



Integrating Science and Care

Empowering patients
and researchers
through translational
medicine



1 Science in the Age of the Invisible

how did translational models evolve

2 Integrating Science and Care

proximity model

3 Integrating Science and Care

convergence model

Science in the Age of the Invisible

How did translational models evolve?

The Ages of Science



Zacharias Janssen is generally believed to be the **first** investigator to invent the **compound microscope**....generally agreed among historians to be dated in the 1590s



1700's *the age of enlightenment*

Research and
Observation
with naked eye

■
?10? kbtu / sf / year



1900's *the age of the bench*

“Modern”
benches,
microscopes and
extract devices



85 kbtu / sf / year



2000's *the age digital technologies*

Dense
Technologies
and Equipment



412 kbtu / sf / year



Today *the age of the invisible*

Emerging
Technologies
and Increased
support labs

Collaboration

Big Data

800 – 1200? kbtu / sf / year



Today
the age of the invisible

Methods

More support labs
Dense equipment technologies
**Intercellular and Interstellar
Imaging**

pedagogy

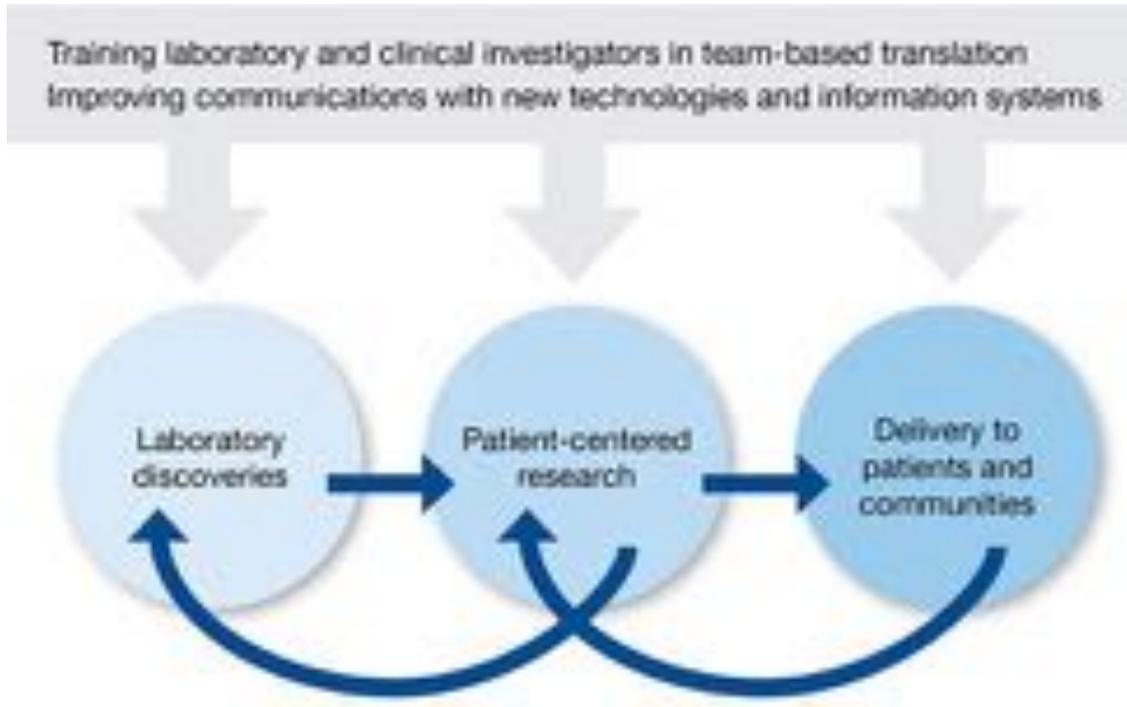
Transdisciplinary
Innovation through Collaboration
**Emphasis on Translational
Research**

Titan™ 80-300

Expanding the boundaries
and achieving new results



Translational Research + Medicine



Translational medicine (TM) is a fairly recent concept: few clinicians and researchers used the term before the new millennium.

"all the steps that are involved in getting a new remedy from the laboratory bench to the bedside as efficiently as possible, from basic research, through evaluation, to the clinical application and the development of practice guidelines".

- British Medical Journal (2008)

Translational Research + Medicine



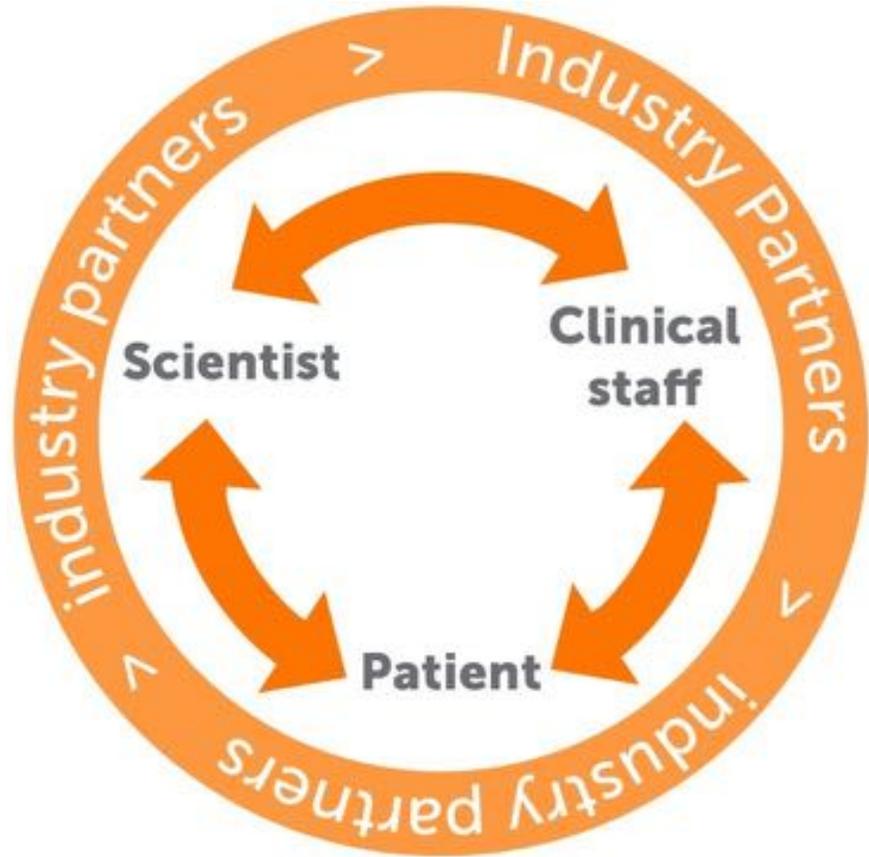
Removing gaps of communication and barriers between scientists, physicians, patients and industry

Bench-to-bedside enterprise of harnessing knowledge from basic sciences and transferring to:

- Produce new devices treatments and drugs
- Rapidly generate innovations for patients

The **interface between science and clinical medicine**: the conclusion of this process is the creation of new treatments for patients which can be brought to market.

