- Make development a high priority, and garner the funds for a visible facility such as the life-enhancing center;
- Develop simulations; and
- Focus on small accomplishments, expanding incrementally over time.
# APPENDIX A: PRACTICAL VISION

<table>
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<th>LIFE ENHANCING FACILITIES: HEART OF THE PLACE</th>
<th>INFORMATION TECHNOLOGY INFRASTRUCTURE (People, Equipment, Space, Software…)</th>
<th>PLANNING AND FOLLOW-THROUGH</th>
<th>SCHOLARSHIP AT THE “CENTER”</th>
<th>COMMUNITY EDUCATION BUILDING (Relationships, Infrastructure, Reciprocity)</th>
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<td>• Identifiable student/ faculty/staff life-enhancing space (some core, some distributed throughout buildings)</td>
<td>• Technology support—adequate technical support, videotaping, web support, computers, etc.</td>
<td>• Accelerate timeline for new facilities to 2014 to accommodate more graduates across disciplines by 2018</td>
<td>• “Center” for scholarship</td>
<td>• Identify community education sites and resources, and develop equipment, etc., needed to support them (and provide life enhancement in communities)</td>
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<td>• More facilities that enhance environment—“non-learning”</td>
<td>• Centrally managed but physically distributed technology, especially simulation for all programs (significant expansion of access and availability)</td>
<td>• Start building now to meet known future needs</td>
<td>• Integrating reflection and scholarship within all education activities</td>
<td>• Equipment and support for remote community sites</td>
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<td>• Spaces for people to come together, learn, exercise, eat, etc.—built into environment</td>
<td>• Simulation space</td>
<td>• Connections and transport among and between HSC and main campus</td>
<td>• Award-winning scholarship, reflective practice, and dissemination</td>
<td>• Statewide network of collaborative learning centers or sites with existing xxx</td>
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<td>• Environments where people can thrive</td>
<td>• Ubiquitous access, permeability</td>
<td>• Use “Google” as a model/free use of bicycles, scooters, gurneys, etc.</td>
<td>• Space for support and editorial staff</td>
<td>• Mobile simulations (mannequins, etc.)</td>
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<tr>
<td>• Informal, interactive environment—the place for coffee, discussion, etc.</td>
<td>• Technology support—adequate technical support, videotaping, web support, computers, etc.</td>
<td>• Accelerate new facilities to increase graduates across disciplines</td>
<td>• Strong connection to research enterprise</td>
<td>• Students facilitating the transfer of information from UNM to rural areas</td>
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<tr>
<td>• Technology support—adequate technical support, videotaping, web support, computers, etc.</td>
<td>• Accelerate new facilities to increase graduates across disciplines</td>
<td>• Dedicated interdisciplinary learning space</td>
<td>• Research bridge cuts across education and community</td>
<td>• Look at Minnesota, Washington, NM for models of what’s been done</td>
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- Identifiable student/faculty/staff life-enhancing space (some core, some distributed throughout buildings)
- More facilities that enhance environment—“non-learning”
- Spaces for people to come together, learn, exercise, eat, etc.—built into environment
- Environments where people can thrive
- Informal, interactive environment—the place for coffee, discussion, etc.
## APPENDIX B: STRATEGIES FOR SPACE AND FACILITIES

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<th>INTEGRATING LIFE-SUPPORT FACILITIES</th>
<th>CREATING SPACE FOR INTERDISCIPLINARY WORK</th>
<th>CREATIVELY USING EXISTING SPACE AND FACILITIES</th>
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| • Create pilot life-support coffee shop somewhere on HSC campus  
  • Focus group to engage retirees in ideas to retain “retirees” | • Pilot community-based learning center | • Re-engineer large dysfunctional classroom into pilot model classroom including technology (e.g., HSSB 105)  
  • Focus on shared space—access to space for clinical performance center  
  • Implement centralized scheduling system |

## APPENDIX C: TACTICS

(Actions that support the strategies)

