

**Scientific Foundations Committee/Clinical Education Committee**

**Joint Meeting**

April 4, 2014

7:30 – 9:00 am

Mayo B-646

**Minutes**

<b>2013-2014 Scientific Foundations Committee Members</b>		
<b>MEMBER</b>	<b>COURSE/ROLE</b>	<b>ATTENDANCE</b>
Steve Katz	Chair (INMD 6814 Course Director)	X
Sharon Allen	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Richard Amado	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P (14-15)	
Eli Coleman	INMD 6816 Human Sexuality	
Greg Filice	MS 2 ID Thread	X
Glenn Giesler	INMD 6813 Neuroscience	
Bob Kempainen	INMD 6808 Human Disease 1	
Anne Minenko	INMD 6809 Human Disease 2	X
Kaz Nelson	INMD 6819 HHD – N & P (14-15)	
Catherine Niewoehner	INMD 6810 Human Disease 3	X
James Nixon	INMD 6805/6806/6807 ECM 3A/B/C; Process of Care Clerkships	
Jan Norrander	INMD 6801 Human Structure and Function	
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	
Michel Sanders	INMD 6802 Science of Medical Practice	X
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Lisa Schimmenti	INMD 6802 Science of Medical Practice	
Peter Southern	INMD 6812 Microbiology	X
Heather Thompson Buom	INMD 6811 Human Disease 4	
Doug Wangenstein	INMD 6814 Physiology	
Tony Weinhaus	INMD 6801 Human Structure and Function	
Kevin Wickman	INMD 6818 Principles of Pharmacology	
Mark Rosenberg	Vice Dean for Medical Education	X
Marshall Hertz	Faculty Advisor	
Mary Ramey	MS2 Lab Med/Path Coordinator	
Mikhail Klimstra	MS2 Student Representative	X
Kelly Setterholm	MS1 Student Representative	X
Jeffrey Chipman	Assistant Dean for Scientific Foundations	
Kathy Watson	Senior Association Dean for UME	X
Majka Woods	Assistant Dean for ACE	
Brad Clarke	ACE Curriculum Specialist	X
Leslie Anderson	Chief of Staff, Medical Education	
Scott Slattery	Director of Learning Development	X
Anne Edvenson	Medical School Registrar	X
Brian Woods	Lead Course Manager	X

2013-2014 Clinical Education Committee Members		
MEMBER	CLERKSHIP/ROLE	ATTENDANCE
Cullen Hegarty	Chair	
James Nixon	INMD 6805/6806/6807 Essentials of Clinical Medicine 3A/B/C; Process of Care Clerkships	
Keith D. Henry	EMMD 7500 Emergency Medicine	
David Power	FMCH 7600 Family Medicine	X
Briar Duffy	MED 7500 Medicine I MED 7501 Medicine II	X
Gary Beaver	NEUR 7510 Neurology	
Yasuko Yamamura	OBST 7500 Obstetrics & Gynecology	
Katherine Murray	PED 7501 Pediatrics	
Sheila Specker	ADPY 7500 Psychiatry	
Robert Acton	SURG 7500 Surgery	X
Cornelius Lam	NSU 7200 Neurosurgery	
Edward RG Santos	ORSU 7200 Orthopaedic Surgery	X
Jennifer Hsia	OTOL 7200 Otolaryngology	
Paul Gleich	UROL 7200 Urology	
James Pacala	FMCH 7700 Primary Care Selective – Fam Medicine	
Sally Berryman	MED 7700 Primary Care Selective – Medicine	
Michael Kim	MED 7701 Primary Care Selective – Med/Peds PED 7700 Primary Care Selective – Pediatrics	
Kathy Brooks	INMD 7200 Rural Physician Associate Program (RPAP)	
Jacob Prunuske	Duluth Faculty Representative	
Johnathan Valesano	MS4 Student Representative (D)	
Kacia Lee	MS4 Student Representative (TC)	X
Michael Bambenek	MS3 Student Representative (D)	X
Anne Belzowski	MS3 Student Representative (TC)	X
Mark Rosenberg	Vice Dean for Education	X
Kathy Watson	Senior Associate Dean for UME	X
Majka Woods	Assistant Dean for ACE	
Brad Clarke	Curriculum Specialist	X
Brooke Nesbitt	Clinical Education Manager, CEC staff	X
Chelsey Jernberg	Clinical Scheduler	X
Mary Tate	Minority Affairs & Diversity	

The meeting was called to order at 7:36am by Steve Katz.

### Minutes

Review and approval of March meeting minutes was deferred to the May meetings of both committees.

### Announcements

Kathy Watson introduced Dr Scott Slattery, the new Director of Learner Development. She is very glad to have him as part of the Medical School. Dr Slattery gave his background, and expressed his eagerness to get started and learn the Medical School system and get to know students. He will continue with what Marilyn Becker was doing, and will keep her phone number. New student inquiries should contact him by email or phone in order to set up appointments. Phyllis Lindberg, from the Duluth campus, is keeping her current scheduled appointments.

### Best Practices Day

Best Practices in Medical Education Day will take place on Thursday, May 8, at the Campus Club. The keynote address will be given by Dr Greg Ogrinc, from Dartmouth Medical School. He is an expert on applying best practices across medical school curriculum. All should come.

### Graduation

Graduation is on May 9, 2014, and will be in the new Northrup Auditorium. The re-design is beautiful, with state of the art acoustics. Lobbies have been renovated, but the original lobby is still intact and there is a new large foyer between the original lobby & the new auditorium that is great for gatherings. The Medical School is the first University school to hold graduation in the renovated space.

### Match

Kacia Lee reported that Match went well this year. She matched at HCMC for internal medicine. Jon Valesano matched at Mayo for radiology.