Translational Research + Medicine



Thresholds – Mind the Gap

This is how we heal people in the 21st Century: Synergies between clinicians, patients and scientists....industry partners.

Integrating Science and Care

Proximity Model

Proximity Model

Hospital and Lab

Lab and Hospital

Institute for Regeneration and Repair

University of Edinburgh

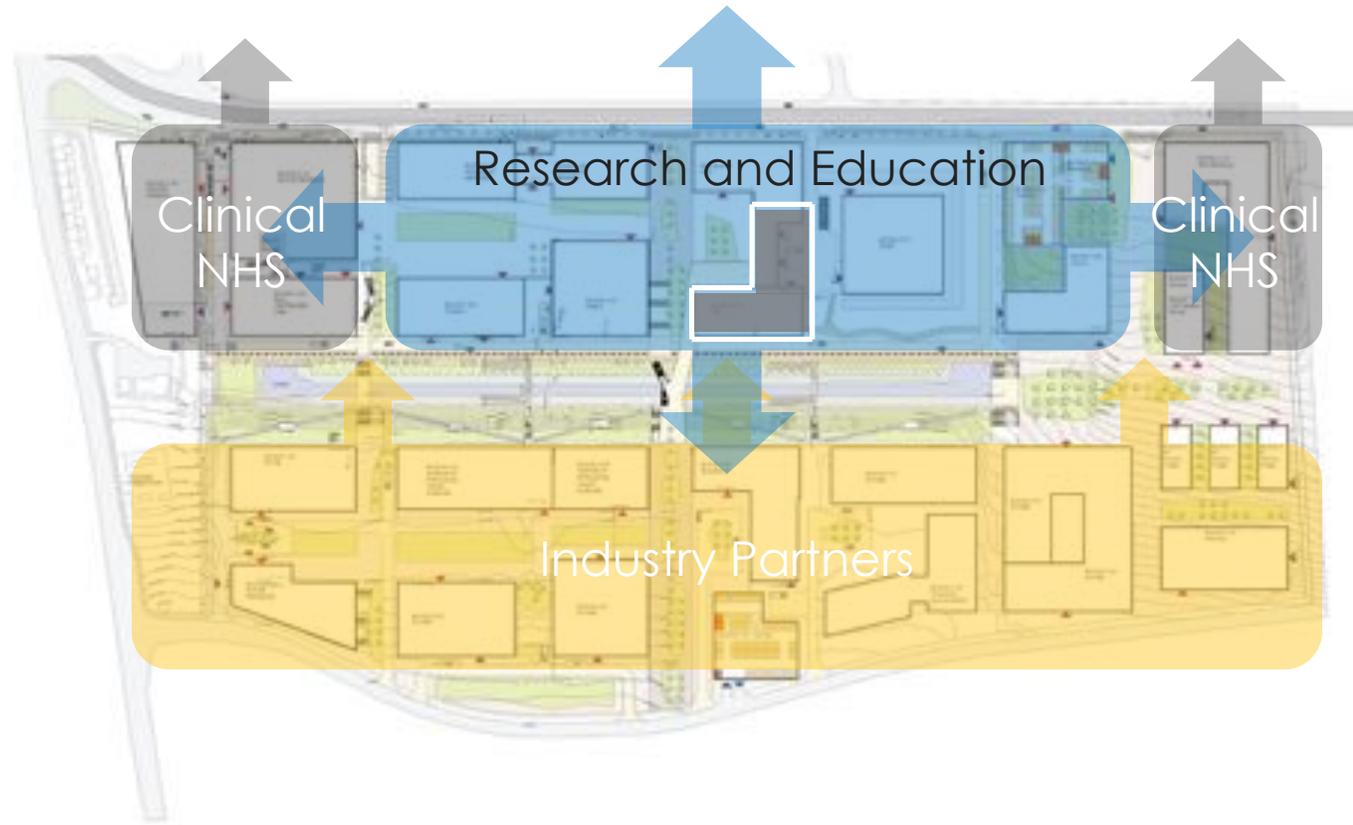


The Edinburgh bioQuarter



Clinical and Research Integration

Edinburgh Royal Infirmary, School of Medicine and QMRI



Integration

- Researchers have close proximity too the Infirmary and Trials facilities.
- Clinical researchers collaborate in Discovery Forum
- Industry partners accommodated in lab hoteling suites



