

>> Second of three open houses. And today, we have Cecile, Susan, and I think Elizabeth is not going to be here. Is that correct? So I think Cecile will be doing that piece. So talking about the health center in general and then the specific services that the health center provides specifically. So I will let each speaker maybe just give a little bit more of an introduction of yourself, your role, who you are. And then we'll leave time at the end for questions. So I will turn it over to Cecile.

>> Thank you very much. I am Cecile Dahlquist. I am the nurse practitioner at the student health center in Palm Desert. I have my Doctorate in Leadership Education. I have my master's as a nurse practitioner from UCLA, and I love serving students. So I'm going to give you an overview of what we do at the student health center. It's just really quick. I have like five to 10 minutes, and I'm squeezing in also health educators. So Jesse, I believe that's my first screen. Is that correct? So next slide, please. So the student health center. There's four buildings on campus, and the student health center is located in the Palm Desert Health Sciences building. So if you pull into the parking lot at Palm Desert and you hang a right-hand turn, and all the buildings are on the right-hand side, if you go to the -- it kind of looks like the third building, but it's really the fourth building before the big open field, and that's the Health Sciences building. And we hold our science classes in there, and the library is in there and also the nursing department, and in there is the student health center. But you have to go by these big white doors. If you walk in here, you turn left, and there's two very imposing big white doors, but go through them anywhere. Wait, because that way you will find us. And we always have condoms, and we always have candy, and we're fun to talk to you, so come visit us. Next slide, please. So this is Sandra. She is our registered nurse, and then there's me in the middle. And then that is Julio, who is our office manager and Julio is there. Well, he has been there five days a week as our front office, that may be changing. And I work 20 hours a week, and Sandra works 20 hours a week. And next slide, please. And this is Dr. Rob Gardner. We have the benefit of having a psychiatrist working. So when we're not in COVID times, Dr. Gardner actually does telemedicine all the time because he's in Spain. But he gives us psychiatry services. And the next slide, please. And then there's Susan Lilly, who's going to be doing a presentation on her own. So I just put her lovely little stuffed animals that she has in her office because you can always go visit her also. She will expand on her services, and if you need a hug from a stuffed animal or a nice warm, cozy blanket or some tissues, she those available also. But I will let her explain later on. Next slide, please. And so I'm going to talk a little bit about student health services during the COVID pandemic because it's a little bit different. So normally, you would come see me on the campus. I told you where we're located, but right now, nobody can come on campus. You're not allowed to come on campus, and neither am I. So now we are still providing student health services, but we're providing them through telemedicine. Next slide, please. So what is telemedicine? Telemedicine is basically we can provide many or even most of the same services either through telephone visits or through HIPAA Zoom visits. And that includes, we can treat your -- most of your chronic care issues, most of your acute care issues. We can still provide contraceptive services, although it's a little bit more limited. We can order labs for a small fee, and we can still write and fill prescriptions and send them electronically to the pharmacy. So many of the things that we used to be able to do in the office, we can still do via telemedicine. Certain things we can't do. So we can't do like immunizations because you need to be there for me to give you an immunization, and there's certain contraceptive services that normally I provide. So normally, I can do the long-acting reversible contraceptives like IUD and implants, but I need to physically be with you so I can. We can't do those on telemedicine, so we're still a little bit limited. Next slide, please. So the good news is your student health fee that you've already paid, yay, with that big check that you wrote or whatever, your student health fee is covered when you pay your fees for Cal State. And so that includes free office visits. You could always come see me normally, or you can always call and make a telemedicine appointment. There's no charge for that. Counseling visits with Susan or visits with Dr. Gardner are also covered under your student health fee. Normally, if we're in the office, we can do pregnancy tests for free. We can give you flu shots for free, which we'll talk a little bit more about later. We can do labs, certain labs we do for free so we can check you for a urinary tract infection or do a CBC or do a strep throat on you for free. So many things are covered under your student health fee. Next slide, please. And then there's a minimal fee for some other things. So I can write prescriptions, but the prescriptions actually, we send you out to get them at the pharmacy. And generally, what we'll do is we'll cost out where the cheapest places. So if you go on an app or, you know, online for GoodRx, we'll look to see the best place to get it filled within a certain area. And 99% of the prescriptions that I write are generally under \$10. I can do pap smears for a small fee. I can do STI testing for a small fee. I can order lab tests, CBCs, cholesterol, chem panels. And often, even if you have insurance, the fee that you would pay at the student health center is often less than you would pay even if you have

