Summer Institute
DESCRIPTION

The Summer Institute is an immersion in Community Medicine. The curriculum captures the *tacit knowledge* that the Tulsa Community has about its needs and its vision for a healthier future. We believe that a healthier future depends upon the talents, skills, and service of the current and next generation of health professionals working with the people of the community.

During the five days of the Summer Institute, faculty from across the health professions, medical students and physician assistant students will discover the meaning of Community Medicine. We will open our minds and hearts to the stories of people from the Tulsa community. Working as a learning community, we will begin to see how our individual and collective roles can bring that healthier future into being.

We believe that the School of Community Medicine is more than an institution. It is a living organism with a collective sense of identity and fundamental purpose. It has self-knowledge and understanding of what it stands for, where it is going, what kind of world it wants to live in. It actually knows at a deep level how to make that world a reality.

The Summer Institute will uncover that deep community knowledge not by teaching but by learning together. We will not download objective information or someone else’s ideas, instead we will tap into our collective tacit knowledge by exploring our experiences, highly subjective insights, intuitions and hunches and contrast these with the experiences and insights of individuals in our community. We will organize the themes of our discoveries into new knowledge that will be available for testing and use by the School of Community Medicine in fulfilling its education, service, and research goals for Oklahoma.

Health Professional Education

The School of Community Medicine delivers innovative health professional education. It aims to recreate the world of health care according to a vision of healthy people living in healthy communities. Schooling is usually about transmission of explicit knowledge by words, formulae or diagrams in books or lectures. Important as this is, we believe that professional education depends equally on learning the tacit knowledge that is highly personal, hard to formalize and difficult to communicate. Tacit knowledge is the “know-how” that is deeply rooted to an individual’s personal commitment to a place, a craft, profession, or process. Learning this tacit knowledge is the essence of professional education.

Our task over the five days of the Summer Institute (and over a lifetime of learning in our chosen health profession) is to convert tacit knowledge to explicit knowledge by articulating our vision of the world: what it is now and what it ought to be.
Curriculum for the Summer Institute

The curriculum for the Summer Institute may seem a bit strange. We will infrequently use techniques for transmitting existing explicit knowledge (lectures and reading assignments). Instead, after a brief morning lecture, we will conduct interviews with community stakeholders. We will merge our different experiences from these community interviews into an inclusive image of health care and our role in it.

These interviews and our making sense of them will uncover discrepancy or conflict with our pre-conceived vision of present and future health care. It is from this conflict that we will jump-start the creative process that defines the School of Community Medicine. We will use our conversations following the community interviews to frame a few problems and work in groups to prototype solutions.

On the last day, we will share our solutions with each other and representatives of the Tulsa community. Here is a more detailed description of the components of the Summer Institute:

Anchoring Lecture-Discussion

We will have one brief morning lecture designed to ground our thinking in potentially unfamiliar concepts. Speakers who have devoted their professional development to framing and solving problems of medicine and community will lead these lecture-discussions. The topics for these discussions are:

- What are the health care problems of Oklahoma and how might they be solved through Community Medicine?
- How do we know what is true? What is learning and research? Why is learning so much basic science necessary? How do we do it, remember it, and use it?
- What do patients want and need in our health care system? What is vulnerability, what are vulnerable populations and how do they develop?
- How do we solve medical problems at the community level?
- How might the experience of the Summer Institute influence the first year of medical education?

Community Stakeholder Dialogue Interviews

Our main source of information and experience for study will be in-depth interviews with stakeholders of the Tulsa community conducted by Summer Institute faculty and students. Summer Institute participants will be assigned to one of 10 interview groups. Each interview group will have at least two physician assistant students, two medical students, one non-physician faculty and one physician faculty. The groups will meet on the first day to review their interview assignment and develop a strategy for conducting the interviews. Each group will be assigned to interview seven members of the Tulsa community about their experience and their vision for a healthier community. The group will develop the interview questions they will use and decide who will ask which questions. Here are suggested questions:
1. What is your most important objective regarding the health of the people and our community and, and how can I help you realize it? (What do you need me for?)
2. What criteria will you use to assess whether my contribution to your work has been successful?
3. If I were able to change two things in my area of responsibility within the next six months, what two things would create the most value and benefit for you?
4. What, if any, historical tensions and/or conflicting demands have made it difficult for physicians and others working in health care to fulfill your requirements and expectations?
5. How can we more effectively keep creativity at the center of our work?