Birmingham Life Sciences Park

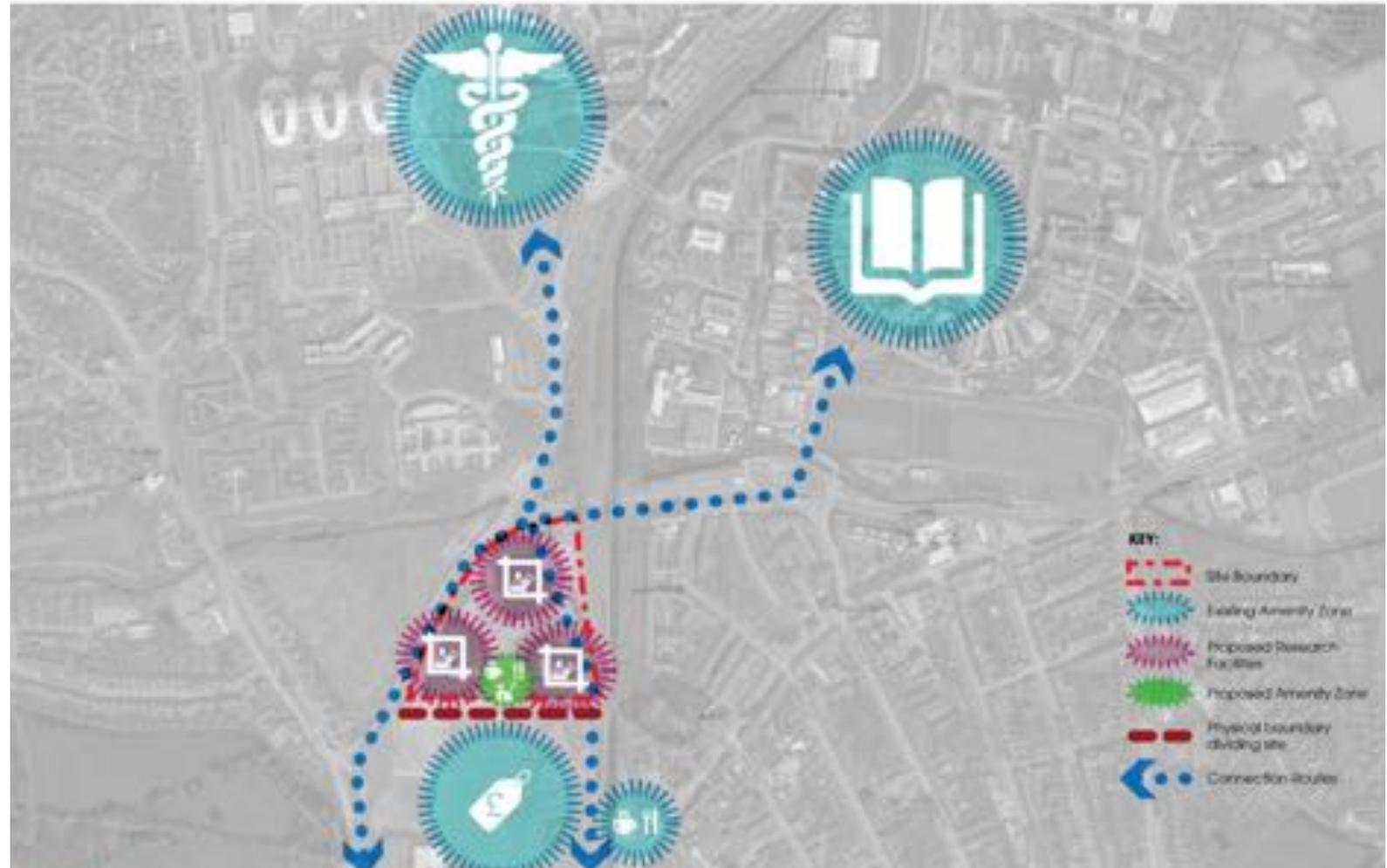
University of Birmingham



Campus Cohesion



Research, Academic and Clinical Integration



Research, Academic and Clinical Integration



Integrating Science and Care

Convergence Model

Convergence Model

Mind the Gap



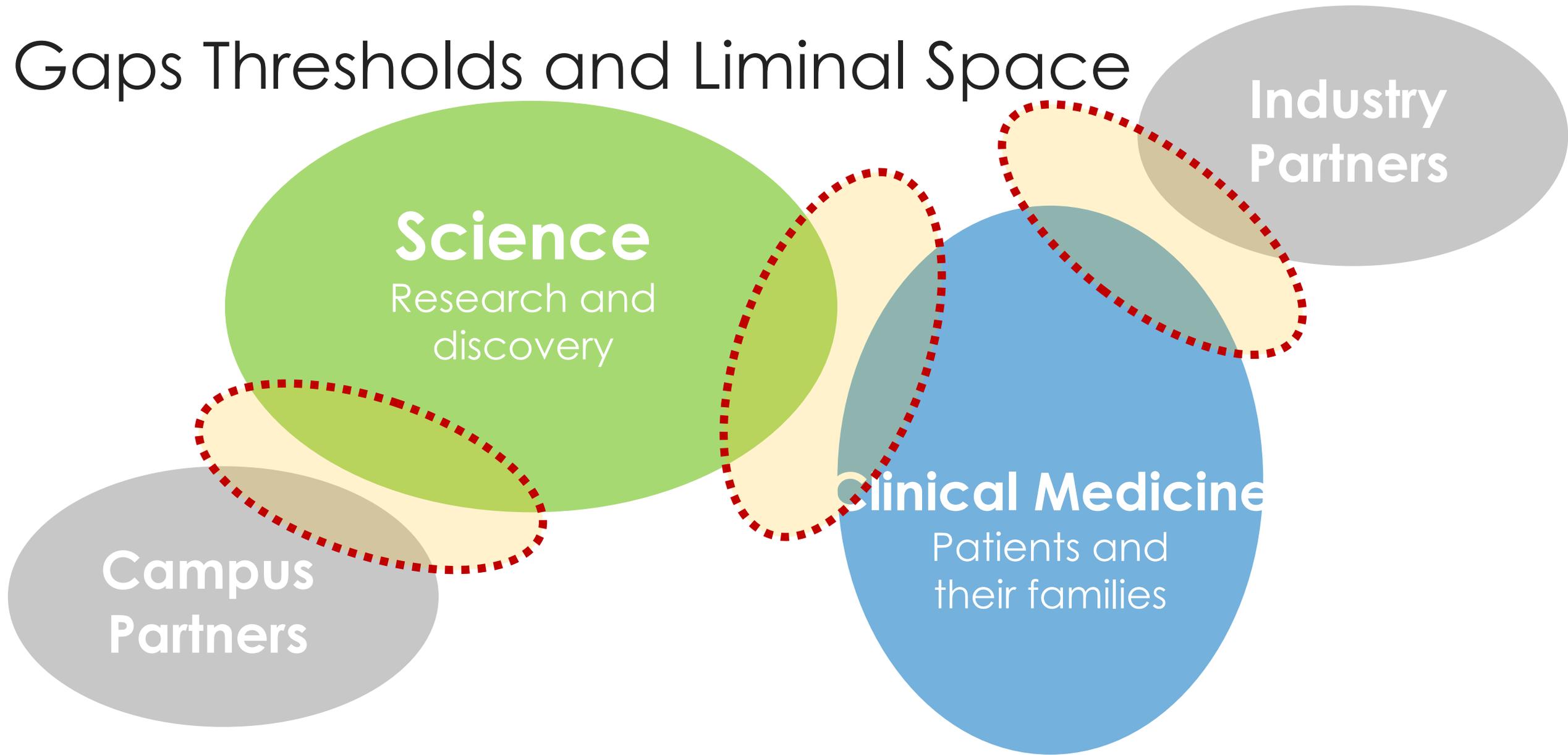
adjective lim·i·nal \ 'li-mə-nəl \

1.1: of, relating to, or situated at a sensory threshold : barely perceptible or capable of eliciting a response *liminal* visual stimuli