## **Updates**

### Debrief – Medical Education Retreat

(Kathy Watson) The State of Medical Education retreat in February was a success. Interprofessional education came out as a high priority. We are looking at outcomes and clumping these into categories; public health/public policy, integrating basic science & clinical education, quality improvement & process improvement. Faculty & medical students deem this very important. Teamwork, cooperation, and interprofessional practice are important to prepare students for the future. There are new LCME requirements for this.

(Mark Rosenberg) Action is the goal from the retreat. There were great ideas generated. Five Themes: 1.) Integrate public health/public policy into the curriculum; 2.) integrate quality improvement, patient safety & systems redesign; 3.) interprofessional education; 4.) integrating basic science into clinical education; 5.) New models of clinical education. Other ideas were generated, too. There will be work groups where people sign up and tackle each point. Groups will meet 4-5 times monthly to brainstorm and find areas to integrate into curriculum. This also aligns with Innovations contest. ECM has 4 new lecture sessions for public health. Each drives the others. We're not starting over, but integrating what we have. Drivers for each area: new LCME requirements for interprofessional education, USMLE exam changes to question for public health & quality improvement.

Interprofessional education must be done in a meaningful way. VA is a great example. Interprofessional practice & quality improvement go hand in hand. Interprofessional practice is critical, and should go beyond small group sessions, and be done in a more meaningful way. We want to get this in people's minds and issue a call to action. Where can this be featured in each clerkship/course? It's been too specialized. David Power & Anne Minenko have been on a curriculum committee at the AHC trying to integrate interprofessional practice. This past Wednesday there were speakers from Canada relating how they launched interprofessional practice at the University of British Columbia & the University of Toronto. How can we elevate our game?

## **Discussion**

### Interprofessional Practice & Educational Committee (IPEC)

(Anne Minenko) Update on the activities and meetings of Interprofessional Practice and Education Committee (IPEC). *See Attached Slides-Document A.*

Some letters: Minnesota → 1Health at the AHC → IPEC → Medical School.

National level: MN Nexus preceded the creation of the National center, which is on campus. Dr Rosenberg sits on steering committee for MN Nexus, a private/public partnership.

Transformative Nexus? It's a place of mind, not a place. Abstract language: shared.

Phase I: FIPCC. Facilitated combination of face-to-face and online models. Orients students to interprofessional practice ethics, values, roles. The introduction to interprofessional practice. Paula Jardine heads this.

Phase II: ex-curricular activities. H.O.P.E. (Health Of People Everywhere) Clinic: local drop-in center in Duluth. Medical school/College of Pharmacy collaborate to provide basic medical care for under- & un- insured people. Students write reflections, build better relations with pharmacy students, and become more comfortable with the under- & un- insured.

(David Power) Phase III: Duluth is an active player in this, but was unable to join this meeting. Brooke Nesbitt is on the 1Phase committee to plan for sites for interprofessional students. There is a Continuing Medical Education event on April 9, which will also be repeated at higher levels.

Other packet—Dr Power worked through this packet. *See Attached Document-Document B.* Phase III update: identifying where medical education meets clinical practice. Sites are determined where interprofessional practice activities are important, starting Fall 2014. Many are rural. RPAP students are included. (TYPO-The East Bank site *will* have medical students.)

This has been happening, but we are now calling it out. All are encouraged to use the Interprofessional Activity – Clinical Rotation in courses now to document interprofessional education. One goal is have all students experience at least 1 excellent interprofessional experience. What could we do relatively easily at our sites with the current resources? Inspired by Atul Gawande's *New Yorker* article we are implementing a similar program with a student who will find Hot-Spotters in the Twin Cities area, and then collaborate with other discipline students to coach patients on how to use services.

Move interprofessional education from clinic → classroom, from conversation → communities, from our consciousness → individual character. Bring ideas to Drs Minenko & Power!

#### *Discussion*

- (Robert Acton) This has been happening, but time is the biggest hurdle for both faculty & students. An idea would be to run mock cases & roles with all professions that go awry; problem solving, consultations with peers.
- (David Power) Call it out...it's probably already happening. Give mid-rotation feedback on interprofessional interaction, since other discipline students are already there.
- (Robert Acton) He approached the nursing school to find out if there is there a way that skills can be go-taught for basic skills. Logistics get in the way more than anything. Clerkship schedules are really different. But where are the sync points? Do grad or PhD nursing students have a teaching component? Bring them in to the med school clerkships.
- (Briar Duffy) One good thing—there doesn't need to be a facilitator from each area. The mid-course feedback will make them more aware.
- (Edward Santos) Preceptors & facilitators & residents need to be aware of the importance of this. Team rounding is a huge challenge on the hospital floor. Patients are happy when they get a consistent message; unhappy when providers don't talk to each other.

- (Michel Sanders) SMP incorporates genetic counseling students & teachers. Can this be incorporated in the interprofessional site list? – No, It’s a phase I thing.
- (Kathy Watson) This integration is actually interprofessional practice, but it’s not being named. Can these genetics students be used?
- (Mark Rosenberg) The University of British Columbia hired students to catalogue the existing interprofessional practice in their curriculum. Perhaps we could start here with this method?
- (Robert Acton) Burn units use interprofessional practice all the time, but there is not always a student there?
- (Brooke Nesbitt) As part of Phase III, there is a site survey to find out what happens at these sites. What interprofessional activities are going on already, but not explicit? But who fills that out?
- (Anne Belzowski) Interprofessional practice happens all the time; there are interactions with social workers, the attending, etc., the more students get involved. It’s just not called out.
- (Mark Rosenberg) The VA is an epi-center of interprofessional education, but VA is very different from other hospitals.
- (Greg Filice) The VA does not have to advertise, make profit, build buildings, so the focus is different.
- (Michael Bambenek) There is only medicine & pharmacy in Duluth. So how can other disciplines be integrated do that medical students are exposed to other disciplines?
- (Mark Rosenberg) We need to go beyond FIPCC. It’s not just a check-off box. (Kacia Lee) She is a FIPCC facilitator. Students question whether it comes too early. No, but it needs to happen again later in the curriculum. They are not aware yet of how interprofessional practice integrates. (Anne Minenko) The evaluation for FIPCC is addressing this. (David Power) FIPCC is a good example of a time crunch. It’s unique and this type of activity won’t happen again.
- (Robert Acton) Interprofessional education is not usually explicitly taught; it’s learned more by osmosis.
- (Kacia Lee) Interprofessional education varies from site-to-site, as well. Acton: where is this explicitly?
- (Greg Filice) There was a speaker on 4/3. She spoke on the challenges of communicating infectious disease information to the public. Communication to the public, through interdisciplinary work could be another area to add to interprofessional education.
- (Kathy Watson) Along with CLARION, H.O.P.E., Phillips Clinic, we need to credit students for bringing in speakers on pain, domestic violence, women’s health, special topics etc. This list could be a resource for clerk & course directors to integrate into curriculum, and use students as a resource as well.
- (Michael Bambenek) The most useful thing for students would be to co-rotate with other disciplines. Have actual face-to-face interaction & cooperation during rounds.
- (David Power) It’s an eventual goal, but planning needs to happen to get the interaction going and active.
- (Robert Acton) Students should sit down once a week with other disciplines on the floors (i.e. dietician) to talk about patients. (Briar Duffy) This happens already with pharmacy & nursing.

