

Multi-Level Community Engagement Plan for OUWB

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Capstone Project
April 20, 2016

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To: Rick Kelley, Sr. Director of Development, OUWB
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Subject: Multi-Level Community Engagement Plan OUWB
Date: April 20, 2016
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Executive Summary

Introduction

As the second class of the Oakland University William Beaumont School of Medicine (OUWB) graduates this spring, efforts are being put forth to answer the following questions: How can OUWB develop a community engagement plan that will include several levels of contact groups? How will the community engagement plan align with the OUWB Strategic Plan? How can OUWB build relationships for further development initiatives, and ensure that Beaumont Health, OUWB and the OUWB COMPASS teams work in concert? As it continues to grow and develop as an institution that educates and inspires students to be compassionate and engaged physicians, it has to continue to establish a stronger presence and reputation in Southeast Michigan through a strong, multi-level community engagement plan. A key part of the mission of the OUWB is for their physicians to be leaders in promoting, maintaining and restoring health to individuals and communities. OUWB has a small Development Department that has been dedicated to establishing relationships on behalf of OUWB with students and their families, recent alumni, the university community, the health system community, local, regional and state leaders, and the community. They also have a community engagement team called COMPASS that has been dedicated to establishing relationships with strategic partners.

In addition to establishing its identity as a new medical school, OUWB's partner Beaumont Health System has merged with two other health systems, Oakwood Health System and Botsford Health System and is now called Beaumont Health (BH). This has expanded the number of hospitals from three to eight, and resulted in a change in leadership structure in the past two years. The atmosphere of change and expansion has been exciting at Beaumont Health, but has also made establishing relationships and working together with BH more challenging for OUWB.

To date COMPASS has established affiliations with many local nonprofits, but has not had the time and resources to develop an overall strategy to establish community ties with all levels of the community. Most relationships with the nonprofits have resulted from either the nonprofit reaching out to OUWB or a relationship established by an OUWB faculty or student. The Development team has been focused on building relationships with potential donors, developing a parent giving program, instituting an alumni association and putting in place the necessary structure to support the development needs of a new medical school.

To help OUWB accomplish its strategic goals as they relate to development and community engagement the objectives of this project are to develop a community engagement plan that will include several levels of contact groups, align with the OUWB Strategic Plan, build relationships for further development initiatives, and ensure that Beaumont Health, OUWB and the OUWB COMPASS teams work in concert by:

1. Understand the aspects of community engagement for a medical school.
2. Identify the various constituencies to be addressed.

3. Develop community engagement strategies and a time line for implementation, identify for each strategy the contact group(s) involved and the potential to impact OUWB's community profile and development potential.

Analysis

First, a literature review of current community engagement strategies focusing on educational institutions and service learning at institutions of higher education was completed. There were two key takeaways from the literature review: the importance of developing a strategy for determining which community organizations one should form deeper relationships with and the importance of service learning in enhancing educational opportunities for students and improving the area community.

Second, multiple, detailed interviews were conducted with key stakeholders for OUWB and Beaumont Health as well as experts at various other community levels, such as civic and state leaders. Interviews were semi-structured with opportunities for interviewees to provide opinions and insights from their leadership experiences as to how to best establish or strengthen relationships for a relatively new organization. The interviews provided many ideas and strategies that were further supported by the literature and were a form of community outreach to further OUWB's growth.

Recommendations

An effective engagement strategy will include all contact groups: Beaumont Health; COMPASS, Local, Regional and State Leaders; Business Leaders; Nonprofit Organizations, OUWB Students and Staff and Community Members. Strong relationships with each contact group will allow OUWB to accomplish its mission and vision and improve the health and well-being of the community of southeast Michigan.

Eight recommended community engagement strategies have been identified and described to allow OUWB to further develop strong relationships with key stakeholders at all levels and the community as a whole. Strategy table can be found in Appendix A. The recommendations are divided into short term, medium term and long term based on the time for each to be adopted and implemented:

SHORT TERM:

1. **Leveraging COMPASS** (OUWB's Community Engagement Program) continue to nurture and support the COMPASS program as it guides OUWB's vision of "to lead in promoting, maintaining, and restoring health to individuals and communities served by the school and its graduates."¹ Their plans for 2016 include partnering closer with BH, evaluating their relationships with nonprofit partners and developing a plan to include partners at various relationship levels.
2. **Community Health Needs Assessment (CHNA) Planning and Implementation** – partner closely with the BH Community Affairs Team to develop and implement a CHNA for each hospital. This will improve the health of the community and deepen the relationship between BH and OUWB.
3. **Workplace and Community Health Initiatives** – Develop a menu of community learning modules related to the community health needs identified through the CHNA process. Modules could include: short learning modules, activities like "Walk with a Doctor" and Lunch and Learn sessions in the community and workplaces.
4. **Constituent Student Mailings** – introduce and share information about OUWB with leaders at the state level by providing information regarding how many of their constituents attend or have attended OUWB or how many graduates have been placed for residencies in their districts. This is a way to begin the relationship.

MEDIUM TERM

5. **Legislative Day** – working with Government Affairs at OU and BH, plan a legislative day for OUWB in Lansing, bring specific information about OUWB, its plans for the future and what state leaders could do to help the plans move forward.
6. **Business Meet Ups** – coordinate with Medical Main Street and the local chambers of commerce to plan Meet Ups between OUWB faculty and students and local businesses to discover commonalities and synergies and determine ways to work together in the future.

LONG TERM:

7. **Mini-Medical School** – build a program similar to the University of Colorado’s program to make health information more accessible to lay people through an eight-week lecture series led by dedicated physician leaders that can be expanded into several venues touching many contact groups.
8. **Project Medical Education** – plan a Project Medical Education course to further engage local, regional, state and business leaders who are already considered friends of OUWB to provide more in-depth information about medical school and further the relationship.

Conclusion

By implementing these strategies over time OUWB will engage key stakeholders at multiple levels and in several different ways, build its reputation and brand in southeast Michigan, enlarge its donor base, enhance the educational experience of its medical students and improve the overall health of the community that it serves.

Background

Oakland University William Beaumont School of Medicine (OUWB) began educating future physicians in 2011 with their first class graduating in 2015. As it continues to grow and develop as an institution that educates and inspires students to be compassionate and engaged physicians, it has to continue to establish a stronger presence and reputation in Southeast Michigan. In the first several years the focus has been on developing a culture of excellence and attracting and selecting highly qualified students, faculty and staff. The development staff is small and has dedicated itself to establishing relationships with students and their families, recent alumni, the university community, the health system community and the community at large. This is a daunting task for an established organization, let alone a new medical school. It is working with the Development teams of both Oakland University and Beaumont Health. The OUWB has an overall strategic plan and has established affiliations with many local nonprofits, but has not had the time and resources to develop an overall strategy to establish community ties with all levels of the community through COMPASS – its community engagement department.

Oakland University is located in Oakland County, Michigan, which is home to more than 1/3 of the state's research and development facilities and over 4,700 life science and health care industry firms. Since 2009 Oakland County has seen 8% growth in the health care and life science industries.² The business climate in the area means OUWB is well-positioned to build relationships in the region that have the potential to improve community health and advance medical practices.

In Kindness Beyond Curriculum, Folberg, Founding Dean of the OUWB, details his vision for the OUWB to teach future doctors kindness and compassion.³ OUWB was an early adopter of the holistic admissions process, which emphasizes compassionate behavior as well as academic achievement. Dean Folberg has established OUWB as a "Community serving our community."⁴ He is a strong advocate for developing physicians who will deliver compassionate care. The values of OUWB are: Compassion; Partnership, Collaboration and Teamwork; Innovation; Professionalism; and Quest for Excellence.⁵ The leadership for OUWB purposefully placed compassion first and partnership second to emphasize the focus of this medical school. Further developing and implement their community engagement plan is key to being a leader in physician education.

