

College of Health Professions Executive Committee – Meeting Record

DATE	August 4, 2016	FACILITATOR	Douglas Murphy	LOCATION	Winters Conference Room, Administration West Building
TIME	8:30-9:30 am	RECORDER	Deborah Taylor	GUESTS	

ATTENDEES (✓ INDICATES ATTENDANCE)

✓ Aryn Amlani	✓ Lori Williamson Dean	✓ Suzanne Hansen	✓ Douglas Murphy	Edward Williams
✓ Tony Baker	✓ Mitzi Efurd	✓ Karen Hunter	✓ Cindy Saylor	✓ Bill Woodell
Danny Bercher	✓ Phyllis Fields	✓ John Jefferson	✓ Kathy Trawick	✓ Tina Crook
✓ Erna Boone	Reza Hakkak	✓ Susan Long	✓ Mark Wallenmeyer	✓ Tim Rinehart
				✓ Melissa Clark

AGENDA

MEETING RECORD

Time	Item	Presenter	Main Points / Discussion
8:30	I. Announcements	Varies	<ol style="list-style-type: none"> The College Planning Retreat will be held Wednesday, August 10 Department chairs are requested to assign new faculty members to participate in the UAMS Educators Academy sessions during 2016-2017 The new Policy and Procedures page is found at: http://healthprofessions.uams.edu/faculty-and-staff/policies-and-procedures-guide/ Beginning July 1, the college will purchase “keeper” regalia that the faculty member can use and keep for future uses. We will no longer rent regalia for faculty. CHP Academic Calendar –
8:35	II. Academic Calendar	Susan Long	Note: <ul style="list-style-type: none"> Official first day for CHP is August 17 (for drops, refunds, etc.) Finals and capstone presentations should take place after the 15th week of classes
	III. College Planning Process – Identifying Strategic Anchors	Douglas Murphy	Discussed the planning process (see attached) and did preliminary sorting of the brainstorming list (see attached) in preparation for the College Planning Retreat.
9:30	Adjourn		

ACTION PLAN

Action Item	Owner	Target Date
Promotion and Tenure Guidelines – Incorporate suggestions into revised guidelines for additional review by the P&T Committee, EC, information sessions for faculty, and final vote by the end of the fall semester	Douglas Murphy	
Recruitment brochure progress	Douglas Murphy	Mid-July
Introduction of the OSPAN (Office of Sponsored Programs Administrative Network) Team 1	Renee Rains	After July 1
Collect information on CHP’s diverse and unique needs for the new UAMS Faculty Service Center	Jan Shorey	TBD

Overview of Planning Process¹

Discipline 1 – Build a Cohesive Team

- Build Trust
- Master Conflict
- Achieve Commitment
- Embrace Accountability
- Focus on Result

Discipline 2 – Create Clarity

- Why do we exist?
- What do we do?
- How do we behave? (College Values)
- **How will we succeed? (Planning Part 1)**
- What is important – right now? (Planning Part 2)
- Who must do what? (Planning Part 3)

Discipline 3 – Overcommunicate Clarity

Discipline 4 – Reinforce Clarity

Re-Cap: Why Do We Exist?

UAMS Mission Statement

The mission of UAMS is to improve the health, health care, and well-being of Arkansans and of others in the region, nation and world by:

- Education of current and future health professionals and the public;
- Providing high quality, innovative health care and also providing specialty expertise not routinely available in community settings; and
- Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements.

College of Health Professions Mission Statement

The College of Health Professions serves the state of Arkansas as the primary arm of the University of Arkansas in offering programs that provide education, service, and research in the allied health professions.

College Values

Education: We educate exceptional healthcare professionals.

- We educate through innovation, compassion, teamwork, and patient- and family-centered care.
- We utilize and model life-long learning and evidence-based health care.
- We embrace contemporary instructional technologies and sound foundational approaches to education.
- We improve health care delivery in Arkansas, across the nation, and beyond.

¹ Lencioni, P. (2012). *The advantage: Why organizational health trumps everything else in business*. San Francisco: Jossey-Bass.

Scholarship: We contribute to and advance the intellectual and clinical practice foundations of our professions.

