

Leading a Community of Excellence

By Nancy W. Dickey, M.D., president of the Texas A&M Health Science Center and vice chancellor for health affairs for The Texas A&M University System

Celebrating a Community of Excellence

It is an honor to stand with all of you and recognize the uniqueness of the Texas A&M Health Science Center as we celebrate a community of excellence. I want you to look around at the individuals gathered here and at our other locations.

Individually, we represent a cadre of scientists, students, researchers, administrators, clinicians and caregivers, public advocates, supporters, and elected officials.

But as you have just seen, so richly captured by the extraordinary work of Benjamin Knox, together we are a rich mosaic reflecting a diversity of thought, geographic location and culture that is a unified community — one that is more than the sum of its parts, and one that has distinguished itself as a leader for the last 10 years.

Yet, despite our collective wisdom, visionary insight and boundless energy, many of the longer-established medical schools see our community as a fledgling – one not *quite* ready to be recognized as a top-tier institution.

And you know what? In many ways, I'm glad they see us like that.

I'm sure we have all enjoyed being the “scrappy underdog” because in these last 10 years, our unceasing intellectual curiosity, our unwavering dedication to superior teaching, and our unshakeable confidence in our moral compass – and maybe the desire to prove our critics wrong – has guided our community to achieve new heights in health education, advocacy and care.

The six presidential awards given today — and those given in previous years — are a testament that speaks volumes about the brilliance of our community's members. But Ernestine Lacy, Clifford Buckley, the Avery family, Bob Wunsch, Carol Ames, Rena D'Souza and the Medication Assistance Program of CBHEC are not alone in demonstrating meritorious achievement and moral leadership.

Over the last 10 years, we have been blessed with an abundance of selfless, admirable, and distinctive partners from every area of our community:

- Ashleigh Dozier, a 2009 graduate from the School of Rural Public Health, secured, as a graduate student, a \$235,000 grant to support the development of a county health center to serve the uninsured in Washington County.
- Governor Rick Perry continued his support of our community by approving a \$5 million investment to recruit leading scientists focused on regenerative medicine technologies to our College of Medicine Institute for Regenerative Medicine at Scott & White.

- Brenham Clinic physicians such as Kenneth Baker, Cassandra Bryant, Donald Draehn, Kenneth Landgraf, Frank Leal and Bobby Marek are now providing hands-on clinical training to third-year College of Medicine students.
- This past June, our own Jim Rohack, a cardiologist from Bryan and a professor in the College of Medicine, became the 164th president of the American Medical Association – a local voice in the midst of a massive national debate.
- HSC-Institute of Biosciences and Technology researchers Wallace McKeehan and Leyuan Liu, working from the theory that all cancers begin with a random error during cell division – one of the most fundamental processes of life – discovered a mechanism that may exist in nature, which if harnessed, could reduce the frequency of those random errors that give rise to cancers.
- Rena D’Souza, professor and chair of biomedical sciences, received a 2009 Innovation in Oral Care Award to explore a possible therapy to repair damaged teeth with bioengineered tissue. Current endodontic therapy use devices to solve dental problems but often cannot improve the long-term health of a tooth. Dr. D’Souza’s research project will combine tissue engineering and nanotechnology to regrow tissue in teeth, and, if successful, could serve as a model for restoring other complex tissues in the body.
- The College of Medicine’s Dr. Keith Young leads the Neuroimaging and Genetics Core group for the Center of Excellence for Research on Returning War Veterans, established at the Central Texas Veterans Health Care System. Dr. Young’s group is investigating the biological underpinnings of predisposition to mental health problems and treatment outcomes in veterans. They are hosting a clinical genomics laboratory and managing the center’s mobile MRI and the mobile research testing facility – going to where the veterans are.
- Dr. Darwin Prockop, director of the Institute for Regenerative Medicine, and his team are conducting pioneering research using stem cells gleaned from adults’ bone marrow. They hope to bring the benefits of stem cell therapy from the laboratory to patients who suffer from any number of diseases, including diabetes, heart disease, Parkinson’s disease and Alzheimer’s.
- We have all made it possible for the HSC to have one of the fastest-growing medical schools in the country and to help meet the physician shortage in Texas.
- And despite the fact that we are the state’s youngest HSC, we offer more disciplines than any other academic health center in Texas.

