

SHP Focus Group Report

Faculty

- Thursday, March 14, 2024—10:00 am to 11:00 am
(27 participants)
- Tuesday, March 19, 2024—5:00 pm to 6:00 pm
- (25 participants)

Staff

- Wednesday, March 13, 2024—10:00am to 11:00 am
- (18 participants)
- Tuesday, March 19, 2024—1:00 pm to 2:00 pm (8 participants)

Mix (Faculty/Staff)

- Thursday, March 28th, 2024 10:00-11:00 am (2 faculty, 1 staff)

Note: Two student focus groups were scheduled and only 1 student participated.

Key Themes (as written by facilitator, Christine Goldthwaite)

- **Awareness:** Generally, there is a desire (both faculty and staff) to have a greater awareness of what goes on across SHP. There is a genuine interest in getting to know others and the work they do. This will enable greater sharing of knowledge and resources.
 - Faculty want to know more about what's happening across programs
 - Example: Nutrition faculty lecturing SLP students in the Dysphagia class
 - Example: PA doing an NG tube lab simulation—SLP would like to participate
 - Problem is that there are few connections among the faculty
 - Another barrier is the lack of time.
- **Collaboration:** Generally, there is a desire (both faculty and staff) to engage in more collaboration across SHP, with Rutgers Health, and with the community.
- **Partnerships:** Generally, there is an interest in building strong partnerships, for example across programs to take advantage of clinical sites and professional development programs to bring in students and alumni. Also, partnerships across Rutgers Health and stronger more influential partnerships with clinical sites such as RWJBH.

Combined Focus Group Notes:

Mission area priorities for organizing the focus group discussion:

1. Excellence in Education:

a. Pathways and career ladders (interpreted a few different ways)

- **Students:** Students come to SHP to get a job; Some programs are struggling to find pathways into SHP – finding feeder programs that could be utilizing SHP grad programs – we are competing with ourselves at times due to siloed programs. Use existing partnerships with community colleges and work collaboratively to increase pathways into SHP; Bridging from Associates → Bachelors → Masters → Doctorate. Start in high school. How to build upon student passion for health-related careers from the beginning; Visibility of the programs – students need to know which programs exist and help determining which field would be a good fit

for them; DPT program did a 4+3 program (guaranteed seat if GPA maintained) – program helped DPT admissions but not the actual students. No benefit to the actual students. To serve the students it would need to be a 3-3 program. This should be considered for any doctoral or master’s program in our school to target qualified/strong students to foster goal achievement of health careers. We need a competitive edge to bring awareness to our programs. Consider a Fast Track Program. Be more strategic about professional development training. If 50 physical therapy professionals attend a training we host, how are we taking advantage of this? Right now, I think we just get some funds, but there could be so much more. Pathways and Career Ladders for *students* need to account for the diversity of health professions some programs already have these set (BS to Doctoral). Pathways for getting students into SHP are needed. We need feeder programs currently when we are competing with ourselves - much related to the SILO functioning of legacy Rutgers. We need more collaborations with already existing partnerships at community colleges or undergraduate levels.

- **Faculty:** Pathways and Career Ladders for *faculty* should also be addressed. Difficulty managing expectations/workload to do enough scholarship while teaching - A&P is based too much on scholarship. The teaching workload is teaching heavy, which does not allow us to focus on scholarship the way other tracks can. Scholarship expectations should be individualized and different for each title Examples: assistant, associate, and professor are all measured similarly for both promotion and reappointment. There needs to be varied levels. It is very challenging to move from instructor to lecturer to assistant. Scholarship should include presentations Lack of consistency across programs for workload and promotion Too much focus on scholarship leads to faculty not volunteering to do service on SHP and external committees. One big concern was that faculty have heavy teaching loads and enjoy and value teaching but worry that promotion and reappointment processes do not assign the same value to teaching.
- **Staff:** More education opportunities – not a lot of incentives for staff to advance their education, need more incentives. RBHS doesn’t have tuition remission or low tuition remission. Would be nice to sit in classes to support students—having a greater awareness of what students are learning could be helpful. Morale – motivate staff to further education – career path? Next step? Staff are isolated, and only socialize when there is an event or support for someone. “Ask the expert” meetings within the university.
- **Alumni (multiprong approach):** In person, professional development could be provided for a variety of different allied health professions that we train. This gets alumni to come back to our building in Newark. When they do come back, we can take advantage by...Having tables marketing other programs; Alumni will probably bring back coworkers for training. Other programs we have could be marketed to alumni and the other staff. Having a reception area where networking can take place. Students can meet alumni and discuss job opportunities. Faculty/staff could meet alumni who could help us make relationships with clinical sites. The more clinical sites we have the more students we can admit to certain programs. Rutgers Foundation marketing could take place where alumni could contribute. Students could share research they have done akin to poster presentations at conferences. Professional Development in different fields (for example physical therapy and nutrition) could be the same day/time. This allows for interprofessional networking. It expands the number of alumni in attendance. This could boost student engagement by giving them a reason to

attend training or even be involved with training. One of the main messages here is that student and alumni events need to be ‘worth it.’ Focusing on professional development is how you make these events worth it.