- We educate students, scholars, and health professionals by (a) incorporating current evidence and evidence-based clinical practice into curricula; and (b) guiding and mentoring learners to participate in and conduct scholarly activity.
- We engage in scholarly inquiry to advance education, health, and healthcare, and we disseminate new knowledge in forms that are appropriate to target audiences.

Service: We embrace a culture of service with our colleagues, learners, and community partners to promote our professions, enrich the lives of the individuals we serve, and strengthen our communities.

- We achieve excellence in service through leadership in our departments, college, university, and professions.
- We cultivate high impact service-learning opportunities that strengthen our communities and promote learner engagement, inter-professional development, leadership, and team work.

Collegiality: We respect and honor the talents, abilities, and diversity of our colleagues and partners as, together, we endeavor to attain our highest potentials.

- We collaborate, actively listen, address concerns, and demonstrate mutual respect for the philosophies and ideologies of those whom we serve.
- We seek and nurture inter-professional relationships that empower us and others to engage in scholarship, educate learners, serve, and lead our professions.

Strategy: *An organization's strategy is nothing more than the collection of intentional decisions [the organization] makes to give itself the best chance to thrive and differentiate from competitors* (Lencioni, p. 107).

How Will We Succeed?

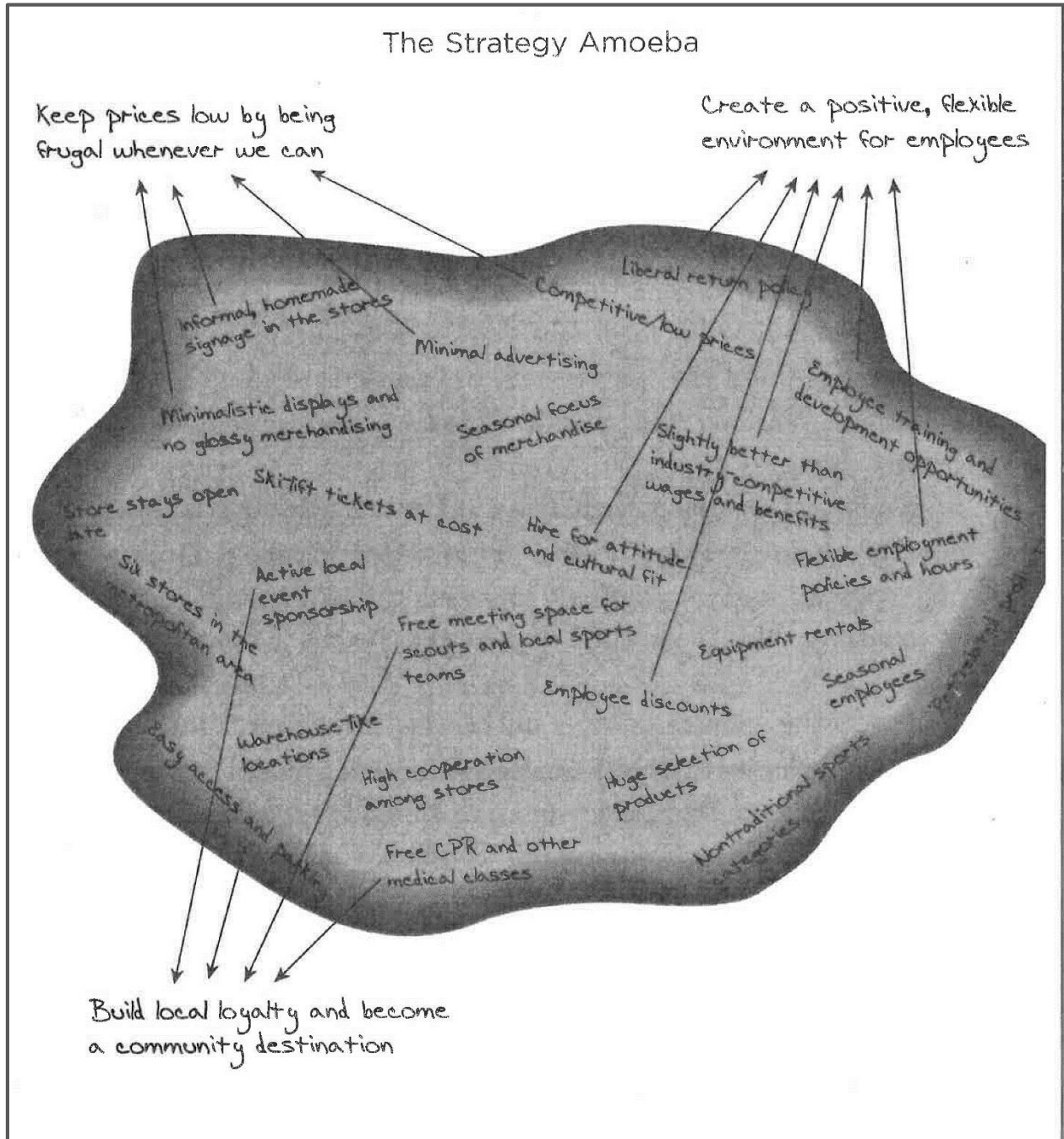
- How will we make decisions in a purposeful, intentional, and unique way that allow us to maximize our success and differentiate us from our competitors?

