

Interprofessional Health Committee
(formerly The Interdisciplinary Health Sciences
Curriculum & Student Affairs Committee)

2003-2004 Annual Report

Committee Members: Jane Banning (Chairperson), Allan Barclay, Bill Boissonnault, Barbara Bowers, Byron Crouse, Bill Heiss, Connie Kraus, Katharyn May, Jerry Noack, Chris Olsen, Susan Rosa, Scott Spear (Co-Chairperson), Judy Thompson, Susan Zahner

Guests/meeting attendees during the past year: Mary Carson Bumann, Amy Fruchtmann, Rita Hohlstein, Nancy Sugden

Student attendees: Kristin Anderson, Tamara Axelsen, Andrea Duchac, Brian Harahan, Justin Schilz, Julia Semeniuk

To streamline communication, the Interdisciplinary Health Sciences Curriculum and Student Affairs Committee renamed itself this year: The Interprofessional Health Committee (herein as IHC). The term ‘interprofessional’ is consistent with the nomenclature of international research and publications.

The following list summarizes the committee’s accomplishments to date:

- Creating and testing an interprofessional teaching module
- Presenting a poster and attending “Altogether Better Health: Progress in Interprofessional Education and Collaborative Practice,” International Conference, Vancouver, BC, May, 2004
- Developing criteria for interprofessional course review
- Composing and distributing a call for interprofessional course proposals for fall ’04 and spring ’05 semesters
- Reviewing eight proposals for interprofessional courses
- Planning a brown bag seminar series for the 2004-05 academic year
- Organizing a panel presentation for the September 17, 2004 Littlefield Lecture
- Formalizing student involvement in the committee
- Revamping the IHC website (<http://interprofessionalhealth.wisc.edu>)

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PROGRESS ON REVISED CHARGES TO THE COMMITTEE

The six specific revised charges for the committee from the 2002-03 Annual Report are:

1. Serving as an umbrella committee for interdisciplinary educational efforts in both graduate and undergraduate areas
 - a. Developing interdisciplinary modules or courses for incorporation into the curricula of the health sciences schools. Serving as liaison to the various schools for interdisciplinary efforts.
 - b. Develop criteria to be met by courses that seek to be identified as *interdisciplinary* for the purposes of the education of health sciences students. The Committee will have the responsibility for applying these criteria in the identification of interdisciplinary courses in the timetable, as well as identifying which interdisciplinary courses or activities will be assigned to the “protected” timetable slot in the schedule. This time slot will be available beginning with the fall 2004 academic year when the health sciences learning center is scheduled to open.
2. Promoting interdisciplinary continuing education for practitioners
3. Working on ways to reward faculty for interdisciplinary educational efforts
4. Reviewing problems involving service courses offered by one health sciences unit for the students of other health sciences units, and recommending approaches to solving such problems.
5. Serving as a forum for addressing issues relating to the education of health professions students, which affect multiple health science units.
6. Reporting annually to the Health Sciences Council on its accomplishments.

Accomplishments during 2003-04 related to the revised charges:

1. Serving as an umbrella committee: the committee continues in this activity
 - a. An interprofessional module was created
 - b. Course criteria were developed
2. Continuing education for practitioners: the Littlefield Lecture and Interprofessional Health Committee panel on Sept 17, 2004 will kick off this initiative.
3. Rewards for faculty have not been addressed.
4. No problems of service courses have been brought to the committee’s attention.
5. The committee continues as an active forum for interprofessional health science student issues.

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Major Activities/Accomplishments for 2003-04 as defined by Committee Goals for 2002-03:

-Bill Boissonault, Jane Banning, Jerry Noack, Sue Rosa, Mary Bumann and Connie Kraus developed an interprofessional skills module. The module has been piloted by several students with positive feedback. The module is available to any faculty member interested.

-Committee members have met throughout the summer of 2004. The group may still consider a half-day retreat for new and continuing members, but the 12-month meeting schedule has greatly facilitated the committee's work

-The call for courses and the course review process is completed, with calls having been issued for fall '04 and spring '05 course submissions.

-Cindy Haq and Mark Albanese have not attended a meeting this last year as discussed. This will be brought up again for the committee's consideration.

-The possibility of bringing faculty members who are successfully dealing with interprofessional health sciences modules on other campuses to lecture at UW-Madison in the near future is being discussed by the Brown Bag subcommittee, under the leadership of Bill Heiss. The Brown Bag subcommittee will be inviting the faculty of accepted interprofessional courses to present their courses at Brown Bag sessions as a part of the course approval.

-“A Brown Bag type discussion (with Peter Spear, Provost and Virginia Sapiro, Associate Vice Chancellor) for faculty currently or would like to be involved with interprofessional teaching” has not been scheduled. However, the Littlefield Lecture and Interprofessional Health Committee panel discussion, both on Sept 17, 2004 will initiate faculty involvement in the IHC as will the Brown Bag series, above.

-Forming an Interprofessional Retreat with the Health Sciences Deans appointing 1-2 persons from each program area to create specific criteria and faculty development as related to interprofessional courses has been postponed. Course criteria have been developed, as stated above.

-Redefining existing courses versus creating new courses that are truly identifiable as interprofessional will occur on an ongoing basis as the call for courses is issued each semester.

-Faculty development is seen as critical to the success of interprofessional health sciences curricular activities. It is possible that with ongoing staff support (currently provided under the AHEC group by Mary Bumann) this could be initiated. Faculty development has indirectly occurred as course proposal revisions are suggested to faculty.

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OTHER ACCOMPLISHMENTS

The 2002-03 Annual Report stated: “The committee should have a membership and structure that provides for the most facile development and support...and....working subgroups with appropriate administrative support and authority should be formed to allow the rapid implementation of these decisions.” Since last year, subcommittees have created the Interprofessional teaching module, initiated the Brown Bag series, and created criteria for and reviewed course proposals. The working subcommittee structure is resulting in significant committee progress.

Interest in interprofessional learning and teaching among health sciences students and faculty has continued to grow. Students attended the April 2004 committee meeting to offer ideas on direction and goals for the committee’s work. There was much discussion about the Clarion Case Competition that a group of students participated in. The committee will support the creation of a case competition on the UW campus.

Additionally, Waisman Center, Veterinary Medicine, and (soon) Population Health faculty/staff have attended meetings. There is continued discussion about expanding the scope of committee composition to include others integral to the health care team.

Through the work of Allan Barclay of the library, the IHC website has been redesigned. The new site should be more accessible and allow for continued growth as the output of the committee expands. The site serves as a repository for the committee's work as well as archival material about the committee itself (meeting minutes, annual reports, members, etc). In the future the site may also become more interactive, allowing people interested in interprofessional health sciences issues to submit course proposals, ask for guidance and help, make suggestions to the committee and more. As health sciences education at UW-Madison becomes more interprofessional, the site can change and grow to help facilitate this transition.

The Committee’s work has been significantly helped by the provision of a part time staff person by the AHEC. Ms. Bumann’s efforts have expanded the committee’s creation and distribution of materials, and facilitated outreach to other groups, programs, and departments. The progress of the past year could not have been made without this help.

There has been discussion within the committee about the establishment of a centrally located Interprofessional Health Committee office within the HSLC.