The most important time is the half hour before the interview when the team discusses what it imagines it will accomplish. The interview groups will drive to meet with the person they will interview in their own setting. The groups will notice the environment, take pictures, videos, and take notes during the interview. Taking turns, each member of the team will engage in a dialogue that uncovers meaning and insight not otherwise obtainable. Following the interview, the team will consolidate the experience by framing problems uncovered and considering solutions. Member of the group will share their ideas with the larger group.

When teams reflect on these interviews, they can be expected to generate ideas, feelings and intentions. Through these interview-dialogues we will discover our community’s knowledge about its current and future health. We will learn the current strengths and weaknesses in health care and various visions for a healthier future. From these conversations, we will begin to uncover a personal and collective vision of how our professions create the present situation and how changes in our careers might bring the better future to life.

**World Café Conversation: Collective Vision of Current and Future Health in Tulsa**

Following the morning interviews, we will meet for lunch at café table groups made up of one person from each of the 10 community stakeholder interview groups. In these “café conversations” we will articulate the tacit knowledge and meaning we gained from the interviews. One member of the café table group will record the emerging themes from the conversation. Each member will tell what he or she learned from the interviews. As we weave common threads through our stories, we will begin to articulate a clearer vision of current health and the future that is trying to emerge through us in our careers.

**Shadowing Vulnerable Patients’ Encounters with Healthcare**

On Tuesday, following the morning interviews, we will assemble at the OU Family Medicine Center where we will participate in the patient care provided to patients with substantial medical and social vulnerability. We will see how the community outreach programs of the OU School of Community Medicine provide care to patients without
health insurance and how this experience teaches teamwork and systems-based practice to medical, physician assistant, nursing, social work, and pharmacy students.

Summer Institute students will shadow patients through their medical encounters in the Bedlam-Longitudinal clinic. They will experience health care from the patient’s not the physician’s perspective. Each student will map the patient experience as a way to shape a vision of current health care and what is needed for a better future to emerge through us.

On Tuesday evening, one-half of the medical students will experience triage as if they were patients seeking care from the Bedlam Free Clinic. They will then shadow third and fourth year medical students in providing care for actual patients who are seeking care. On Thursday evening, the other half of the medical students will have a similar experience.

You will have many opportunities to learn the diagnosis and treatment of medical conditions during the remainder of your medicine education. During the Summer Institute, it is important for students to put themselves in the patient’s shoes, understand their perspective, condition and needs.

Professional Meaning Conversations

On Monday, Wednesday and Thursday afternoons two community interview groups will merge to reflect on and discuss the meaning of the interview experience for us as individual health professionals and for us collectively as a School of Community Medicine. Our professional values and intentions will take shape in relationship to the health needs of the community and our personal desires for or from a career in the health professions. The tacit knowledge about professionalism will begin to take on heartfelt meaning for our professional lives.

Prototype 0.8 Problem Solving Task Groups

Following the Professional Meaning Conversations, we will frame problems that might be solved with concentrated effort over two hours on three days. The Task Group experience teaches us how to work in a leaderless group to frame and prototype a solution to a practical problem concerning our learning, research interest, or patient care. We will brainstorm ideas for projects that we wish to solve and report to the group on Friday. We will select the most popular ideas and divide into affinity work groups to develop a prototype solution for demonstration and group feedback on Friday. The Task Group process teaches us how groups of individuals from diverse backgrounds and at different levels of professional development can open their minds, hearts and wills to let a completely new future come through us to solve a problem of common interest.