Together, we have attracted faculty, staff and student populations that reflect the cultural richness of Texas, and we have been recognized for our pride in that endeavor:

- The Baylor College of Dentistry has the highest level of diversity among students among all other colleges of dentistry in the country.
- The College of Pharmacy ranks first in Hispanic enrollment among the nation's colleges and schools of pharmacy.
- For the third year in a row, the College of Medicine was named in the Top 20 U.S. medical schools for Hispanics by *Hispanic Business* magazine.
- The School of Rural Public Health is in the top three in student body diversity among U.S. schools of public health.

And the HSC reach is not limited to Texas.

- The Institute of Biosciences and Technology is also working with China and Taiwan to develop a cancer clinic that will help deal with the increasing numbers of cancer cases in that region, fostering collaboration between those Asian countries that have for decades seen each other as adversaries.
- The College of Medicine's chapter of the Christian Medical Association has annually sent a cadre of students, faculty and local physicians on a medical mission trip to Mexico to serve people who may not have access to medical care but once a year.
- Teams of first- and second-year medical students and attending physicians on-site make a difference in the lives of people, physically, educationally and spiritually.

And the list goes on.

Every single person, every single department, every single unit in our community makes us what we are: a strong, innovative, "scrappy," honorable family – a "scrappy" family of guardians who safeguard the human body and the human soul.

It is the morality of our actions that gives beauty and dignity to the lives of others.

This we do for those in need — without compromise, without hesitation, without limitation, without regard for a person's ethnicity, culture, race, religion, sexual orientation or their economics.

Ours is one community that truly stands for all.

And to those critics who tell us we are too young and too inexperienced to lead, we can only say this:

- As leaders, we have already demonstrated the courage to act against their "expert advice."

- As leaders, we have demonstrated the vision to look beyond the common goal and reach for the uncommon goal.

- As leaders, we have demonstrated the temerity of asking how we can serve rather than how we can be served.

Not with recklessness or impudence but with integrity, commitment and initiative to lead the state to better health, better health care and better health economy.

We have come together this day to celebrate our accomplishments. And they are impressive.

With our new campus in Round Rock, which we opened last month, and another campus opening later this summer in Bryan, it would be easy to leave here, flush with the knowledge that we have brought learning to life these last few years.

But we must not allow ourselves to be made complacent by our past successes. Leadership is not a one-day “to do” item. It is a constant commitment to excellence.

Thus, at this convocation, it is time to reaffirm our pledge – to provide compassionate care; to remind ourselves that we must steadfastly pursue cutting-edge, superior science; and to reiterate our guarantee to provide a distinctive, educational experience that will prepare health professionals for any eventuality.

We must demonstrate that our HSC community can lead purposefully, courageously and – where necessary – defiantly into a future where health care education and practice can be reformed.

In other words, we must **bring leadership to life**.

Creating a Community of Leaders

The future we face is a troubling one.

Countless media proclaim the rising costs associated with health care...

Families from every demographic category struggle to pay for that health care without losing everything else in the process.

There is a shortage of health care providers across the state and of those who teach them, and a growing despair among us – as well as those we serve – that there are no immediate answers on the horizon.

These are the urgencies we face.

These are the challenges that threaten to cripple the country’s soul.

The debate on health care reform, in particular, is disquieting because those charged with that reform appear to disagree on so many issues.

- Should new taxes be levied against large employers who don't offer their workers health insurance?
- Will a public option lead to a single-payer system?
- Should a virtual marketplace be created where individuals and small business owners can comparison-shop for the best health insurance?
- Who will bear the cost of insuring millions of people currently uninsured?
- Will reform lead to "health care rationing" such that those who currently have access to care must trade off their access in order for others to have some access?

While important questions, the current health care reform debate focuses too much on the profits involved in health care or the political power that comes from the administration of those profits.

For us here, our community, health care reform must not be about profits or power but about people — the people of Texas, the nation and the world. Every human being has a fundamental right to the kind of health care that modern medicine can offer.

We here are united by a belief that all people, regardless of geography, economics or culture deserve the benefits of our compassionate care, superior science and exceptional education.

That is the principle, the vision, that should inspire us to dedicate the full measure of our resources and abilities to stand against the ancient enemies of humanity — disease, poverty and fear — and advance our knowledge and technologies to bring the finest in health education, health promotion and health care to those in need.