This Capstone Project proposes a community engagement strategy to help OUWB answer the question of how to improve community outreach and move forward in establishing itself in the community through a planned set of objectives to build cohesive bonds with all levels of the community. The main thrust of the efforts were in collecting and organizing information regarding the best practices to establish a strong program of community engagement at the local and state level and an understanding of what efforts have been undertaken thus far the OUWB. Individuals were interviewed at all levels from the Executive Vice President of Community Engagement and Governmental Affairs for Beaumont Health to local mayors and city managers to OUWB leaders to identify best practices. These leaders are accustomed to interfacing with all industries, including higher education, to better the community and the state and will be able to share what processes they think are most effective and what information they are most interested in receiving on an on-going basis. Multiple strategies were developed and evaluated based on their ability to improve OUWB's community profile, improve community health and provide relationships for further development solicitations. In addition, the community engagement plan seeks to help achieve OUWB's Strategic Plan's goals for community engagement and applicable development goals. See Appendix B for complete list of goals.

Analysis

A literature review of current community engagement strategies focusing on educational institutions and service learning at institutions of higher education was completed. There were two key takeaways from the literature review: the importance of developing a strategy for determining which community organizations one should form deeper relationships with and the importance of service learning in enhancing educational opportunities for students and improving the area community.

Secondly, multiple, detailed interviews were conducted with key stakeholders for OUWB and Beaumont Health as well as experts at various other community levels, such as civic and state leaders. In addition for further research regarding one strategy the American Association of Medical Colleges Public Affairs Office was contacted. See Appendix C for complete list of interviewees. Interviews were semi-structured with opportunities for interviewees to provide opinions and insights from their leadership experiences as to how to best establish or strengthen relationships for a relatively new organization. The interviews provided many ideas and strategies that were further supported by the literature and were a form of community outreach to further OUWB's growth.

Findings

COMPASS Center for Community Engagement is the OUWB's community engagement department that guides the medical school community in keeping true to their vision: "to lead in promoting, maintaining, and restoring health to individuals and communities served by the school and its graduates."⁶ COMPASS coordinates community engagement activities and arranges partnerships with community organization and nonprofits to enable students, faculty and staff to meet learning objectives and simultaneously meet the needs of vulnerable populations that are served by our community partners. COMPASS has signed 57 affiliation agreements with community partners in three areas: Service – engaged with partners through service learning and co-curricular service opportunities, Education – engaged with partners through student teaching opportunities, health education fairs and lunch and learns; and Scholarly Activity – engaged in summer internships, Capstone projects, or co-curricular research opportunities.

Presently COMPASS is examining and evaluating its relationships with each community partner. Affiliation agreements are renewed each year and each is being examined to evaluate how it enriches OUWB's program to develop visionary and compassionate physicians. It is becoming increasingly important for organizations to better understand and manage their relationships and engagement with the community. Bowen, Newenham–Kahindi, and Herremans suggest that there are three community engagement strategies: transactional, transitional, and transformational and that the pay-offs from such relationships are long-term.⁷ Transactional relationships involve one time or annual activities with a community partner such as the Community Heart Checks that COMPASS is currently involved in. Transitional relationships are more developed and involve dialogue between stakeholders and transformational relationships help both groups to grow and improve the community. COMPASS is building a transformational relationship with the HOPE Warming Center in Pontiac by regularly providing health screenings and gaining a better understanding of the health challenges facing those who are homeless. The potential positive outcomes for organizations with strong ties to their community are access to charitable dollars, capacity building, influencing projects, and substantive improvement to social problems.⁸ Organizations, like OUWB's COMPASS, that are involved in developing community engagement strategies understand that there is continuum of engagement that is built upon relationships developed over time. A detailed table of the characteristics of transactional, transitional

and transformational relationships can be found in Appendix D. Relationships with community partners will be located somewhere on this continuum; however, it should be noted that not all relationships will develop into the transformational stage. Care and consideration must be given in selecting, which relationships will be most beneficial to OUWB and the community and efforts and resources should be invested in those. Most organizations have relationships at various levels, which meet certain needs for both the organization and the community. One can have community partners at various points on the continuum, but not every partner can be transformational due to the resources required for that relationship.⁹ Developing a plan for which organizations OUWB would like to partner with and at what level will be instrumental to the implementation and success of the community engagement plan. This classification could be used by the leaders of COMPASS and their advisory team to assess each community partner and chart a path for the future relationships.

With their service community partners, COMPASS is engaged in providing service learning opportunities to the OUWB students. A list of COMPPASS's Fall 2016 Service Activities can be found in Appendix E. Bringle and Hatcher note that campus-community partnerships are a community engagement strategy that can be employed for institutions of higher learning that benefit both the university and the community that it is a part of providing the students with service learning opportunities to be a part of something bigger than just a classroom. These relationships have phases similar to the ones suggested by Bowen, Newenham–Kahindi, and Herremans: initiation, development, maintenance and dissolution.¹⁰ One avenue for developing community engagement is by employing a service-learning model. Service-learning can be defined as, "course-based, credit bearing educational experience in which students (a) participate in an organized service activity that meets identified community needs, and (b) reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility."¹¹ Providing service learning opportunities for medical students ties into the strategic initiative put forward for the entire Oakland University community by President Hynd. The OU president would like the region and specifically Pontiac to be positively influenced by the activities of the faculty and students of Oakland University. OUWB is in an excellent position to be able to provide tangible services to community through health education and services. COMPASS has already built a strong relationship with the Avondale School District and is providing health information and screenings at several events throughout the year.

Butin also encourages the development of service-learning opportunities as part of a university's community engagement strategy. However, he further identifies specific concerns that faculty may have: amount of time and energy required to build a relationship with a partner, lack of funding, loss of control with outside forces affecting their plans for coursework, as a change in course structure it may cause relationship issues within university departments as to how courses "should be taught," and the lack of recognition for these efforts in the tenure process.¹² For a service-learning framework to be successful it needs to have the full support of university administration and be incorporated into the policy and procedures of the institution.¹³ All of these factors must be taken into account when developing a community engagement strategy as well as the demands already placed on medical students. The requirements must be carefully balanced with the experience provided for the medical students and the benefit to the community. Similarly, Stephenson explored the role of universities in their communities as more than providers of information to the community or the community as a source of research subjects, but how to partner through a community engagement plan to better the condition of the community.¹⁴ The research was based on the experience of Virginia Tech establishing a partnership to provide social leadership to secure long-term social changes and economic stability to the area.¹⁵ This article, like several others, stressed the need to build relationships over time to reap the

outcomes that are desired, in this case economic stability. The university has also identified some internal challenges to these efforts to meld them into their policies and procedures that include how to allocate resources to these efforts that expand the traditional role for faculty and administration.

In 2011, Thomson, Smith-Tolken, Naidoo, and Bringle, examined service learning in three different national contexts. They employed Bringle's definition of service learning mentioned in the above article.¹⁶ Service-learning models were examined in the United States, South Africa and Democratic Republic of the Congo.¹⁷ Service learning is often considered the third core function of universities in the U.S. and Africa and is expected by the communities surrounding universities. The authors identified many differences in social, political and historical contexts for service-learning and community engagement and how it is instituted, but concluded that the overarching goal in each regional context was to prepare students to be socially responsible and engaged in their communities.¹⁸

Weerts and Sandmann provide an excellent analysis and discussion of the state of community engagement at research universities.¹⁹ They begin by providing context and history of community engagement; it began as one-way exchange of information from universities to the community, similar to the continuum developed by Bowen et al. As community engagement strategies have matured through recognition by the Carnegie Foundation and higher education accreditation bodies as measures of institutional quality; it has moved into a more two-way engagement and gained stature on campuses. Research universities tend to lag behind for several reasons: their size and complexity and their reputation of scholarship in the traditional format.²⁰ Weerts and Sandmann explored how research universities can build bridges with their community partners and increase their institutional capacity for engagement. They developed a model for research universities to identify members of the university community who are integral in forming these boundary-spanning relationships. Each of these team members must be committed to working together and building relationships and institutional leaders must recognize that building these relationships will take time and is a complex task that spans many layers of the university staff, not only the community affairs staff.²¹ The schematic only represents the university members of the community partnership, care must be taken to select key stakeholders in the community to be a part of the community engagement and develop those relationships over time.