insurance because you might have a copay to go in to be seen and then an office, a lab copay. So generally, for a CBC, a chem panel, a thyroid screening and cholesterol is generally between \$20 and \$30. And I can do TB test screenings, and we can do immunizations for a small fee also. Next slide, please. We provide contraceptive services because unplanned pregnancies account for nearly one in 10 dropouts among female college students and 7% of college student dropouts overall. So we're very, very vested in making sure that if you have a pregnancy it's planned and one that you wanted to have, and then unplanned pregnancy, if that's something you didn't want to do, that we can provide the services to help you succeed in your college, in your university endeavors. Next slide, please. So we talked a little bit about the flu shots, and yay, we're having a flu shot clinic tomorrow somewhere in Palm Desert. So if you haven't had a flu shot yet, and you are a registered student, which I am assuming you are, if you're coming to this, you can actually drive into the Palm Desert Campus tomorrow between 10 o'clock and two o'clock. There are some forms that you need to fill out before you come. So we'll talk about that in a minute, but if you are an enrolled student, then it's actually covered for you. Next slide, please. So if you go to our website, the student health center website, this is what you're going to see, and we'll have information on the free vaccine, flu vaccine clinics, and it'll tell you what you need to do. So it'll tell you to log into the patient portal with your Coyote ID, to click on the forms tab, and then to fill out the influenza vaccine authorization form and to bring a mask. And then also, you need to click on the permission, the COVID screening, the COVID daily screening, which if you go to myCoyote, there'll be a COVID daily screening to grant you permission to be able to come on campus. Next slide, please. So that's my quick portion in a nutshell, and then I'm going to talk a little bit about peer health educators. And this is peer health educators, some of them in action, and you may say, "What's a peer health educator?" Next slide, please. So oh, darn it. I can't see the edge there. We have two peer health educators right now at PDC. One is Cleo, and one is Stephanie. And if you actually go online and look at the peer health educators, it'll tell you a little bit about them. They're born and raised in the Coachella Valley. First time peer health educators at PDC, and it will tell you what their interests are. For example, Cleo is interested in sexual, mental, and nutritional health, and she's a vegan. And so it will tell you a little bit about them. And overseeing our peer health educators is our health educator. Which I was looking for a cute picture of her, but I couldn't find anything on her other than just some writing. So we have a new Palm Desert health educator. Her name is Elizabeth Montes, and she's wonderful. Unfortunately, she started during COVID, so yay, she gets to do everything online. But if we go to the next slide, we'll talk a little bit about what they do. Next slide, please. So again, what do health educators do? Generally, they promote health. So the PDU as PDC students can access free, confidential, and individualized health promotion counseling services. And the health topics that could be covered, could be stress or smoking cessation or sexually transmitted infections or education in drug and alcohol use. And then, to schedule an appointment again, you can go on the student health center website or the peer health educator website and click on Elizabeth Montes and send her an email, and she will get you in touch with how we do that. Next slide, please. Again, other things they do is they do educational videos. They have the healthy hub newsletter. They do workshops, and they do a lot of social media health education. Next slide, please. So one of the things they do is, I believe it's weekly, but they put out a Healthy Hub newsletter, and I know Abby puts out the newsletter, and often the Healthy Hub newsletter will be in there. In there would be again, some examples are the risks of eating too much sugar or Halloween activities. Next slide, please. So again the -- oops, sorry, I didn't put the title in there. So this is on their healthy tips, trick or treat, avoid these high-risk activities to prevent the spread of COVID-19, and then low-risk ways to celebrate Halloween activities. Next slide, please. So that's it? No, I think I have a little bit more. That's it. Okay. So that's a little in a nutshell about the student health center and about the peer health educators, and about our health educator. And I believe now I turn it over to Susan, who is also part of our student health center but has her own presentation, so.

>> Thanks, Cecile. Now, it's Susan.

>> Hello. I'm going to go to share my screen, too, and see if I can make that work. Can everyone see that?

>> Yeah.

>> Is it big enough? I'll make it a little bigger for you. Great. So nice to see everybody. I miss being on campus and wandering the halls and saying hello, and who's got candy, and that sort thing. So yeah, I'm Susan, and I've been at PDC, gosh, now for, this is maybe my fifth year there. And I was previously on the San Bernardino Campus in the counseling center there. And they have about 14 or 15 therapists on staff.

>> Hi.

