



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

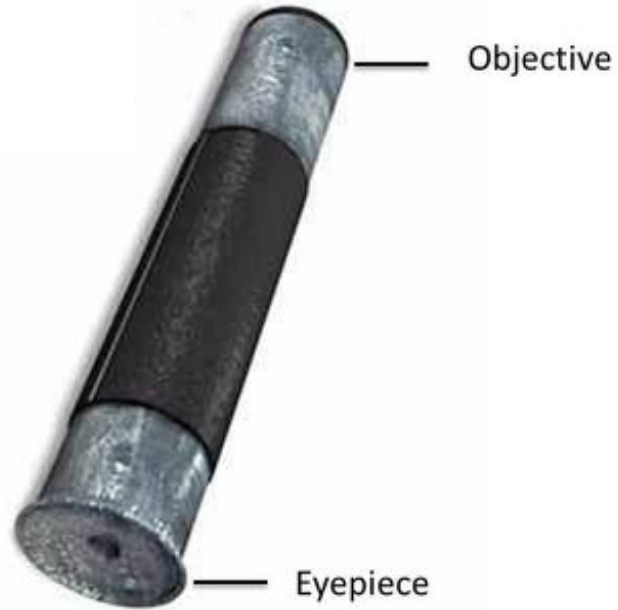
# 3 Integrating Science and Care

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



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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

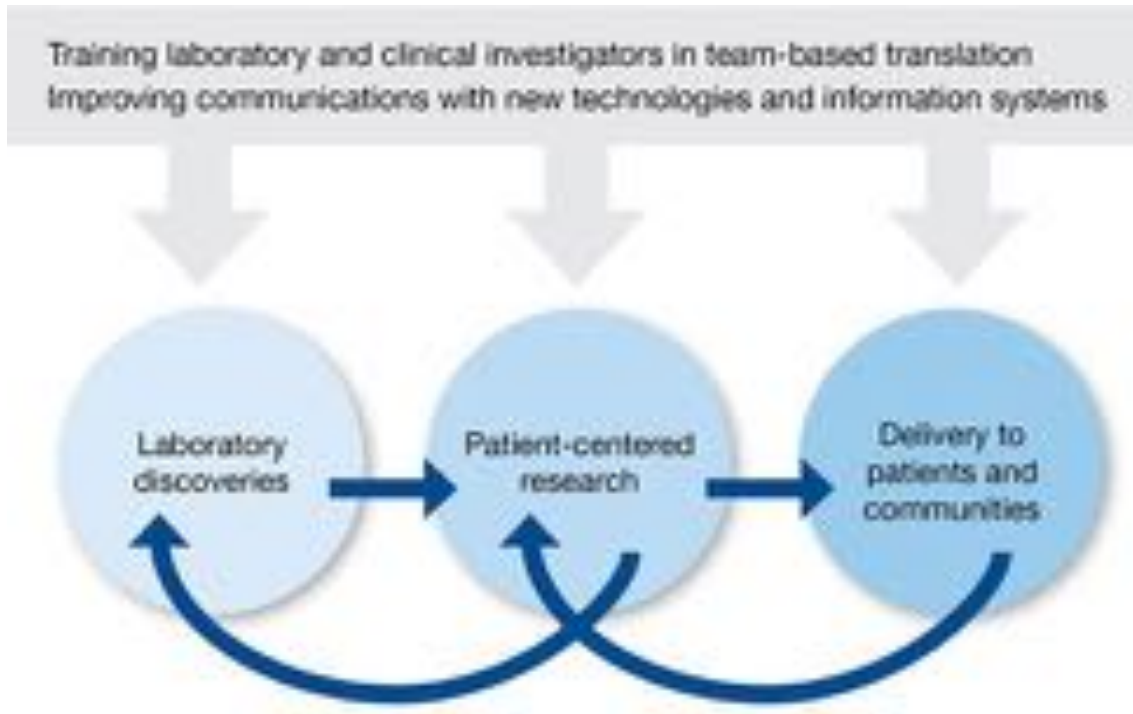
Transdisciplinary  
Innovation through Collaboration  
**Emphasis on Translational  
Research**

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 21<sup>st</sup> 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*



