

**Project South Texas
Academic Program Working Groups
Final Report**

January 31, 2014

Working Group Name	Health Professions
Working Group Co-Chairs	Christopher Ledingham (UTB) & Willard Baker (UTPA)
Working Group Members	Lydia Aguilera, Eric James, Murat Karabulut, Michael Lehker, Terry Overton, Sonya Salinas, Lin Wang, and Shirley Wells

Executive Summary

The Health Professions Working Group (HPWG) brought together faculty from eight programs (three from UT-Brownsville and five from UT-Pan American). This group met three times and did much of the work by way of e-mail correspondence. The faculty involved were all focused on the charge given them, to start to work of building the structure of the new university, UT- Rio Grande Valley. The committee was co-chaired by Willard Baker (UTPA) and Christopher Ledingham (UTB) and included the following faculty from the two institutions: Lydia Aguilera (UTPA), Eric James (UTB), Murat Karabulut (UTB), Michael Lehker (UTB), Terry Overton (UTB), Sonya Salinas (UTPA), Lin Wang (UTPA), and Shirley Wells (UTPA).

The first task undertaken by the committee was compile a “dream list” of programs, related to the health professions fields, which could have a place in the new university. This initial listing was comprised of more than 40 separate program areas of which 27 are currently being offered between the two institutions. The initial arrangement of programs was done in a non-traditional manner. Rather than group programs into classic department/college structures, Michael Lehker suggested the wellness model (dimensions of health approach to organization). The use of the wellness model will be of critical importance in the next phase of program planning and development as we look at the interdisciplinary education concept which is becoming more popular across the country and with the changing health and wellness movement, necessary. This concept will ensure a true connection across the health disciplines with a common purpose at the forefront of the education of future health care providers.

The second task was to determine which of the current programs need to be offered immediately at the new institution and list any new programs. The 27 programs currently being offered were all selected to continue to be offered in the Fall of 2015 (this list does not include any of the nursing programs). Of the programs (excluding nursing) there were only a few that are currently duplicated between the two institutions. These duplicates are the Kinesiology and Health and Human Performance Departments at UTPA and UTB. The consolidation of the Kinesiology non-certified and Kinesiology EC-12th grade certification programs under the new structure will need to be done. It was also determined that given the large number of programs, no new programs would be implemented in Fall of 2015; however, it is possible to initiate several interdisciplinary courses.

**Project South Texas
Academic Program Working Groups
Final Report**

The third task was to look to the future. Given the large number current programs and even larger number proposed programs the working group developed a list of priority programs that appear both more realistic and feasible in the next fifteen years. This includes an emphasis on the prevention side of health care with the focus on biomedical engineering, social work, and exercise science as the key areas for expansion.

The fourth task the group undertook was the structural component of the new institution. While the HPWG did not reach a final consensus on a proposed academic structure the idea of having a Vice or Associate Provost over all of the health professions was an idea proposed early in the discussions. Under this position would then fall the academic deans for each of the colleges which house the health profession programs with an associate dean for academics and an associate dean for research in each college/school. The next level would include program directors for each program at each level of education as appropriate. This task was not completed in full due to the complex nature of the health professions and the need for further discussion on the trans-disciplinary work that needs to be built into the institution.

Working Group Meetings

Date	Location/Format
October 18, 2013	Web Conference
October 28, 2013	Harlingen/Face-to-face
November 13, 2013	Harlingen/Face-to-face

Current Academic Programs

UTB	UTPA
BS – Health and Human Performance	BS – Health Education – Certification ALL Levels
BS – Health and Human Performance EC-12 th Grade Teaching	BS – Health Non-Certified
BS – Health and Human Performance Exercise Science	BS – Kinesiology – All Level Certification
BAT- Health Services Technology	BS – Kinesiology – Non-Certified
MS – Exercise Science	BS – Clinical Laboratory Sciences
M.Ed. – Curriculum and Instruction with Emphasis in Health and Human Performance	BS – Communication Disorders
	BS – Dietetics
	BS – Rehabilitative Services – No Concentration
	BS – Rehabilitative Services – Addictions Concentration
	BS – Rehabilitative Services – Deaf Concentration
	BSW – Social Work