>> And at PDC is just me, and I'm halftime. So I'm there 20 hours a week and my hours are, I work business hours Monday, business hours Thursday and a half-day in the morning on Fridays. And so my training, I have a BS in Psychology and MS in Counseling, marriage and family counseling and all with the dissertation in Somatic Psychology, and I'm duly licensed as a marriage and family therapist, and a licensed professional clinical counselor. That's the newest license for therapists in California. Let me see if I [inaudible], okay. So the counseling center at the main campus is called Counseling and Psychological Services, CAPS for short. And I actually work under them. I work under the Director, Dr. Caroline O'Keeffe, and we -- especially since COVID, we've been much more collaborative, and I'll talk about that a little bit. So all students are eligible for counseling service. They've already paid for the student services fees, health services fees, and that includes therapy sessions. Students must make their own appointments. Every once in a while, we come into a situation where the parent wants to call for the student to make an appointment. We can't allow that because they're adults, and we have to deal with the student directly. All services are confidential except for the limits of confidentiality by law. So teachers don't know when students see us. Administration doesn't know, and that's really important for students for a lot of students to know that, and the limits to confidentiality are mostly based on public safety issues. So if somebody is in danger of being abused or neglected, if they're a minor or disabled adult or an elderly adult, we are required to report that just like any other mandated report is. But most of the times we can keep things confidential for our students. In the San Bernardino counseling office, we have several therapists who speak other languages, and they're there at the third bullet point there. So students are wanting to have therapy in their native tongue. We have those people available, and they can request that. And we try to make that an accommodation for them because sometimes therapy is difficult if you're not speaking in your native tongue because there are a lot of nuances that can get missed and that can be very important. So the services we offer, we offer individual therapy. We also offer group therapy, and each quarter we post on the website, and it's all sent out through social media and flyers and things like that for what groups we offer, any particular quarter. We do, do couples counseling. We've kind of pulled back on that for just some subtle liability issues. So if both parties of the couple are students, we can see them as a couple. It used to be that only one person had to be a student, but we realized that there's some issues that can arise by treating someone who's not a student. So we limited to students. We also offer workshops that will be posted on the websites and things like that too. And all students are eligible for services either at the CSUSB counseling office or PDC. So typically, when we're meeting in person, if students were enrolled in PDC classes, they came to our office to see me and vice versa. But now, since all our sessions are online, we can interchange that. So if the student wants to see a male counselor at PDC, we could never do that, but now they can see a male counselor at the CSUSB counseling center. So that's -- and they can attend all of the workshops and all the groups there too. So we are also doing -- we also have access to HIPAA compliant Zoom, except for the workshops. They go over regular Zoom. So everything remains confidential. And we've had zero problems with any hacking or anything like that, that we hear so much about, which we're really grateful for. The main office for the front office -- front desk people are there from Monday through Friday, 8:30 to four o'clock. The best number to call for students to make an appointment through the counseling center at CSUSB. It's the clearest way for them not to get caught in the phone purgatory to get to the main counseling center because they're live. So they can call that number, and they can let the staff know that they'd like to see the PDC counselor or whoever they want to see if they have a name. If they've been, if a friend will say, "Hey, I saw this counselor, can I have that counselor?" And if that person has space available, we try to accommodate those requests as best we can. We do have throughout the week; every counselor has an open spot for crisis walk-in things. So if somebody calls in the morning, and say, "Hey, I'm having a really hard time. I don't know what to do with myself. I can't wait a week for an appointment." They can get students in to see a counselor that day, most of the time, 90% of the time we can do that. If we don't have enough slots, sometimes we call our regular clients and say -- ask if we can reschedule to be able to work that person in. Sessions are 50 minutes long, and that's very typical. Most of us like to work with students, to meet weekly because it's the way we can establish rapport in a therapeutic relationship most easily by meeting consistently once a week. If we do get impacted then a lot of times we will go for students to have sessions every other week. We are generally a short-term therapy model, but we don't right now have a limit for sessions. So we try to make the number of students -- the number of session students can see us based on clinical factors, whether they're making progress, whether their needs have been -- goals of therapy has been met. But as we become impacted, we do try to work people through the transition to either go to a

group, and individual therapy or be referred out into the community for other resources, so we can work students and who haven't been able to get in to see us. But right now, we're doing -- where, we don't have a waiting list. We've been able to meet the needs of the people who've contacted us so far this semester. We're pleased about that. So I wanted to give you some, the websites for our CAPS. And then we have options for the group. There's a section for that, options for the workshops. There's still some workshops coming up. And also, we have a tab that will take you to resources. And I'm going to show you that if I can find it on my screen. So this is the CAPS web page. And this is the part where you go to the resources, so. And we have apps, hotline and community resources off-campus, counseling services, and wellness resources. So if we go to apps, these are -- we've all kind of vetted these. Various counselors have collaborated and put down what apps we think are very useful that we've had experienced with, that are, you know, kind of the real deal. So we have apps for anxiety, depression, fitness, finances, habits, meditation, relaxation, managing your mood, nutrition, PTSD, self-care, self-harm. So there is a lot of resources. So anybody in our campus community and anybody could access the website has access to these apps. So that's mainly for students, but anybody can check these apps and find out what they might be useful for them. The other one is our workshops. We have a session for upcoming workshops and a section for recorded workshops. So we have started recording our workshops. So if students can't come at the time they're offered, they can come in and see what's been offered and see if anything appeals to them or where they might find useful. And they can do that whenever they want to. And then the group options. These are groups that we have offered. There's another managing your mood group coming up in November. Some of these groups are closed because they've already started, and it's disruptive to start with new people. It's disruptive to group cohesion, once the group has been started. But some of them are kind of drop-in groups. So let me go back to my other screen. And generally, we work on what the services we offer. We work with a variety of issues and topics. And these are just some of the ones that we get, adjusting to college, especially for freshmen or transfer students. Coping with COVID is a new hot topic in therapy. And we are all just kind of trying to figure out as we go, because this is new for all of us. So it seems like it's becoming very old and stale lately. Time management, study skills, relationship issues, stress management, anxiety, depression, these are big ones. Trauma. We work with a lot of people who have experienced various traumas, body images. Unfortunately, it's a real big concern for people and just basic decision-making, grief, and just mental wellness and personal growth. So yeah, that's all I have for now. And I think Cecile and I are totally open to any questions or concerns. So we will be happy to try to answer.