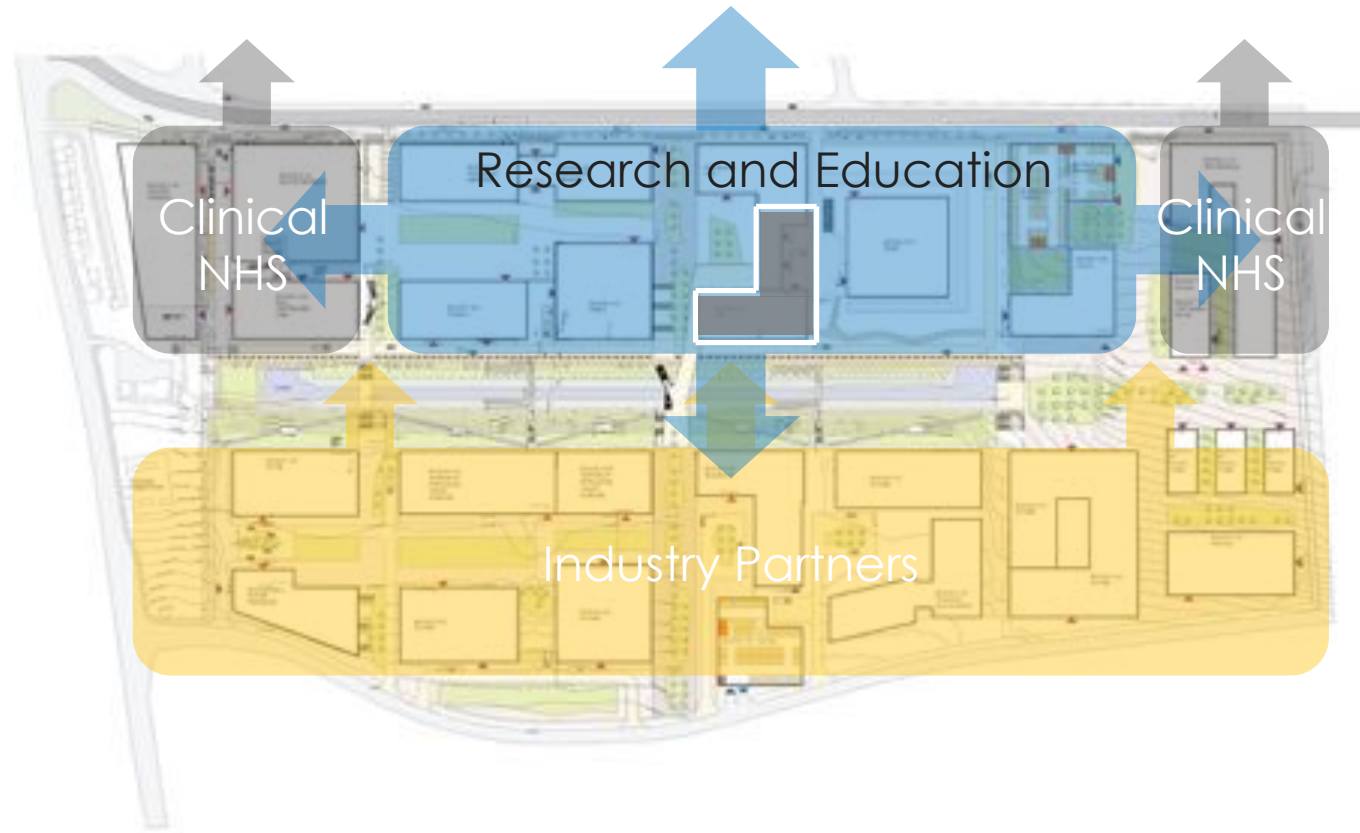
# The Edinburgh bioQuarter





# 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



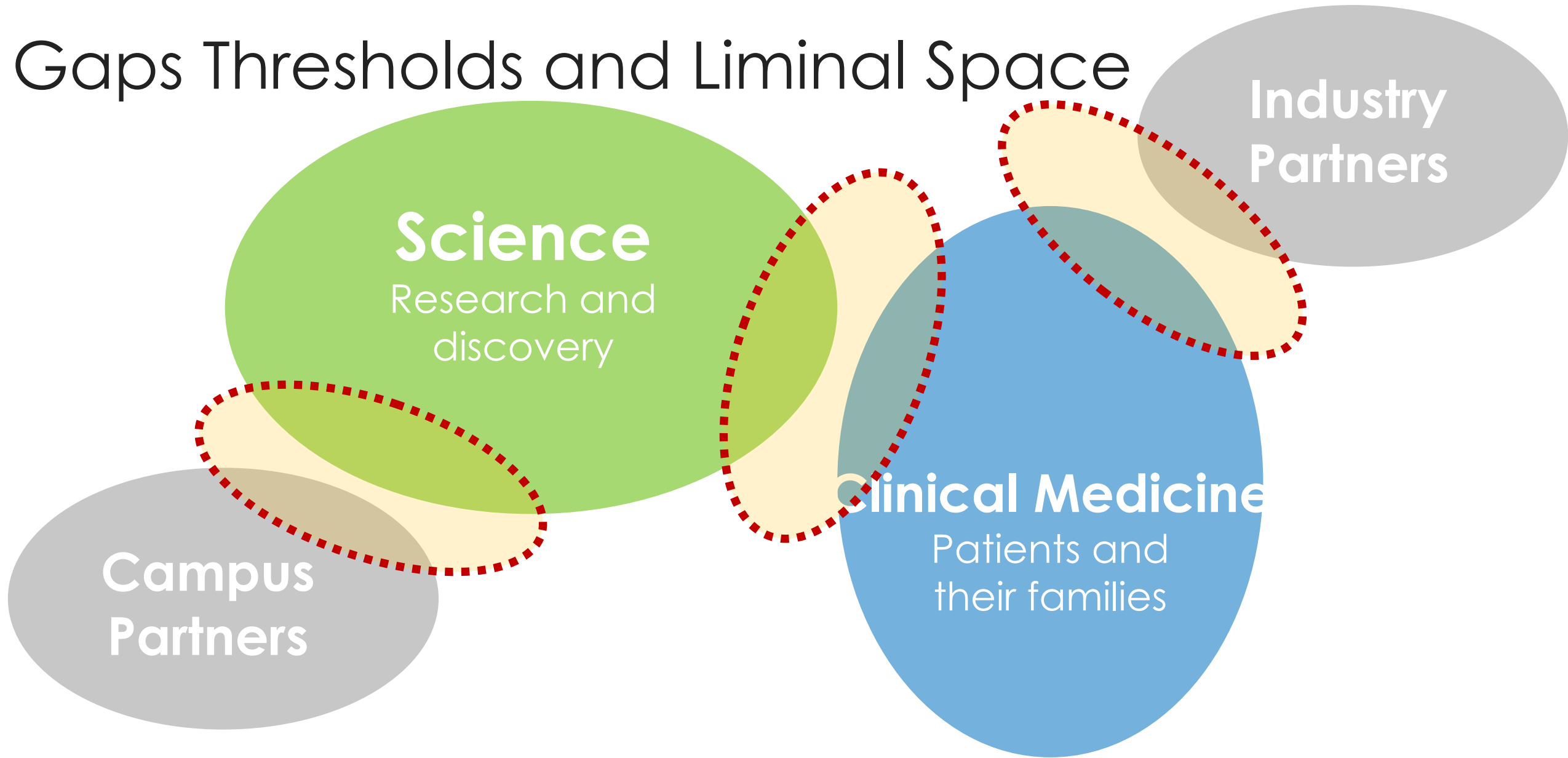