**Project South Texas
Academic Program Working Groups
Final Report**

	MS – Kinesiology
	MS – Kinesiology (ONLINE Program)
	MS – Communication Sciences and Disorders
	MS – Occupational Therapy
	MS – Rehabilitative Counseling
	MS – Social Work
	MS – Physician Assistant Studies
	PharmD - Co-operative Pharmacy Program
	Ph.D. – Rehabilitation Counseling
	M.A. School Psychology

Current Academic Programs to be Offered Fall 2015

Bachelor's Degrees	Master's Degrees	Doctoral Degrees
BS – Health and Human Performance	MS – Exercise Science	PharmD - Co-operative Pharmacy Program
BS – Health and Human Performance EC-12 th Grade Teaching	MEd – Curriculum and Instruction with Emphasis in Health and Human Performance	PhD – Rehabilitation Counseling
BS – Health and Human Performance Exercise Science	MS – Kinesiology	
BAT- Health Services Technology	MS – Kinesiology (ONLINE Program)	
BS – Health Education – Certification ALL Levels	MS – Communication Sciences and Disorders	
BS – Health Non-Certified	MS – Occupational Therapy	
BS – Clinical Laboratory Sciences	MS – Rehabilitative Counseling	
BS – Communication Disorders	MS – Social Work	
BS – Dietetics	MS – Physician Assistant Studies	
BS – Rehabilitative Services – No Concentration	MA – School Psychology	
BS – Rehabilitative Services – Addictions Concentration	MS – Health Sciences	
BS – Rehabilitative Services – Deaf Concentration		
BSW – Social Work		
BS - Biomedical Sciences		

**Project South Texas
Academic Program Working Groups
Final Report**

New Academic Programs for Fall 2015 (Please indicate with an asterisk (*) your top 3 priorities.)

Bachelor's Degrees	Master's Degrees	Doctoral Degrees
Health Sciences*	Public Health*	Nursing*
Health Informatics		
Bio Stats		

New Academic Programs for Fall 2017 (Please indicate with an asterisk (*) your top 3 priorities.)

Bachelor's Degrees	Master's Degrees	Doctoral Degrees
Biomedical Engineering*	Health Sciences	Social Work
Health Care Administration	Public Health	Public Health
Deaf Studies	Toxicology*	Exercise Science
Addiction Studies		Occupational Therapy*
Music Therapy		

New Academic Programs for Fall 2020 (Please indicate with an asterisk (*) your top 3 priorities.)

Bachelor's Degrees	Master's Degrees	Doctoral Degrees
Environmental Health*	Biostats*	Physical Therapy*
		Biomedical Sciences*

New Academic Programs for Fall 2020 (Please indicate with an asterisk (*) your top 3 priorities.)

Bachelor's Degrees	Master's Degrees	Doctoral Degrees
Art Therapy*	Health Informatics*	Veterinary Medicine*

Examples of innovative programs

Identify institutions and/or programs that are organized in an innovative way. In what ways are the programs innovative? How does this organization promote student success and/or scholarly activity?

The Idaho State University Division of Health Sciences served as a starting point for discussion and possible organization of the health professions with in the new university. This was further

