

University of Oregon
HEALTH CENTER

Student Health Advisory Committee Meeting

April 21, 2006

Student Members:	Alternate	Interested Students	ExOfficio Members:
* Chiem, Jennifer	Horn-Kelter, Petra	Beseda, Addie	E Kerr, Shelly
* Kuzma, Urva	* Ronco, Noelle	* Bentley, Dan	E DeHaven-Murdoch, Daralyn
E Scholl, Ben	Wilson, Kathryn	* Mann, Todd	* Leith, Ramah
* Soetan, Folake		Nethercott, Ashley	* Megerssa, Becky
E Stiffler, Lesley	Faculty:	Parker, Jenny	* Ryan, Tom
* Straight, Leslie	E Munroe, Dennis	Takahashi, Chika	E Staight, Paula
* Teeter, Kelly	* Meaux, Tenaya	* Thrower, Ashley needs pdf	E Stoop, Helen
E Wintermute, Ben	Spradling, Karen	* Kehdi, Norma	
* Wu, Angela		Laws, Michael	
		Yu, Lin	

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed.
2. **Recruitment Update/Introduction of Guests** – Today is the final day of this year’s recruitment for next year’s SHAC members. If you have an application or know of one that has not been turned in please give it to Kim Barker as soon as possible.
3. **In-Service Planning:**
 - a. **Outline** – The potential outline for the in-service drafted by Folake Soetan was presented to the SHAC today. A facilitator will be needed. It was suggested that an invitation be drafted to the Health Center Staff to let them know what is coming and stir their interest.

Q: How do you envision this panel discussion working?

A: We should begin the in-service with a definition of a nontraditional student and assumptions of the general population of what a nontraditional student is. Then proceed by asking the nontraditional student panel members to talk about their experiences with the Health Center, good and bad. After this the format could be one of back and forth question and answer with the Health Center staff asking the panel members questions and vice-versa. Hopefully, we will be meeting with those nontraditional students who will be on the panel. We should have some prepared questions to get the ball rolling for both the panel and the audience.

Q: Who will make up the panel?

A: This is still to be determined. Karen Logvin from Childcare Services, Jon Wei the International Student Coordinator from Student Life, and Shelly Kerr from Counseling would serve as resources for information that the nontraditional students on the panel might ask for. They could also be part of the panel make up. Dan Bentley is a nontraditional student and could serve as one of the panel members. Perhaps he can find someone he knows who would be interested in being a panel member as well. Noelle Ronco will invite two people they know. Kim Barker will work at getting in touch with Kyna Langhorne, Kimberly Gwynne, and Shimeon Greenwood at the Nontraditional Student Union office. She will also try to talk with Jon Wei, the Nontraditional Student Services Coordinator in Student Life to see if he has any ideas that might help.

Q: How do we get information on personal experiences of nontraditional students?

A: Kelly Teeter and Urva Kuzma will put together a brief survey that could be sent to the nontraditional students to try to get some information. It was also suggested that an internet search be done for issues of other nontraditional students on other campuses so see what issues are out there. This information could be used as a way to get information via the resource people on campus. Sites suggested were the Chronicle of Higher Education, the Oregon Daily Emerald, and the Nontraditional Student Union website.

If you know people who you feel might be interested in serving on the panel have them contact Kim Barker and invite them to the meeting next week. Put old information from minutes in an email and sent to SHAC members.

4. **OCHA Summary** – Paula Staight reported on her attendance at the Oregon College Health Association meeting last Friday. OCHA includes all the Universities and Colleges, both public and private in Oregon. The Director of the Lane Community College Health Center spoke on their health care model in offering some care to staff and faculty, not primary care, but little things that might come up and take them away from work. They do make sure that taking care of staff and faculty does not bump students from services.

The Director of Southern Oregon University discussed their screening this past term screening for high risk drinking, which we plan to begin here at our health center this fall so they will be a model for us. We will also be participating with a CDC grant this fall where the goal is to reduce unplanned pregnancies with potential for fetal alcohol syndrome. This fits in really well with screening students for high risk drinking. duration.