adjective lim·i·nal \ 'li-mə-nəl \

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

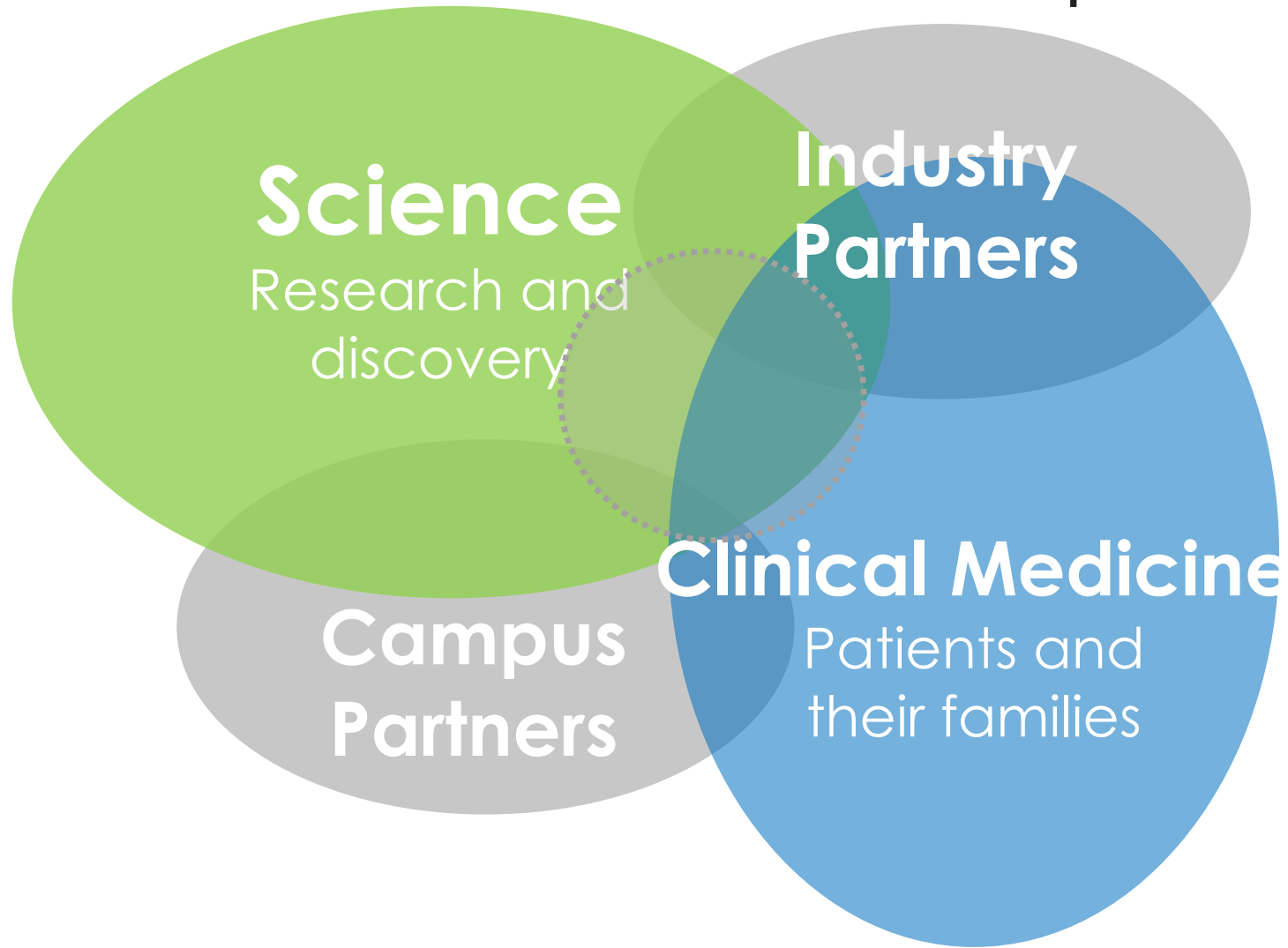
**2.2:** of, relating to, or being an intermediate state, phase, or condition : IN-BETWEEN, TRANSITIONAL in the *liminal* state between life and death — Deborah Jowitt