The OUWB's Development department is led by Rick Kelley, Sr. Director of Development, and he is assisted by Ciona Hall. Through the relationships they have established, they have begun to build a strong base of support throughout the community at many levels. Two key initiatives that have been achieved are the establishment of an alumni association for the medical school and a community forum for parents of medical students and graduates. Engaging these two groups and providing stewardship to them will provide a future donor base. In addition to the instituting those groups, the Development team have fostered relationships and stewarded donors, built a plan for future operations, drafted a case for support, established relationships with the Development teams at OU and BH and assembled an advisory board.

Recommendations

Based on current literature and extensive interviews with all levels of the community eight recommendations were developed. Each is outlined below, highlighting its potential to increase OUWB's community profile, improve the health of the community and advance key relationships for Development. Additionally, the time frame for implementation was identified: Short Term – could begin immediately, Medium Term – begin within the six months and Long Term – begin next year or later – and may require extensive planning and/or funding. The ratings were based on the ability of the strategy

to affect each parameter, input was received from expert interviews, discussions with Development leadership and research articles.

Table 1. Summary of Strategies and Potential Effects on Community Profile, Community Health and Development.

Strategy	Time Frame	Contact Groups	Community Profile Potential	Community Health Improvement Potential	Development Potential
#1 Leveraging COMPASS	Short Term, Medium Term, Long Term	Beaumont Health, Local Government, Nonprofit Organizations, Business Leaders, Community Members	High	High	Low
#2 Community Health Needs Assessment— Planning and Implementation	Short Term— Planning , Medium and Long Term - Implementation	Beaumont Health, Local Government, Nonprofit Organizations, Business Leaders, Community Members	High	High	Low
#3 Workplace and Community Health Initiatives	Short Term— Develop Programs and Materials, Medium and Long Term - Implementation	Nonprofit Organizations, Business Leaders, Community Members	High	High	High
#4 Constituent Student Mailings	Short Term	Local, Regional and State Government Leaders	Medium	Low	High
#5 Legislative Day	Medium Term	State and National Leaders	Medium	Low	High
#6 Business Meet Ups	Medium Term	Business Leaders, Community Members	High	Low	Medium
#7 Mini Medical School	Long Term	Community Members	High	High	Medium
#8 Project Medical Education	Long Term	Government Leaders, Business Leaders, Nonprofit Leaders	High (with Government Leaders)	High	Medium / High

#1 Leveraging COMPASS

Leveraging COMPASS and involving this important part of OUWB in the entire community engagement plan will be integral to its success, making it part of the Short Term, Medium Term and Long Term activities. All of the activities that COMPASS undertakes have the potential to greatly raise the community's health status and OUWB's community profile, which may lead to Development opportunities, but would not be a key focus of this strategy.

COMPASS's involvement in service, education and scholarly activity should continue to be nurtured as it completes its evaluation of the relationships it has with community partners and determine which partners to invest their efforts in. The evaluation is based on the criteria in the OUWB Strategic Plan and is working to align activities with Beaumont Health and their Community Affairs Team led by Betty Priskorn. BH's Community Affairs team would like to work more closely with OUWB and develop a strategy to better align their efforts and OUWB's to improve community health. Building this relationship would enhance the profile of OUWB within Beaumont Health as well as in the community. Specifically, BH would like to have OUWB more involved in the Community Health Needs Assessments that will be described below.

In addition to its present activities, COMPASS will need to be engaged in other community engagement strategies as advisors and key contacts with the community organizations. The relationships that they have already established will help move other initiatives forward more quickly. COMPASS's role in the community has the potential to greatly enhance the profile of OUWB and improve the health of the community. To evaluate the effectiveness of COMPASS, the OUWB Strategic Plan has identified several metrics: number of sites served, survey to assess community satisfaction, and the number of students engaged in service learning. COMPASS should modify the metrics to reflect number of community partner activities throughout the year by engagement level, with more activities with partners that OUWB wants to develop a strong allegiance with and to ensure that the survey results can be used in the assessments and metrics for the Community Health Needs Assessment.

#2 Community Health Needs Assessment – Planning and Implementation

To accomplish the OUWB goal of improving community health, OUWB should work closely with the BH Community Affairs Team to plan and complete the Community Health Needs Assessment (CHNA) for selected BH hospitals and be an integral part of the implementation plan. This strategy has high potential to enhance the profile of OUWB, improve the health of the community and deepen the relationship between BH and OUWB.

As part of the Patient Protection and Affordable Care Act that was passed in 2010, all tax-exempt hospitals must perform a Community Health Needs Assessment and submit Implementation Plans related to the outcome of the assessment every three years. The assessments and plans are designed to improve the health of the communities that are served by each hospital. The CHNA begins with a review of community level data; this drives community focus groups to determine a list of needs that will improve the health of the community. This process generally highlights three to five areas of focus for that hospital's community such as high blood pressure, heart disease, obesity or suicide. Once the focus list is developed each hospital builds plans to improve community health in those areas. The implementation plans must include how the hospital plans to meet the health need, actions that will be taken, the anticipated impact of these actions, a plan to evaluate the impact, programs and resources the hospital plans to commit to this health need and any planned collaboration with other facilities

organizations. OUWB and BH should collaborate to build synergy around their shared vision for improving community health and leveraging resources.

Presently, Beaumont Health is beginning the process performing CHNAs at each of their eight hospitals. This would be a great opportunity for OUWB to partner with BH in this endeavor. The liaison for the OUWB COMPASS program is interested in participating in the CHNA process and using the information to guide the COMPASS program. OUWB would be part of the planning team in evaluating the data and determining the health needs; this would provide an opportunity for medical students to gain experience and understanding of the CHNA process and possibly provide opportunities for Capstone projects as the initiatives last several years and outcomes must be measured. Additionally if OUWB is on the planning team it would be able to define its role in the implementation plans.

In 2012, Sanders' studied the how to best implement educational improvements in school districts; the study's findings can be applied to help one better understand how to engage communities to enact improvements. In previous studies, the number of schools that implemented the reforms was the key measure of success. In this study she examined the success, as measured by core education data and how community engagement affected it.²² The researcher found positive relationships that reform leaders developed with key actors in the districts and community helped to explain the variation in the effectiveness of the programmed reforms.²³ As other researchers have stated, the relationships took time to build and mature, but identifying the key stakeholders in the district and community impacted success and the speed at which it could be achieved. By leveraging relationships that COMPASS has established already as part of the CHNA Implementation Plans, the impacts on community health could be greater. COMPASS's involvement in the CHNA and Implementation Plans would develop a closer relationship with Beaumont Health, leverage resources and relationships to improve community health and raise the profile of OUWB in the community.

Working with BH to plan and implement the CHNA will improve community health, increase the profile of OUWB throughout the region and potentially provide some Development prospects. The metrics for this strategy will be developed through the CHNA process and any OUWB Capstone projects that arise from it.

#3 Workplace and Community Health Initiatives

OUWB strives to improve the health of the community (Goal #2 of the OUWB Strategic Plan); continuing to develop community and workplace health initiatives will have a positive impact on achieving that goal. OUWB could work with BH to develop a menu of community learning modules related to the community health needs identified through the CHNA process. In addition to the modules, activities like "Walk with a Doctor" and Lunch and Learn sessions could be developed for the community and workplaces. These modules could be shared in the community and workplaces to educate people about important health topics.. Modules can be designed to be appropriate in multiple settings and should align with the CHNA identified needs to be able to be used in those settings also.

The importance of emphasizing public health scholarship in medical school education is stressed by Finkel.²⁴ It is often incorporated only in the first two years and not included in the final years. This creates a disconnect in physicians' relationship to this information and its importance and relevance in their medical practice.²⁵ Connecting a community engagement activity like community and workplace health initiatives can ease this disconnect and improve community health outcomes. Medical students are in a unique position during their medical school years to bring real change to their communities'

health, and the implementation of a service-learning model is one method to improve the health of the community.

By implementing community and workplace health initiatives, OUWB would improve the health of the community, increase its profile and add to the potential donor base if a meaningful connection made through a program. The effectiveness of this strategy would be measure through the activities, number of participants and satisfaction surveys. These would be the same metrics that are used to measure COMPASS and CHNA activities since there will be overlap among these strategies.

