Information Technology Subcommittee

Attendees
Stephen Welch, Mark Brookman, Charles Woolum, Rick Phillips, Rex Stidham, Joe Clary, Dr. Anthony Weaver, Scott Pappas, Helen Garces, Dr. Andrew Hoellein, Dr. Fred deBeer, Dr. Brian Higgins, Martin Reiter

Absent from meeting
Dr. Chris Feddock

Meeting Notes
Our initial committee meeting was delayed to let the other subcommittees meet.

Reviewed Committee Assumptions and Charge:

Assumptions:
• Technology must be compatible/comparable across all 3 locations
• On-site staff is critical
• Cannot be limited based on politics

A key unknown is what space in Bowling Green or Morehead will be used.
• Discussion took place around how to break up our focus:
  o Infrastructure (connectivity, videoconferencing, etc.)
  o Audio-Visual/Classroom(s) and learning spaces
  o IT Staffing/Support and Training for Faculty
  o Instructional Technology tools
• Again, available space at both campuses were unknown at the time of this meeting.
  o Assume what is currently in use in the Bowling Green building and determine if this can be expanded into the space and will it be compatible
  o Morehead is currently unknown
• Technology will be applied only to a couple of classrooms in Lexington. MCW-Green Bay has technology that works well and strongly suggested we spend time talking to them as to not recreate the wheel.
  o Dr. Hunsaker at Green Bay is the contact, and he will be in Lexington in October.
  o Another medical school doing similar things is Kansas
  o Stephen will schedule online discussion with MCW-Green Bay and Kansas
• Need to ensure we use video standards
  o Almost every vendor is now standards based
  o Two major players are PolyCom and Cisco
  o Discussion around PolyCom and their immersive systems – very expensive
    ▪ We were reminded to think big, don’t let money prohibit us from getting the best solution. Be responsible, but think big.
• Backup strategies for network outages: find out from Green Bay and Kansas how this is handled.
• Connectivity to remote sites: Concerns with time to build connectivity were discussed.
  o This should take 120 days, however to ensure there is not a problem, we need to start 6 months out on building connections.
• Discussion around curriculum concerns that the remote students will feel disconnected from the classroom. It is important for the remote students to be able to participate.
  o Currently there is a 1 to 2 second delay when interacting with UK’s remote students
  o Appropriate training must accompany the chosen technology
  o Some instructors only teach a couple of hours per year. So, the system will need to be very simple, and should not require significant training.
  o This will be a complete room, technology, personnel and paradigm change.
  o Eliminate barriers for remote sites.
  o We need to investigate; we need to know the use cases per rooms. This will allow us to complete the technology design.
  o Must have at least 1 IT support person per site with capable personnel backup.
  o Reviewed UKs current academic technology tools used in medical school:
    ▪ Canvas
    ▪ Examsoft/SoftTest
    ▪ Echo 360
    ▪ Zoom
    ▪ TurningPoint Cloud
    ▪ SonoSim
    ▪ Aperio Virtual Slides (Pathology 2-3 cases)
  o Students will be UK Students
    ▪ Will need to review licenses with resources such as UPTODATE
  o Remote students should not be connecting to UKHC PHI information – they will be connected with their local area hospital during M3/M4

• Instruction wish list was discussed (both Lexington and remote)
  o Will have more in-depth discussion at later time around curriculum after their report is complete.
  o COM sees not having their own rooms is a problem; have to beg, borrow and steal classrooms across campus
  o Have to schedule small group rooms, digital labs
  o Aperio used in a few small groups: Microscope slides (currently these are put on USB flashdrives) each image is approximately 1.5-gig.
  o Capability for students to ask questions (maybe have class moderators)
  o Faculty would need to have the same capability (AD credentials) as main campus faculty
    ▪ Library resources, SAP, etc.
    ▪ Some issues in the past with volunteer faculty – we can work this out in advance by working with the SAP and AD teams in campus IT.

Interactive communication (audio/video/data/document cameras)

Closing Thoughts:
Our committee is dependent on the output from the other groups. Since IT will be an enabler that will support and allow the campus expansion to be possible, we will need to review all reports to ensure that everything is taken into consideration.