>> Thanks. Thanks, Susan and Cecile. Yeah, we've got lots of times, so we can open it up for questions. If folks have questions about your students or the services or issues or anything like that. Go ahead and to do that.

>> I'll ask a question about the CAP services. And I apologize if you said this and I missed it. But I saw your -- the hours were like eight to four or something like that. Are there options for evenings and weekends for students that might need those?

>> Good question. So the main office hours where the office personnel is managing the phones from 8:30 to four, Monday through Friday.

>> Okay.

>> Therapists usually start seeing clients. We have eight o'clock in the morning appointments all the way through. I think the last appointment can start at 5:30 because some people are working 10-hour days. We don't have a therapist from our offices to do sessions on the weekends or evenings. However, if people were to call the main counseling number that I posted before, and I can pull it up again if you need me to.

>> No, it's okay.

>> Okay. Then we do have a program called Protocol, where if students call that number and they feel like they're in crisis, they can listen to the prompts. So I believe it's eight, they can press eight if they want to speak to a live counselor. So we contract out for crisis counseling phone service, and they will get the student's number, and they will do whatever they need to help that student resolve whatever they're going through immediately. But we also get a report saying that one of your students called, so we can follow-up with them the next business day.

>> Okay, great. Thank you.

>> Good question. Any other questions, concerns?

>> Susan, you may have addressed this, and I missed it and apologies if I did. What's the waitlist like for students [inaudible]?

>> Right now, we don't have a waitlist. We are getting more busy since midterm, which has really come into full fruition. So we don't have a waitlist right now. My guess is, is the holidays approach and as finals start to approach too, we continue to be full. So right now, we don't. But we often do, a lot of the quarters, we often do.

>> Any other questions from anyone while we have these folks?

>> What are you all seeing in terms of students' stress levels and things like that, because sometimes this is faculty, and you're on the front line of all that?

>> But I guess I actually kind of have a question to follow-up with that question that you just asked. And that is getting students to actually, you know, use the services that are available to them. I mean, one of the concerns I think that I've had, especially this fall, it's like the second kind of full semester or quarter of being online is that the students just seem like they're getting very burned out, tired of being online on their computer. And then, you know, if they're in a situation where they need help, or they need counseling, again, like they have to go to the computer to get that done. So I just didn't know if there's anybody else that's seen similar things or if there's any advice or things we can do to help overcome that potential issue.

>> Yeah. It's a real issue. And yeah, until we can meet in person again, I don't know what we can do. Now, if a student really is opposed to doing another Zoom or face to face video, we can do sessions over the phone, if that alleviates some, you know, just the -- you know, the eye strain and visual fatigue about that. But there are some drawbacks definitely just like within classrooms. I'm sure of. In therapy, it's difficult to not be in the room with the person because you miss so much. And there's so much energetically that transpires between human beings that it's really hard. And the way I work, I've had to adjust a lot to that too. Because I work somatically. And part of that is, you know, brain to brain, eye to eye contact and all the stuff that transpires in the room. So it is really hard. So I would just encourage people just to check it out, you know? So if a student thinks they might want to, but it's like, oh my gosh, what's going to be -- am I going to be in therapy for years? No, just check it out once and see how it goes. See if it's for you, you know, and that's okay. If people want to come and just do that, we'd like to work with people who are serious about getting some help and working through the process. However, if they just need to check it out to get some sort of support just to know they are there, you know, that it's there for them if they need it, that's cool. That's cool. Yeah.

>> Then I think as faculty, we have some of the similar constraints, right? Whereas we might notice differences in body language or some of those things, you know, energy levels, things that we might visually see in the classroom. It's hard for us to ascertain, you know, in the online environment. So it's similar in that regard. And so when you ask me about the stress levels of my students, right? I'm instantly feeling like, ah, I don't feel like I have that firm handle on that like I do otherwise.

>> Yeah. Can I say something?

>> Yeah, sure.

>> With my students, what I'm noticing is very detached, and I don't feel like I'm building as much of a rapport with the students as I usually do. And a lot of it is that -- a lot of it in here I have my video off for the moment, but a lot of them are in my class, and they won't turn their videos on. So I don't even know what they look like. You know, I can't see their facial expressions. It's really hard to read what's going on with them.

>> That's so true. And for both of you, I mean, honestly, kudos to you. I don't know how I could manage a room full -- a Zoom room full of 30 or 50 students. I think that you're doing incredible work. And I think it's impossible to have that same sort of connection with your students in that way. So I would, you know, just be aware of what you can and give yourself a break. Let yourself off the hook for that, you know. You can let your students know that if you need to contact me, this is how you contact me. I'm open to contact within your own boundaries and limits, that sort of thing. But it's through the work we've been able to do and the way we've been able to do it before.