Mark Rosenberg: Many thanks to David & Anne for representing the Medical School on IPEC. It’s important that we’re at the table. It will take cooperation & action from everyone in the room (including all course & clerkship directors) to move this interprofessional initiative forward.

The meeting was adjourned at 8:55am.

Respectfully submitted,  
Brian Woods

# DOCUMENT A

## Update from your UMN Academic Health Center Inter-professional Practice and Education Committee (IPEC) representatives

SFC/CEC meeting  
April 4, 2014



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### Outline:

- What is IPEC?
- What is driving the inter-professional education and practice movement?
- Who are your representatives?
- Some letter and some more letters: AHC – IPEC, 1Health, MN Nexus, National Center for Inter-professional Practice and Education, Nexus
- Focus on and examples of activities in 1Health learning process framework > *relevance to Medical School curriculum*
  - Orientation
  - Necessary skills
  - Expertise in Practice
- Page of resources
- Future directions



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## What is IPEC?

- Committee of the Academic Health Center (AHC) co-chaired by  
 Brian Sick, MD, Medical School and  Paul Jardine, PhD, School of Dentistry

- Representatives of AHC Colleges and Schools and related areas  
e.g. Mortuary Science, Center for Spirituality and Healing
- Charged to recommend

*“how AHC students will acquire the core competencies needed for the provision of inter-professional, collaborative team practice within our educational programs”*

- or -

*“how to train our students to become **collaboration ready** for the 21<sup>st</sup> century health environment”*



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## What is driving this movement?

### Nationally

The Institute for Healthcare Improvement Triple Aim of

- a) Improving the patient experience of care
- b) Improving the health of populations
- c) Reducing the per capita cost of health care

...while confronting challenges of rapidly changing health care knowledge and systems, keeping up with technologies, the global shortage of health workers, a growing, aging and diverse population

### Regionally

Perceived lack of graduating student 'collaboration readiness'



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# Who are your IPEC representatives?

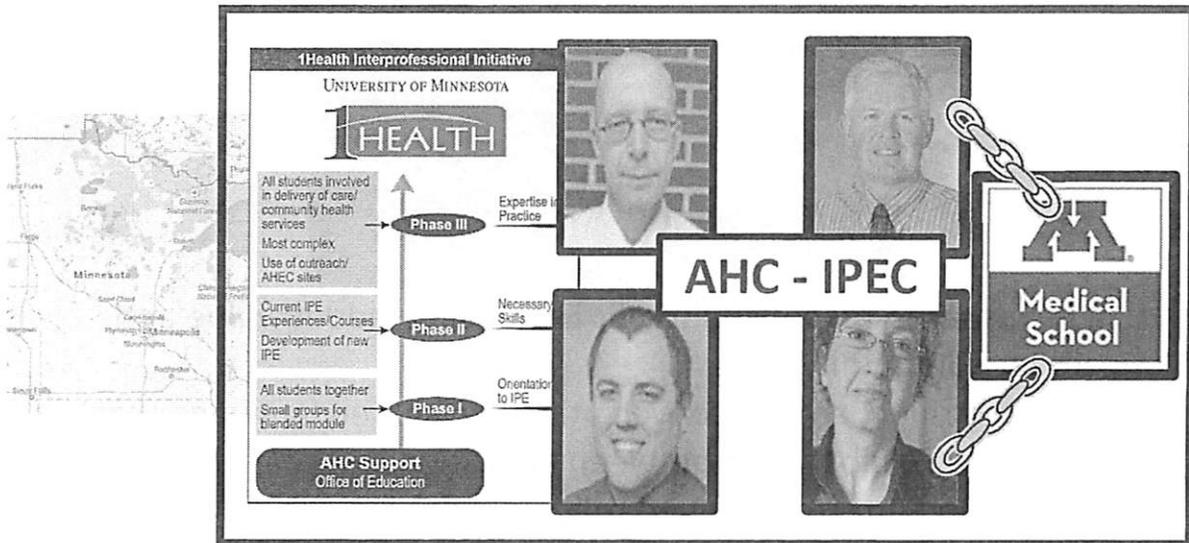
Anne Minenko, MD  
Department of Medicine  
Division of Rheumatic and Autoimmune Diseases  
Year 2, HD2 Course Director  
[minen001@umn.edu](mailto:minen001@umn.edu)



David Power, MD, MPH  
Department of Family Medicine  
Director, Family Medicine Clerkship  
[power007@umn.edu](mailto:power007@umn.edu)