# 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”

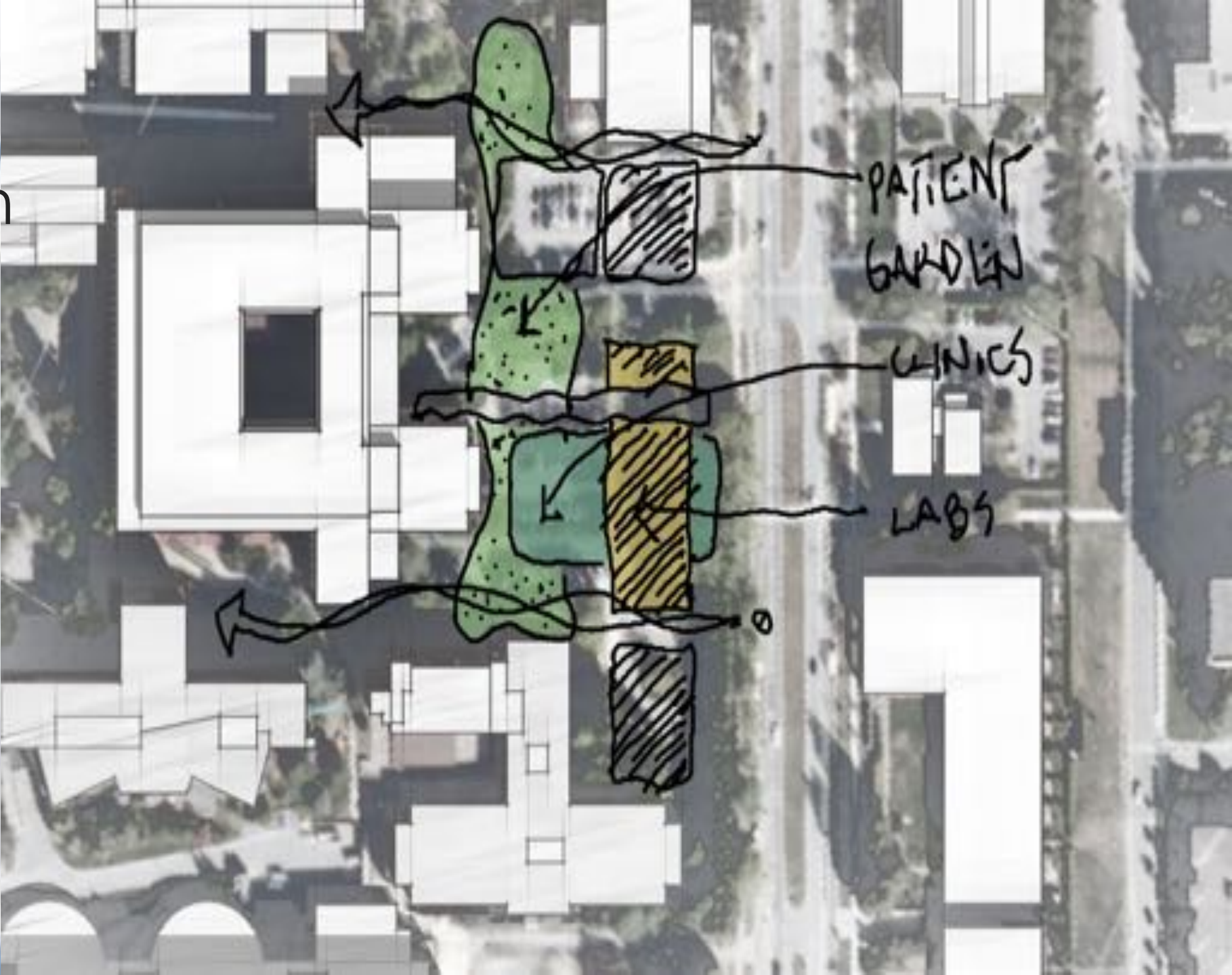
Promote synergies  
Creating a Community