>> Yeah, I know. I mean, I'm not blaming myself for it. I'm just saying that that is one of the downfalls here is I'm not reading my students well, because I don't see them. You know, some of them won't even turn their cam. Sometimes I go into a classroom if I have 40 students. I'd always tell them, please, I want to see your faces. You know, I want to talk to you. Maybe 10 will turn their cams on, the rest of them. Some of them have stayed black, you know, all semester. I don't even know what they look like. let alone, read their body language or see if they're enjoying. If they're thinking, if they're smiling, if they're crying, you know, I have no idea what's going on out there. It's been a little difficult. But you help them when we can't even, you know, we can't even see what's going on with them.

>> From a healthcare perspective, too, it's been challenging, and as much as possible, we offer them and encourage the Zoom visits, but often they just want a telephone visit. I think for the same reason, they just don't want to really see anybody, and they're multitasking potentially, and they're in their pajamas. So you know, we're all -- it's COVID times, and we're all adjusting. But you know, we also have to prepare for non-COVID times, and we're all looking forward to. So normally, when we're on campus, we get out there so that they can see our faces so we can build relationships with them, so we're not so scary. Because otherwise, just going through like the clinic doors can be intimidating. So if they see us throwing candy and condoms at them and we form a relationship with them, then they're more likely to come in to see us, or for just in a chicken suit or going down the snow slide. So you know, that difficulty during COVID time of forming those relationships, we don't have the same tools that we had before. And we don't have the same advantages. But on the other hand, it's easier access to getting to see us, so that's the glass is half empty, the glass is half full because gosh, you could be anywhere and see us now and you don't have to drive to see us, so that's a good thing.

>> I do have one question, this is James.

>> Hi, James.

>> One thing I am noticing, and I'm not sure how to handle it, and I've seen this with my class, it is I had a student, like last week say, you know, send me an email saying they couldn't make it to class, so something else going on. I said, well, hey, you know, talk to a friend to get you notes. And he said, well, we don't have any -- I don't have any friends in the class. And that's what I'm noticing as a trend. And any suggestions on how to sort of bond them together? But that's what I'm really seeing is that they're just not doing much as -- I've tried to doing like a Skype group. I'm trying to get them to start -- I have a Slack channel for them just to [inaudible] and talk. And I'm trying to encourage them that it's this not [inaudible].

>> Well, it sounds like you're making a really good effort to try to help them. And there are, you know, there are some students that even pre-COVID are reluctant to form friends. You know, I've worked with students who are extraordinarily shy and anxious, and they won't talk to their classmates.

>> It's this more than -- it's more than usual. It's this --

>> I agree.

>> I'm a math professor. And we do all -- our new model is all group work and trying to get them into breakout rooms and talk, it's like only there, because they don't -- I can't get them to form any type of relationship between each other. And I'm open to suggestions.

>> Yeah. It's just -- if you were in a classroom and were able to have small group work in a classroom, it would be so much easier.

>> Yeah. And even in the breakout service, like I go in there and I just, no talk. I got them to turn the camera on, but they're just like staring off into the blank world. Like they don't know each other. So I'm trying to figure out what activities I can integrate into the math. Maybe get them to start building that bond of friendship or the acquaintanceship or something that they can start.

>> Well, I'm thinking off the top of my head, but I wonder if you could just make a little fun questionnaire about, you know, that they have to turn in to make it, to weight it a little bit, to you know, like, what's your favorite color? What's your favorite food type? Who was your favorite math teacher in high school? You can make it sort of math [inaudible]. But just kind of just fun and non-threatening kinds of things that they can disclose to each other, to have this little spark of conversation. Who's your favorite band? What's your favorite video game? Just those sorts of things. I don't know. Anybody else have any suggestions? I think Sean, maybe you have.

>> I see Flipgrid. The issue is we started also a new -- we're using Blackboard Canvas and one other platform for their work. So we had a lot of tech issues at the beginning. So my intention was Flipgrid, but it was a big challenge to get through the tech hurdles the first four weeks.

>> Yeah. I'm so sorry. And I'm the least quirky person I know. So it must be really hard.

>> Well, I'm just going to throw in there. As a recent graduate student who just finished her doctorate. I like group projects, and in group projects, you're always going to have the introverts and the extroverts, and you're going to have that, whether you're in the classroom or not. You know, so as a professor, it's always going to be trying to draw out the introverts and have the extrovert shut up. But you know, in a group session, if they have like four or five people that they have to come to, you know, you're giving them some goal that they have to come up, you know, work together on. That's actually how I formed most of our friendships. I mean, we hated them. We hated them, and we'll complain and we'll tell you, gosh, why do you do that? But those were actually the things that form the cohesive groups and the teams of people working together. And it may be the common goal of hating you because you gave them the group project. But on the other hand, it does actually make them talk to each other and form relationships and work together, so.