#4 Constituent Student Mailings

An important contact group that OUWB needs to develop strong relationships with is governmental leaders at all levels – local, regional, state and federal. As a newer institution, OUWB does not have the name recognition of older institutions and leaders may not know someone who attended. To bridge this gap, OUWB should work to establish a relationship with these leaders by sharing the stories of their constituents that are attending OUWB, so they will feel a connection to OUWB and a desire to know more about OUWB’s plans and activities. When the OUWB student demographic data is examined, there is an opportunity to develop these relationships. For instance, the class of 2016 has 40 students from Michigan and 28 from Oakland County and the class of 2017 has 47 students from Michigan and 40 Oakland County. Letters could be developed that share information about students from their districts that attend OUWB, the goal will be to make them as personal as possible.

OUWB will need to develop a database for each group so each mailing can be personalized for the recipient. The database of state and regional leaders should be developed by working with the Government and Community Relations Office at Oakland University and Government Relations at Beaumont Health and should include both electronic and actual addresses. Communication should begin with an introductory electronic mailing including the history of OUWB and how it is impacting their area. Follow up efforts should include calling to answer any questions and provide additional information. From there a quarterly newsletter written to provide updated information and tailored through a mail merge to personalize for each region or district that would include the following information:

- Number of current students and graduates from the district
- Honors or accomplishments of these students, residency placements
- Community Health Initiatives and number of participants
- Future plans for OUWB
- Needs of OUWB

After each election, the database will need to be updated and titles adjusted. These on-going efforts will help to solidify relationships with key leaders in the state and enable OUWB to move forward its strategy with support. It will improve OUWB’s community profile and positively impact funding through providing information for legislative decision making. To evaluate the effectiveness of this tactic, OUWB would need to track responses to mailings and discussion points that arise from the follow up phone calls. In the long term, affecting votes on legislative action related to medical education funding will be the true measure, but is not available on an annual basis. This strategy will have low direct impact on community health.

#5 Legislative Day

Both Oakland University and Beaumont Health regularly have legislative days in Lansing and Washington, DC. OUWB needs to work with Government Affairs at OU and BH to ensure that their needs are represented at those meetings. In addition, since funding for medical education and

community health is such a broad and important topic, OUWB should also work with Government Affairs at OU and BH to plan a legislative day for OUWB in Lansing. This would include presenting specific information about OUWB, its plans for the future and what state leaders could do to help the plans move forward. It would be impactful if medical students from the state of Michigan could attend and request a meeting with their representative or senator to share the needs of OUWB.

Any legislative visit should be planned on Tuesday, Wednesday or Thursday since those are the days that state lawmakers are in session. Providing lunch is another strategy to encourage attendance and ensuring that there is an OUWB representative at each table to answer questions and make connections can help to ensure a successful legislative day.

This is medium term strategy since it would require planning with Government Affairs from both OU and BH to bring forth the needs of OUWB from a legislative funding perspective, would need to be scheduled around legislative sessions and potentially involve medical students whose time is limited. The community profile for OUWB would be increased with state leaders, the direct impact on community health is low, but potential funding increases could greatly improve it, and development potential is high due to the potential funding implications. It is difficult to measure the impact of a legislative day, but OUWB could track the number of legislators and liaisons that attend, discussion points that arise from the follow up phone calls. Again, in the long term, affecting votes on legislative action related to medical education funding will be the true measure.

#6 Business Meet Ups

Regional and state leaders and Medical Main Street representatives suggested that partnering with local health care and life science companies in the region and state would be an excellent way to build the profile of OUWB in the business community. In Oakland County alone there are more than 4,700 life science and health care industry firms.²⁶ Medical Main Street in Oakland County and local chambers of commerce's were enthusiastic in offering their assistance in helping the OUWB meet relevant business leaders in the area. Business Meet Up sessions were suggested between OUWB faculty and students and local businesses leaders to discover commonalities and synergies and determine ways to work together in the future. Undertaking the development of these relationships could lead to research and innovation opportunities for medical students and OUWB faculty and potentially subjects for Capstone projects by OUWB students. To make these meetings effective, planning must be undertaken to identify opportunities for working together.

Business Meet Ups would have a positive impact on OUWB's reputation throughout the region and provide an opportunity to establish donor relationships and begin stewardship of business leaders. The success of Business Meet Up could be measured by tracking the number of attendees, the number of businesses represented, discussion points that arise from the follow up phone calls, number of summer internships for OUWB students from regional businesses, and in the long term, number of partnerships that are formed between OUWB and regional businesses for medical innovations and research.

#7 Mini Medical School

Establishing a Mini Medical School will accomplish Goal #2 of the OUWB Strategic Plan – Increase community awareness of OUWB's impact on the health of the community. OUWB has a strategy to implement a Mini Medical School that is portable, taking it to sites within its service area based on the University of Colorado (UC) model. In 1989 the UC established the first eight-week-long Mini Medical

School and has been holding sessions annually since. Their program has grown from just being held on their main campus to being sent via the internet throughout the state at multiple sites. Each year it grows and fills to capacity. It is a wonderful avenue for sharing the knowledge and experience of their medical school to improve the community's health. The series of lectures with time for questions, cover topics that would be covered in the first two years of medical. UC has covered topics such as cell biology, molecular biology, neurosciences, endocrinology and cancer. At the end of the eight weeks participants receive a certificate of completion and information about the next year's sessions. The instructors are MDs or PHDs and provide information in understandable, but not condescending language. In the UC model, lectures are one hour with 30 minutes for questions and answers and are held on campus. The current costs for their program is \$25,000 annually and funds are mainly needed to reserve space at off-site locations, instructors are volunteers and participants are not charged. Due to requests from local schools, they have also developed curriculum that is taken into the middle and high schools and taught with teachers there. This program has been very well received and sparked the interest of many students to pursue health related careers. If OUWB develops a Mini Med School it could share it with the Avondale School District with whom they have already established a relationship. More complete information regarding Mini Medical School at UC can be found in Appendix F.

Establishing a Mini Medical School would raise the community profile of OUWB, increase community health and introduce new potential donors to all that OUWB has to offer its students and the community of Southeastern Michigan. This a long term project due the time needed to secure funds, develop a curriculum, recruit faculty to speak, arrange marketing and reserve space. University of Colorado leaders stress that the key to this program is having passionate faculty leaders to engage their colleagues and students to participate in the program as speakers and volunteers. Metrics for success would be the number of community members that attend the sessions and satisfactions surveys regarding the presentations. These efforts could again be a joint initiative with BH since many of the OUWB are on staff there and, again, topics could be tied to the CHNA and weave the tactics together.

#8 Project Medical Education

Project Medical Education is a program offered through the American Association of Medical Colleges (AAMC) to educate government leaders and other policymakers come to OUWB and BH and learn about the process of medical education, its benefits, the complex funding mechanisms and the role of government in providing financial support. The core of this initiative is a one day program that uses interactive techniques to show participants the complex medical education system and how it is funded.²⁷ The goal of this program is to provide information to these influential leaders in making decisions regarding the future of medical education and the multiple missions within academic medicine. Other medical schools in Southeast Michigan regularly host Project Medical Education to introduce new government leaders to the intricacies of medical education and its funding and to continually update current leaders. Michigan State University Medical School (MSU) has hosted a program each year since 2009 at various campus locations across the state, Wayne State University Medical School (WSU) has hosted every other year from 2003 to 2009 and the University of Michigan Health System (UM) hosted one session in 2002.

This initiative would need to be a joint effort with OUWB leadership and OU's and BH's Governmental Relations groups. Working together on the planning and hosting of this event, would have the additional benefit of bringing these groups together to further their common goals of advancing medical education and improving community health and will solidify relationships. The success of Project Medical Education would depend on having already established relationships with state and regional leaders

through strategies outlined previously like Legislative Day and leveraging the relationships that OU and BH have established. The planning timeline is six months and AAMC has provided a presentation outlining the major actions (Appendix G) as well as a detailed planning guide which is available upon request. The major costs associated with program are food, lodging and transportation. AAMC also provides guidance to ensure that Ethics Rules are adhered to. Extensively planning would be required to ensure that there is buy-in for the program, to coordinate scheduling, cost distribution and space needs among OUWB, OU and BH. In addition, OUWB should reach out to MSU, WSU and UM to share any lessons learned in hosting and value derived. The planning process also includes immediate evaluations of the program and follow up information to be made available.