Empower patients  
100% Patient Participation

# Edge and Garden



# Edge and Garden



PATIENT GARDEN

CLINICS

LABS



# 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*

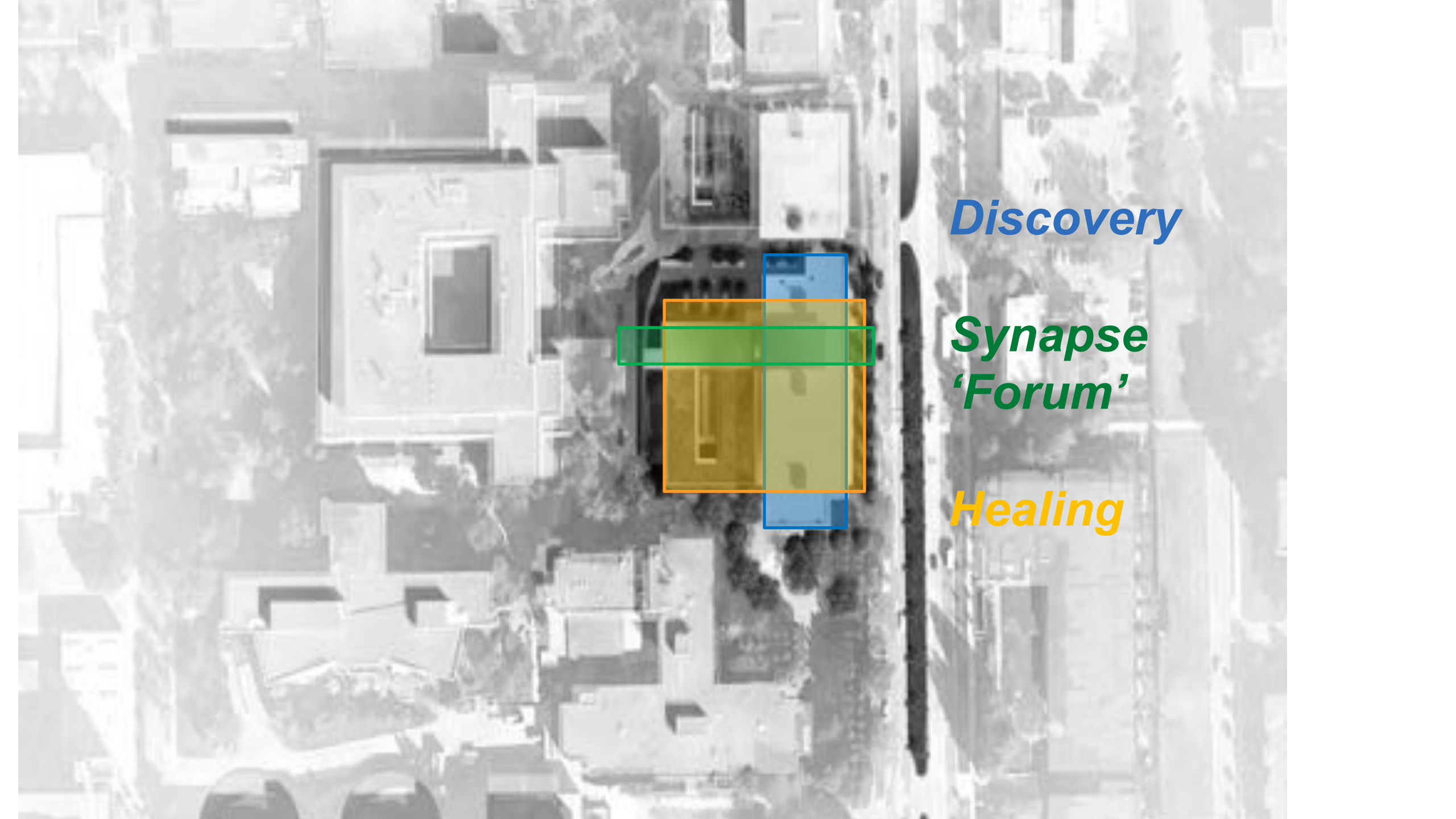
*Natural Light and Sustainability  
to enhance experience*