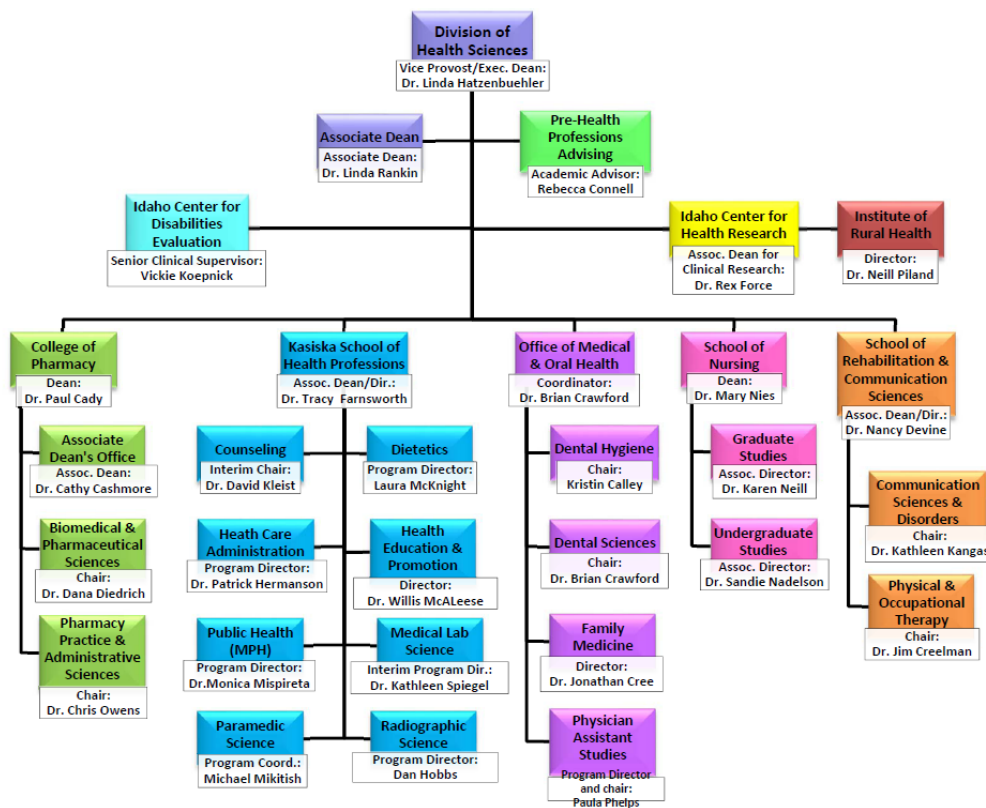
Project South Texas

Academic Program Working Groups

Final Report

expanded on by Michael Lehker who suggested the wellness model (dimensions of health approach to organization). The use of the wellness model will be of critical importance in the next phase of program planning and development as we look at the interdisciplinary education concept which is becoming more popular across the country and with the changing health and wellness movement, necessary. This concept will ensure a true connection across the health disciplines with a common purpose at the forefront of the education of future health care providers.

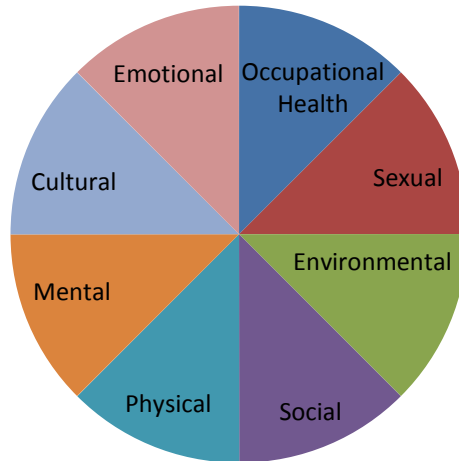
Sample Organizational Structure from Idaho State University



**Project South Texas
Academic Program Working Groups
Final Report**

The Health Professions work group took an innovative approach to “grouping” of all associated academic disciplines using a classic wellness model built around the dimensions of health.

Dimensions of Human Health Wheel



Dimensions of Health:	Emotional	Spiritual	Cultural	Mental	Physical	Social	Environmental	Sexual	Occupational
	Comm D	REHAB	Kinesiology	Kinesiology	Prosthetics	Kinesiology	Audiology		Prosthetics
	REHAB	EAT	Comm D	CommD	Kines	CommD	Rehabilitative Engineering		CommD
	Applied Behavior Analysis (ABA)	VM	REHAB	REHAB	Audiology	Audiology	Bio MS		Rehab
	School Psychology		Dietetics	ABA	Clinical Lab Sciences	ABA	Toxicology		Audiology
	Expressive Arts Therapy (EAT)		School Psychology	School Psychology	Dietetics	School Psychology	Bio Physics		Rehabilitative Engineering
	Veterinary Medicine (VM)		VM	EAT	Rehabilitative Engineering	EAT	VM		Bio Physics
				Toxicology	Bio Medical Sciences	VM			
				VM	EAT				
					Toxicology				