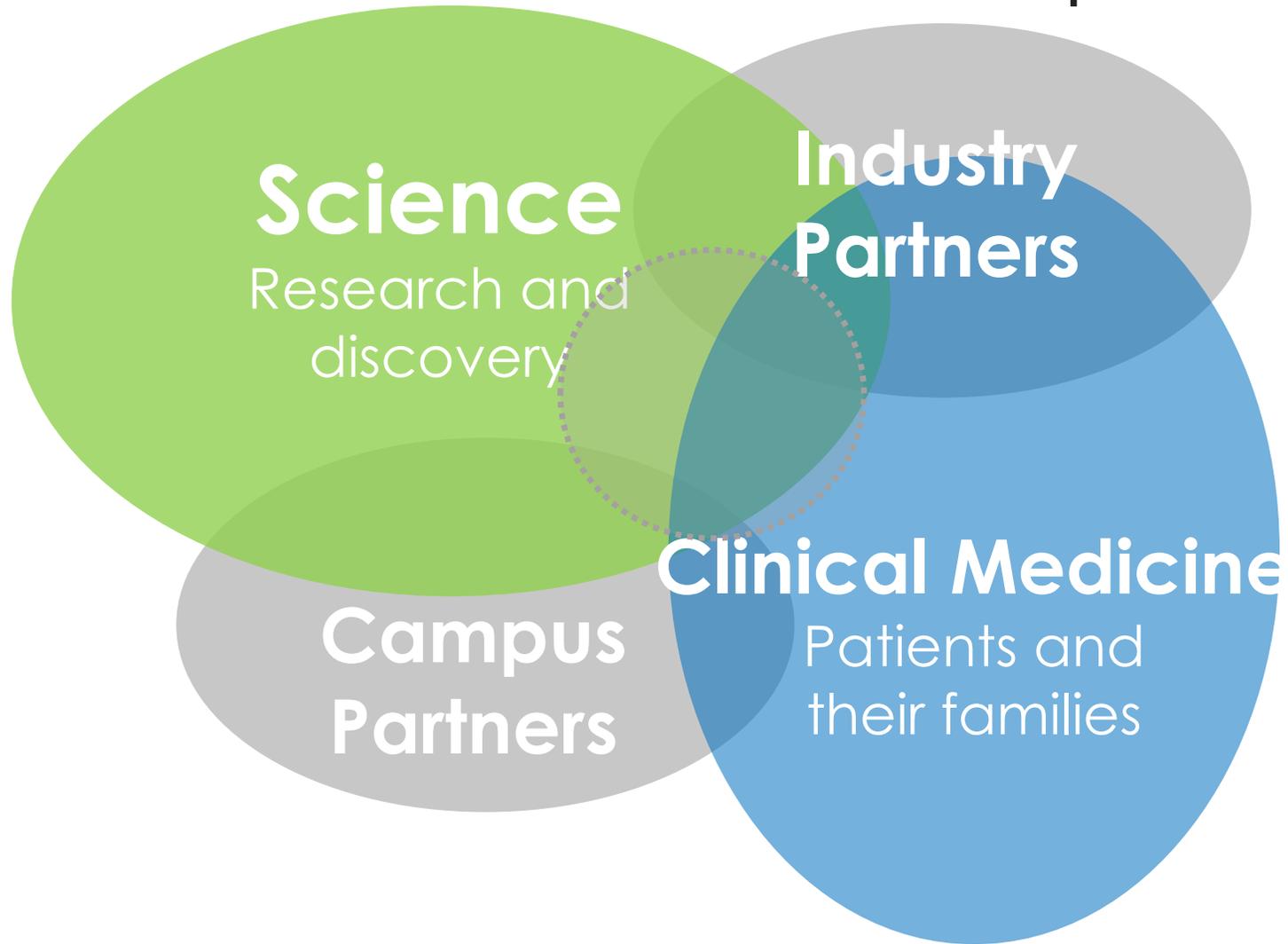
2.2: of, relating to, or being an intermediate state, phase, or condition : IN-BETWEEN, TRANSITIONAL in the *liminal* state between life and death — Deborah Jowitt



Gaps Thresholds and Liminal Space



Gaps Thresholds and Liminal Space



Centre for Brain Health

University of British Columbia



An aerial photograph of a city, likely Vancouver, with a yellow circle highlighting a specific area in the center. The city is built on a peninsula, with a large body of water to the left. The text is overlaid on the right side of the image.

Create a new kind of centre
“The science of curing and the art of caring”