# Collaborative Environments



*Frequency  
Quantity  
Quality*

*of interaction*

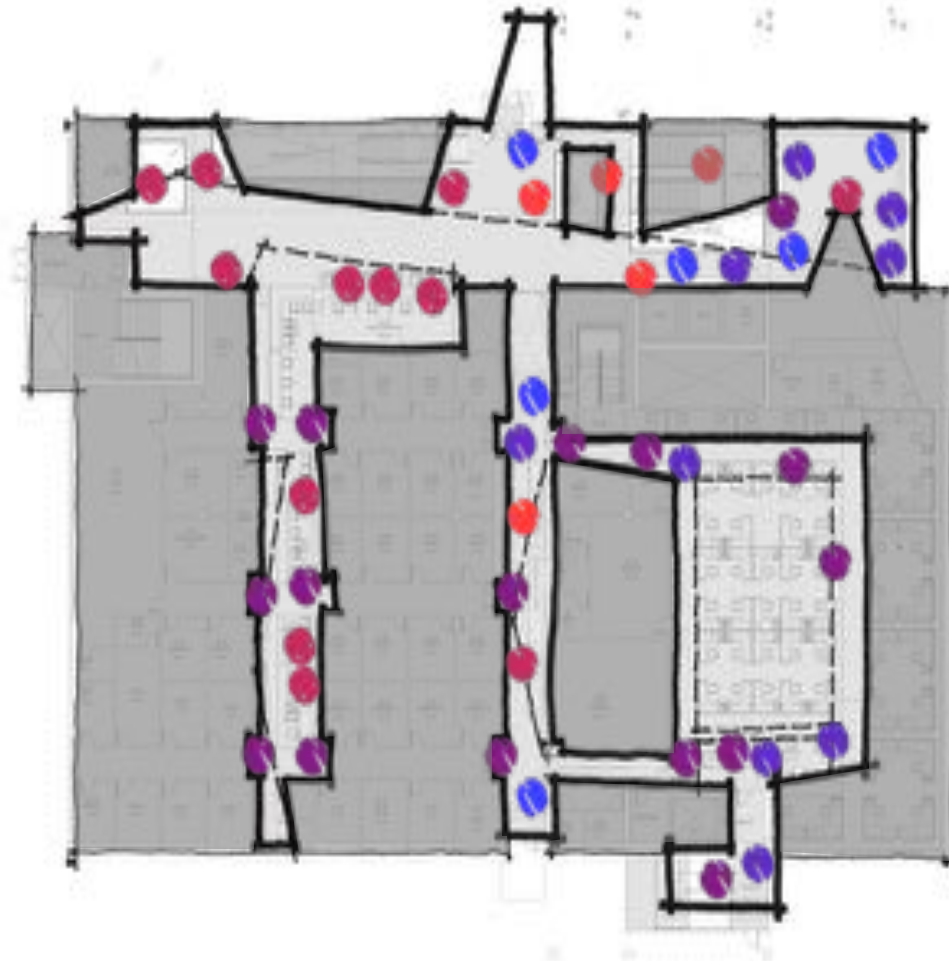


*Discovery*

*Synapse  
'Forum'*

*Healing*

# Planning for several populations

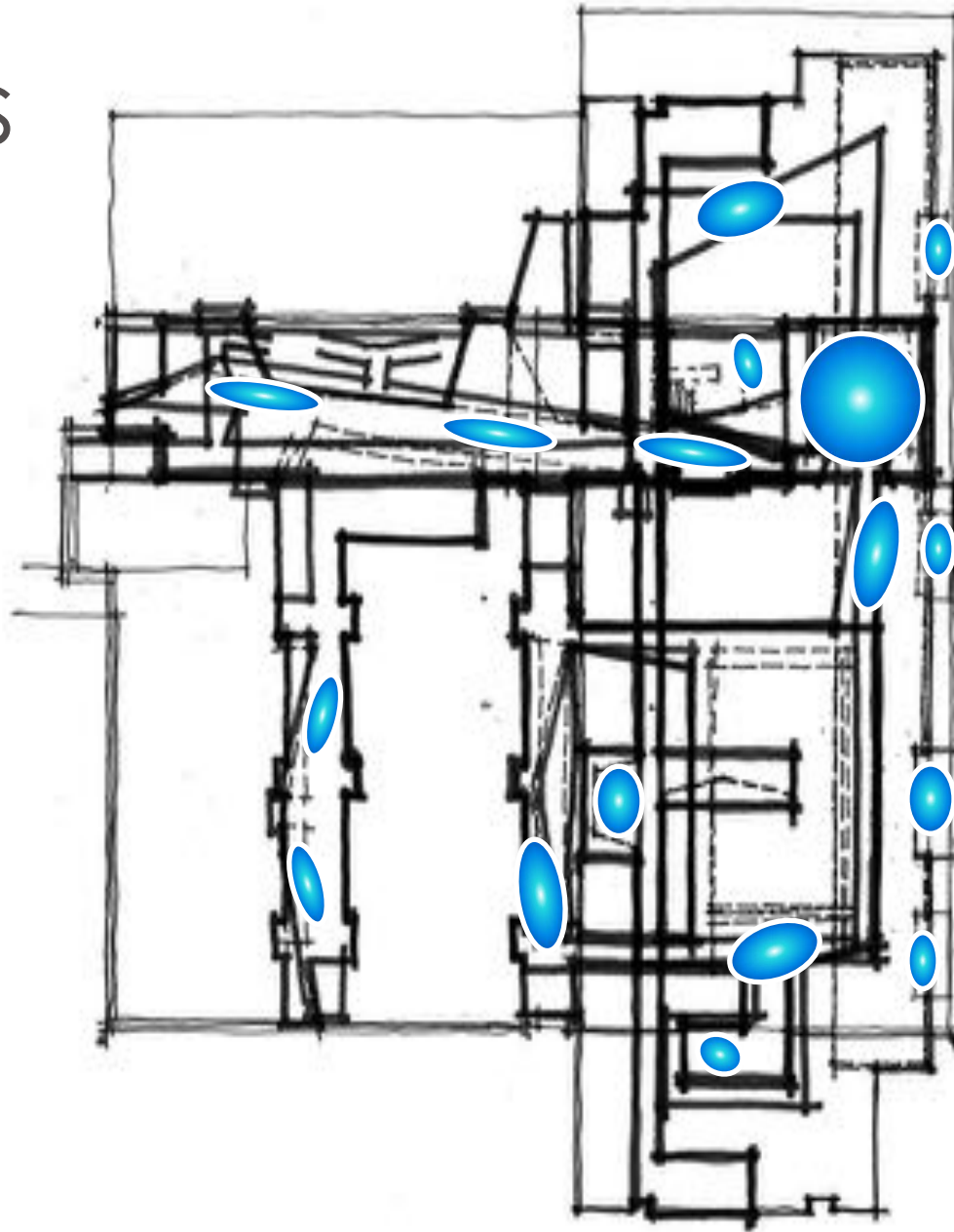


- PUBLIC
- PATIENTS
- CLINICIANS
- DRY LAB RESEARCHERS