b. Interprofessional education

- IP education is a buzzword. Keep focusing on it but nothing changes.
- Pursue interprofessional and multidisciplinary research – how some departments have collaborated to do community-based projects, physical therapy programs, mentoring doctoral students together, psych rehab programs.
- Focus on activities that will have the greatest impact. More networking activities to increase collaboration and interprofessional research.
- Need \$ to support IPE Need “sites” and “models” to support IPE Need workload time to reflect time spent in IPE opportunities. Need in-person space for IPE collaboration.
- Virtual asynchronous simulation that speaks to the IPEC competencies.
- Growing capacity within SHP clinics would help to meet several broad objectives (e.g. clinical education, clinical practice, IPP/IPE, community engagement).
- The big IPE events are good but may be too big. Sometimes students do not participate if the group is too large.
- Simulation to share course content across programs (e.g. if PT is learning anatomy related to LE and PA is covering it as well)
- Virtual asynchronous simulation that speaks to the IPEC competencies

c. Shared courses/content across programs

- Curriculum mapping needed across programs.
- Simulation to share course content across programs (e.g. if PT is learning anatomy related to LE and PA is covering it as well)
- Sharing course and content can be challenging especially if it’s not aligned with the curriculum. It can be potentially coercive on “why are you not doing this.” However, if courses work then it can be implemented but it shouldn’t be required.
- The progress and outcomes that could be made with sharing curriculum may look different for each program. The PD should be making the decisions and the needs of the program need to be accounted for.
- Ideally, a nice concept, but challenges include: Scheduling is difficult; financial challenges - who gets the funds? Students are not always on the same level, and it is challenging to meet their needs.
- Some classes are too large when students from other programs are let in (and at times not enough faculty to support these students)

d. Explore AI in health care and health professions education.

- It is not going away, and it can be helpful if used correctly. Everyone is concerned but also hopeful. We need to be learning about and talking to the students about it
- Develop a committee to focus on how to utilize AI in education.
- We need to better understand the implications for academic integrity.
- Students/faculty need to learn to use it ethically.
- Faculty can benefit from learning how to use AI.

- Rebecca Brody is using AI to develop a simulated hospital with patients and to teach motivational interviewing.
- Digital badging

2. Cultivate Research and Scholarship

a. Increase opportunities for NTT faculty to participate in research and scholarship.

- Greater partnership (resources) with (for) teaching track faculty.
- Access/support for grants/funding opportunities as well as the ability to disseminate research (pubs/conferences/etc.).
- Greater research infrastructure.
- Specifically–increase funding beyond \$1500 to support dissemination.

b. Build clinical and academic partnerships in research.

- Update online resources to establish partnerships.
- The Research Forum last fall was a good way to introduce people to each other and potentially start collaborations.
- Interprofessional and diversity - this is the strength of SHP and there is great potential for collaboration. We have both clinical, research and teaching experience. SHP has developed infrastructure for interprofessional research as the following: (1) Psych rehab and PT - community-based projects; (2) PT Dept with Nutrition did a research project as well, (3) Mentoring doctoral students from both PT and Psych Rehab programs, (4) Psych Rehab with Dental program, PA, Nutrition.

c. Develop multi-disciplinary research program.

- Invite NSF/NIH representatives to educate on grants & associative materials (i.e., 1-day workshop).
- Have a better trickle-down of information regarding research/grants/etc.
- Develop Seed Grant opportunities to aid with a course release for teaching track faculty.
- Propose to do networking activities to further promote interprofessional research.
- Grant funding - small grants are discouraged due to overhead. Creating opportunities for grant submissions
- Cross-department mentoring to do interprofessional work.
- Potential research activity - Interprofessional work; broad scope of many programs/departments in SHP; having both clinical and research experience, and teaching experience.
- What has been in place? Ex. Psych rehab and PT - exercise programs with persons with mental health diagnoses; faculty on cross committees; consultants are doing some work; IPE events have research components connected to each of these events - so, infrastructure present; Some silos and need networking activities to increase ability to make connections.
- Grant funding and securing funds; note that small grants are being discouraged; important issue for NTT faculty; needs to be manageable given teaching responsibilities and explore if SHP Dean can assist in this effort.
Cross-department mentoring - interprofessional work

3. Culture and Work Environment

a. Build a more inclusive, transparent, respectful culture.