>> The format of my class is, I lecture for like five to 15 minutes on different topic. I give them the problem, so we meet at the breakout rooms. And then they come back like after the breakout rooms, it's this -- I've always had, you know, like you said, you've got the normal keeping out of topic. It's just been like across the board. Otherwise, they don't want to [inaudible]. So that's been my challenge.

>> Yeah. I wish I could be more help to you, you know, classrooms, you know, teaching is not my thing. So I really can't imagine having to do that under these circumstances. I feel your struggle.

>> And like Sarah was saying, I have the same issue. I have to really same -- I want to see your smiley faces. And once you're there, I need to see who we're talking with. At least --

>> James, can I ask you. Is it the same groups every time. Are you putting them in different breakout groups each time?

>> I've tried both.

>> Because one thing I -- excuse me. I do a lot of group work, and they have to be able to have enough experience with those people to start slowly building that camaraderie. Using old terms that forming, norming, storming, all that crap [brief laughter].

>> [inaudible] Module, is our class has seven modules for the assignments. So one module they'll stay in one group. And then, when it gets to the next module, which is about three weeks, [inaudible] switch them around a little bit.

>> Yeah, I would probably, I mean and one thing I've used in mine is to do kind of what Susan said and to have like an informal survey in the beginning and try to match people based on interests, based on

schedules. And once you set that and you set those groups, stick with it the entire semester and have those groups be accountable for many different things. And they start to build that reliance on each other. And --

>> I feel like I've had these kids all year. I teach stretch course. So I will have them through May.

>> Just a thought.

>> Oh no, I know. I will give that. We're starting a new module next week, so I will do that. Take that advice and try that example. [inaudible] I feel bad that [inaudible]. I could see the demeanor, or I could hear it in the demeanor just, you know, starting to fade. They were thinking, you know, they're going to be on campus, have new friends, people, and it is this -- I'm trying to help support that.

>> Yeah, and picking up what Jennifer says, you might even with your assignments as part of an answer to your assignment for a couple of questions, is this name somebody in your group who likes heavy metal music or name someone in your group whose favorite food group is Italian food or whatever it is that they have to ask the other person to get their answer.

>> Okay. Perfect. Thank you. Thank you for the suggestion, everybody.

>> Thank you for sharing your struggle because I know it must be hard, and I'm sure you're not the only one.

>> Thank you.

>> Any other questions or struggles? I was just thinking about this, you know, whether an unusual time it is and how difficult it is, how we have to adapt to all of this, you know, these new situations. And, you know, I was thinking even in the classroom under, you know, "normal times" these kinds of issues can be really difficult. You know, trying different things to get students to connect, to share phone numbers. You know, I'm even doing it with my child, right? Because his teachers are having the same struggles, not seeing any of the faces either. Do you know anybody in class so you can reach out and ask the question, your text. You know, just trying to get my kid to connect with other students so that if he has questions and he can't reach the instructor, you can't get in Zoom. Well, can you text somebody and find out what's going on? And you know, if you don't have that connection with somebody else in class, it can feel really isolating. And I think, you know, I watch my son panic over just even the technical things. So any way that we can get our students to just even find one other person in the class they can connect with. I think that can be a struggle or share a phone number, share, you know, something where they can reach out. The other thing I was wondering, too, is when James was talking about that issue, sometimes I'll ask for students in class who might volunteer to be note-takers. If somebody, you know, runs into issues and they can't get ahold of notes, then maybe somebody volunteers those, sometimes I'll give them for an extra credit for doing that. But it just -- it feels like we have to be really creative, especially now, to try to figure out how to make those connections. So there's all kinds of layers to push through. And I was also thinking, this is the time when it would be helpful if we could get faculty to kind of band together, even informally to share ideas, things that have worked, problems that people are having so that you can rely on one another too, with some of this, because it's really important. It takes a lot of energy. It's hard.

>> Another thing just pop into my mind, is you might want to Google like group icebreakers because I'm sure a bunch of stuff will come up is typical in groups or workshops who do kind of, you know, short little icebreaker. And it's about trying to connect with -- connect group members with other group members. So you might want to kind of explore that, to see if any of that feels like it could fit into your classwork.

>> Thank you. I do appreciate that.

>> No worries.

>> Any other questions about services, issues?

>> Yeah, I had one, and sorry if this is one that you -- that you guys had already maybe commented on. Is



it ever appropriate to like copy a student and somebody, you know, at the health center on an email, or should we only just suggest the services and let the students follow-up on their own? I just don't know if there's like HIPAA stuff or anything privacy issues at all involved with like trying to directly connect a student or not?

>> So I guess I'm asking -- I'm trying to exactly figure out what you're saying, like to refer student, are you talking about referring a student?

>> Yeah. Like if a student wants to contact us with a specific issue and as a way to try to encourage them to, you know, use the services on campus to actually like send an email to you and the student --

>> So we've had --

>> -- we get that ball rolling on whatever it is.

