Good Medicine

Dr. Thomas L. Schwenk took over as dean of the School of Medicine and vice president of the University’s Division of Health Sciences in July 2011. He comes to Nevada from the University of Michigan Medical School where he was professor and chair of the Department of Family Medicine for the past 25 years. He is the University’s first faculty member of the Institute of Medicine, the health arm of the National Academy of Sciences, and is a fellow of the American College of Sports Medicine. He has served in reviewer or editor roles for several medical journals, including his current service as a reviewer with the *Journal of the American Medical Association* (JAMA) and deputy editor with *Journal Watch*. Much of his research has addressed the diagnosis and management of mental illness in the primary care setting.

*Nevada Silver & Blue*: What will be needed to create a Division of Health Sciences that will truly focus on interprofessional collaboration, while maintaining the integrity and distinctness of all of the disciplines within the division?

Anne McMillin, APR, is the public relations manager for the School of Medicine.

New Health Sciences chief focuses on Nevada’s health care needs
Thomas Schwenk: This is the key issue. Every health profession’s school has its own accreditation requirements, educational traditions and academic culture, and we do not want to disrupt those. So we need to find new ways that the partnership has value without getting in the way of individual programs. That is why I am so interested in collaborative research, because I think it brings that value.

NSB: What are your plans to leverage resources to accommodate the growing numbers of undergraduates enrolling within Health Sciences?

TS: Undergraduate teaching is a core mission of the division, but we always want to look at how to link that critical mission with graduate student supervision and research development, so that we will continue to build a full academic enterprise. This is particularly true in the School of Community Health Sciences as it develops its master of public health program and moves eventually to a full school of public health, but equally true in the other health sciences schools. What this means is that faculty recruitment will be important, but on a targeted basis that serves all of the teaching and research missions.

NSB: How does your experience in medicine help you integrate with the other professional schools within Health Sciences?

TS: I think family physicians are particularly well suited to contribute to the success of other health professions schools, because we have significant experience in the community as part of a health care team, and have comfort working with a wide range of health professionals. I actually took a course as a family medicine resident in multidisciplinary health care team structure and function and have always felt comfortable working collaboratively with a wide range of health care professionals. The future of health care delivery, particularly chronic disease management and preventive services, is team-based care, which we call the patient-centered medical home. We have a tremendous opportunity in the division to investigate what that means.

NSB: Will you be teaching or lecturing in the classroom?

TS: Absolutely! I hope I will have the opportunity to teach in a wide range of areas that have defined my academic career to this point, mostly in depression and mental illness in primary care, but I also have significant interest in sports medicine, depression and burnout in athletes, and issues related to sports nutrition and ergogenic supplements. Most recently I have been working in the area of depression in medical students and physicians.

NSB: We understand that there is a shortage in nurses and primary care physicians in Nevada. What plans will you implement to increase the numbers in those specific areas?

TS: Nevada is similar to the entire country with regard to a shortage of primary care physicians, nurse practitioners and physician assistants. Since the overall supply of physicians per capita in Nevada is nearly the lowest of any state, it is likely that primary care access is even worse. The School of Medicine was formed, in part, to address this issue, and we take it very seriously. We should certainly be looking at opportunities to expand family medicine and general internal medicine training, as well as pediatric training if there is a need for general pediatricians, but we should also take advantage of collaborations with the Orvis School of Nursing to expand the training of primary care nurse practitioners. This is part of a larger mission to expand our training programs overall.

NSB: In this time of constrained resources and enormous health needs of the state, how can Health Sciences’ schools, faculty and staff grow to better serve our state?

TS: We will have to be very targeted and strategic. As the saying goes, “we can do anything we want, but we cannot do everything we want.” We need to think carefully about having the most impact with our limited resources. That means there are some problems we will just not be able to address, but what we do, we should do well.

—From an interview in July with Anne McMillin, APR