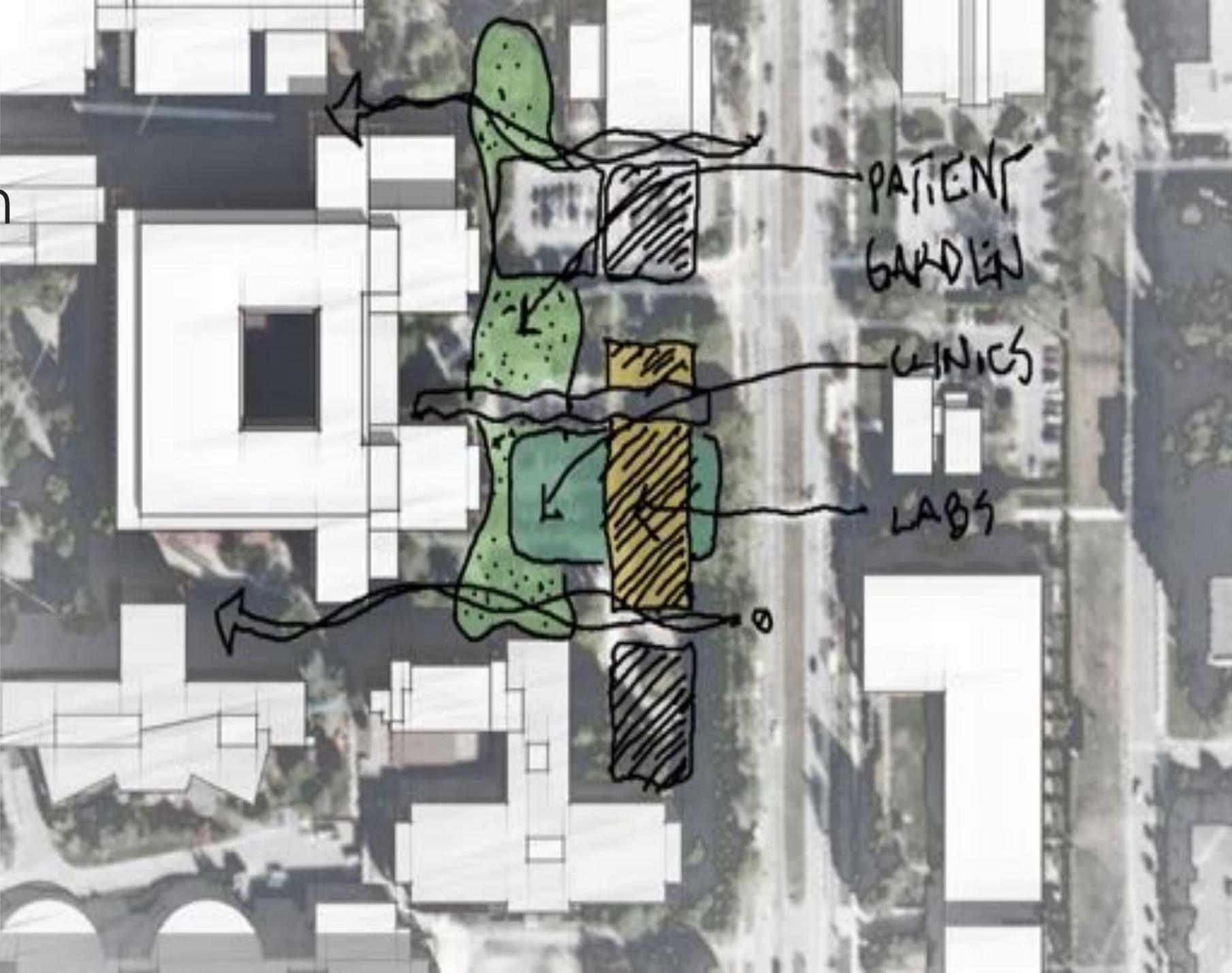
Promote synergies
Creating a Community

Empower patients
100% Patient Participation

Edge and Garden



Edge and Garden



PATIENT GARDEN

CLINICS

LABS

o

Campus Cohesion

8,500

Students and faculty venture past the Institute per day.....