The following programs will incorporate all dimensions of health:

OT, PT, PA, SW, Biostats, Public Health, Health Informatics, Psychology, Clinical Psychology, Nursing, Medicine, Pharmacy, Exercise Science, Health Education, Toxicology and Environmental Health, Forensic Science, Dentistry, MSHS, School Psychology

**Project South Texas
Academic Program Working Groups
Final Report**

Possible consultations

Identify campuses your team wishes to study or visit. Identify leaders/scholars your team may wish to consult.

Johns Hopkins is considered the best as far as Biomedical Science field
University of New England for interprofessional health curriculum see website -
<http://www.une.edu/wchp/ipecc/>

Trans-disciplinary Opportunities (please include on interim report)

Describe the trans-disciplinary opportunities that extend beyond your group of disciplines.

As the fields of study associated with human health have expanded over the years to include everything from medicine and nursing to public health, exercise science, and a host of other areas (which are listed in the dimensions of health model above), the trans-disciplinary nature of human health becomes evident. Currently there are programs at both UTB and UTPA which have embraced this concept with engineering students working with music departments and health programs partnering with biology programs to address the needs of students, patients and the public. Even within the health programs, students nursing students are working with kinesiology students to create programs for patients with unique medical needs. Based on these experiences, our students have learned of the important contributions that can be made to the health professions by those typically not seen as part of the field.

Looking to the future, the identification and or development of common, key undergraduate and graduate courses (eg. Writing in the Medical Profession, History of the Medical Profession, etc.) which link medical, nursing, physician assistant, public health and pharmacy students studying common problems and developing appropriate, practical relationships and solutions will need to become a common practice. And this is but one of many possible trans disciplinary groups. We, as a new university may wish to look to pairing engineering students with occupational therapy students, social work students with exercise science students, biology students with public health students, or any other of a number of combinations as the possibilities are only limited by the health needs of the population.

One possible strategy to address this concept would be (at the undergraduate level) the development of “meta-majors.” This model would group students very early in their academic careers by area of common interest and they would essentially complete their first few years of study in common clusters prior to moving into areas of specialization. This would conceptually give them a common ground, so-to-speak, when it comes to their early academic preparation, which would influence their future career training. This would also aid in the development of a team based learning approach across disciplines.

Project South Texas
Academic Program Working Groups
Final Report

Bicultural/ Biliterate/Bilingual

Describe how the proposed academic programs reflect the bicultural/bilingual/biliterate mission of the new university and culture of our region.

While the national and state certification exams for most, if not all of the health professions are in English, the practice settings of the health professions are multi-cultural, multi-literate, and multi-lingual. However, focusing on South Texas, there is a tremendous need for practitioners who are well versed in Spanish. This suggests there is a necessity for the training programs in our region to produce practitioners who are bicultural/biliterate/bilingual and the training of new practitioners must include sufficient training in all three arenas.

Community Engagement

Describe how the proposed academic programs reflect the community engagement mission of the new university.

The preparation of practitioners in the associated fields of the health professions have, for many years, been the model of community engagement at the program level across all levels of education. The very nature of the methods used to train the next generation of physicians, nurses, dieticians, pharmacists, occupational therapists, school counselors, exercise scientists and just about every other health professional necessitates a number of university/community partnerships at all levels. Looking forward, the programs within the health professions will be most successful at community engagement given the larger number of partnerships and agreements that already exist between the current programs and the communities in which our students train and serve. The role of the different programs in the community will of course change with time as the needs of the area change over the years. However, the role of the community will also need to change to better improve communication and collaboration in the future. The very essence of community engagement is that the process is a two-way process and development of a new and/or continued dialogue with all aspects of the community will need to be undertaken by all programs.

Project South Texas
Academic Program Working Groups
Final Report

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