



prologue.

If you would like to see a working partnership between a university and its community, visit OU-Tulsa.

At the University of Oklahoma-Tulsa, they all know the story—and love telling it. They call it “Psych on a Bike.” The central character in this tale is Gerard Clancy, currently president of OU-Tulsa, but at the time dean of students and faculty psychiatrist at the University of Iowa medical school. After one of the many meetings that administrators seem doomed to attend, Clancy was approached by an exasperated social worker who informed him that she had a homeless shelter full of the severely mentally ill who could not access care in the university’s hospital less than a mile away.

Clancy investigated and decided on the spot that if these people could not come in for the care they so desperately needed, he would have to take the care to them. He started making house calls. Soon he had a mobile team of medical students on the job—and when finding parking spaces in the congested college town became daunting, they started riding their bikes.

Little wonder that in 2001, when a medical dean search was under way at OU-Tulsa—where community outreach is its mantra—Clancy was the ideal choice. He added the campus’ presidency to his title five years later.

OU-Tulsa’s community-service focus is not surprising. Creation of this branch of the University was in direct response to lobbying by Tulsa civic leaders for public higher education and the medical community for a medical school. The first of OU’s Norman- and HSC-based graduate offerings and then medical education and services were not only designed to *serve* the community, they were also literally *in* the community. Without a central campus, OU programs were scattered all over Tulsa.

The OU College of Medicine-Tulsa

was founded on a partnership with three of the city’s hospitals—Hillcrest, St. Francis and St. John—and Tulsa’s private practice physicians. Eschewing the traditional medical center blueprint of big hospital, big central clinic, the plan from the beginning was to take care to the people. The feeling persisted, however, that an adequate campus was needed to pull together the dispersed University programs in all disciplines to establish an OU identity in Tulsa. Acquisition of the former BP Amoco research facility in 2002, made possible by a major grant from the Schusterman Family Foundation, accomplished that goal.

Then a funny thing happened. As the new 60-acre campus began to fill out—providing home facilities for medicine, nursing, social work, architecture/urban design, engineering, library science, education, pharmacy, human relations, organizational dynamics, allied and public health and a host of other programs—various areas throughout the city voiced concern that they were being abandoned. OU-Tulsa—from then president Ken Levit and medical dean Clancy to the faculty and even the students—got the message.

Today’s OU-Tulsa operates on the hub-and-spoke model, the Schusterman Center being the hub with more than 200 spokes in the community working with underserved neighborhoods, schools, service agencies and in rural areas, all designed to provide services in unique ways. The activities are across the board: organizational dynamics working with a police department, applied research with non-profit organizations, urban design with city planners.

Medical outreach includes a duplication of Clancy’s mobile psychiatric team, a mobile health clinic called the Sooner Schooner II (*Sooner Magazine*,

Spring 2008) and 19 other clinics, some in Tulsa Housing Authority apartment complexes, and free walk-in, after-hours clinics for the working uninsured.

The educational value of OU-Tulsa’s community-based philosophy is incalculable. By involving medical students in every aspect of the outreach programs, they are being taught how to practice in unconventional and innovative environments and to work in teams with pharmacists, nurses, social workers, public health practitioners. They are allowed to take leadership roles in running these services, to organize and plan for the future of the clinics, to become comfortable with being health systems designers.

What is happening in Tulsa is not staying in Tulsa but going national. Backed by major funding from the George Kaiser Family Foundation, the Tulsa branch of the OU College of Medicine in 2008 became the nation’s first School of Community Medicine. Other medical schools are showing interest, asking questions, coming to visit. While the health care debate rages in Washington, reformation of health care delivery already is occurring in Tulsa—taking the best of what is known and actually putting it into practice.

In recruiting new faculty, Clancy finds a certain segment who tells him, “This is why I went to medical school,” and from medical students, “This has rekindled the spirit of why I wanted to become a doctor in the first place.”

There is vigor and enthusiasm at OU-Tulsa that is heartening to anyone weary of contentious sparring over what cannot be done. There educator/practitioners seem to take their satisfaction in confronting social and medical problems and finding some way to solve them.

—CJB