This is a long term strategy due to the planning and organization required for OUWB and BH to plan a successful PME session. Project Medical Education would greatly impact the OUWB's Community Profile with Government Leaders. Building these relationships could positively impact leaders' views regarding the importance of medical education and influence the way they vote on legislation affecting medical education funding. The ability to maximize funding for medical education would affect development operations by the providing governmental and community health funding to improve health and allow for increased educational opportunities.

Conclusion

As a newly founded institution, Oakland University William Beaumont COMPASS has already begun developing relationships with many community partners; as it continues to grow it needs to develop a strategy to move key relationships from the transitional and transformational stages to help it achieve its mission of educating compassionate and engaged physicians and improving the health of the community. All of the strategies will affect public's perception of OUWB and enable it to build a donor base to sustain its mission and future growth. The eight strategies outlined above will enable OUWB to further its relationship with Beaumont Health which will allow it to access more resources and opportunities for its students. Several of the strategies overlap which will allow OUWB to leverage resources and materials

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- ¹ Oakland University William Beaumont School of Medicine. (2011). Mission, Vision, Values, and Goals. Retrieved from <https://www.oakland.edu/>.
- ² Medical Main Street. (2015). Grow Your Life Science Business. Retrieved from https://www.oakgov.com/advantageoakland/media-center/Documents/mms_attractionbroch2015.pdf.
- ³ Folberg, R. (2015). Kindness beyond curriculum. *Wing of Zock*. Retrieved from <http://wingofzock.org>.
- ⁴ Ibid.
- ⁵ Oakland University William Beaumont School of Medicine. (2011). Mission, Vision, Values, and Goals. Retrieved from <https://www.oakland.edu/>.
- ⁶ Ibid.
- ⁷ Bowen, F., Newenham–Kahindi, A., & Herremans, I. (2010). When suits meet roots: The antecedents and consequences of community engagement strategy. *Journal of Business Ethics*, 95(2), 297-318.
- ⁸ Ibid.
- ⁹ Ibid.
- ¹⁰ Bringle, R. G., & Hatcher, J. A. (2002). Campus-community partnerships: The terms of engagement. *Journal of Social Issues*, 58(3), 503-516.
- ¹¹ Ibid.
- ¹² Butin, D. W. (2007). Focusing our aim: Strengthening faculty commitment to community engagement. *Change*, 39(6), 34-37.
- ¹³ Ibid.
- ¹⁴ Stephenson, M. Conceiving land grant university community engagement as adaptive leadership. *Higher Education* 61(1). 95-108.
- ¹⁵ Ibid.
- ¹⁶ Bringle, R. G., & Hatcher, J. A. (2002). Campus-community partnerships: The terms of engagement. *Journal of Social Issues*, 58(3), 503-516.
- ¹⁷ Thomson, A. M., Smith-Tolken, A., Naidoo, A. V., & Bringle, R. G. (2011). Service learning and community engagement: A comparison of three national contexts. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 22(2), 214-237.
- ¹⁸ Ibid.
- ¹⁹ Weerts, D. J., & Sandmann, L. R. (2010). Community engagement and boundary-spanning roles at research universities. *The Journal of Higher Education*, 81(6), 632-657.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² Sanders, M. (2012). Achieving scale at the district level: a longitudinal multiple case study of a partnership reform. *Educational Administrative Quarterly*, 48(1), 154-186.
- ²³ Ibid.
- ²⁴ Finkel, M. L. (2012). Integrating the public health component into the medical school curriculum. *Public Health Reports (1974-)*, 127(2), 145-146.
- ²⁵ Ibid.
- ²⁶ Medical Main Street. (2015). Grow Your Life Science Business. Retrieved from https://www.oakgov.com/advantageoakland/media-center/Documents/mms_attractionbroch2015.pdf.
- ²⁷ American Association of Medical Colleges. (2016). Retrieved from https://www.aamc.org/advocacy/campaigns_and_coalitions/pme/.

Appendix A - Multi-Level Community Engagement Plan for OUWB - Strategies

Nancy Isken, April 2016

Strategy	#1 Leveraging COMPASS	#2 Community Health Needs Assessment (CHNA)	#3 Workplace and Community Health Initiatives	#4 Constituent Student Mailings	#5 Legislative Day	#6 Business Meet Ups	#7 Mini Medical School	#8 Project Medical Education (PME)
Contact Groups	Nonprofit Organizations Business Leaders Community Members	Beaumont Health (BH) Local Government Business Leaders Nonprofit Organizations Community Members	Business Leaders Community Members	State Leaders Local Leaders	State Leaders	Business Leaders Community Members	All	State Leaders Local Leaders Business Leaders Nonprofit Leaders
Community Profile Potential	High	High	Med	Med	Med	High	High	Med
Community Health Improvement Potential	High	High	High	Low	Low	Low	High	Low
Development Potential	Low	Low	Low	High	High	High	Med	High
OUWB Strategic Goal	Goal 1 Goal 3 Goal 4	Goal 2 Goal 3 Goal 4	Goal 2 Goal 3	Goal 2 Goal 3	Goal 2 Goal 3	Goal 2 Goal 3	Goal 3 Goal 4	Goal 2 Goal 3
OUWB Development Strategic Plan Actions	Action A Action C (could potentially be donors) Action F (could provide access to foundation contacts)	Action A Action F Action I	Action C (could potentially be donors)	Action A	Action I	Action F	Would be an asset to all giving initiatives	Action E

OUWB Strategic Goals for Community Engagement

1. Increase the # of community engagement affiliations through COMPASS
2. Increase community awareness of OUWB's impact on the health of the community
3. Develop and promote a distinct identity for OUWB
4. Partner with the health system to provide needed community services and resolve gaps in care for population health

OUWB Development Strategic Plan

- A. Form a plan for how OUWB and BH work together to build a fully functioning development program that involves annual giving, major gift cultivation, planned giving, corporate and foundation relations, the physician community, grateful patients, the local community, OU alums, future OUWB alumni, etc.
- B. Build a parent giving program
- C. Build an annual giving program
- D. Steward the current major donors
- E. Host joint receptions with Beaumont to cultivate new donors
- F. Build a corporate and foundation relations program
- G. Start an alumni association
- H. Build a communications and marketing program
- I. Have an OUWB presence at OU events and functions
- J. Draft a case for support
- K. Conduct a feasibility study
- L. Assemble advisory board
- M. Determine permanent home for OUWB

Appendix B

OUWB Strategic Plan for Community Engagement and Development

OUWB Strategic Goals for Community Engagement
<ol style="list-style-type: none">1. Increase the # of community engagement affiliations through COMPASS²2. Increase community awareness of OUWB's impact on the health of the community²3. Develop and promote a distinct identity for OUWB²4. Partner with the health system to provide needed community services and resolve gaps in care for population
Applicable OUWB Development Strategic Plan
<ol style="list-style-type: none">A. Form a plan for how OUWB and BH work together to build a fully functioning development program that involves annual giving, major gifts cultivation, planned giving, corporate and foundation relations, the physician community, grateful parents, the local community, OU alums, future OUWB alumni, etc.B. Build a parent giving programC. Build an annual giving program²D. Steward the current major donors²E. Host joint receptions with Beaumont to cultivate new donorsF. Build a corporate and foundation relations programG. Start an alumni association²H. Build a communications and marketing program²I. Have an OUWB presence at OU events and functionsJ. Draft a case for supportK. Conduct a feasibility study²L. Assemble advisory board²M. Determine permanent home for OUWB

Appendix C

List of Interviewees

Contact Group	Interviewee
Association of American Medical Colleges	Jared Dashoff , Public Affairs Specialist
Beaumont Health	Betty Priskorn , Vice President of Community Health and Outreach Carla Schwartz , retired Vice President Community Affairs Mary Zatina , Executive Vice President Government Relations and Community Affairs
Oakland University William Beaumont School of Medicine	Jean Szura , Director of Service Learning, COMPASS - OUWB Center for Community Engagement Rick Kelley , Sr. Development Director, OUWB
Local Leaders	Bryan Barnett , Mayor, Rochester Hills Tom Tanghe , City Manager, Auburn Hills
State Leaders	Rebecca Lombard , State Representative Liaison for State Rep. Jim Townsend Andy Meisner , Treasurer, Oakland County (former State Representative)
Business Leaders	Matt Matsay , Business Development Representative, Medical Main Street, Oakland County

Appendix D

Three Community Engagement Strategies from Bowen, F., Newenham–Kahindi, A., & Herremans, I. (2010). When suits meet roots: The antecedents and consequences of community engagement strategy. *Journal of Business Ethics*, 95(2), 297-318.

