

ACADEMIC HEALTH CENTER STUDENT CONSULTATIVE COMMITTEE (AHC-SCC)

December 9, 2015

Minutes of the Meeting

[These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions, or actions reported in these minutes represents the views of, nor are they binding on, the Senate, the Administration, or the Board of Regents.]

[In these minutes: Welcome and Introductions; 1Health Team Overview]

PRESENT: Jeff Theismann, chair; Morgan Mensick; Sarah Bahler; Katie Thibert; Nicholas Schuler; Sarah Haerle; Katie Ask; Jamie Dean; Chad Mickelson, Madeleine Otis

REGRETS: Sydney Shlief, Brian Broderson, Javi Monardez, Ashtyn Johnson

ABSENT: Crosby Tindal, Courtney Wood

GUESTS: Dr. Brian Sick, interprofessional deputy director, 1Health Team

OTHERS: Gina Kundan, director, Center for Health Professional Programs (CHIP); Katie Hamilton, program assistant, CHIP; Katie Ask

1. Welcome and Introductions: Jeff Theismann, chair, convened the meeting and asked members to introduce themselves. He then introduced Dr. Brian Sick, interprofessional deputy director, 1Health Team, and welcomed him to the meeting.

2. 1Health Team Overview: Dr. Sick began by stating that he has been at the University for fifteen years, and that his role in the Academic Health Center (AHC) is to oversee Interprofessional Curriculum. He then explained that 1Health is an Interprofessional Educational (IPE) program that spans curriculum from admissions through retirement, including faculty development. It is a collaboration of all the programs of the AHC, he said, and includes other programs - such as social work - as well. The interprofessional curriculum is led by a group of faculty and staff representing all the professions in the AHC except veterinary medicine, Sick added, and the group meets every week for an hour to talk about curriculum. He stated that the guiding Principles of IHealth are two-fold:

- Participatory Culture: Everyone know something, nobody knows everything, and what any one person knows can be tapped by the group as a whole.
- High impact for students, low burden for educators and everyone involved.

The IPE curriculum, said Sick, is broken down into three phases, which together create the acronym ONE:

- Phase I: Orientation to IPE.
- Phase 2: Necessary Skills.
- Phase 3: Expertise in Practice.

Sick proceeded to explain each phase in depth as follows.

Phase 1 is the orientation to IPE, also called FIPCC, for Foundations of Interprofessional Communication and Collaboration. This phase provides an introduction to IPE concepts and teamwork. It happens early in a student's education and is offered in six Friday afternoon sessions. This past year, 1017 students participated from fourteen professions under the guidance of sixty facilitators.

Sick added that last year's evaluations of FIPCC were not as good as the team would like them to be; that some schools got a lot out of it but many did not. He said the curriculum was revised completely for 2015. This year's structure included small groups of five within larger groups of thirty to forty, with one or two facilitators per large group. Discussion started in small groups which then reported back to the large group. It was a much more interactive and active model. One session, focused on teams and teamwork, challenged students from a variety of the professions to build a tower using spaghetti noodles, tape, string, and a marshmallow on top. This required students to focus on communication, leadership and working as a team. Students reported that they liked this activity, that it fostered communication and understanding of other disciplines.

Sick said they added a new session on provider self care and well-being, as healthcare providers tend to be among some of the most stressed employees. This session included discussion of stress, a self assessment of well-being, and meditation activities. Sick said the session on ethics and professionalism was thought to be too theoretical, so they used real cases of incidents that had actually happened at the University, as well as actual cases found online for students to study and reflect upon. Other sessions covered health systems and interactions, and a concluding presentation that incorporated the previous five sessions, addressing why interprofessional collaboration is important.

Phase 2 consists of two parts: team communication skills and an opportunity to see the health system through the experience of a patient. In the team communication skills portion, students learn how to communicate critical information that requires immediate attention and action concerning a patient's condition. In the patient experience portion, three students from various professional schools shadow an individual called a community teacher. The community teacher is a real patient actively interacting with the health care system. Students are required to make three visits with the community teacher, and in the process they practice interview skills and learn about the life of an actual patient. The community teacher evaluates the students based on their level of courtesy and respect, how well they listened, and how well they explained things. All students then report back to the larger group about their experience.

Sick stated that the purpose of this phase is to see the community teacher's viewpoint, to see the role of other health professionals, and to help the community teacher with a non-medical piece of their overall health. This is the first year they are using community teachers as an interprofessional activity, and so the IHealth will evaluate the process and adapt changes as necessary.

Phase 3 of IPE comes at the end of a student's education, and is a practical application of all the skills and competencies students have been taught in the prior phases, but in an actual clinical setting. This is the least developed of the three stages. One motto the IHealth team has for this phase is to "make the implicit explicit."

Students are given a rubric that asks them to track the roles and responsibilities of an interprofessional team in an actual clinical setting. Students then come together and debrief with a facilitator. About 500 students took part last year in Phase 3. This phase is tied to the Med 1 rotation, as well as to a required course in the various professions. As few as eight to as many as eighty can be present at any debriefing. The goal for students is to recognize interprofessional activity when it is happening, and the goal for the IHealth team is to foster as many purposeful activities as they can.

Sick stated that for students, the IPE curricular plan might look as follows:

- First Year Fall: FIPCC
- Second Year Fall: Community Teacher
- Third Year: Debriefing
- Fourth Year: IPE Site

He added that they look at all the evaluations for all 1000 students for all four years very carefully. Additionally, he said, they track all students in all their activities, evaluations, and assessments. At the end of their education, each student will have a transcript of all the interprofessional activities they have participated in. This will be valuable, he added, as they apply for jobs and submit applications. Sick then provided the committee with a sample of what that transcript would look like.

Sick concluded by inviting questions from the committee. Theismann asked if there was a possibility of incorporating simulators in the curriculum in the future. Sick replied that their evaluation plan includes simulation. He said that the IHealth team is hoping to have a situation where students from multiple professions would show up at a designated sim center at a designated time, and do a simulation that made sense for all those who show up, based on the profession they are pursuing.

Katie Ask stated that she found the interprofessional curriculum valuable, and that talking about stereotypes was really a good conversation, that it stressed the importance of being able to work with other people in a respectful manner regardless of who they are. She found the debriefing session less valuable, she said, as it was hard to recreate a situation in a fake environment.

Sick replied that the debriefing session as it exists now is really just a starting place as the IHealth team figures out how to help students learn the skills they need. He said the feedback is really helpful; the team needs to hear from students what they find valuable and what is not so valuable.

Theismann thanked Sick for presenting and, hearing no further business, adjourned the meeting.

Patricia Straub
University Senate Staff