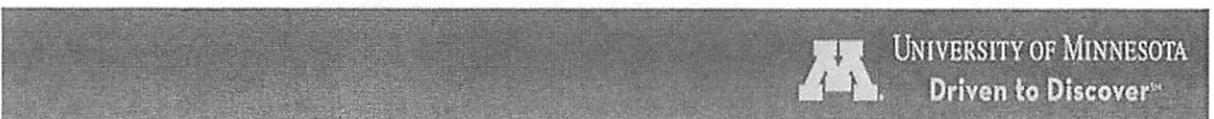


## Some letters: AHC - IPEC, 1Health

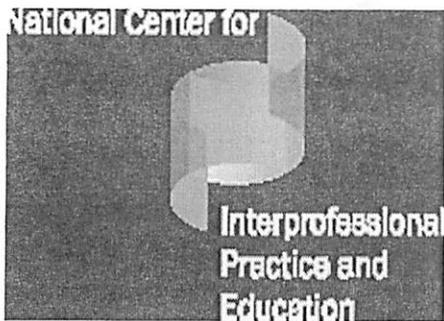


<https://maps.google.com/maps?hl=en&tab=w1>

2010: <http://www.ahceducation.umn.edu/1Health/index.htm>



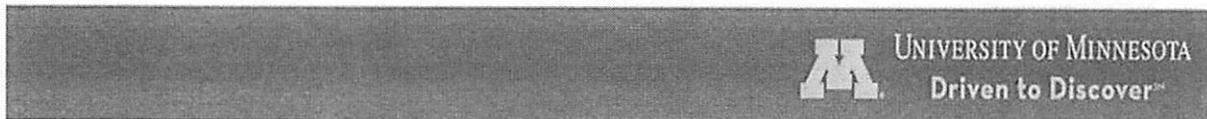
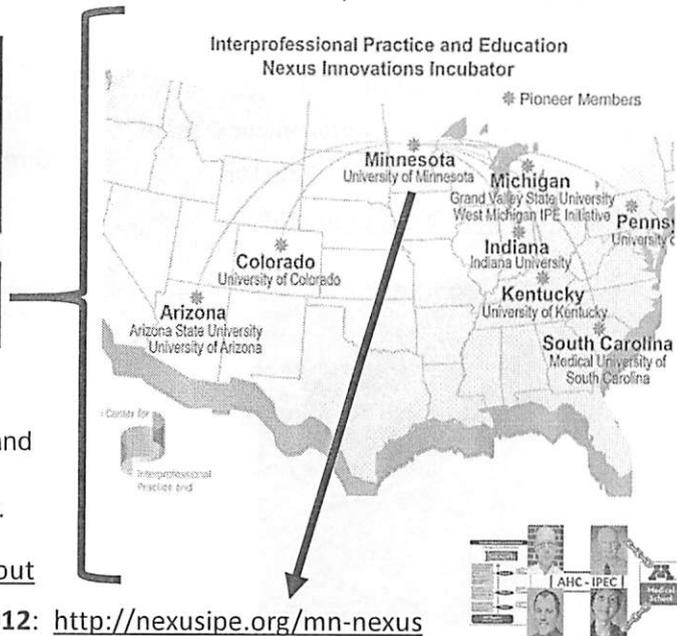
## More letters: National Center, MN Nexus



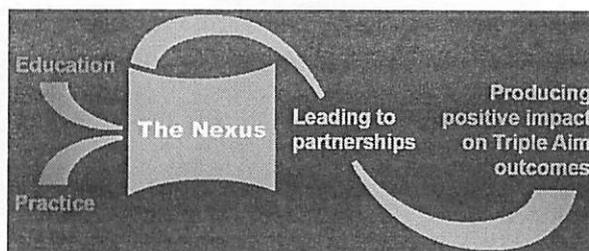
...leads, coordinates and studies the advancement of collaborative, team-based health professions education and patient care as an efficient model for improving quality, outcomes and cost.

10/2012: <http://nexusipe.org/about>

09/2012: <http://nexusipe.org/mn-nexus>



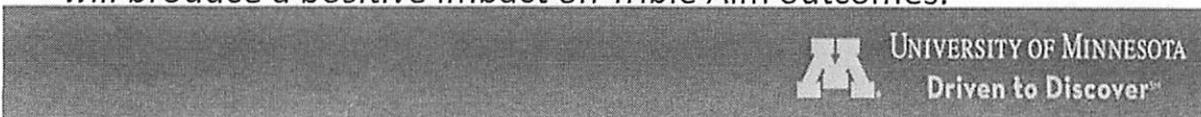
## Finally, what is a (transformative) Nexus?



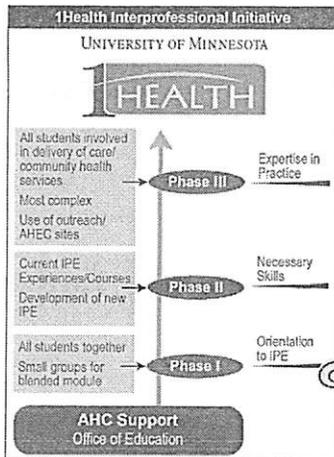
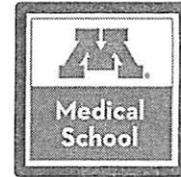
... a new **shared responsibility** for better care, added value and healthier communities

....shared ground, shared conversation and shared language that creates true collaboration between education and practice

....an aligned and strengthened **relationship between health professions education and care delivery systems**... which by advancing the field of inter- professional practice and education will produce a positive impact on Triple Aim outcomes.