Groups of two to 20 students and faculty will work together, using whatever resources they have at hand to frame a relevant problem that interests the group. The group will
develop a “prototype 0.8” that might be subsequently tested to determine if it might be a solution. The idea of a 0.8 prototype means that the work product shown on Friday does not need to be perfect or even work. It only needs to have sufficient form and function to capture the imagination of an audience of interested stakeholders who can question and give feedback about the idea. This is the creative problem forming and solution process that permits the future to come to life through us.

What types of problems and prototype solutions do we have in mind? Anything that is important to the health of the community of Tulsa or Oklahoma and to the students and faculty interested in working on a problem and its solution. These problems may be ways of learning medical knowledge, solving a health system problem, understanding a confusing aspect of health care or medical practice. The problem can be anything that calls for a solution that will bring a healthier future or better health care professionals for that future.

Each group will give a 10-minute presentation describing or demonstrating the problem they have framed and the prototype 0.8 solutions. The presentation can be a power point presentation, video, model, enactment, document, or any appropriate format for demonstrating the problem and its solution.

**Reflective Practice Journal**

The capacity for reflective and mindful practice is an essential component of health professional competence.

Reflective practice is the mental process that permits us to assess our learning needs, integrate new knowledge and experience into our lives, self-regulate our decisions/behavior develop the personal awareness of our internal cognitive and emotional processes, and derive meaning from our professional lives.

All participants in the Summer Institute (faculty and students) are expected to practice reflection by keeping a journal of what and how they are learning/experiencing, thoughts, insights, confusion, emotional responses and personal joys as well as how these were resolved or expanded. At the end of each day, a scheduled one-half hour will be reserved for evaluation and reflective writing. The reflective journal becomes a record of learning and self-directed guide to identifying learning needs and discoveries.

This journal is a private document; students may share it with their advisors or others, but it is a personal record of a journey in professional development. The reflective journal will become an important outcome measure of progress in acquiring the knowledge, skills, and attitudes of the School of Community Medicine. Students and faculty will be asked to consent for a qualitative analysis of the themes that are recorded in the journal. The journal entries will be de-identified and analyzed by our research team for themes of Community Medicine, lessons learned, and opportunities for change and improvement.
We will use the Summer Institute Blackboard program for the reflective journal. Blackboard will give guidelines to assist with journaling.

Social Activities

Throughout the week, we have planned group-evening meals, an evening at the Bedlam Acute Care Clinic (half of the medical students will go on Tuesday and half on Thursday), Wednesday evening at the Driller’s baseball park and a casual evening on your own either Tuesday or Thursday.

These events provide time to get to know students and faculty who are not in your assigned or selected groups and to form the social bonds that unite our interests. The social events are an important part of the community medicine immersion. We hope that everyone will be able to attend all of them.

Work Product Presentations

On Friday morning, each task group will present the prototype 0.8 solutions to problems they have framed and attempted to solve during the week. Each group will share through these presentations what they have learned about teamwork, collaboration, and focus on solving the health problems of a community’s patients.

These presentations will form the first work product form the faculty and students of the OU School of Community medicine. You will have a chance to receive feedback from other faculty and students and from some of the community stakeholders who participated in the dialogue interviews. These presentations promise to be fun, moving, and informative. We will unleash our creative energy to drive our altruism and professionalism to new heights.

“Graduation” Luncheon

Friday lunch will be the concluding event of the Summer Institute. It will provide an opportunity to evaluate the experience and to shape each person’s intentions to use the experience to let the future that awaits us. We anticipate that various stakeholders from the Tulsa community will come to the luncheon to share with you your experience of the Community Medicine Summer Institute.

Evaluation of Learning

One of the most important goals for the Summer Institute is to understand which learning and teaching methods are most effective in shaping the knowledge, attitudes and skills of students and faculty in co-creating the School of Community Medicine. Therefore, we have designed an intensive pre- and post-evaluation process to capture changes that occur.
Students’ and faculty members’ self-assessment of their learning and their satisfaction with the learning experience will be conducted using a questionnaire at the end of each day. The questionnaire will be delivered over the internet in the Blackboard program using Survey Monkey. The evaluation is scheduled into the work of the day.