>> We've had actually like faculty physically bring them in but from --

>> Right, that's what I was thinking.

>> Right.

>> So I didn't know how that might look --

>> But during COVID times we actually can't do any personal information via email. So probably what I would do is I would send them the services or show them the, you know, the website of the services available and encourage them. But you can't like say this person needs to come see you type of thing in an email. Like you could physically bring them in, but you can't do that.

>> Right, that's what I figured, but just wanted to ask, because I was again thinking like in person, even as some, you know, trainings and stuff that we've had, it's like they encourage you to maybe walk the student down to the health center or to services, but --

>> But we wouldn't be there, so that wouldn't work [slight laughter].

>> Yeah.

>> What I appreciate is, in your question is you're bringing up the concern for students, but also really being respectful of their -- what they might be wanting or not wanting. So I think Cecile was definitely right. That she and I, we can't give any information that about students, right? So if I were in your shoes and I was concerned about a student, and they've come to me because they've got some issue and they feel safe with you to reveal that, and you're saying, well, you know, thank you for sharing. But you know, I really think that this is where you can go to get more help that I might be able to provide for you. This is the counseling office, or this is the health center, and these are the people's names, and I can give you their email address. And if they feel reluctant, if you feel like they might not follow through, if I were a teacher, I might say, would you like me to help you follow through with that? You know, I would never do it without getting their explicit permission, you know? So, you know, and a lot of the times when people have been escorted to our office, it's because they're tearful or they're in pain, and they're either in a crisis kind of situation. But in general, you can say, you know, well here's the website, here's the email addresses, and this is like that. And just like, just reach out to hear what they have to say, see what services they have to offer, and then you can make a decision from there. For instance, I often refer people to our psychiatrist, Dr. Gardner, because he's hands down the best psychiatrist I have ever worked with. He's awesome.

>> Me too.

>> Yeah. Yeah. And sometimes students are referred to are really against medication of any kind. So, but he is so open and so lovely with students. My spiel to them and like, "Hey, just talk to him because he's the doctor. He can give you completely informed information. He's not going to push any medication on you, but

you and he then together decide if that's appropriate for you at this time." You know, so if you give them the power to say, "Okay, I can try this, but I can always say, no," that's going to be really important, but really good question.

>> And don't forget that you can always refer students to care, to the care team. Like if you know a student is in crisis or they write something, you know like, I'm going to kill myself, they write that in the paper. You can refer that to care and let the care team follow-up with that.

>> I apologize that I had to step away for a moment. So if this was already asked, I apologize. I was wondering if you have like a -- just like a flyer or something that I could put at the start of my slides. So when students come in, I can promote something because what you said resonated with me Susan, about something you said earlier about just kind of knowing what's available and knowing that they should take advantage of this. And I'm often showing students like, oh, here's a research study or here's all these advising sessions. And I'd be happy to have something that just says, do you know about all these resources that are available to you? Because I do think that I hear it from my students and I do try to say something, but maybe at that point, it gets cut off because there's not a place to go like a resource to see right on the screen and or we get stuck into our lecture, and then we keep moving on. But I typically check in with them at the beginning.

>> What might be helpful for you, which I've done actually in orientations when we've done student orientations, is I actually have them pull up. And then, I also pull up on the screen the website, and I go through the website with them. And so I could have done a 10-minute presentation, and we did a pre-test and post-test to see if they knew how to make appointments and what services were available and, you know, so we can -- and so like in 10 minutes you can kind of go through and have them do it on their phone while you're doing it on the screen to show them what to click, which in some ways is better than a flyer that you had because then they're pulling it up on their phone and that's how they're going to do everything anyhow. And they can actually make appointments. I don't know if they still can, but they used to be able to make appointments on their phone. And then, they can pull up all the counseling services that are available. You could even go through and show them the educational portions that Susan was talking about, or you know, you could click on the different websites. So in some ways, that might be better because it's not static, and they're actually doing it themselves on their phone. And once they do -- because I do that for patient education too. Like I have a pull up on my phone, and they're much more likely to pull it up on their phone and then if they've done it in the office.

>> Yeah. That's a great idea. And health services they can make it online, is that right? The equipment is online, is that right, Cecile?

>> We used to be able to do that. I'm not sure if they changed it with telemedicine, they may have, but in non-COVID times they can do it online. But there's many things that they can also do online. There's a patient portal there. They can upload their -- you know, there's a lot of information. So my suggestion would be for you to go play with it first so that you kind of know it and then just like take five minutes and play with it, with them on their phones, because you'll probably -- it'll be much more of a teachable moment then. And then, you know, the kinesthetic learners will be like, yay, [brief laughter] they'll be able to do it on their phone.

>> [inaudible], you have to call in to make an appointment. You can't do it online. You have to call that phone number. But Lisa, if you, I mean, Sarah not Lisa. Sarah, if you want to type your email into the chat box, I can send you the slides that I've presented that just has the website on there and the hours. That would be fine too. For anybody who wants that, I'll just copy all your email addresses and send that out to you this afternoon.

