Interdisciplinary Committee Meeting  
10/10/11, 12:00-1:30pm  
Norris Medical Library, East Conference Room

Attendees:
- Keck School of Medicine: Brian Prestwich, Lihua Liu, Win May, Jo Marie Reilly
- Ostrow School of Dentistry: Roseanne Mulligan
- School of Pharmacy: Kathy Besinque, Steven Chen, Brad Williams
- Physician Assistant Program: Melissa Durham (dual appt. in Pharmacy), Desiree Lie (dual appt. in KSOM)
- Division of Occupational Science & Occupational Therapy: Katie Jordan (standing in for Julie McLaughlin Gray)
- Division of Biokinesiology & Physical Therapy: Steven Cen (dual appt. in Preventive Medicine), Kathy Sullivan
- Health Sciences Libraries: Emily Brennan, Amy Chatfield, John Glueckert

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<th>Agenda item</th>
<th>Discussion</th>
<th>Action Items</th>
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<td><strong>Introduction, announcements</strong></td>
<td>Lihua Liu announced the Immigrant Health Initiative (<a href="http://uscnorriscancer.usc.edu/ihi/">http://uscnorriscancer.usc.edu/ihi/</a>) a collaborative project intended to combat health disparities among immigrants.</td>
<td>Committee members should consider how they would like IPE to be administratively coordinated at USC and bring ideas.</td>
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<td><strong>University of Toronto IPE day</strong></td>
<td>Jo Marie Reilly attended the University of Toronto’s IPE day in early October.</td>
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<td>Canada’s centralized medical care has led the country to promote IPE more heavily—the pressure for this comes from practitioners in the clinic, so has much faculty support. Collaborative clinical practice has driven educational mission! UT received a grant to support IPE and Dr. Reilly visited to see how IPE works at this institution. By 2015, UT has vowed to graduate IPE-competent students.</td>
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<td>1250 students attended the IPE day and had small group facilitated conversations with faculty members from UT health sciences disciplines. UT’s 11 health sciences degree programs include undergraduate and graduate programs, and 2, 4, or 6 year degrees.</td>
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<td>Dr. Reilly believes that the UT success is partially due to the presence of the IPE coordinating office, which coordinates IPE efforts on campus, promotes global research, and helps find funding. This office also does IPE faculty development, currently using a “train the trainer” model to reach out to all faculty. This office is funded by</td>
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each school paying a proportional amount based on current enrollment.

Dr. Reilly suggested the formation of a 3-tiered IPE hierarchy at USC, consisting of a HSC Dean’s council; a HSC curricular council to advise on IPE curriculum; and additional of Educational Deans in each professional school who would implement IPE in the curriculum. Dr. Reilly has been discussing this idea with Dean Puliafito and other health sciences Deans.

Kathy Sullivan suggested that The Center for Excellence in Teaching could be an administrative center for IPE on campus.

Sustainability of the IPE efforts is a major need. Several faculty in the room have conducted successful IPE efforts in the past but these have fallen by the wayside when key faculty depart, grant funding ends, or classes change.

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<th>Common IPE competencies</th>
<th>Discussions of administrative organization of IPE at USC lead into a discussion of competencies for IPE. Desiree Lie and May Win conducted a literature review of IPE Competencies (their review and original articles available on the IPE portal, [<a href="http://norris.usc.libguides.com/ipe">http://norris.usc.libguides.com/ipe</a> - competencies &amp; evaluation tab](<a href="http://norris.usc.libguides.com/ipe">http://norris.usc.libguides.com/ipe</a> - competencies &amp; evaluation tab)). These are the skills that have been suggested as good tests for IPE readiness and competency. Emily Brennan will email committee to ask them to vote on which IPE competencies we would like USC to use. Joe Marie Reilly has IRB to do pre- and post-tests of students’ perspectives at Hollenback → 2 year longitudinal experience. Canada has nationally-described competencies for health care professionals. The United States has recently created their own, paving the way for schools to decide how to approach these competencies. In previous years US-based assessment of IPE has focused on student satisfaction and self-rating of IPE competence. UT is developing interprofessional OSCEs and Team OSCES (the former measures IPE skills like teamwork; the latter requires a group of students from different disciplines to solve a case together using their own specialties). Universal Health OSCES (one case, able to be answered by each health care discipline, but conducted and graded separately by discipline) and Group OSCES (similar to Team OSCES) are also in</th>
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<td>Review the competencies document and determine which are most important for your discipline to help build consensus. At the next IPE meeting, be prepared to share which competencies seems most relevant for your area/discipline and if you are already using any of these competencies.</td>
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development by other groups but are very expensive to write and conduct.

Brian Prestwich recommended that we read the article, “Primary care practice development: a relationship-centered approach” by WL Miller et al (posted on IPE portal). This article discusses created care teams with adaptive reserve. Some questions that Dr. Prestwich is interested in include: how to measure how teams adapt to change; how do attitudes improve due to IPE; how clinical skills improve due to IPE; and how does content learning improve across disciplines (e.g., pharm students learn about diabetes).

### The Center for Excellence in Teaching

Kathy Sullivan is a current CET fellow and noted that 3 health sciences schools have had faculty selected for fellowships at CET. Kathy is currently working on developing a care paths model which traces how individuals receive health care in the United States. She believes that these care paths can be used to help show what areas are most ripe for IPE and provide ideas for how to integrate IPE into all health sciences disciplines.

Attendees noted that the care paths model focuses on community care. Keck School of Medicine’s current model focuses heavily on hospital care, although the community care elective clerkship rotation is highly rated and in high demand among all students.

CET is planning an IPE event on December 2\textsuperscript{nd}. They have a collaborative classroom in the biokinesiology building and want to get deans and faculty together to brainstorm on how to bring IPE to USC.

Mark December 2\textsuperscript{nd} on your calendars and consider who should be invited. Share your ideas with Kathy.

Consider broadening involvement to add a nursing school—UCLA, Cal State LA, County Hospital, all have nursing programs. Also consider working with professional nurses in the USC hospital. Does anyone have connections with any of these groups, or knows if they would be interested in this partnership?

### Physician’s Assistants IPE grant

The PA program received a $630,000 five-year grant from HRSA to work on IPE for the PA program. The grant will have four arms:
- Revamping curriculum
- Adding IPE
- Faculty development to support IPE
- Development of new evaluation tools and measures for IPE

Desiree Lie is one lead on the grant and they are looking for more partners for the grant projects and for promotion at meetings and in publications. Contact her.

### IPE evaluation instruments

Desiree Lie conducted a literature review of assessment instruments used in IPE.

Desiree also shared the Interprofessional Collaborator Assessment Rubric, a rubric developed by several institutions in eastern Canada, to assess students’

Review the “Six Evaluation Instruments for IPE” handout and “Interprofessional Collaborator Assessment Rubric” and share with your colleagues (both provided in hard copy at the meeting, also
readiness for IPE.

Desiree has also provided brief descriptions of 6 other rubrics used to assess similar competencies and provided citations to further reading.

Emily Brennan will email committee to ask them to vote on which IPE evaluation instrument we would like USC to use.


At the next IPE meeting, be prepared to share which instrument seems most relevant for your area/discipline and if you are already using any of these instruments.