The brief notes you will write to the stakeholders you interview will be copied, de-identified and analyzed for themes and levels of insight acknowledged by participants. The de-identified journal entries from each day will be downloaded into a Word document and will be analyzed for themes relevant to community medicine and for the level of reflection recorded in the entry.

Lastly, students and faculty will be asked to complete questionnaires at 3 months and 6 months following the Summer Institute to determine the lasting effects on learning medicine and on professional practice.

The faculty will analyze these data and report the findings in the medical education literature to contribute to the emerging knowledge about the role of experiential and reflective learning in community medicine.

### Learning Objectives for the Summer Institute

The following table lists the learning objectives for medical education that will be addressed in the Summer Institute. The first column shows the identification code, the second column is the specific objective. The third column shows the activity in the Summer Institute where the competence will be taught. The fourth column shows when in the medical school curriculum the student will achieve novice or advanced beginner stage, and the fifth column when competence can be expected. The sixth column describes how the competence will be evaluated.
**Summer Institute Learning Objectives**

At the completion of the Summer Institute, participants should be able to do the following on evaluations of the effectiveness of the Summer Institute educational programs.

<table>
<thead>
<tr>
<th>Code for Competency</th>
<th>Competencies that students will begin to learn during the Summer Institute</th>
<th>Summer Institute Learning Experiences</th>
<th>Novice &amp; Advanced Beginner Stage</th>
<th>Competence &amp; Proficiency Stage</th>
<th>Methods of Evaluation of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>MK-5</td>
<td>Demonstrate understanding of the power of the scientific method in establishing the causation of disease and of the efficacy of traditional and non-traditional therapies.</td>
<td>Anchoring Lecture-Discussion</td>
<td>MS-1,2</td>
<td>Research electives</td>
<td>Course Exam Reflective Journal USMLE-1 Board Examinations</td>
</tr>
<tr>
<td>MK-6 SOCM</td>
<td>Demonstrate understanding of clinical epidemiology</td>
<td>Anchoring Lecture-Discussion</td>
<td>MS 1,2</td>
<td>MS 1,2</td>
<td>Course Exam USMLE-1</td>
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<tr>
<td>MK-7 SOCM</td>
<td>Demonstrate knowledge of biopsychosocial determinants of health and illness and of the economic psychological, social, and cultural factors that contribute to the development of maladies or, conversely, the promotion of health.</td>
<td>Community Stakeholder Dialogue Interviews</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Course Exam Reflective Journal USMLE-1, 2A, 2B, 3</td>
</tr>
<tr>
<td>MK-9</td>
<td>Demonstrate knowledge of various cultures and belief systems</td>
<td>Shadowing Vulnerable Patients</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Course Exam Reflective Journal USMLE-1, 2A, 2B, 3</td>
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<tr>
<td>MK-10 SOCM</td>
<td>Demonstrate knowledge of epidemiology of common maladies within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of these maladies.</td>
<td>Prototype 0.8 Problem Solving</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Course Exam Reflective Journal USMLE-1, 2A, 3</td>
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<tr>
<td>PBLI-1</td>
<td>Demonstrate ability to search the medical literature for, integrate new evidence regarding diagnosis, prognosis, and treatment of specific diseases, and integrate this knowledge in process of patient care.</td>
<td>Prototype 0.8 Problem Solving</td>
<td>MS-3,4</td>
<td>Residency</td>
<td>Direct Observation Clinical Rotation Evaluations Reflective Journal</td>
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<tr>
<td>PBLI-2</td>
<td>Demonstrate ability to assess patient care and its efficacy, and participate in the continuous improvement of care.</td>
<td>Prototype 0.8 Problem Solving</td>
<td>MS-3,4</td>
<td>Residency</td>
<td>Direct Observation Clinical Rotation Evaluations Reflective Journal</td>
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<tr>
<td>CIS-1</td>