- WET LAB RESEARCHERS

# Collision Zones



CBH neural network





# Collaboration – community scale

## Synapse Hall

### Clarity and ease of circulation

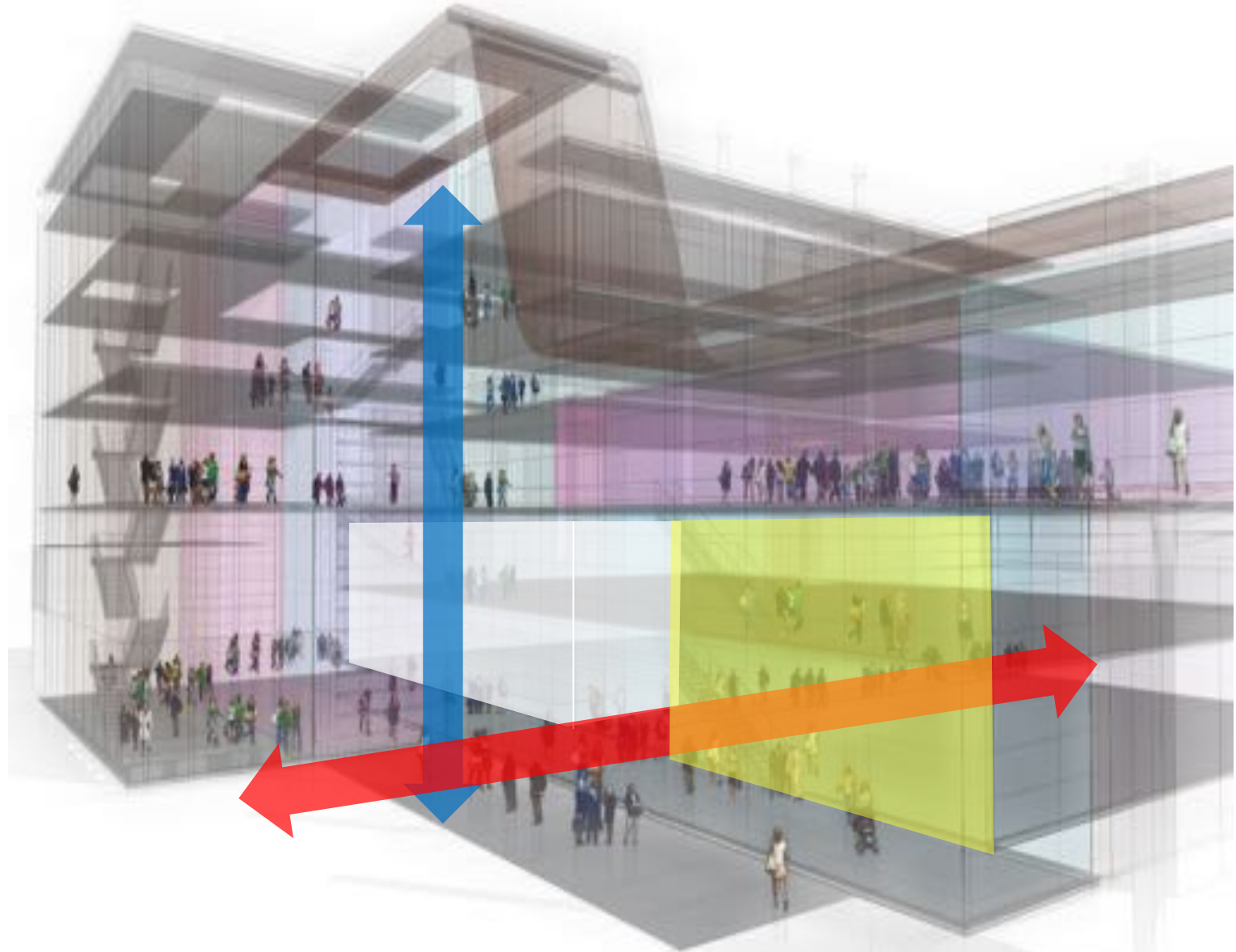
Atrium is hub for all public circulation and all entries

### 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??