Step 1 – Exhaustive list of all the decisions and realities that form the context of our current situation.

Step 1 Suggested Prompts

- Programs – size, types, levels, range, etc.
- Students
- Quality
- Methods
- Tuition and fees
- Faculty and staff
- Public
- Professionals
- Policies
- Outcomes
- Reputation
- Alumni
- Budget/finances
- Facilities
- etc.

An example. . .



Step 2 – Identify strategic anchors.

Step 2 Focus Questions

- What underlying categories seem to tie items in the list together?
- Which items or collections of items seem to fit together to form a theme or category?
- Which themes or categories are so fundamental that they should be used as anchors to inform every other decision?

Next steps. . .

What is important – right now? (Planning Part 2)

Who must do what? (Planning Part 3)

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1. Ability of students to experience IPE is very different from competitors
 2. Provide continuing education for health professionals
 3. Awesome community engagement
 4. Variety of clinical experiences and venues
 5. LS – very supportive alumni
 6. High tuition compared to competitors
 7. Flexibility – offer full-/part-time graduate completion programs to working technologists
 8. Many working students
 9. Programs are vertically integrated, need more horizontal integration
 10. Minimal branding and marketing for educational programs
 11. Students across Arkansas to serve Arkansans
 12. Methods are improving for registration (GUS)
 13. Online teaching using collaborate in Blackboard
 14. Student diversity lacking in some programs
 15. Faculty : student ratio = individualized attention
 16. Fabulous collaborative department (consortia model)
 17. Quality measure = pass rates on board exams about national average
 18. Only clinical audiology doctoral program in the state
 19. Only MLS hybrid program in the region
 20. Tuition and fees are higher than our competitors
 21. Alumni not engaged
 22. Quality highly experienced faculty
 23. LS faculty have state – national reputation
 24. LS alumni service on state and national boards
 25. Dedicated faculty members
 26. Outcomes consistently higher than national average (ie. Board exams)
 27. Wide variety of program academic levels from A.S. to Ph.D.
 28. Alumni become faculty
 29. High fees
 30. Many programs demonstrate quality through outstanding student and graduate outcomes
 31. Big bang for the buck
 32. We are the largest allied health college in the state? (# and diversity of programs)
 33. Range of program size (enrollment) 1 to 40?
 34. Student enrollment declining in several programs – cost? Technology? Quality? Market?
 35. Range of degrees awarded certificate to Ph.D.
 36. National profiles
 37. Caring alumni (volunteer time to teach, give suggestions for program improvement)
 38. One of five OMT programs in the U.S.
 39. Funding models not conducive to growth, initiative, expansion