>> Thank you.

>> You're welcome.

>> Anything else?

>> I just want to thank everybody for participating in this. Thank our presenters for a nice informative session. I think of those mechanisms that meetings that we host here, is to link our new faculty or existing faculty who, you know, who are all passionate about participating that PDC operations that help with student success to a unique, to you with all the information that you need to help students. I think in this, we can see a mutual, beneficial partnership between the providers of the services and faculty who's directly interact with students. If you know what services are available when you identify a student who has certain problems, it's easy for you to actually, to suggest the services to students, to help to build those bridges. And also, I believe you know, communication, the way you just discussed is very good, in forming those, you know, nice partnerships to help students together. I hope this is helpful to our faculty members. And as you continue to get to know the campus, especially for new faculty members to know the campus and provide the services. I think, it takes a village to build a village. Let's do this and do this wonderfully at PDC. I also want to bring up another point that, which I was going to write an email, but it may be difficult to explain in the email. I just saw an email. I don't know any of you read the email from the president's office, came out that same -- we have some, you know, layoffs are affecting few people. I think largely the -- we're talking of -- imagine if we are talking about temporary employees. We're not talking about permanent employees, temporary employees on temporary contract. We either, you know, don't renew the appointment when the contract ends, or when there is a need to or financial concerns, or need to end a little early for the temporary contracts. The university administration probably has the right to do so. And they do it to actually largely to protect the financial health of the institution and to make sure that we don't really do massive layoffs. At this moment, I don't really see a huge concern. For example, does the staff members are reporting to PDC. In this round, we don't have anybody in that round. However, the staff members that even work at PDC, but report to other divisions, they might be one or couple that will come in the mix to become clear who those people -- those employees are in the next few days, as each division were implementing what the president was alluding to. And I want to assure you that, even that happens, it's very small scale, and it's not going to hugely affect the Palm Desert Campus services. It may temporarily alter the ways we do things. For example, some of the services that have to be provided by extra manpower or the hands from the San Bernardino Campus, maybe more integrate our operations with the university operations especially on the health center side is being -- is always, you know, ready. On the other hand, I actually had a conversation with several vice presidents in the health center situation, the vice president for student affairs, I assured her that services at Palm Desert cannot be eliminated. And they assured me they're trying to do to that with -- trying to actually continue those services with San Bernardino staff. And also, not necessarily a firm promise, but in general, we agreed when the budget gets better, we're going to have to reestablish some of the PDC campus services as soon as our budget allows. So all those are already in the discussions at this moment. I just want to advise the group, no need to panic. There's no massive layout. You just read the details in that. I just want to give you a run. I know that, you know and -- he says, hosting student services professional, you know, group meeting tomorrow to talk about, you know, the monthly meeting become weekly now or biweekly now. I'll come by either tomorrow or next Tuesday, next Tuesday.

>> Tuesday.

>> Next Tuesday, I'll hop in. So if you [inaudible] anybody, you know has concerns try to explain the same thing I explained. There's not a lot of information, but I would not really be -- too panicked about it. You know, I won't be panicked about it. Cecile, do you have a question?

>> Yeah, this is breaking news for me. Does this work for -- is this for staff, all the faculty or it's affecting just staff or -- curious?

>> I believe mostly staff, mostly staff. Faculty contract is doing this on a quarterly basis. Your part-time faculty members, they're contracted to teach a class is assigned. And then for next year, for the winter, maybe it can be renewed or not renewed at that time. If it's not renewed, it's not a layoff. It's just that no contractual renewal. So for the faculty -- for full-time faculty members, their contract is either on three-year basis or a permanent basis for tenure track. And then for like a part-time on a quarter basis, they are on quarter basis anyway. So there's no change on the faculty side. And that change would be very minimal, I guess, you know. We'll have to wait until the divisions inform us who those folks are, and we'll see what happens. Sorry for that intruding news. I just want to take the moment, you know, I start for -- it's hard to explain this in an email. So I like to explain, you know, explain this in person. If you have any concerns, just let them know. The university are handling this very carefully, and it's not going to affect the major

operations at the Palm Desert Campus.

>> No, it feels sad because I know we have so few tenured faculty at PDC and it may impact what people's expectations were for working the full school year and that's sad.

>> Yeah. Fortunately, this that has not gone [inaudible], you know, a broader scale yet. So the faculty working with us is not affected at this moment.

>> Okay. Thanks, Jake. Thanks, everybody. I realize it's one o'clock. Please do feel free to reach out to any of us if you have questions or any issues. I'm always happy to brainstorm with any student issues. I'm on the care team. So yeah, just know that we're here for you. I know it's tough. It really is. But thanks for coming today and thanks to Susan and Cecile, very much for presenting, and Jesse for helping to organize this. So hang in there everybody, we'll see you.

>> Thank you, Jesse, and everyone. Thank you. [inaudible].

>> Thank you.

>> Bye.

>> Thank you.