

The Committee on Interdisciplinary Health Sciences Curriculum & Student Affairs

2001-2002 Annual Report

Committee Members: Andrea Ball, Carolyn Bell, Bill Boissonnault, Barbara Bowers, Byron Crouse, Kennedy Gilchrist, Susan Hyland, Curt Johnson, Nathan Kanous, Karin Kirchhoff, Jerry Noack, Scott Spear (Chair), Judy Thompson, Susan Zahner

Major Activities and Accomplishments for 2001-02

The members of the IHSC Committee recognize the importance of interdisciplinary approaches to health care planning and delivery for patients, professionals, and communities. The successful integration of health professional teams is essential in hospital, ambulatory care, and public health practice settings. It is the responsibility of educational institutions to prepare health sciences students to function in collaborative, interdisciplinary professional practice models.

To meet this goal the IHSC Committee recognizes the need for a strong commitment to timetable changes to allow time for interdisciplinary activities and curricula, particularly beginning in the pre-clinical years. The scheduled opening in Fall 2004 of the Health Sciences Learning Center has created an opportunity to renew and strengthen the university's commitment to interdisciplinary health sciences education.

The IHSC Committee has requested that the deans on the Health Sciences Council instruct their associate deans for academic affairs to create a protected, uniform ninety or 120-minute time slot in the schedule of pre-clinical classes for all health sciences programs. This time slot will be dedicated to interdisciplinary educational activities. Staff responsible for timetable changes should be asked to develop options for the placement of this 1-2 hour weekly block of time for interdisciplinary activities, but the deans will need to direct them to do so and then make the final decision about which option is optimal. Several members of the IHSC committee should be asked to meet with the timetable group for support and assistance.

This activity should take place and be finalized within the next 12 months so that the timetable changes can be in place when the HSLC opens its doors for Fall 2004 classes. Once an interdisciplinary education time slot has been identified and affirmed, timetable developers would be expected to plan future class schedules with the protected slot in mind.

The committee has discussed at length how this interdisciplinary time would be utilized. Some options include:

Developing a planned interdisciplinary health sciences curriculum; i.e. informatics, health care delivery systematics, medication errors, industrial engineering in health programs planning; in addition, public health, community health, and population health are curricular areas that cross interdisciplinary boundaries.

Coursework on such topics as bioethics, health care policy, human sexuality, pathophysiology, bio-statistics, end-of-life care, and models for interdisciplinary practice and communication all lend themselves to interdisciplinary learning. In addition, the time may be used for interdisciplinary seminars or collaborative activities designed to enhance interdisciplinary work.

The intention is to build collaboration and interdisciplinary function, not just create an interdisciplinary enrollment. Would require working teams arising from an interdisciplinary group that included faculty and staff with curriculum development expertise; team building and conflict resolution would be important components to include as well.

Courses that faculty members propose to meet during the “interdisciplinary hiatus” would reasonably come before this committee for approval to use this time-slot.

The Committee on Interdisciplinary Health Sciences Curriculum and Student Affairs (IHSC) has created a listserv to facilitate communication and discussion among UW-Madison faculty and staff interested in interdisciplinary health sciences education.

This listserv, called “interdisciplinary-health,” will provide a forum for sharing ideas, announcements, experiences, and concerns about interdisciplinary health sciences education at UW-Madison. “Interdisciplinary health sciences” is broadly defined to include any health-oriented discipline or health-focused academic or professional interest.

Examples of topics of interest for this list include announcements of courses relevant to multiple health sciences programs, sharing references or examples of interdisciplinary health sciences education from other universities, and discussing ideas about how to improve opportunities for interdisciplinary education on this campus and in the future Health Sciences Learning Center.

An introductory email was sent in June to the distribution lists of the individual health sciences schools, and the plan is to send email messages this fall to faculty in sociology, CALS, engineering, and others who may be potentially interested.

Susan Zahner was particularly instrumental in facilitating the establishment of this listserv and Dean May and the School of Nursing have graciously covered the cost to DoIT for the establishment of the listserv. Scott Spear will serve as the listserv subscription manager.

With considerable assistance and direction from Andrea Ball the committee developed a nascent interdisciplinary health sciences website that will have a similar goal of providing a face and electronic presence for the topic on campus. The committee made several decisions regarding the functionality and layout of the site:

- The site will include the committee calendar, agendas and minutes, as well as Annual Reports submitted for the committee
- Will also include the committee history and a current committee members’ roster—will keep an archive of past committee members and minutes
- Will provide listserv information for those interested in signing on
- Provide 'Last updated' date for quality assurance and timeliness

- Add news/announcements regarding interdisciplinary seminars, speakers, and events of interest—still need to determine how to get this information to Andrea for posting on the website
- Will develop a Student Affairs subsection of site that would include:
 - Immunization and other pre-matriculation requirements for health sciences students at UW-Madison
 - Laws related to background checks
 - The Lexington Report on the management of the blood-borne pathogen infected health science student
- Include information regarding the future direction of the committee and interdisciplinary health sciences education at UW-Madison

The URL for the site is: <http://projects.hsl.wisc.edu/ihsc>

Note: This is a stand-alone site and can only be reached by the URL—there is no link from the Health Sciences Libraries web site (although we are hoping to make it possible to use the Library web site search tool to locate the site in the future.)