Focus on the 1Health learning process framework  
 > link to Medical School curriculum



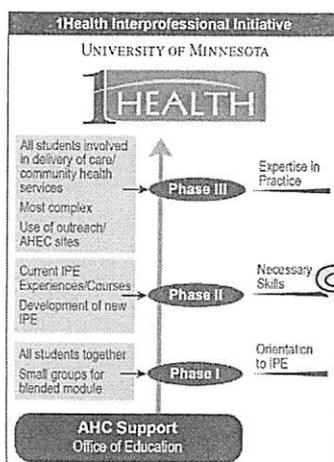
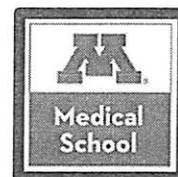
**FIPCC**  
 Foundations of  
 Inter-professional  
 Communication and  
 Collaboration

<http://www.ahceducation.umn.edu/1Health/orientation/FIPCC-course/index.htm>

<http://www.ahceducation.umn.edu/1Health/index.htm>



Focus on the 1Health learning process framework  
 > link to Medical School curriculum



- **CHIP\*** Center for Health Inter-professional Programs
- **CLARION** case competition\*
- **Student Committees\***
  - Executive Council
  - Committee on Bioethics
  - International Health Committee
- Disaster 101 1-day workshop
- Phillips Neighborhood Clinic\*
- H.o.p.e Clinic\*

<http://www.minnesotamedicine.com/PastIssues/PastIssues2011/November2011/HOPEClinicAPlacetoCare.aspx>

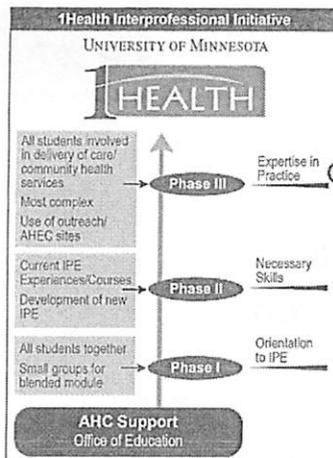
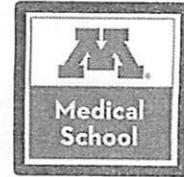
<http://www.ahceducation.umn.edu/1Health/index.htm>

<http://www.ahceducation.umn.edu/1Health/orientation/FIPCC-course/index.htm>

\* extracurricular



Focus on the 1Health learning process framework  
> link to Medical School curriculum



Expertise in Practice Course

10 Selected Phase III sites, Fall '14

Use IPE observation sheet

<http://www.ahceducation.umn.edu/1Health/index.htm>

<http://www.ahceducation.umn.edu/1Health/orientation/FIPCC-course/index.htm>



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## AAMC Mini-hotspotter grant

- Atul Gawande, 'New Yorker' – Jeff Brenner, Camden New Jersey
- Interdisciplinary student team with faculty advisors
- Identify 3-5 patients who are 'super-utilizers' (aka *Hot-spotters*)
- Health coach over 6 month period with regular communications with Brenner, AAMC and Camden Coalition



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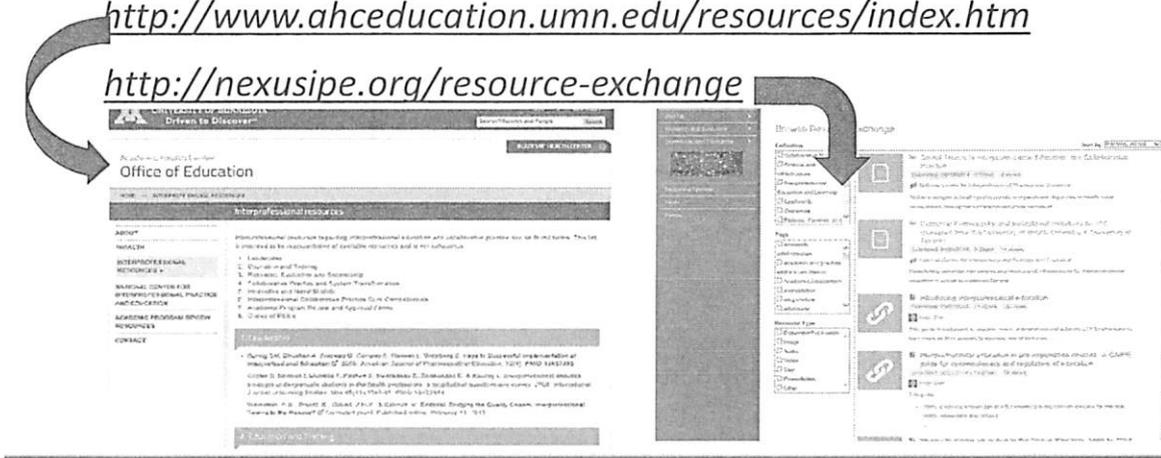
In other words, 'we have a firm foundation, a framework and great momentum!'

... with faculty development initiatives forthcoming

Until then, here are some excellent resources

<http://www.ahceducation.umn.edu/resources/index.htm>

<http://nexusipe.org/resource-exchange>



*"So how can SFC/CEC engage in this work and help move forward?"*

*"make the implicit explicit"*  
*"make it high impact (for the student) and low burden (for the faculty)"*  
*"create meaningful, added-value activities"*

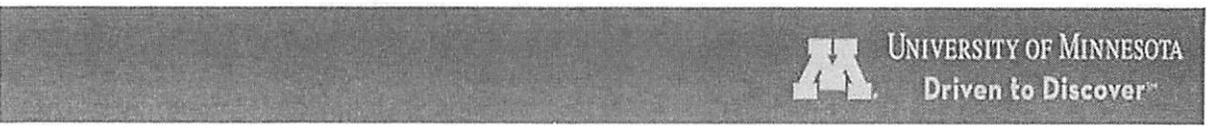


Brian Sick

*Inter-professional education "occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes."*

Framework for Action on Interprofessional Education and Collaborative Practice, WHO 2010

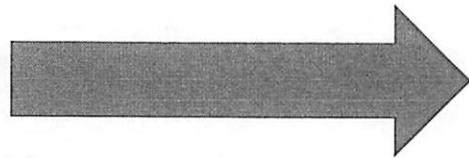
[http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)



*“So how can SFC/CEC engage in this work and help move forward?”*

*“set the stage; tame the rage;  
turn the page; do engage;  
be(come) the sage”*

Your name here



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Let's imagine, explore, talk and act!