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<th>CREATE INCENTIVES AND REWARDS TO SUPPORT INTERDISCIPLINARY WORK</th>
<th>SHAPE THE PLANNING PROCESS</th>
<th>DISTILL AND COMMUNICATE VISION</th>
<th>IMPROVE AND INCREASE ACCESS TO TECHNOLOGY BY ALL SCHOOLS</th>
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| • Adjust tenure, promotion, and merit systems (like CTSC)  
  • Identify pilot project for each area of the vision  
  • Fund pilot proposals for HSC interdisciplinary projects (e.g., global health)  
  • Make articles accessible on the web about innovations and future needs for health disciplines  
  • Start small “focused interdisciplinary work  
  • Strengthen teamwork skills | • Common vision with traction  
  • Message from faculty to the leaders and to the public about education innovations and problems  
  • Take control of destiny | • Engage faculty and business leaders in development process to improve funding for education  
  • Develop “pitch” and financial plan for each area  
  • Raise money through focused campaigns and transparent use for targeted purposes including students  
  • Articulate how vision meets interests of others (funding agencies, clinical, federal, state, administration) | • Shared learning objects; build learning management system—web CT, webx, clickers, access to lectures, etc.  
  • Technology—survey tools, assessment software, testing center  
  • Standard platforms |
APPENDIX D: INTERVIEW SUMMARY

Driving Forces Affecting Space
- National and state mandates to increase enrollments without increasing space
- Workforce shortage—all professions
- Push for interdisciplinary practice, teaching and research
- Healthcare funding will flatten or decrease as expectations increase
- New-term commitment to translational research and education
- Increasing use of electronic and #D simulations; tele-health and distance education
- Creating higher degrees and new professional programs, e.g., PT Ph. D.
- Problem-based and interdisciplinary education in large and small settings
- Interaction and sue of clinical and community educators

Current and Emerging Trends
- Learning through simulations
- Emphasis on patient-centered and teamwork skills and technical knowledge
- Need to address gaps in student preparation
- Need to involve clinicians in medical education
- Incorporating technology throughout—on-line, web-based course retrieval and clinical access and tele-health
- Producing graduates with greater and broader knowledge and skills
- Women are 50% of graduate medical students

Greatest Challenge for HSC Educational Mission and Space
- Balancing core space (North campus footprint) with distributed space (community, west side)
- Providing space for interdisciplinary practice and education
- Increasing student numbers without steady funding for facilities
- Central space for technology/telecommunications and support
- Creating large and small flexible spaces for problem-based tutorials and interdisciplinary courses
- Places and venues to stimulate communication across disciplines
- Space for simulations, mannequins, instruments, and resource people

Strengths in HSC Education
- History of innovative teaching and dedicated faculty
- Commitment to diversity—social, economic and geographic
- Excellent library, informatics, and support staff
- Proximity—library, med school, labs, physicians and student services
- Partnerships between hospital and academic programs
- Integrating public health and translational research
- Variety and diversity of patients—multi-cultural region

Vulnerabilities in HSC Education
- State funding stream, especially in context of workforce demands
- Faculty shortages, low salaries, insufficient offices and support
• Competition for clinical sites from other institutions
• Being spread too thin among teaching, research and administration—burnout
• Addressing next generation of learners and impacts of technology on learning/teaching styles
• Globalization of digital medical services and educational institutions

Key Issues to Address
• Plan for flexible, adaptable spaces
• Growing need for computer-based instruction, assessment, tele-med, distance education and simulated clinical experience
• Consider proximity: Hospital, other medical facilities, professional medical education programs—some remote, some co-located
• Clarify approach to interdisciplinary teaching/learning and space needs
• Include all healthcare professions—be inclusive
• Develop innovative ways to communicate and educate across disciplines

Outcomes of Strategic Planning
• Focus on producing next generation of healthcare providers and researchers and spaces to education them
• Spaces/places for innovative education
  o Interdisciplinary
  o Translational
  o Patient-driven
  o Student-centered
• A plan that
  o Is a beginning
  o Creates action
  o Leads to commitment
  o Has wide circulation
  o Generates lots of discussion
  o Is exciting, doable, and visionary!