	Type of Engagement Strategy		
	Transactional	Transitional	Transformational
Corporate Stance	Community investment / information	Community involvement “Building bridges”	Community integration “Changing societies”
Illustrative Tactics	Charitable donations Building local infrastructure Employee volunteering Information sessions	Stakeholder dialogues Public consultations Town hall meetings Cause-related marketing	Joint project management Joint decision making Co-ownership
Communication	One-way: firm-to-community	Two-way: more firm-to-community than community-to-firm	Two-way: community-to-firm as much as firm-to-community
# Of Community Partners	Many	Many	Few
Frequency of Interaction	Occasional	Repeated	Frequent
Nature of Trust	Limited	Evolutionary	Relational
Learning	Transferred from firm	More transferred from firm, Transferred to firm	Jointly generated
Control Over Process	Firm	Firm	Shared
Benefits and Outcomes	Distinct	Distinct	Joint

Appendix E

Fall 2015 COMPASS Service Activities

Saturday, September 13 – AIDS Walk Detroit Health Fair (partnership with Beaumont Health)

Saturday, September 26 – Beaumont Student Heart Check

Friday, October 2 – Beaumont/ Orion Senior Health Fair

Saturday, October 3 – Michigan Institute of Urology's Men's Health Event

Saturday, October 11 – Michigan Association of Physicians of India (MAPI) Health Fair

Friday, October 23 – OUWB/ Avondale 2nd Annual Harvest of Health

Saturday, October 24 – OUWB 4th Annual Make a Difference Day (Brightmoor Health Fair, Meals on Wheels, Serving Lunch at the Baldwin Center, Rochester Scare Away Hunger)

Friday, November 6 – OUWB / South Oakland Shelter Clinic

Friday, November 13 – ECG Training for the Beaumont Student Heart Check

Friday, November 20 – OUWB serves lunch at the Baldwin Center

Saturday, November 21 – District 4 Health Fair with Beaumont Family Medicine

Saturday, December 12 – Beaumont Student Heart Check

Appendix F

How to Start and Conduct a Mini Med School - Materials from the University of Colorado's Mini Med School Program retrieved from:

<http://www.ucdenver.edu/academics/colleges/medicalschool/community/MiniMed/Pages/default.aspx>

Message from the Director:

As director and a lecturer since the beginning, I have put together a brief summary of the history and structure of the CU Mini Med School. I hope this information is useful. Please contact me if I can provide other details. It would be exciting if you could get your own program going, and I am sure it would be a great success. Best of luck with it.

J. John Cohen, MDCM, PhD
Professor of Immunology and Medicine
Mail Stop B-140
Barbara Davis Center
University of Colorado School of Medicine
Aurora, CO 80045, USA

john.cohen@ucdenver.edu

Program Notes:

ORIGINS

The University of Colorado Mini Med School, founded at the University of Colorado Denver in 1989, has received local and national attention in publications ranging from the *New York Times* to *Family Circle*. In 2010 it completed its 21st session. Since then, we have heard about approximately 100 other Mini Med School programs being started at medical schools and universities around the world. Some of these have expanded the concept remarkably. McGill University, for example, has launched Mini-Music, Mini-Law, Mini-Science, and several other successful "Minis" using the same general format.

It began when the Chancellor asked John Cohen, a professor of immunology known for his love of teaching, to suggest an outreach program that would help our surrounding community get to know what was happening on our campus.

AUDIENCE

You need to know who your target audience is. We had planned originally to invite a group of people identified as potential donors, volunteers, supporters, etc., but a local newspaper ran the story ("Have You Always Wanted to Know What Your Doctor Knows?"), and we had more than 1,200 applicants before we even had a chance to mail out invitations. We then changed directions, aiming the series at the general public, and abandoning fund-raising as a primary goal.

The people who attend the eight-week program, do so for four reasons: They are genuinely interested in learning about health care; or they have a particular disease and want to ask questions about it; or they are coming because it sounds interesting and it is free; or they have a family member in the health field and want to understand what they are talking about. Several years ago, a newspaper ran an article featuring a very bright 12-year-old girl who came to all the classes; afterwards, we were swamped with

requests from high school and middle school students. In the past few years we have partnered with the local high schools, and have about 200 of their students each evening, in a separate room on campus and accompanied by their own teachers.

We try hard to convince the audience that they can understand even the most arcane ideas, if the speaker (or their doctor) will only take the time to explain it in everyday words. Many have told us that Mini Med School has changed, for the good, the way they interact with their health-care providers.

SYLLABUS

This is not a course of clinical lectures. We present something that only a medical school can: basic science as it relates to medicine. Some schools have packaged a random assortment of lectures (based it seems on availability of willing speakers) for their Mini Med School, but this tends not to be a successful approach. We survey what a medical student learns during the first two years of an American or Canadian medical school, and arrange the talks so there is a sense of continuity. Other schools have varied the program, doing cardiology one year and cancer the next, for example.

In our first series, topics were cell biology, biochemistry and metabolism, molecular biology and genetic engineering, immunology, virology, neurosciences, endocrinology, and oncology. In response to audience feedback, topics in the second series of classes were anatomy and physiology, cell biology, molecular biology and genetics, immunology, virology, neurosciences, endocrinology, and cancer. Pharmacology and pathology were later additions. It does depend to some extent on the expertise of your best teachers, and their availability.

TEACHERS

First of all you need a dedicated, if not fanatic, organizer who will make the program his or her own. This is NOT something a Dean can tell a secretary, however talented, to arrange! Ideally the organizer will be one of the teachers, so that any advice he or she gives the other teachers will be taken seriously. The teachers, all volunteers, make or break the program. The lecturers are either PhDs or MDs, who have to be able to explain things in simplified, but not condescending language. This requires good judgment and lots of experience; in general the teachers who have been faculty members for a while are better.

It is no good to say, "Retinoblastoma's etiology involves the inactivation of an anti-oncogene." It's just as bad to say, "Retinoblastoma happens when the good genes are outnumbered by the bad genes." You have to be able, if possible, to say instinctively, "Retinoblastoma is caused by the loss of both copies of a gene whose role seems to be to prevent tumors" and go on to consider why in the world evolution would have provided such genes and, more amazingly, others that actually cause cancer. You don't, obviously, have to cover everything, but what you do cover needs to constitute an engaging story. The audience has to be able to share in the excitement.

THE LECTURE

In our large hall, PowerPoint is an essential visual aid. We discourage slides that the speaker uses in his or her regular research talks because they're too technical, and there's usually too much data on them. Even slides made for "real" medical students should be modified to convey a single point, if necessary. All the slides JJ Cohen uses are made expressly for Mini Med School. I use images from *Time Magazine* (pictures of the team that did the first human gene therapy), *Scientific American*, *Netter's* atlases and text books; and I make a lot from Web page downloads and original drawings using Adobe Flash and Illustrator. For my anatomy and physiology talk, I bring a skeleton (reassuring the audience that it's plastic) and use him as a prop.

Humor helps a great deal, too. We entertain, but we also make the audience work hard to follow the concepts. At each lecture, we provide them with a hand-out (either a purpose-written text, or copies of the PowerPoints) and a one-page bio of the speaker.