- Once a week reach out to one person in another profession; role model and get to know them!
- Actively seek out opportunities for IPE, at all 1Health framework levels, in each curricular year, in all clerkships, courses, sessions
- Go peek at the National Center and 1Health resource pages
- Consider IPE speakers in your Departments
- Develop and integrate phase II IPE opportunities
- Consider having common topics co-taught to different groups of learners
- Watch for faculty development opportunities on 1Health webpage



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Come to next month's meeting with ideas!

Questions for us?

[minen001@umn.edu](mailto:minen001@umn.edu)

[power007@umn.edu](mailto:power007@umn.edu)

*“set the stage; tame the rage;  
turn the page; do engage;  
be(come) the sage”*



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Thank you!

SFC/CEC meeting  
April 4, 2014



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# DOCUMENT B

## Interprofessional Practice and Education Learning Series

Sponsored by the Academic Health Center Office of Education and the National Center for Interprofessional Practice and Education

### Clinical Interprofessional Facilitation 101

Wednesday, April 9, 2014  
555 Diehl Hall  
1:00-2:30 PM

#### Audience

Faculty and preceptors interested in working with learners across professions and in developing interprofessional education activities for their settings.

#### Program Overview

This is an introductory session in which models and examples of clinical interprofessional education and practice will be reviewed as well as national competencies for interprofessional education. Through participation in an interactive exercise, participants will begin the development of an interprofessional educational activity to implement in their setting.

#### Learning Objectives

- Review the domains of the IPEC competencies and their application to clinical education and practice.
- Understand the University of Minnesota's 1Health curriculum framework.
- Identify opportunities for clinical IPE activities at the University of Minnesota.
- Leave the session with a newly developed activity for introducing interprofessional learning in your clinical practice setting.

#### Register at:

<https://mnahec.wufoo.com/forms/event-registration-faculty-development-4914/>



**Brian Sick, MD**

Assistant Professor, Department of Internal Medicine, University of Minnesota Medical School

Medical Director, Primary Care Center

Medical Director, Phillips Neighborhood Clinic



**Amy Pittenger, PharmD, PhD**

Associate Professor, Pharmaceutical Care & Health Systems, University of Minnesota College of Pharmacy

Director of Interprofessional Education for the Professional Education Division, University of Minnesota College of Pharmacy

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The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2013 Regents of the University of Minnesota. All Rights Reserved

17-Sep-13

National Center for  Interprofessional Practice and Education

## AHC Office of Education Faculty Development Workgroup

**Overview:** Develop a faculty development working group for needs assessment, idea generation, faculty engagement and community building with the goals of:

- Increasing participation in interprofessional faculty development activities
- Increasing pool of presenters of and topics for interprofessional faculty development.
- Stimulating development of interprofessional and collaborative practice learning opportunities.

### Workgroup Focus:

- Provide ideas and suggestions for interprofessional faculty development activities.
- Create direct links between faculty and preceptor development to curriculum development and implementation (particularly phase II and Phase III efforts)
- Obtain representation and input from variety of schools/programs
- Encourage “spread” of ideas and feasible strategies across AHC schools and health professions programs.
- Identify practical ways to support faculty and preceptors in the implementation of IPE.
- Work to tackle barriers/issues that prevent faculty from participating and moving forward.
- Identify incentives for participating in IPE faculty development.

**Members:** We are looking for interested members that will help expand our faculty development and curricular participation. Major request of members is input, ideas, and dissemination. *We will try to do as much of the work as possible electronically and limit time spent meeting in person.*

- Faculty and instructional staff interested in IPE and collaborative practice
- Representation from variety of schools and programs.
- Representative from IPPE (represent the IPPE activities and developments and help in synchronizing faculty development with curriculum development and implementation)
- Representative from the Associate Deans group. Bring priorities from the associate deans’ to the work group and inform the associate deans’ of the group’s work and activities.
- Representative from the Primary Care Faculty Development Initiative (PCFDI) to serve as linkage and ensure coordination and dissemination of efforts.

### Benefits for Member Participation:

- Professional development opportunities in education and collaborative practice.
- Network with other faculty interested in IPE and collaborative from various AHC and health professions schools/programs
- Shape faculty development offerings for AHC and health professionals
- Collaborate on program development and implementation and evaluation.
- Develop an understanding of local, regional and national trends in interprofessional education and collaborative practice.

*We will carefully manage time commitment and workload.*

Contact Karla Hemesath ([hemes002@umn.edu](mailto:hemes002@umn.edu)) (626-2334) if you are interested or if you have suggestions and ideas for faculty development offerings.

## **Interprofessional Activity – Clinical Rotation**

Remember, “interprofessional care occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers and communities to deliver the highest quality of care across settings”. (WHO, 2010)

During your rotation you will need to participate in at least one interprofessional team activity such as team rounds, team education or a team meeting. Use this page to take notes. You will need to turn in a narrative summary based on your observations. Be prepared to discuss your experience with the group.

**1. Date and time of the Team Activity:**

**2. Describe the Team Activity:**

**3. Using the IPEC Competency Rubric, on the reverse, comment on the team’s competency in regards to the following domains:**

**Roles/Responsibilities:**

**Interprofessional Communication:**

**Team and Teamwork:**

**4. Was there anything that surprised you about the interaction?**

**5. As you form your identity as a future health professional, how will you apply what you have learned when caring for patients?**

# 1Health Update

**Phase I – FIPCC 2014** – We are actively working on course revisions for the FIPCC course. We are proposing to use last year's CLARION case for the module 6 team presentation. Modules 1-5 will be revised to include specific learning activities that will better prepare the student's for their final presentation. Overall the revision is intended to enhance learning trajectory by focusing modules on the skill set developed by the groups as they engage the module 6 capstone.

*FIPCC 2014 Pilot* – We are piloting a FIPCC course between Duluth and Rochester. This pilot, an online hybrid model, should also provide for increased flexibility in course delivery. Design of hybrid structure is nearly complete. Necessary redesign of facilitator training will begin in the next four weeks.