<td>Demonstrate ability to establish and sustain ethically sound, empathic, caring <strong>therapeutic relationships</strong> with patients and families engendering confidentiality, respect, and trust.</td>
<td>Shadowing Vulnerable Patients</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation OSCE Clinical Course Evaluation USMLE-2B</td>
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<td>CIS-2</td>
<td>Demonstrate ability to <strong>communicate</strong> both orally and in writing with patients, other professionals, the media and the public (moved from PC-9)</td>
<td>Community Stakeholder Dialogue Interviews</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation OSCE Clinical Course Evaluation USMLE-2B</td>
</tr>
<tr>
<td>P-2</td>
<td>Demonstrate <strong>compassion</strong> in treatment of patients, and respect for their privacy, confidentiality, and dignity.</td>
<td>Shadowing Vulnerable Patients</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation 360 feedback Clinical Course Evaluation Reflective Journal USMLE-2B</td>
</tr>
<tr>
<td>P-3</td>
<td>Demonstrate <strong>honesty and integrity</strong> in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives.</td>
<td>All Summer Institute Activities</td>
<td>MS-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation 360 feedback Reflective journal Basic Science Course Eval Clinical Course Evaluation</td>
</tr>
<tr>
<td>P-4</td>
<td>Demonstrate understanding of, and respect for, the roles of other health care professionals, and of the <strong>need to collaborate</strong> with others in caring for individual patients and in promoting the health of defined populations.</td>
<td>All Summer Institute Activities</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation 360 feedback Reflective journal Basic Science Course Eval Clinical Course Evaluation</td>
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<td>P-5</td>
<td>Demonstrate a commitment to <strong>altruism and advocate</strong> for the best interests of one’s patients and the health of the community at large over one’s own self-interests.</td>
<td>Professional Meaning Conversations</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation 360 feedback Reflective journal Basic Science Course Eval Clinical Course Evaluation</td>
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<td>P-6</td>
<td>Demonstrate a capacity to recognize and accept <strong>limitations in one’s knowledge</strong> and clinical skills, and demonstrate a commitment to continuously improve one’s knowledge and ability.</td>
<td>Professional Meaning Conversations</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation 360 feedback Reflective journal Basic Science Course Eval Clinical Course Evaluation</td>
</tr>
<tr>
<td>P-7</td>
<td>Demonstrate a commitment to <strong>support competent and ethical practice</strong> in one’s self and colleagues.</td>
<td>Professional Meaning Conversations</td>
<td>PCM-1,2</td>
<td>MS-3,4</td>
<td>Direct Observation 360 feedback Reflective journal Basic Science Course Eval Clinical Course Evaluation</td>
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<tr>
<td>MK = Medical Knowledge</td>
<td>SOCM = School of Community Medicine</td>
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<tr>
<td>CIS = Communication and Interpersonal Skills</td>
<td>MS = Medical Student (or Physicians Assistant Student)</td>
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<tr>
<td>P = Professionalism</td>
<td>PCM = Principles of Clinical Medicine</td>
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<tr>
<td>PC = Patient Care</td>
<td>SBP = Systems-based Practice</td>
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INSERT MAP/SCHEDULE 2 pgs
Otto Scharmer describes a social technology called *Theory U* that uses principles of experiential learning (also called “action research”), reflective practice, and various levels of conversation to permit a new future to emerge through us.

This is a very different approach to teaching, learning, research, and even thinking about the development of knowledge and skills. Most of us think of the best way to learn something is to read a book or attend a lecture. Although this will certainly open our minds to new possibilities, the principles of Theory U tell us that we need more. To really engage in a social movement that attempts to achieve the improved health of persons and communities, we must come together and co-create the future.