To meet that responsibility, we **must not** *simply wait* for legislative reform to work its way down to us.

As leaders, we must *act now*.

Challenges await us and, in fact, those challenges are not so terribly different with or without reform.

We must rethink how to change a health education system that is still using a century-old framework – a framework outlined in the famous Flexner report of 1910.

That report ushered in a number of changes that were desperately needed at that time. Yet, 100 years later, for good or ill, we still operate under that framework.

But we must not be trapped by the past — we must learn from it and evolve. We must rethink what it means to have a professional license. In a time of shortages, we should NOT unnecessarily limit our licenses but maximize those licenses.

We should explore new ways to extend excellence while compelling each provider, each caregiver, to help find ways to do more within the boundaries of their training and competency – thinking and acting as expansively as possible within their capabilities and in partnership with those who bring OTHER competencies.

In that way, we may find ways to provide for those who have no means; to take care to where patients live and to give back to the taxpayers who helped finance your health professions education.

How do you give back to those taxpayers? You use your training and continue serving.

As medicine becomes more and more specialized, our system tends to push patients toward the most highly specialized often resulting in higher costs.

Yet, a less expensive advanced practice nurse could handle 90 percent of what occurs during initial primary care visits, and primary care physicians could effectively manage a goodly share of what is seen by highly specialized physicians.

Working together, we can STRETCH the existing work force even as we work to expand the work force.

As we **are** the system, we can change it.

We must rethink what it means to manage the health professions education system beyond the boundaries of the classroom.

For example, programs such as *Second Life* — a 3D virtual world whose residents can meet with other residents and participate in individual and group activities.

Using *Second Life* could allow HSC members from across the nation to meet virtually in simulated settings for medical instruction, emergency response training and interdisciplinary experience.

Just as we have a group of students joining the convocation through this fascinating medium, we could do exceptional training in this virtual reality.

We must rethink what it means to *teach*. There are three specific reforms I'm identifying:

- Technological capacities no longer render medicine as static as it was a century ago. Thus, we should no longer teach only specific-based information that will be obsolete quickly. Instead, we should focus on teaching students, all of our students, how to *learn* because they will need that skill throughout their professional lives.
- **Second**, we should train our students how to collaborate across their specialties and prepare them to work in interdisciplinary teams. When the pharmacist goes into the

community, for example, that person will have to coordinate a team efficiently and negotiate interpersonal relations effectively in order to help the team succeed, such as we saw during our hurricane relief efforts.

- **Third**, teaching does not end with the diploma or the license. We should stay connected to our students for their ongoing education, such as sharing best practices.

We must rethink what it means to *lead*, as good leadership is service.

A good leader remembers the forgotten and helps them with the most basic of human care and infrastructure development.

More of us should leave our offices and labs, go to the *colonias*, or Haiti or Guatemala for instance, and see *firsthand* what must be done to facilitate broad use of both personnel and policies to reach the isolated and the at-risk.

The fact that I am asking us to rethink processes and systems is no indictment of us.

What these reforms represent is a call — a challenge — to every single member of the health science center community to go beyond what we have established, to reach further than we have before and to make innovation commonplace.

Because if our actions inspire others to dream more, learn more, do more and become more, then we have become what a true community of excellence is — a community of leaders.

Conclusion

The challenge before us is not new.

Human misery from disease, poverty and isolation has plagued us from the beginning of existence.

The need, the opportunity to respond to those concerns, has blossomed since the beginning of time. We have achieved much, but the struggle is daunting and we are not done.

There are still underserved populations to address in Texas, the United States and across the globe.

There are still wonders to discover in our labs.

There are still others we must teach and inspire.

There are still the aged, the infirm and the disenfranchised that are counting on our commitment ...our knowledge...our compassion — **our scrappiness** — to fight for them.

The excellence of our community is enhanced by our advanced technology, intellectual gravitas and state-of-the-art buildings. But, our excellence of leadership comes from our moral dedication to alleviate suffering no matter what.

So, as we exit these doors, let it be a moment of celebration but also a moment of commitment to take the gifts we have been given and use those gifts to make a difference in the lives of all who come in contact with our community.

And to create a model for how others can do the same...