Currently, all first year pharmacy students on both campuses and first year medical students on the Duluth campus participate in a day-long community and practice exploration using the public health community assessment wheel tool. To incorporate interprofessional learning into the Twin Cities experience, pharmacy students are paired with health professional mentors from outside of pharmacy (medicine, social work, dietetics, nursing, etc).

**Phase II - CLARION**- Local competition at the UMN was completed March 8th, National case competition will take place April 11-12. New this year, a digital case writing model was developed to portray the case utilized by case competition participants and can be made available for future curriculum. Presented proposal to the IPPE Committee to help them to identify ways to integrate CLARION into their curricula and provided them with concrete examples of other institutions who have done so (MUSC, Texas Tech, University of Missouri).

We have several electives available for students with more in development for fall 2014 (examples: pharmacy, dental therapy, dental hygiene course focused on collaborative care of vulnerable populations; dentistry, pharmacy, law, criminal justice, social work course focused on care of patients with addiction) . Existing curricular materials, such as the PALL CI curriculum and Honoring Choices curriculum are being explored for IPE curricular sync points. Examples, pain management, advance directive planning.

Pharmacy, Medicine, and Nursing are exploring curricular sync points for IPE application opportunities. Fall 2014 ten 2nd year pharmacy students, 2nd year medicine students, and 4rd year BSN students will come together to complete clinical challenge cases. These challenge cases will allow students to apply IPE skills and knowledge as a health care team, while also providing students enhanced exam preparation opportunities within each of their programs. The hope is to evaluate, revise, and expand the sync point strategy to include all 2nd year pharmacy and medicine students, and all 4th year BSN students. This strategy will allow for clinical application opportunities without requiring new course development or complicated curricular coordination.

**Phase III** - Implementation is occurring in partnership between the 1Health team and the AHC experiential education teams. Since this phase incorporates student rotations with interprofessional education/training, we have begun to identify anticipated rotation placement sites for all AHC schools/colleges in order to identify optimal interprofessional rotation sites. Through the 1Health partnership with experiential education teams, a site survey and site engagement strategy is being developed and a map detailing all of the Phase III interprofessional learning opportunities will be highlighted on the 1Health website for student, faculty and staff accessibility. We also assembling interprofessional site and facilitator training resources for Phase III implementation in fall 2014.

*Ongoing pilots* - inpatient IP team activities for medicine, nursing and pharmacy; partnering of medicine and NP student on a disease specific inpatient floor; and simulation for 160 1<sup>st</sup> year PNC students on "conducting focused visits".

**1Health Evaluation** – Connie Schmitz has been recruited and is in the process of reviewing the large amount of data collected for FIPCC. She is being integrated into all aspects of the 1Health curriculum. We plan to use her assessment strength for overall 1Health course assessment, using FIPCC as a developmental model. An evaluation is also being developed for Phase III to gather student and site feedback and track overall effectiveness of this aspect of 1Health.

**IPPE Committee** – Having overcome the initial growing pains expected of any such effort, the IPPEC is currently focused on: 1) competency/curricular mapping to determine needs/opportunities, 2) vetting of proposals for new initiatives that have been designed outside the committee, and 3) discussions of new curricular material needed to close the gap between programs and IPE and IPE-related competencies. An important element of this committee is for the 23 representatives from 19 programs to see the range of professions and activities involved in interprofessional education. Smaller groups of individuals have partnered for more focused work on pilot projects such as with end of life care, “Hotspotters” and inpatient IP team activities. We have not seen as much communication between the committee members with their respective programs as we would like to see. We are encouraging members to present our work to their respective curriculum committees.

**Faculty Development** - The 1Health team is actively planning regular, ongoing faculty development sessions for AHC faculty and preceptors. An area of need is preparation of clinical faculty and preceptors for implementation of clinical interprofessional learning experiences. To address this gap an ongoing series of workshops: Clinical IPE 101, Clinical IPE 201 and Clinical IPE 301 are being developed and implemented to provide faculty training and support for Phase III educational experience implementation. Both the 101 and 201 workshops have been offered and feedback has been positive and constructive. A pilot 301 workshop (combined with the Pall CI training) is being offered in late April 2014. Repeat sessions of each of these workshops are scheduled through 2014. The clinical workshop pilot is undergoing refinement and modification and we are hoping to partner with colleagues from other institutions to develop a more standardized curriculum for faculty and preceptor development. Careful planning and sequencing of events is critical to maximize participation and engagement. We are reviewing session feedback and gathering faculty input to determine sequencing and scheduling as we plan additional sessions.

We are also planning several sessions on use of interprofessional simulation:

- May 2014: Models of IP Simulation
- July 2014: Assessment of Individual and Team performance in interprofessional simulations
- October 2014: Interprofessional simulations for developing new models of care

The National Center for Interprofessional Practice and Education, through funding from the Robert Wood Johnson Foundation, is hosting a series of Global Consultancies in Interprofessional Practice, Education and Research in 2014. Invited consultants include:

- Lesley Bainbridge, BSR(PT); MEd; PhD. University of British Columbia (April 2014)
- John H.V. Gilbert, C.M., Ph.D., FCAHS. University of British Columbia. (April 2014)
- Ivy Oandasan, MD, MHSc, University of Toronto (April 2014)
- Jill Thistlethwaite, MBBS, MMEd, PhD. University of Queensland (June 2014)

A faculty development working group consisting of representatives from AHC schools and programs is being formed for idea generation, faculty engagement and community building. Workgroup members are providing feedback on topics, speakers, scheduling and incentivizing of faculty participation.

# 1Health Phase III Update

April 3, 2014

## Phase III Development Process

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### Partnership Establishment

The 1Health team and AHC experiential education representatives have formed a collaborative, ongoing partnership with the goals of developing, refining and operationalizing interprofessional training at community-based rotation sites – Phase III of the 1Health initiative. The partnership includes AHC faculty and staff members and draws from the rich expertise and multiple perspectives to understand the complexities in coordinating interprofessional education opportunities in practice settings.