- Team engagement - team building activities, group events.
- Effective team building - better opportunities to work together/collaborate.
- More awareness of department colleagues' roles and goals to unite different departments with similar goals and responsibilities.
- Morale building – Career-oriented, progressing, motivation.
- Respect for others' perspectives and remember that we contribute to SHP differently. Introductions are helpful to better acquaint with each other and to get to know one another.
- Standardized school-wide training for everyone (not just Departmental). Some trainings are better in some Departments than others. New Faculty and Refresher sessions.
- Zoom and In-Person Meeting - Meet and Greets? Staff Orientation?
- Each Department is a little siloed.
- Staff Orientation Zoom Groups like Faculty - General Software, Facilities Orientation,
- Work Groups via TEAMS - For those with similar positions (Purchasers, etc.). Sharing of ideas, and updates. Quick messages - can upload documents. You can be in multiple work groups.
- It would create less stress for our jobs. Strengthens us in our roles. Time Saver.

b. Build better supports for faculty and staff.

- We focus a lot on education of faculty and students, not a lot of incentives for staff to further their education. It makes staff come here to do a job.
 - If staff had more incentives to further their education, they might have a better understanding of our students and faculty, better connect with them, and have a better environment.
 - There are opportunities for staff to further education, but not a lot of incentives or support.
 - Maybe staff should take courses that our students are taking to get a better understanding of how to support them with academics. For example, should advisors be able to audit or sit in on courses to know how to better support students.
 - Health-related courses for staff, for example, a CPR course
- Have a program about health professions education. If we are a leader in health professions education, perhaps we should train people how to educate health care professionals.
 - Staff could study this field.
- No discussion/support for staff research and scholarship
- Further education attainment at the staff level.
- More education benefits for Rutgers Health employees
 - Discrimination between Rutgers Legacy/UMDNJ Legacy in terms of benefits
 - Pushing Rutgers Health staff to look outside of Rutgers for education or possibly look for jobs on Rutgers Legacy side to get education benefits.
- Student debt is a challenge for employees.

c. Expand marketing and branding for SHP and programs.

- How do we make people (faculty and students) feel connected to and a part of Rutgers?
- Lack of marketing in the target areas, responsibility is currently falling on the Program Directors
- Visibility of the programs – students need to know which programs exist and help determine which field would be a good fit for them.
- We need a competitive edge to bring awareness to our programs. Consider a Fast Track Program.

4. Clinical Training and Service

a. Increase access to clinical placements.

1. Clinical placements should be the number one priority; having an incredibly difficult time finding clinical sites. How can we have better partnerships with University Hospital and Barnabas? SHP can and should be part of the discussions on addressing the high rates (crisis level) of burnout in health care because we can provide workers. Need to do a market analysis of regions where there are shortages in allied health professions. Need to understand the market needs better and then develop a plan to address them. Consider this matter from the patient needs perspective.
2. Can we identify corporate sponsors who can help with developing a plan to address healthcare worker shortages?
3. Other universities are addressing these issues and developing new programs (FDU & Rowan)
4. Some sites get paid for having students. Can we find a way to incentivize departments to take our students?
5. Clinical faculty positions?
6. Feels like there is red tape and we cannot make things happen. When we got the master affiliation agreement it opened doors for med school and not for SHP.
 - Obtaining clinical placements is more difficult due to greater competition and stricter regulations.
 - SHP programs are facing competition from schools within NJ and across the country.
 - OT faces direct competition with Seton Hall, Kean, Philadelphia schools, NY schools.
 - Collaboration with RWJBH has not fully met the needs of our programs. Although RWJBH does accept SHP students, our students are not always given priority.
 - PT and OT have found inpatient, hospital experiences to be most challenging.
 - Pediatrics experiences are especially challenging as well.
 - SHP has excellent educational programs, and the Rutgers name is well-respected. This is a strength that could be built upon to grow partnerships.
 - Increasing collaboration with RWJBH would create more opportunities.
 - Not seeking exclusivity, which has risks, but would like to see SHP students given priority over learners from other schools.
 - It would be helpful to identify opportunities to collaborate across departments.
 - For example, could HOPE Clinic become a clinical trial site? Could PA students become involved in clinical research?
 - Many affiliations are “one-offs”. Programs would benefit from broader, ongoing affiliation agreements.