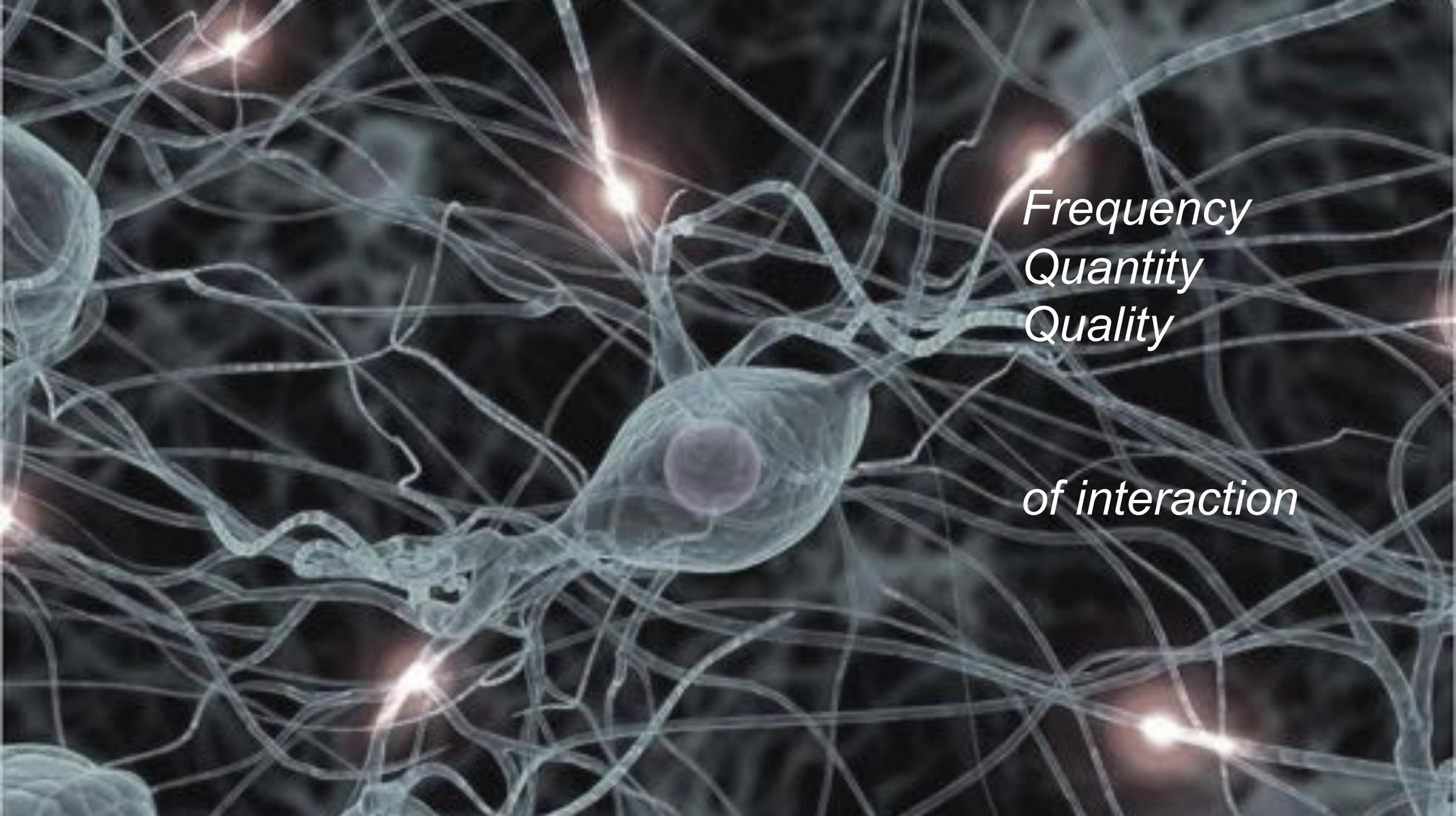


*Visual Connections to instil
sense of confidence and
optimism*

*Collison Zones to promote
exchange of ideas*

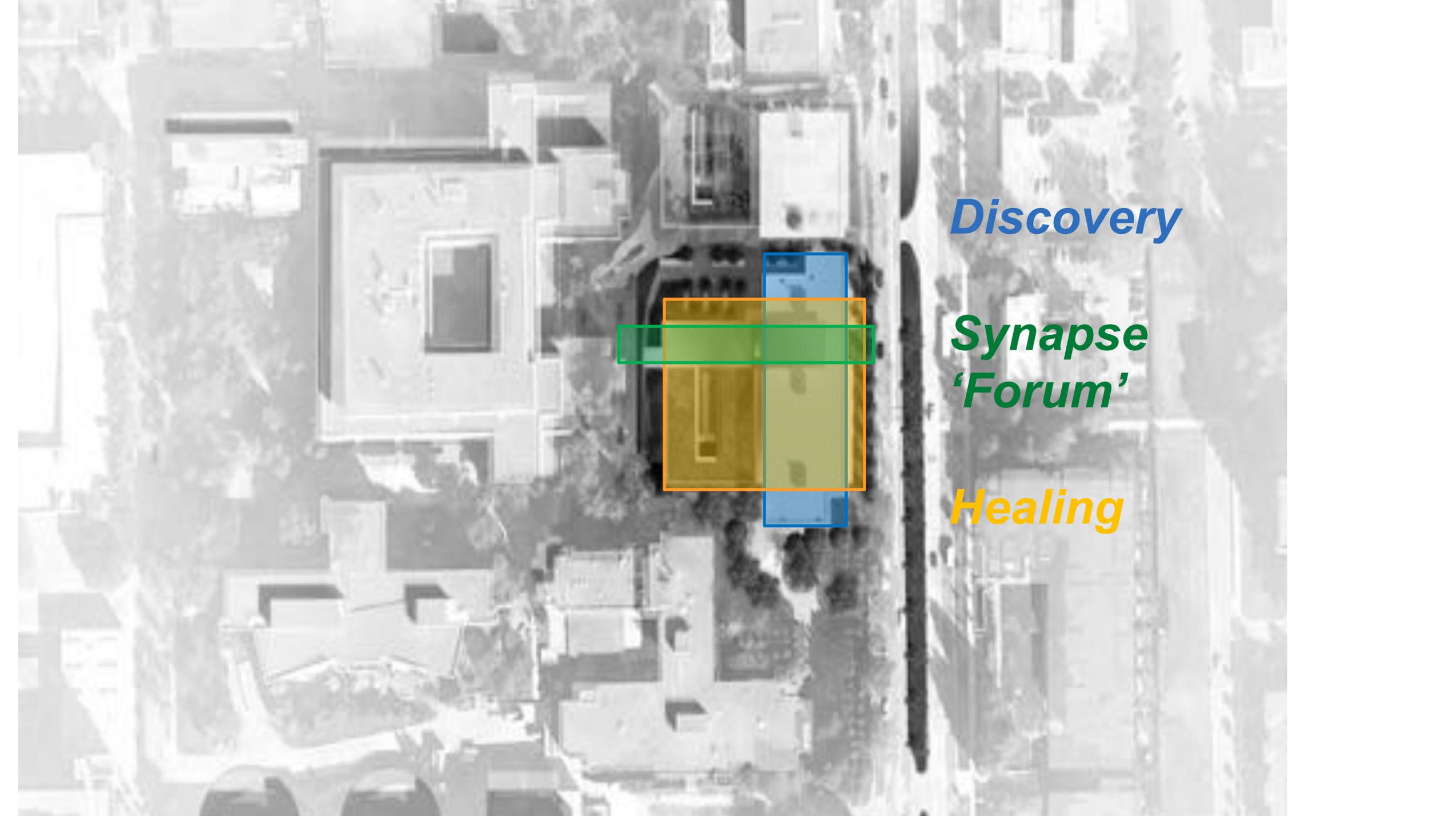
*Natural Light and Sustainability
to enhance experience*