Lectures start at 7 p.m. and last until about 8 p.m., followed by a 30-minute question-and-answer session. As moderator, JJ Cohen attends all talks to introduce the speakers. We used to provide coffee, punch or hot cider and cookies in the hour before the lecture, and the speaker would be there to answer questions or just chat; but budget constraints have precluded that.

SCHEDULE

Lectures start at 7 p.m. and last until about 8 p.m., followed by a 15-minute question-and-answer session. I try to introduce all talks that I'm not actually giving. Coffee, punch or hot cider and cookies are provided in the hour before the lecture, and the speaker is there to answer questions or just chat.

On the last day, a graduation party is held and everyone is given a diploma.

MANGEMENT AND COSTS

In 1995 we started delivering the series by simulcast to Grand Junction, Colorado. This 2-way telephone-line based system was popular but very costly. In the last 10 years we have used the Internet to send the lectures live to up to 15 sites around Colorado, adding 1,000 people to our audience (in addition to the 400 adults and 200 high school students on campus.) People at the remote sites email or Tweet their questions, which are read to the speaker for real-time responses during the question-and-answer session by volunteer medical students.

The cost is currently about \$25,000/year; most of that is associated with the remote sites. We have not charged the audience any fees.

On the last day, a graduation party is held and everyone is given a "diploma". There is no continuing education credit given, but most attendees tell us they treasure the diploma anyway. When budgets were more generous we had hot and cold hors d'oeuvres and fine desserts. Now we make do with soft drinks and cake from the local big-box store (which is actually delicious, and much appreciated, especially by our high school friends.)

Running the Mini Med requires teamwork. It is essential that it be the teachers' program; they must decide the subjects and the format and who will teach. External pressure – to include a famous investigator who's a poor teacher, or someone's favorite subject – must be resisted vigorously. If the teachers are in charge of the program, they will resist the organization's natural tendency to market to the audience. Audience are highly sensitive to marketing and will stop attending.

The other teams should be from public or community relations, if possible, and educational support services. PR does everything: invitations, publicity, admissions, mailings, food, diplomas, T-shirts. Without a great PR person as your partner, it will be difficult to manage. Some years ago PR withdrew its support (budget again) and the team we have assembled is almost entirely volunteer, who work extraordinarily hard for the love of the program. We are immeasurably aided by a team of second-year medical students, whose reward is a slice of pizza and a promise that we will "write them letters that will get them the residency of their choice". In many cases they, and their parents, have attended the Mini Med School themselves. Educational support services provides the hall, projectionists, engineers to run the satellite links, video camera operators, fax links and remote site support. If all members of the team respect and trust each other, it will run like a dream.



The original Mini Medical School is online as a **free** massive open online course (MOOC). The third offering of this course, hosted on Canvas Network, runs about 7 weeks and **begins on Monday 25 January 2016**.

There are no prerequisites. Mini Medical School has been valuable for people considering a career in the healthcare field (we had many pre-health students in the first two offerings), for people with concerns about their own health or healthcare, for those who are curious about modern medical science, and for those who wish to know more about their body and how to best keep it running well.

There are no exams and no course credit, but the student will get a broad overview of the basic science underpinnings of modern medicine in a lively, engaging video format. There are seven weekly Modules, each consisting of about eight units which range from 4 to 7 minutes long, allowing students to cover all the material in a couple of hours a week, at their own pace, watching a unit whenever they have a few minutes to relax and learn.

In 2016 the entire course will be available from the day of opening. Most people will choose to go

Date	Faculty	Topic
September 2, 2015	Dennis Boyle, MD	The art of medicine
September 9, 2015	Gerald Zarlengo, MD	A day in the life of an Ob/Gyn
September 16, 2015	Michael Weissberg, MD	Understanding your sleep
September 23, 2015	Fall Break	(no lecture)
September 30, 2015	Matthew Taylor, MD, PhD	Revealing genetics: What's in your genome? And do you want to know?
October 7, 2015	Daniel Johnson, MD	Caring for seriously ill and dying patients
October 14, 2015	Kristin Furfari, MD	Hypertension: understanding the silent killer
October, 21, 2015	Jennifer Soep, MD	A day in the life of a pediatrician
October, 28, 2015	Michael McDermott, MD	How thyroid disorders affect your health and well-being

through it at the rate of one Module a week. Some will need more time (we know you're busy!) and some, perhaps with more background, will wish to sprint ahead. All the discussion forums will be open so you can talk about a subject with others who are on the same page with you. And the teachers and CU medical students will be watching and joining in, too!

Additional resources:

Learn more! links for more depth or interest.

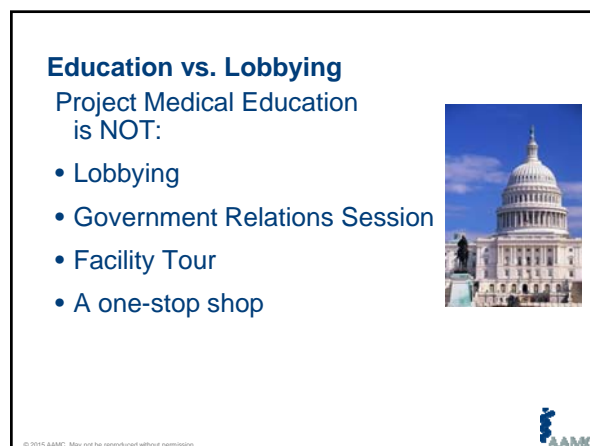
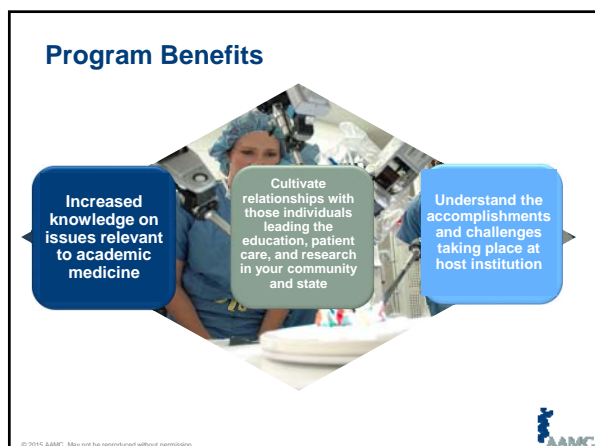
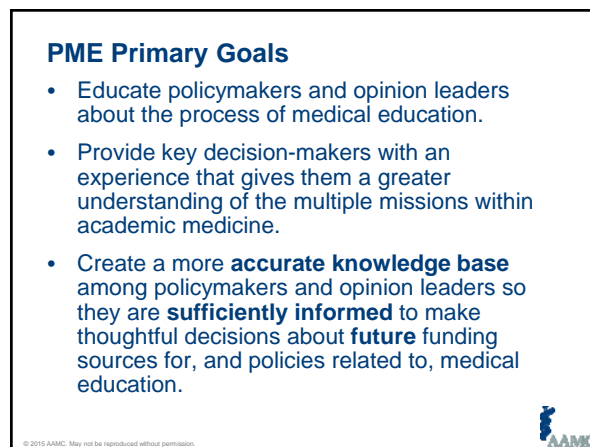
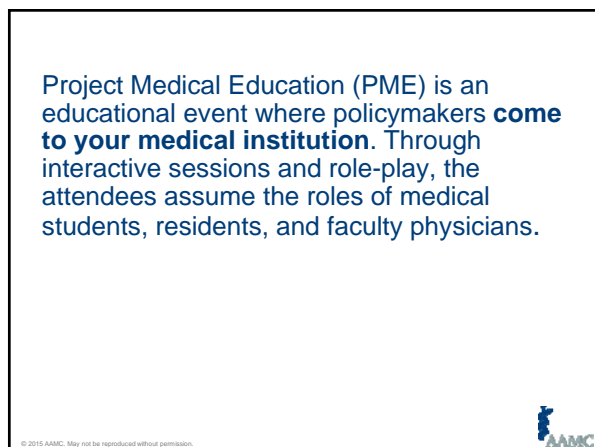
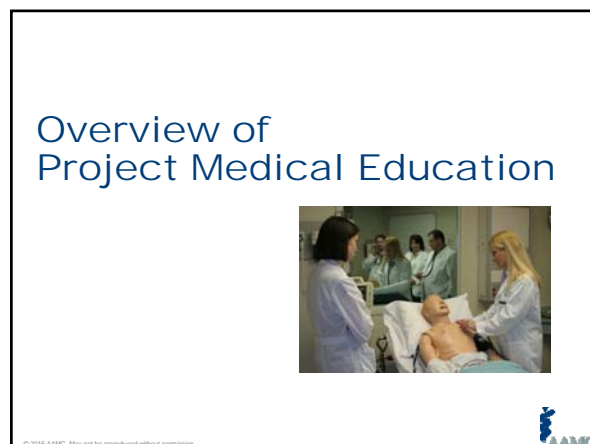
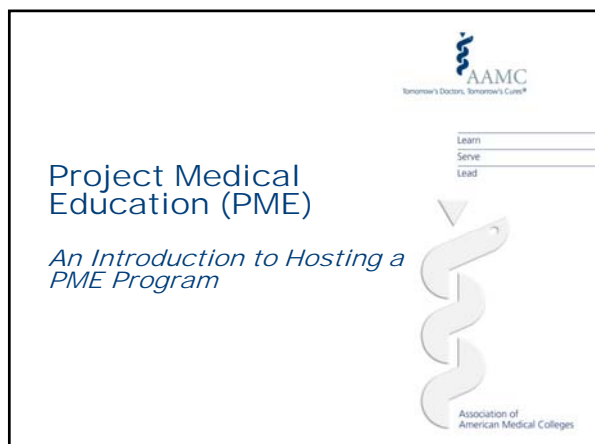
You can download illustrated printable transcripts of all units.