- Given that other schools offer financial compensation, it would be helpful to explore incentives that Rutgers can offer (monetary and non-monetary).
- Could students visit each other's clinics? PA, SLP, DPT, etc
- Issue: Hard to obtain enough clinical sites (need to hold on for dear life); challenging to get new ones; inundation of the market. Could make more money if had more sites (i.e., clinical sites are a limiting factor of program growth).
- Ideas to address access:
 - (1) School-wide contracts and infrastructure to communicate where communication and contracts are happening
 - Takes WAY too long for some of these contracts to go through; how can we speed up the process?
 - Sometimes programs are put on contract, but there is no easy way to track which new contracts have been generated; feels like a guessing game sometimes.
 - Sites need to see the value of specifically RUTGERS partnership over others (increasing loyalty)
 - ONE PAGER OF VARIOUS DISCIPLINES OF WHAT WE OFFER in terms of comprehensive care (e.g., exposure, referrals, job placements, etc.). Currently = too piecemeal. MARKET THE PACKAGE.
 - Payment and/or other benefits for preceptorship:
 - Payment of preceptors is HUGE CONCEPTUAL ISSUE - Is this something SHP wants to begin to do equitably? E.g., PT tries to dissuade payment, but other programs have different models (e.g., nursing/OT might put their own clinical supervisors; some sites are beginning to request payment).
 - Library access, making preceptors Volunteer Faculty (will the preceptors do this?).
 - Course credits
 - Research opportunities.
 - Exploring other models of clinical preceptorship (e.g., multiple students to one supervisor)
 - This may involve guiding/shaping/advising on the way we expect students to be taught (e.g., increased ratio preceptorship is often met with resistance from sites; would be helpful if we could educate on the benefit/not in fact twice the load on supervisors)
 - Focusing on networks that want a more comprehensive partnership including multiple disciplines; think about the benefit to the organization.

b. Under our education mission, evolve SHP clinics into a collaborative interprofessional practice.

- Differing programs have different types of supervision/training models; any interprofessional programs/clinics must meet the accreditation and training needs of ALL students.
- Faculty workload and time! Who supervises in IPP clinics?
- Identify opportunities to collaborate across departments at existing SHP clinics (e.g. the HOPE Clinic). For example, could we incorporate psychiatric rehabilitation into the HOPE Clinic?

- Creating an umbrella structure to organize and integrate SHP clinics would enhance opportunities for collaboration and expansion.
- Growing capacity within SHP clinics would help to meet several broad objectives (e.g. clinical education, clinical practice, IPP/IPE, and community engagement).

c. Partnering with the community to serve their healthcare needs in an educational context.

- Value of Rutgers via service provision, e.g., screening days, etc.
- Service and pro bono work; stakeholder analysis (what services are needed)
- Must consider barriers to care. E.g., transportation, language access

5. Community Engagement: Service and community engagement are happening across programs, but it's not SHP-wide, and it's not shared with the SHP community. Example: having school-wide awareness and activities such as high school outreach/pathway opportunities to do this activity together vs. Each program doing their own activities.

- **Outreach Activities:** Health fairs, meet and greets, open houses, block parties, barbeque, SHP attend community events. Outcome: Trust and relationship-building. Consider NJ and the global community.
 - Current global efforts feel student focused.
 - Promote faculty engagement with global health and opportunities overseas.

a. Service: Pro Bono Clinics, student service learning, faculty expertise on community boards, delivery of education in the community, etc. Outcome: Trust and relationship-building.

b. Partnerships: Community-participatory problem-solving in research and education, community-engaged activities, Community advisory boards for clinics, education, SHP in general. Educational pathway programs for local communities. Community Ambassadors and SHP Ambassadors to provide outreach in the community Outcome: Reciprocal relationships, trust, community, and SHP needs met. Potential collaborations with World Health Organization and Pan American Health Association. Administrator for community engagement and partnerships with other schools that may have a similar office.

- Success: - Contingent on the Community Partnership Goals
 - Series of partnerships
 - Outcomes that are meaningful to partnerships
 - Stronger presence by Rutgers Health and SHP in the local community
 - Funding of the community office
 1. Grants
 2. Service contracts
 3. Business support
 4. Corporate sponsors
 - Community satisfaction and shared partnerships