Collaborative Environments



*Frequency
Quantity
Quality*

of interaction

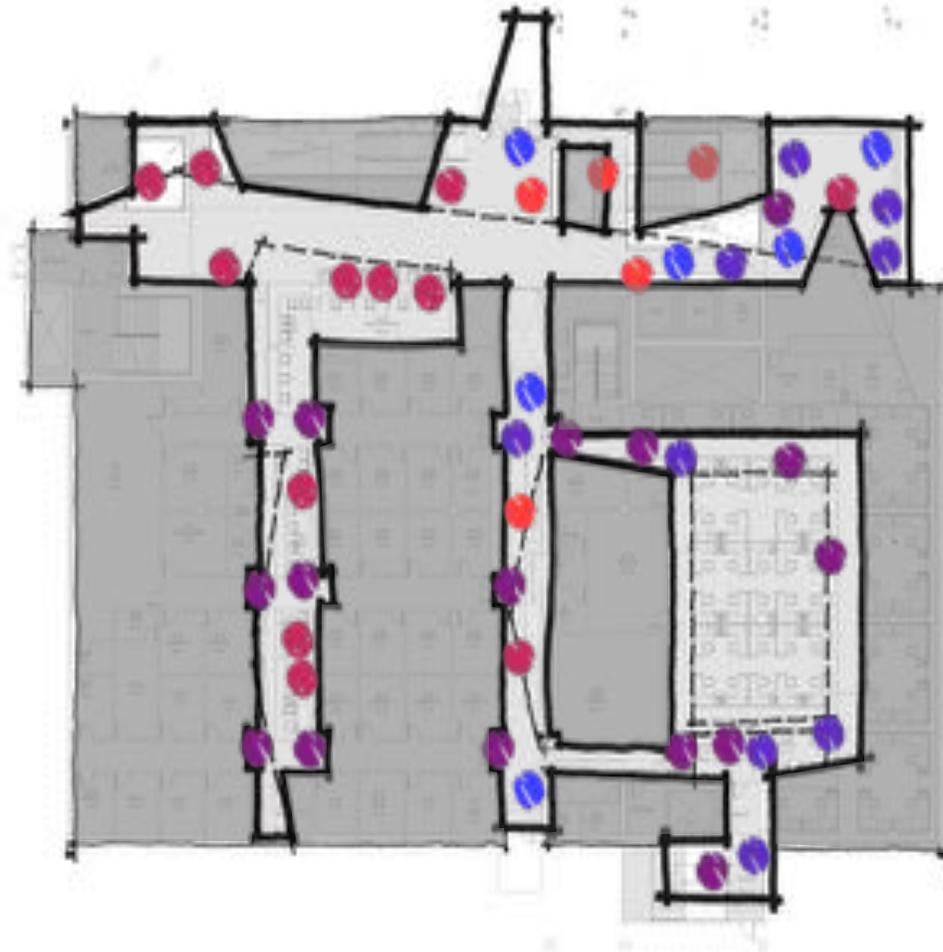


Discovery

*Synapse
'Forum'*

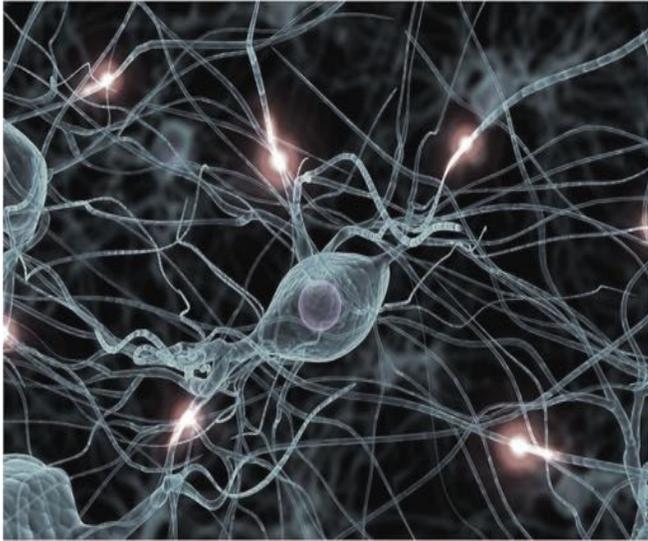
Healing

Planning for several populations

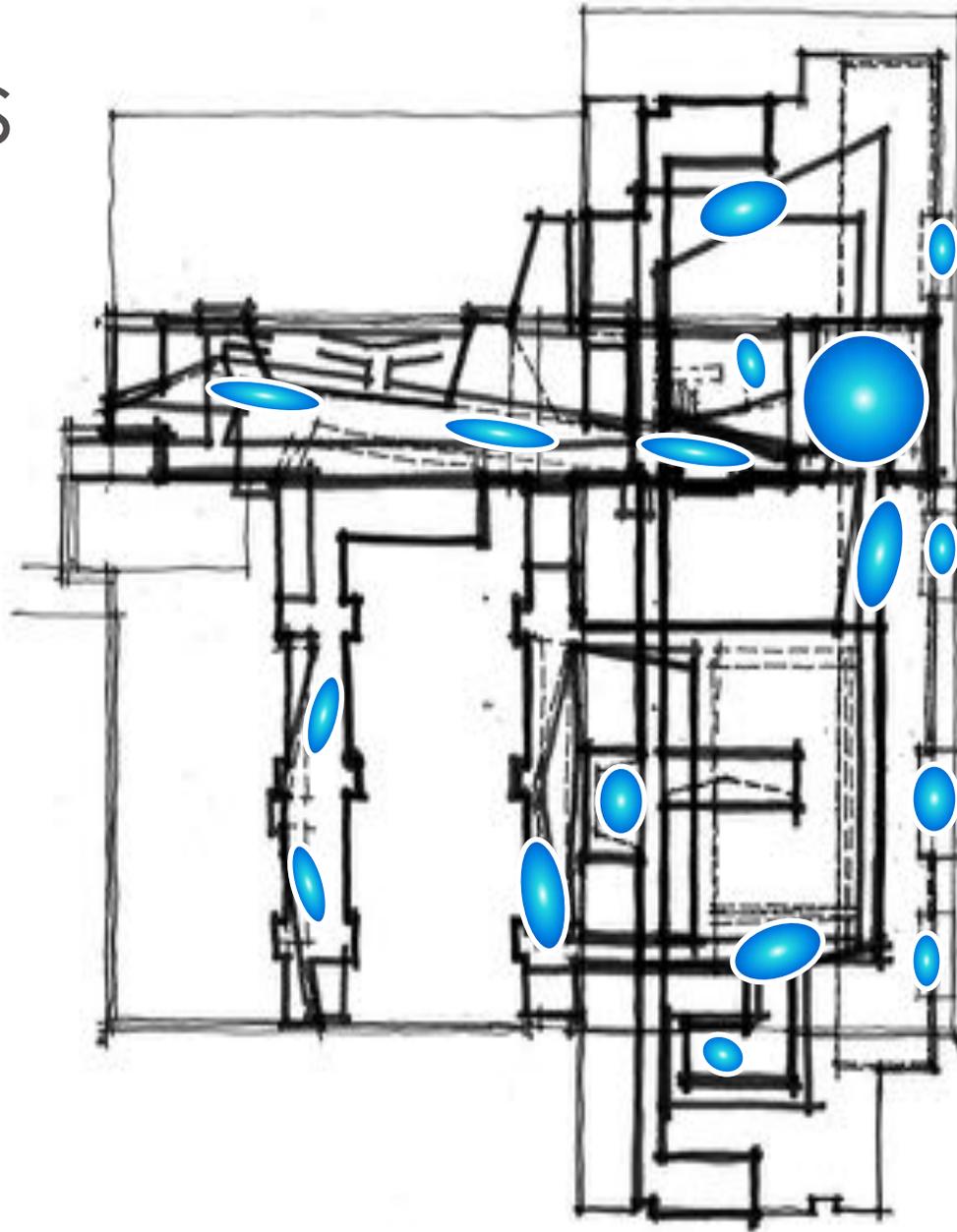


- PUBLIC
- PATIENTS
- CLINICIANS
- DRY LAB RESEARCHERS
- WET LAB RESEARCHERS

Collision Zones



CBH neural network



Collaboration – community scale

Synapse Hall

Clarity and ease of circulation

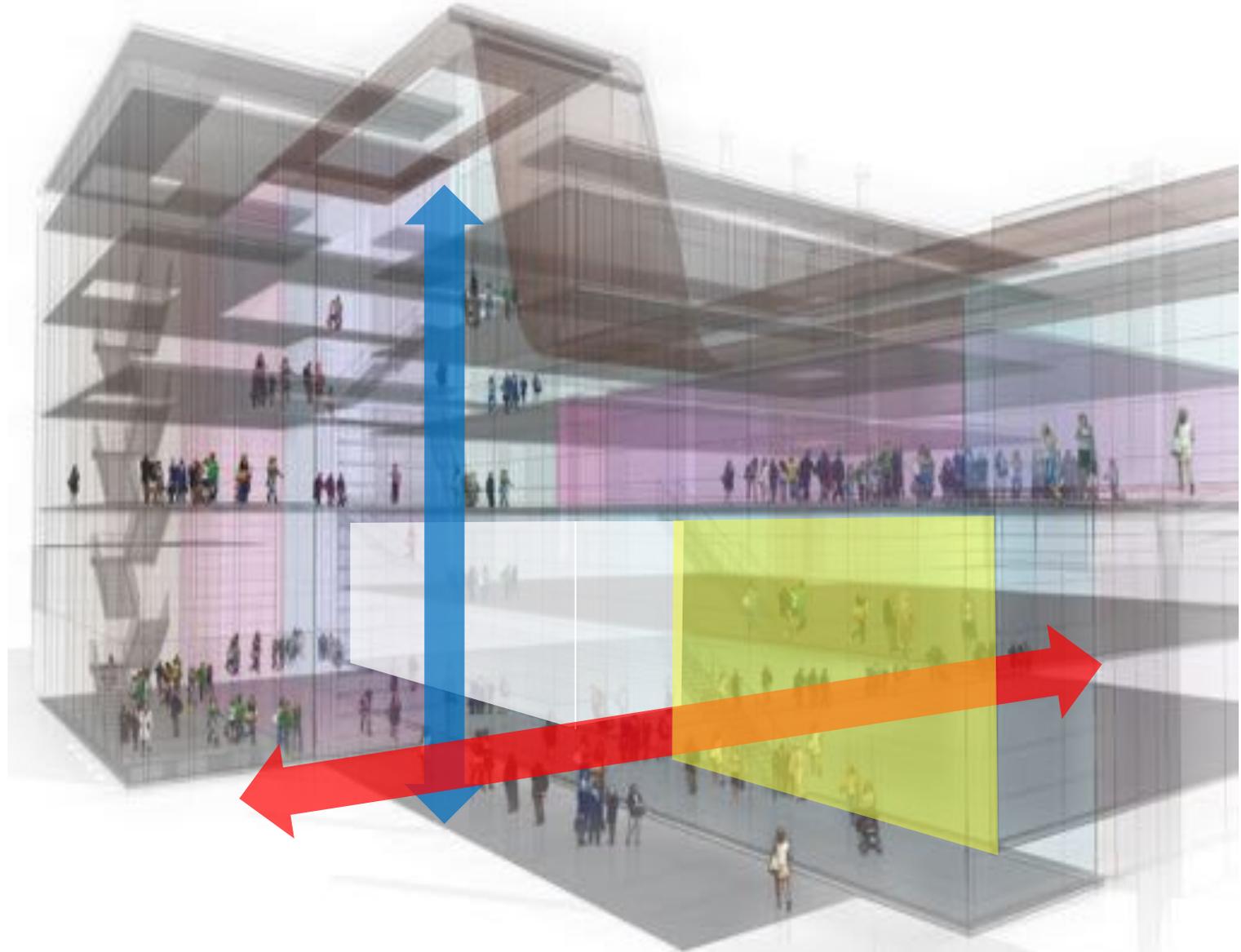
Atrium is hub for all public circulation and all entries

Clearly identified programs / destinations

Clinic side treated differently than lab side and eases issues of safety, security and privacy

Vertical integration

Fosters visual connectivity between researchers, clinicians and patients



Collaboration – lab studio scale



Collaboration – agile theme based labs



Collaboration – impromptu exchange



Motivating, Inspiring and Empowering Patients

Guiding Principles

Consolidation of patients, researchers, physicians, staff and students in one building to promote rapid innovation dissemination and to empower patients

Patients First
All patient activities occur on a single day at a single place

Innovation & Teaching
Integration of clinical research & teaching missions into the design



Healing Environments
Peaceful, calm, warm, and inviting environment with daylight and views

Operational Efficiencies
Close adjacencies among clinics, Infusion, Pharmacy, and clinical trials

Empowering Patients

Patients must feel they are being cared for:

- *Architectural environment which is **comfortable** so willing to give time, donate tissue....*
- ***Part of something** bigger than just themselves*
- *Patient focused – design for unique **patient-population determined needs***
- *Interior design and furniture to create **sense of sanctuary** to support all of the above*





Empowering Patients

Interior design