### Meeting Schedule

This new partnership has been convened twice since February 2014 and the next working session will be held on June 3<sup>rd</sup>. The group will continue to meet every 4-6 weeks at least through Phase III implementation in fall 2014 and will continue to meet regularly and work collaboratively to further refine Phase III.

### Membership List

Brian Sick	1Health team, UMN Medical School
Amy Pittenger	1Health team, UMN College of Pharmacy
Karla Hemesath	1Health team, AHC Office of Education
Paul Jardine	1Health team, UMN School of Dentistry
Sue Kostka	1Health team, AHC Office of Education
Heather Mead Kim	1Health team, AHC Office of Education
Gina Kundan	1Health team, AHC Office of Education
Cheri Friedrich	1Health team, UMN School of Nursing
Janet Shanedling	1Health team, AHC Office of Education
Pat Brennecke	UMN CAHP - Clinical Lab Sciences
Chris Bourland	UMN CAHP - Occupational Therapy
Cindy Wilcox	UMN Center for Spirituality and Healing
Paul Schulz	UMN School of Dentistry
Meghan Reedy	UMN School of Dentistry
Jeff Ogden	UMN School of Dentistry
Bashar Bakdash	UMN School of Dentistry
Gayle Rieland	UMN School of Nursing
Mary Chesney	UMN School of Nursing
Mary Rowan	UMN School of Nursing
Raquel Rodriguez	UMN College of Pharmacy
Christene Jolowsky	UMN College of Pharmacy
Gardner Lepp	UMN College of Pharmacy (Duluth)
Megan Undeberg	UMN College of Pharmacy (Duluth)
Mary Ellen Nerney	UMN School of Public Health
MJ Gilbert	UMN School of Social Work
Stacey Remke	UMN School of Social Work
Brooke Nesbitt	UMN Medical School
David Power	UMN Medical School
Carrie Earthman	UMN Dept. of Food Science and Nutrition

# 1Health Phase III Update

April 3, 2014

## Phase III Site Identification

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*These sites were selected jointly by the 1Health team & Experiential Education teams.*

**1. Affiliated Community Medical Center and Rice Memorial Hospital & Dental Clinic**

Willmar, MN

- RPAP, Pharmacy, Dental, Dental Hygiene, Dental Therapy, Clinical Laboratory Science and Occupational Therapy

**2. Community-University Health Care Center**

Minneapolis, MN

- Pharmacy resident, Dental, Dental Hygiene, Dental Therapy, Social Work

**3. Fairview Range Medical Center**

Hibbing, MN

- Pharmacy, Dental, Dental Hygiene, Dental Therapy, Clinical Laboratory Science

**4. Fairview UMMC – East Bank**

Minneapolis, MN

- Pharmacy, Pre-licensure Nursing, Clinical Laboratory Science, Physical Therapy, Occupational Therapy and Social Work

**5. FirstLight Health System**

Mora, MN

- RPAP, Pharmacy, Pharmacy resident and Clinical Laboratory Science

**6. Lake Region Health Center**

Fergus Falls, MN

- RPAP, Pharmacy, Physical Therapy and Occupational Therapy

**7. Ridgeview Medical Center and Lakeview Clinic**

Waconia, MN

- RPAP, Pharmacy, Clinical Laboratory Science and Occupational Therapy

**8. Touchstone Mental Health**

Minneapolis, MN

- Pharmacy, Nursing, Occupational Therapy and Social Work

**9. University of Minnesota Physicians – Broadway Family Medicine Clinic**

Minneapolis, MN

- MetroPAP, Medicine, Pharmacy, Pharmacy resident and Social Work

**10. Veterans Affairs Medical Center**

Minneapolis, MN

- Medicine, Pharmacy, Pre-licensure Nursing, Clinical Laboratory Science, Physical Therapy, Occupational Therapy and Social Work

### IPEC Competency Rubric (updated 9.26)

IPEC Competency	Areas	Observed Skills/Behaviors
Value/Ethics	These are hard to observe so they are not included in the rubric. Please include examples in your reflection activity if you observed something relevant during your experiences.	
Roles/Responsibilities	Role/Responsibility Integration	Describes one's own roles and responsibilities with the team/patient/family
		Includes the roles and responsibilities of all necessary health providers to optimize collaborative patient/client care
	Accountability	Demonstrates professional judgment when assuming tasks or delegating tasks
		Accepts responsibility for the failure of collaborative goals
		Accepts responsibility for individual actions that impact the team
	Shared Evidence-Based/Best Practice Knowledge	Explains own scope of practice, code of ethics, standards and /or clinical guidelines in relation to collaborative patient-centered relationship
Shares evidence-based or best practice discipline-specific knowledge with others		
IP Communication	Integration of Information from others	Integrates information and perspectives from others in planning and providing patient care
	Information sharing	Shares information with other providers that is useful for the delivery of patient/client care
	Respectful communication	Communicates with others in a confident, assertive and respectful manner
		Communicates opinion and pertinent views on patient care with others
	Communication strategies	Responds or replies to requests in a timely manner
		Uses communication strategies (verbal & non-verbal) appropriately in a variety of situations
Explains profession/discipline-specific terminology/jargon or avoids using it		
Team and Teamwork	Team Functioning and Dynamics	Recognizes the relationship between team functioning and quality of care
		Recognizes strategies that will improve team functioning
	Shared Leadership	Shares leadership and alternates leadership with others with appropriate for the discipline involved
		Recognizes and acknowledges themselves as part of a team
	Team Discussion	Contributes to interprofessional team discussions
		Seeks the perspectives and opinion of others
	Respect for different perspectives	Seeks clarification in a respectful manner when misunderstandings arise
Conflict Resolution	Uses appropriate conflict resolution strategies to manage and/or resolve conflict	
Collaborative Relationship	Establishes collaborative relationships with others	