

## **Academic Health Center Student Consultative Committee (AHC SCC)**

### **Minutes of Meeting**

April 22, 2015

[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 represent the views of, nor are they binding on, the Senate, the Administration or the Board of Regents.]

[In these minutes: Annual meeting with OIT; Discussion with 1Health Team – FIPCC Redesign]

PRESENT: Jeff Theismann (incoming chair), Melake Araya, Sarah Bahler, Jamie Dean, Jonathan Ekerholm, David Green, Gina Kundan, Karen Myhrman, Anne Christ, Karl Koivisto, Hannah Schultz

GUESTS: Bernard Gulachek, associate vice president for information technology, & Thomas Auld, associate CIO, OIT; Dr. Brian Sink, interprofessional academic deputy, AHC Office of Education & Medical School

OTHERS: Holly Belgum, Grishondra Branch-Mays, Matthew Eggebrecht, Cheri Friedrich, Erica King, Lee Morris, George Sakaal, Angela Yarbrough

REGRETS: Christine Myers (chair), Megan Guthmiller, Ashley Martin, Emily Schuster

ABSENT: Christopher Kim, Andrew Weaver

### **1. IT Governance Input**

Mr. Theismann called the meeting to order and introduced the first topic. Bernard Gulachek and Thomas Auld attended the meeting to discuss the Information Technologies priorities of the past year and gather input for the year ahead. Mr. Gulachek explained that the following issues would continue to be addressed over the next year:

- FY16 Input Leads: Need More Work
  - Improved video collaboration
  - ESUP
  - Security

He then opened the conversation for member comments and questions. They discussed the following points:

- Training and resources for instructors that need to use technology to connect with campuses remotely.

- Need for video conferencing tools such as Google Hangout. Google tools and apps have been very helpful.
- MCB 3-150 – projectors have not worked since January and they need to connect regularly with UMR
- Issues with reliability of available tools, such as WebX
- The Knowledge Co-op and Media Site have been helpful
- Clicker technology is not always reliable
- Handheld technology rental options (rather than buy)
- Search function in new PeopleSoft not as intuitive as before

Mr. Gulachek closed the discussion by encouraging members to invite their colleagues and peers to complete the IT Priorities Survey, particularly if they would like to have a voice in IT decision-making at the University.

## **2. FIPCC Redesign**

Dr. Sick provided members with a document that outlines a proposed Foundations of Interprofessional Communication and Collaboration (FIPCC) course redesign. He highlighted the following points:

- The aspect of the training that was rated most valuable was the discussion of positive stereotypes and unique characteristics of professions. The second most popular was the ethics module.
- Dr. Sick asked members for their feedback regarding a capstone project:
  - Allow time for the cases to be worked on within the FIPCC course time. It is too difficult to match schedules with other students. Incorporate opportunities to socialize with other students.
- Lee Morris said that there has been some frustration with the course, so he is thankful that changes will be made. He is the first-year CHIP representative, so he has gathered feedback from his peers. He observed that students had positive feedback when they had flexible instructors, such as those that provided social events with FIPCC groups, rather than a strict classroom setting. He provided the following feedback gathered from his peers:
  - Use real healthcare situations. It would be helpful to see layers of professions working together.
  - Experience in interprofessional cases, not just a discussion. A video could be suitable for this.
  - Self-contained cases instead of one long case.
  - A day in the life of other professions. Spend a day paired with a peer while they are on clinical duty.
  - Incorporate wellbeing into the curriculum.

- Because the course is completed in the first semester, many students are not aware of their profession's stereotypes.
- Dr. Sick then explained that they are planning to have 30 students in one room, grouped into small groups of 10. They will be incorporating student facilitators. They are continually working to get all schools to participate. They will also add more time for socializing because they received feedback about how valuable this opportunity was.
- Mr. Koivisto said UMD has the opportunity to observe how each professional interacts with a patient, during his or her second year and this experience is very helpful.
- Members mentioned they would like to discuss realistic stressful situations – What happens when a patient dies?
- A member mentioned adding an activity that is for building teamwork, not necessarily a medical case.
- Veterinary Medicine has a difficult time being realistically incorporated into the cases.
- De-identify student roles from the beginning, this would prevent those natural hierarchies from developing.
- Hold a larger event that emphasizes the importance of interprofessional education. This could improve the first impression of the course and encourage students to take it more seriously.
- Members commented that student leaders in some cases do not embody or enforce the stereotypes as much as more experienced instructors.

Hearing no further business, Mr. Theismann adjourned the meeting.

Jeannine Rich  
University Senate