Make friends with other students and faculty in lively interactive discussion forums.

Check your own progress with optional self-evaluation quizzes.

Visit all units and get a Certificate of Completion.

Appendix G - PME Planning Guide



Other Participants

- Hospital board members
- Business leaders (i.e. local insurance companies & banks)
- State legislators and committee staff
- Governor's office
- County commissioners and staff
- Press contacts
- Donors and Alumni
- School and hospital staff
- Affiliated hospital staff



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Progress to Date:

Since 1999, more than 1,000 federal and state policymakers (350+ federal participants) have attended one of the 175+ PME programs at over 75 medical schools and teaching hospitals across the country.



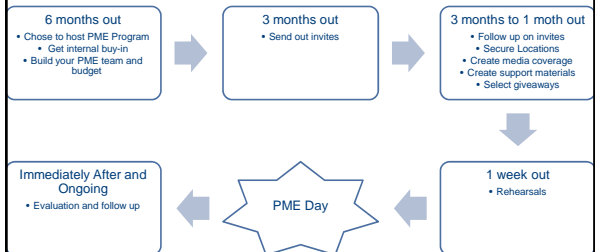
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Early Stages of Planning Your Project Medical Education Program



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PME Planning Timeline



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Early Planning Stages

- Project Medical Education events typically take five to six months to plan.
- These events require significant coordination between medical school and teaching hospital staffs.
- It is vital to get participants on board early during the planning process.



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Getting Internal Buy-in

Before moving forward, it is critical to gain your leadership's blessing. Get your dean/CEO excited about your institution's PME event. Select a date when your leadership is available.

Also be sure to get buy in from the various departments—including communications, government relations, faculty, etc. These will be key in assembling your team.



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Assembling Your Team

- Dean's/President's Office
- Medical Education
- Communications/Public Relations
- Institutional Advancement/Event Planning
- Hospital Administration
- Government Relations
- Medical Student/Resident
- Facilities



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Key Members of your Team

Every team needs:

- A Lead Project Coordinator
- Differing skill sets – communications, logistics, creativity, etc.
- “Navigators”– Follow each PME group to ensure transitions. They have contact information/HIPAA forms of each participant.
- “Advance Team” – Goes ahead of the PME group to ensure rooms are set up and handouts are ready.



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Developing Your Draft Budget

- Meals/catering
- Overnight accommodations
- Air/rail travel/taxi (ethics rules)
- Bus or van rentals for on-site travel
- Giveaways (ethics rules)
- Postage/printing/notebooks



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Ethics Rules

For a “Private, non-profit Teaching Hospital:”

- Must be a “one-day event”
- Cannot be accompanied by a registered federal lobbyist, but can help with planning and invites
- Must submit ethics forms AT LEAST 30 days out. Includes agenda.
- Meals must be part of a “widely attended event”



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Ethics Rules (cont'd)

- Gifts are allowed if they are of “nominal value” or “commemorative items.”
- Lodging is permitted, but costs must be “reasonable”
- Refer to House and Senate Ethics Regulations in the PME planning manual
- Please consult with AAMC or in-house counsel if there are any concerns



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At least 90 days out...

- Select official date
- Select event team
- Determine budget
- Draft agenda
- Compile an invite list and send out invites



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Developing Your Draft Agenda

- Audience
- Overall Theme
- Modules
- Locations
- Presenters
- Anticipated number of attendees and their background

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The Invite Process

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Getting the Attendees You Want

- Poll key attendees for available date(s)
- Work with your government relations office
- Tailor to your particular audience



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Timing Invites

Aim to have your invites sent **AT LEAST** 3 months in advance

- Can be formal or informal depending on your relationship with the invitee
- Take into account two week delay in congressional mail screening
- Give staffers time to fill out forms and gain approval from supervisors

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Following Up On Invites

Follow up with both accepted and declined invites

- Accepted
 - Ask for bio or “medical school application”
 - Provide with agenda and background on presenters
 - Any other necessary information
- Declined
 - Thank them
 - Offer them a tour at a more convenient time
 - Offer to be a resource

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Establishing the Content of Your Program

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Selecting Presenters

- Will they be comfortable and enjoy “playing the game?”
- Do they have an interest in public policy?
- Are there enough students and residents involved?
- Have you considered the diversity of the speakers?
- Coach your speakers beforehand
- Select alternates and Plan Bs

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Utilizing the Blocks and Suggested Topics

- Way of organizing the topics
- Follow the process outlined: medical student to resident to physician/faculty member
- Use the messages presented and adapt to your own situation
- Carefully select the information you want to present
- Back up statements with good data

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One Month Out...

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30 days out...

- Confirm presenters (select alternates, Plan Bs)
- Finalize agenda
- Finalize and implement media and social media plan
- Have packets, support material, and other information ready
- Finalize giveaways
- Continue to follow up on invitations

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One Week Out...

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The Final Stretch

- Send e-mails to participants
- Confirm logistics details
- Reconfirm volunteer support (med students, residents, others)
- Hold walk-through with staff/volunteers
- Rehearsals for presenters(?)
- *****Ensure facilities are ready to go!

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After Your PME

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Follow-up with Attendees

- Organize thanks and responses from your institution
- Conduct an evaluation of your program
- Email a contact list for all presenters/participants
- Send photos and any press releases
- Alumni dinner/reception
- DC-based attendees—encourage them to attend other PME initiatives
- Create appropriate listserv or mailing list

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Best Practices

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Best Practices

- Use Project Medical Education materials and resources
- Emphasize program objectives
- Carefully select and prepare presenters
- Incorporate medical education “milestones”
- Prepare bios—speakers & attendees
- Emphasis on hands-on, keep policy briefs short



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Best Practices

- Include financial facts and figures
- Talk about cost containment efforts
- Talk about policy implications—but no lobbying
- Show a variety of facilities
- Explain need for new construction
- Less team meetings, more one-on-one coordination



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Most Important Best Practice

Stay in the language - identify your attendees as students, residents, and physicians when you deliver your messages!



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New/Topical Issues
Be Prepared for Questions

- Are there current events/topics that may lead to controversial discussion?
- Prepare your speakers and determine messages and opinions.
- Admit the controversy—use it to your advantage.



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How Can AAMC Better Assist You?

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PROJECT MEDICAL EDUCATION

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