The committee had several invited guests this past academic year:

Associate Dean Susan Skochelak met with the committee and offered a variety of suggestions for meeting the committee's goals of enhancing interdisciplinary health science education. She commented that there are good classroom spaces in the HSLC building. She suggested that this committee put HSLC building scheduling on hold for now—since the scheduling advisory committee is responsible at this point. She suggested the committee turn ideas into specific proposals. Dean Skochelak reported that MAMA is not a hindrance to interdisciplinary teaching—specific budget is available for course leadership and for infrastructure needs that should be able to support Medical School faculty in this regard.

Dean Katharyn May met with the committee to discuss her experience with interdisciplinary health sciences education at the University of British Columbia and to discuss her vision for such activities at UW.

Interdisciplinary health sciences building was built at UBC in the early 70's—constructed to drive interdisciplinary faculty process; called the IRC—Instructional Resource Centre. Standing committees were responsible for the curriculum and the facility at UBC. Eventually developed academic structure—college of health professions at UBC; a virtual college; other virtual colleges existed on that campus; interdisciplinary activities of faculty were related to that college—stood for something of value with tenure committees.

There was a combined graduate student association for medicine, nursing, pharmacy and other graduate students at UBC, not separate entities. Lots of social activities conducted by and for students; professional poster sessions were held by health sciences students association; distinguished student lecture given each semester; lecture series also existed that was under control of students.

Ideas from Dean May for UW-Madison:

New HSLC building can be seen as a catalyst. Accreditation in the future will require more evidence of interdisciplinary activities. Committee should work to pressure units to protect a 2-hour space each week for interdisciplinary activities as well as interdisciplinary courses. Coordinator role—instructional specialist (academic staff) vs. faculty person supported by other schools; could be a rotating position every 2-3 years if faculty position.

The IHSC committee could take a leadership role regarding programmatic activities in the HSLC; what can we do with the open spaces to encourage an interdisciplinary perspective? Need student representation regarding programmatic use of HSLC. Dean May suggested that this committee should serve as the “midwife” to give birth to the plan for more consistent interdisciplinary learning on campus.

Nancy Diekelmann—a professor in the School of Nursing—met with the committee to discuss her interest in research on nursing education; how do teachers teach and learners learn?—specifically as these questions apply to nursing. Only seven schools on campus have formal courses in teaching. There is a need to present the science of education in the health sciences—so that we can develop practice education that is based in the needs of the health sciences. She presented the concept of “narrative pedagogies”—the difference in classroom and clinical approaches; outcomes or competency approaches.

Outcomes approach—what goes into the course? How do you decide what to leave out or never teach? “Critique the exam instead of taking this exam.” Communities we create in teaching; teaching by sharing stories—ask students to write their stories.

Javier Nieto—the new department chair for population health in the medical school—met with the committee to discuss his potential involvement in interdisciplinary curricular activities. Javier reported that there would be an interdisciplinary focus to the MPH program that is being developed. There is already a masters' degree of population health available at UW. The MPH program is being envisioned as a 12-month long program if the student is full-time, but part-time options will likely be available. The MPH degree program will have a distinct research focus.

The committee spent time discussing how to proceed with the recommendations from the consensus report on blood-borne pathogen disease in health science students—the Lexington Report—that was published in the *Journal of American College Health* in November 2001 and documented the results of a meeting of university health service and public health experts in Lexington, KY.

Mary Hayney, Mikel Snow, and Marilyn Jenkins—along with representatives of UHS—met and gave this committee a report in 1998 on the blood-exposure and immunization protocols and standards in use on campus at that time.

How should the Lexington Report be used on this campus to update these standards? Specifically, do the report’s recommendations reflect current practice at UW? Do any changes need to be made—in pre-clinical and/or clinical training?

Scott Spear has offered to meet individually with representatives of the health professions schools on campus to discuss these issues.

The Lexington Report on blood-borne pathogen disease in health science students is available on the *Journal of American College Health* web page at:

<http://www.heldref.org/html/jach.html>

Committee Goals for 2002-03

The following student service issues of concern are on the agenda for the committee to discuss this coming year:

- Potential new implications of the federal Caregiver Law
- The health care and professional needs of students on clerkships in distant locales
- Professional behavior standards—including mental health challenges
- Meeting disability accommodations for health sciences' students

The committee will continue to advance several interdisciplinary health sciences learning objectives in the coming year:

- Develop criteria to be met by courses that seek to be identified as *interdisciplinary* for the purposes of the education of health sciences students at UW-Madison
- Begin to apply these criteria in the identification of interdisciplinary courses in the existing timetable, as well as identifying which interdisciplinary courses or activities will be assigned to the “protected” timetable slot in the schedule.
- Promote the “interdisciplinary-health” listserv and the web-page as means for interested individuals and groups on campus to begin to advance the goal of interdisciplinary learning experiences for all health sciences students during their curricular programs
- Work with staff members responsible for timetables in the health sciences schools—assist in developing options for a time slot for dedicated interdisciplinary activities

Submitted by:

Scott J. Spear, MD

Chair, Committee on Interdisciplinary Health Sciences Curriculum and Student Affairs

Associate Professor of Pediatrics (CHS)

Director of Clinical Services, University Health Services

20 August 2002