40. Being and teaching in the only medical school in Arkansas - facility
41. One of the best quality programs in the south
42. We have many high quality faculty
43. Limited community awareness of who we are
44. Great faculty to student ratio in clinics
45. Talented faculty
46. Facilities in various stages of condition BAD (buildings 4 and 5) → pretty nice (building 7)
47. Teaching online courses – methods
48. Provide health and wellness education to the public
49. Use of simulation center for teaching and learning may set us apart from competitors
50. Quality education
51. Hard working, collegial faculty and staff
52. Collaboration across imaging modalities
53. Mentor/guide self-directed learning
54. Engage active learning strategies
55. RC program wins awards for RRT pass rates given by accrediting agency every year
56. Only B.S. degree program in Respiratory Care in Arkansas
57. Telemedicine training for students
58. RA-MIS program one of six and leading passage of CMS recognition and MARCA bill
59. DMS has strong national presence and great national reputation
60. Only NMAA program in the country
61. NMIS has a 95% first-time pass rate of the last 10 years
62. Dedicated hard-working staff
63. RC faculty involved in state and national professional organizations
64. Leaks in canopy and some buildings
65. RC does not have any named scholarships
66. Low salaries compared to other programs (Dietetics and Nutrition)
67. Development – improve alumni allegiance to college (alumni association?)
68. NMAA has a 100% first-time pass rate on board exam
69. Grounds in some areas ignored – weeds, trash
70. Need state-wide recruitment efforts
71. Increased diversity faculty and student areas
72. Can programs with small enrollment continue to exist? Community need? Higher Ed allows? Funding?
73. Need marketing for college(s). All advertising goes toward hospital.
74. International training opportunities for students
75. Experts in the field lecture in our courses via distance education (IVN)
76. 12th Street Health and Wellness Center – only student led and interprofessional free clinic nationally
77. University IPE curriculum
78. Great fundraising event for graduate student scholarships
79. Faculty/staff shortage
80. Educator's Academy great resource
81. Would like to add certificate programs – but with limited resources, what is benefit to faculty to teach more if it doesn't stay in the college?

82. Part of final clinic – must pass mock/practice national certification examination
83. Faculty/student one-on-one advising for clinical experience – validation of competency procedures
84. Faculty collaboration with other programs and with other UAMS colleges
85. NMIS – the 3 faculty members have 70+ years experience in NM
86. RC – strong support from clinical affiliates and advisory committee
87. Recruitment of quality faculty is difficult in marketplace
88. Need to project future healthcare needs → build programs to meet those needs
89. PA has only national true service-learning component in curriculum
90. PA has a 92% first-time pass rate and 100% overall pass rate
91. Need teaching/faculty support for difficult students
92. Provide faculty opportunities to attend CE conferences which will bring knowledge to our program. But without funding, some may not be able to attend.
93. Opportunity for students to compete in annual state quiz bowl
94. Faculty are involved in outreach activities; summer MASH, JATCC, etc.
95. Students leave angry – why?
96. No time for reflection for faculty, always running
97. Limited student services on NW Campus
98. Students present their research projects at national meetings
99. Open doors to dean's office for students - good but can cause us versus them with students and faculty
100. CHP – old buildings, always having problems with HVAC
101. Some programs have wonderful work space while others lack a more pleasing environment
102. Share knowledge of simulation centers within CHP so that other programs may use these areas for their clinical rotations or experiences
103. Diversity or professional programs from entry-level to destination professions
104. RC students require a lot of remediation
105. Lack of available doctorate programs for faculty
106. "Haves and have nots" – inequity of \$ between programs
107. Campus needs to create state funding line for colleges independent of hospital revenue
108. Explore public service opportunities – where did service-learning go?
109. Challenges with collegiality within departments/faculty/staff
110. Challenges navigating two very different academic models UALR/UAMS
111. Need to improve mechanism of offering CE courses given our current expense-based budgeting
112. High first-time passing rate registration exam
113. High quality faculty with international recognition
114. Hard-working students who have a real desire to succeed
115. Need new strategies to deal with new campus funding model
116. CHP campus is "shabby chic" compared to other areas of campus
117. Recruiting needs! Registrar bottle-necking applicants
118. Need more recruiting of students – not delegating
119. Difficulty in spending money – obstacles

120. Opportunity for increasing public awareness not ideal
121. Need to streamline IRB process to facilitate research activities
122. Provide incentives to continue offering CE courses
123. RIS has 100% employment rate
124. RA – MARCA bill will pass
125. Some resentment among programs over perceived inequities
126. Valuable and economical education → career fields → successful
127. Opportunities for establishing us as the "professional home" for alumni through professional development
128. Inconsistency across programs with regard to certification and licensure fees
129. Compete with other programs for SLP clinical placements
130. One of 5 SLP programs in the state
131. Only Au.D. program in the state