



Jay A. Perman, MD

Dean of the College of Medicine and Vice President for Clinical Affairs, University of Kentucky

BY ANGELA MUNASQUE

Jay A. Perman, MD, is the Dean of the College of Medicine and the Vice President for Clinical Affairs at the University of Kentucky. Previously, he was Professor and Chairman of the Department of Pediatrics at the University of Maryland School of Medicine. Dr. Perman recently spoke with *Academic Physician & Scientist* about his institution's interprofessional education, community, and diversity initiatives.

How did you get to the point where you are now?

I am a pediatrician by training and practice a subspecialty of pediatric gastroenterology. I have always been in academic medicine, and I've always enjoyed the tripartite missions of academic medicine—clinical service, education, and research. I grew up to the deanship in a fairly traditional way, working from division chief to the chairmanship of pediatric departments and now to deanship, in a variety of institutions. I have always been fairly committed to the importance of interprofessional practice. In my own subspecialty, I've always found it valuable to my patients and to my own knowledge base to work with a whole variety of professionals, including dietitians, nurses, pharmacists, and therapists of various kinds. It has always been characteristic of my clinical work that I have depended on an interprofessional group of people, and in coming to the deanship and finding myself at the University of Kentucky, which is well positioned to promote interprofessional education and practice, it was a natural thing.

What is the value of interprofessional education, and how are you accomplishing it?

We're looking for ways in which our health science students of various stripes can learn together, largely for the purpose of socializing folks to the benefits of interprofessional practice, and particularly so that each of our health science students understands what



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another kind of professional brings to the benefit of the patient. In other words, one of the concerns that many of us have had as we are expected to work in teams for the benefit of patients is that we have not really had an appreciation of the knowledge base of our colleagues because we haven't been privy to their education. To what degree does the physician know what a nurse or an advanced practice nurse bring to the table if he or she has not been familiar with their education? Ditto for nutritionists.

For example, at a very famous institution in the United States, where I had the benefit of being a faculty member for a long time, and in my own practice of gastroenterology and nutrition, I worked very closely with nutritionists. Many of my colleagues, and they were not being difficult or inappropriate about it, thought that the dietitians—

master's-prepared people—cooked the food in the hospital. I do not demean those who cook food—it was just a misunderstanding of what those particular professionals do. The major emphasis here is trying to get our various students to understand what the other person knows.

Classwork is only a piece of our model. We already have classes in which, for example, medical students and dental students learn together. But we're trying to be a bit more proactive than that, and we have planned simulation exercises—for example, where a medical student, a nursing student, and a pharmacy student stand together and try to sort out the patient's issues. We're also planning experiences in the field. For example, our AHEC [Area Health Education Center] programs are now being looked at for how they can be positioned so that we can do interprofessional education. Right now, we send medical students and nursing students and other health students out into the field, out into rural areas to really get their own balkanized experience. We need to make this a collaborative experience.

This is an evolving plan. We've had a very collaborative task force working over the past year and a half or so to put these things in place, and we're putting them in place incrementally. I would hardly suggest to you that we have a mature program in place. We're building on these things. It is a steadily evolving program, and the advantage is that we have all the health science colleges [the Colleges of Medicine, Nursing, Pharmacy, Dentistry, Health Sciences, and Public Health] located on one campus with leadership that gets along college-to-college, which I can't overemphasize—but beyond that, the six health science colleges in turn sit on a major university campus, and that is rather atypical for academic medical centers. Another advantage is that our task force and our planning groups don't solely include health professionals. They include

people from other disciplines, such as social work; we have people from arts and sciences; we hope that we're going to add contributions from the business school. We're also talking with the law school, because physicians need to be advocates. All of these things can be brought together, and yes, it is easier because of the logistics involved.

What advice do you have for those who would be interested in implementing a similar program at their respective institutions?

This is probably a bit provincial, but it's been said to me by so many folks: You've got to get buy-in from faculty at large, and as much as people argue that so many good ideas have to bubble up, this is one of those ideas that if the leaders don't walk the walk, it won't happen. If leadership does not take a stand and say, "We have to do it this way," it's difficult to get it going. And then, even more provincially, I think, although we're talking about interdisciplinary and we're talking about team, if the medical school leadership and the medical school faculty don't invest in it—don't invest emotionally in it and support it—then it's more difficult to make it happen. So it is incumbent upon physician leadership to say, "Yes, we understand the importance of our colleagues, and we need to find excellent ways to work together."

How have students reacted to this initiative?

I think the majority of our students under-

stand the importance of teamwork and the majority of our students come into medical school with very egalitarian minds: They like the idea of relationships and partnering. At the same time, from time to time, there are students who say, "I don't understand why I have to do this." So I would say, by and large it's going well, but this is something where students are students, and they have to be educated to the importance of this kind of practice.

What other initiatives are you pursuing?

Another important initiative we have at the medical school—beyond the fact that we are a research-intensive medical school—is community outreach. The medical school has taken the lead in developing a program for an economically disadvantaged, highly minority school population around the issue of obesity. A large portion of our medical students, together with other schools, are engaged in a community coalition that provides after-school exercise and nutrition education to those students and their families.

We're also committed and very aggressive about diversity. We are working very hard to have as inclusive a faculty group and a student body as we possibly can, and I think we've done some fairly unique things as far as diversity. We have started creating formal relationships with excellent liberal arts colleges in our area, colleges that are also committed to pipeline initiatives that focus on assisting and attracting

underrepresented groups to a career in medicine. People need to prepare in order to be competitive for medical school, and that can't simply be done a year or two before it's time to apply to medical school. So we are reaching way down into the elementary schools, and the middle schools, and the high schools, and working with these liberal arts colleges to get these students competitive, prepared, and excited about medicine, and then they move through college, and if they're qualified, we help them to prepare for medical school. What we're doing is focusing a great deal on pipeline. Everyone wants something to be done about underrepresented minorities in medicine, and everyone would be delighted if there were a quick fix, but there's got to be a long-term investment in this that starts very early.

We're also busy, as a highly rural state, in creating several regional sites for our medical school, so we can not only increase our medical school numbers—which many medical schools are doing for good reason—but particularly targeting the maldistribution of physicians and also trying to increase the number of rural physicians.

One of the things we're particularly proud about is that over the past four years the applications to our medical school have significantly more than doubled, and that is considerably above the national rate. And I'd like to think that applicants are good shoppers, and I think some of the things that I've talked about have resonated with potential students, and that pleases us. ❖