These principles are particularly germane to the mission of the School of Community Medicine in which faculty and students from many disciplines will work with community stakeholders to change the health status of the community. No one really knows how to do that. There really is not a body of empiric research that will give us the answer or show us the way. We will need to learn, discover, and build that future ourselves. The Theory U principles chart a pathway and give us some techniques for doing just that.
There are five movements of leadership in the social technology of the U Process for creating a new future. There are: 1) co-initiating or listening to others and to what life calls you to do; 2) co-sensing – going to the places of most potential and listening with your mind and heart wide open. 3) co-presencing – retreating and reflecting together to allow the inner knowledge to emerge. 4) Co-creating – prototyping a microcosm of the new world to explore the future by doing. In addition 5) co-evolving – this is growing innovation ecosystems by seeing and acting from the emerging whole.

The Morning Lectures will set the context and concepts upon which the School of Community Medicine will be built. In these lectures, we will capture the wisdom of the past.
1. CO-INITIATING
Listen to others and to what life calls you to do

2. CO-SENSING
Go to the places of most potential and listen with your mind and heart wide open

3. CO-PRESENCING
Retreat and reflect, allow the inner knowing to emerge

Components of the SOCM Summer Institute

COMMUNITY DIALOGUE
Dialogue in small interdisciplinary groups with the Tulsa community that seeks and delivers health care. Begin to discover: “Who am I?” and “What is my work.” Prepare to let the SOCM emerge through deeper understanding.

CAFE CONVERSATIONS
Meet in casual groups to compare, contrast, and share the experience of “listening to others and to what life calls” to develop a collective open mind and open heart.

The community stakeholder dialogue interviews conducted by small interdisciplinary groups with interviewees from the Tulsa community who seek and deliver health care permit the co-sensing that is needed to listen with our minds and hearts wide open to the need out there. Through these interviews we will have an up-close and personal way to discover, “Who am I?” and “What is my work?” We can learn from our stakeholders what they need from us and what barriers we must overcome to meet that need. This co-sensing will prepare us to let the School of Community Medicine emerge through our deeper understanding.

We will continue our co-sensing in café conversations at lunch in which we will meet in casual groups to compare, contrast, and share the experience of “listening to others and to what life calls” to explore the future by doing.
us to do.” We will share the dialogue experience to develop a collective open mind and open heart to the needs of the community and our potential role in meeting that need.

Components of the SOCM Summer Institute

1. CO-INITIATING
   Listen to others and to what life calls you to do

2. CO-SENSING
   Go to the places of most potential and listen with your mind and heart wide open

3. CO-PRESENCING
   Retreat and reflect, allow the inner knowing to emerge

4. CO-CREATING
   Prototype a microcosm of the new to explore the future by doing

5. CO-EVOLVING
   Grow innovation ecosystems by seeing and acting from the emerging whole

Figure 5

We will experience co-presencing by meeting in groups of 12 with faculty and students in a quiet retreat to allow the inner knowledge about “who I am” and “what is my work” to emerge in a future, better medicine for building a healthy community.

Components of the SOCM Summer Institute

1. CO-INITIATING
   Listen to others and to what life calls you to do

2. CO-SENSING
   Go to the places of most potential and listen with your mind and heart wide open

3. CO-PRESENCING
   Retreat and reflect, allow the inner knowing to emerge

4. CO-CREATING
   Prototype a microcosm of the new to explore the future by doing

5. CO-EVOLVING
   Grow innovation ecosystems by seeing and acting from the emerging whole

Figure 6

We will meet in affinity groups to frame problems and develop innovative solutions in medical care and education that shape the School of Community Medicine. We will prepare the solution for demonstration to colleagues. We call this “Prototype 0.8” because the solution does not need
to be complete, nor does it even need to work, it just needs to be sufficiently detailed to permit honest feedback from colleagues about its worthiness to proceed with further development.

As we work through the Theory U we come to the final stage of co-evolving in which we grow innovation ecosystems by seeing and acting from the emerging whole. We become continually creative and bring the future we imagine into reality. We meet in a large group to give and receive feedback on the prototypes. We shape our intention to remain connected to the source of emergence of the School of Community Medicine as we move forward in our respective work.