The basics – natural light, generous spatial environment, visual markers and convenient flow....all table stakes.

Celebrate Asymmetry wherever possible - interior plays off classic left brain / right brain distinctiveness, in celebrating asymmetry and in turn reinforcing way finding and orientation for all users and complemented by material and colour selection within a neutral palette

Tailor specific furniture selection - furniture is significant portion of and requires attention which is specific to patient population



Interior Design – design with empathy

Neurological Patient Population has extreme **mobility issues** (MS, Lou Gehrig's & Parkinson) and the furniture was selected to support their weak upper body, awkward ability to transfer, difficulty 'stopping & starting', and of course, ensure safety (no casters)

Cognitive Patient Population has subtle and unpredictable confusion (Alzheimer's & dementia) and the furniture was selected to offer **clear visual** cues such as not selecting white chairs for areas with a white floor, or not selecting a black seat with white arms that could be perceived as a chair with a hole in it;

Psychiatric Patient Population has very extreme psychiatric problems (acting out & aggression) and the furniture was selected to be **passive**, such as no parts that can be pulled off & thrown.

Empowering Patients

Year 3 – how is it working



Empowering Patients

Year 3 – how is it working

- Participation** – 86% patient participation and climbing
- Empowerment** - 65% of patients now visit the 'Forum' to meet with researchers as part of their appointment
- Outcomes**
- 24% decrease in anxiety stabilization
 - 28% increase in family member's rating of patient's personal Doctor
 - 30% increase in individual engagement
 - 32% increase in patients reporting shared decision-making as part of experience
 - 18% decrease in suicides
- Research Efficacy** –
- 35% increase in published papers
 - 25% increase in retention
 - 2 spin-offs through industry partners



Thank-you

Questions??