Over the lunch break there was a presenting on immunization. Currently mumps is the big issue in light of what occurred recently in Iowa. It was found that the cases of mumps were in students who had been immunized.

Paul Meyers, the Director at the University of Portland has perfected his presentation on ethics. It was a good presentation dealing with communication and conflict in the work situation. Paula is looking into having him speak at one of our Management Committee meetings.

Questions/Discussion:

Q: What will be done with males who are high risk drinkers?

A: Paula stated that they hope to iron this out this summer. Practitioners would have the option of addressing that using the personal feedback from the survey a student takes with immediate feedback which would be a resource. Paula would like to have input from SHAC students on what potentially would work and will gain more information at the conference planned for this summer. With the increase in UO conduct code violations the University Health Center wants to be really interested players in helping with this issue along with Student Life.

Q: Will this be an ongoing treatment for students?

A: It will be more of an intervention than ongoing counseling or continued research. Our goal in screening all students would be toward providing health promotion and information for students to use to lower themselves from the high risk level. Perhaps if anyone is available this summer a student from SHAC could be on that committee. This grant will also provide some opportunity for free training for those who wish to have it.

In the larger picture we do really want to be screening all students for high risk drinking and will be great to have a motivational counselor for them. Unfortunately, in the medical model that we practice in there is not a lot of time for follow up or intervention. Students are usually referred to resources where they can enter into an ongoing contract to work on the issues surrounding their high risk behavior. Reports from the hospital emergency room where students have ended up due to alcohol have increased tremendously this past year. We would much rather see students being taken into the emergency room than the risk of a death due to alcohol.

5. **Health Center Staff Time Out of Clinic** – Tom Ryan was asked by the Health Center Executive Committee to talk with SHAC about practitioner time out of clinic. Practitioners may be out of clinic for a variety of reasons and not available to provide direct patient care.

The primary mission of the Health Center is to provide high quality medical care to students. The Health Center provides 5 days of CME per year for every provider to insure that their skills and knowledge are up to date. This directly improves the quality of care they provide to students. In addition there are several Health Center committees, some mandated by our accrediting agency, which meet with frequencies ranging from once a week to once a term and have one or more practitioners as members. Examples of mandated committees include the Executive Committee which serves as the governing body for the Health Center and

the Quality Improvement Committee which insures that all Health Center services meet quality standards and guidelines.

There are also several other standing committees that meet at least once a month. These include the Patient Education Materials Committee which reviews all patient information handouts and materials to insure that they are correct and up to date; the Laboratory/X-ray Committee which works to review and improve clinical lab and x-ray services; the Pharmacy Committee which reviews medication utilization and standards for use; and the Practice Partner and EMR Transition Committees which have worked to implement an electronic medical record. We also have a Building Committee currently to work out issues that occur around the renovation/construction of the new facility. Most committees meet for an hour at a time. There are also external committees which include the Human Subjects Committee which has 2 of our physicians as members; the SART (Sexual assault response team); and the Liaison to LGBTQA. Our practitioners also give a variety of presentations to various groups on campus which take time out of clinic.

This term one of our physicians and one of our nurses are teaching a for-credit course to teach insulin dependent diabetic students how to manage their condition more effectively. To the best of our knowledge a class like this has never been offered at a university in the U.S.

Tom looked back over the two weeks preceding the SHAC meeting and found that practitioners averaged about 40 minutes out of clinic per provider per week or the equivalent of 3 fifteen minute appointments per week per practitioner for various reasons.

SHAC members and guests were asked whether this created any concern on their part. One student told about how quickly she was able to make an appointment to be seen when she came to the Health Center. Another student felt it was important that practitioners participate in continuing education to remain up to date. Students felt it was important to maintain the quality of the clinic and that meetings and presentations were part of this. No students expressed concerns about practitioner time out of clinic.

They did, on the other hand, want to be sure that adequate appointment time was allotted for more complex problems. They were concerned that 15 minutes might not be enough time to care for some problems. We discussed the fact that appointments varied in length depending on the type of problem and that the 15 minute slot was only the basic building block of our appointment schedule.

6. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

****Next Meeting****
May 5
Health Center Medical Library
(Alias the Ramey Room, Carson Hall)