BUILDING ORGANIZATIONAL CAPACITY FOR IPE: THE MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) EXAMPLE

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Session Outline

- Background about the organization
- Institutional purpose for IPE/IPCP
- Governance, structure and infrastructure for IPE
- Policies and processes to support IPE
- Communication and information sharing
- Strategies for culture change
- The future
Take Home Points

- A plan in place to guide work development
- Top down and grass roots involvement
- Centralized infrastructure provides oversight, coordination, and support
- Faculty development is needed
- Pilot and expand efforts
Institutional Background
MUSC

- Includes 6 colleges:
  - Dentistry
  - Graduate Studies
  - Health Professions (CVP, MHA, NA OT, PA, PT)
  - Medicine
  - Nursing
  - Pharmacy
Background

- Total student enrollment: 2500 students
- Own our clinical services; VA hospital on campus
- Strong research emphasis and growth/CTSA award
Institutional Purpose for IPE/IPCP
Institutional Purpose for IPE

- Recognition by key leaders that an IP team approach would improve health care and desire to provide this for students
  - Elective experiences for students during the 1990s
  - Presidential Scholars Program established in 2001 as a co-curricular IPE experience for selected students
  - Interprofessional day for all 1st year students in 2006; expanded to 2nd year students
The Tipping Point for Purpose

- Quality Enhancement Plan (QEP) required for reaffirmation of accreditation by the Southern Association of Colleges and Schools (SACS)

- University-wide 10-year plan tied to the institution’s mission to enhance student learning
Creating Collaborative Care (C3)

- A plan to promote an institutional culture, learning environment, and infrastructure that enhances MUSC graduates’ abilities to participate as effective team members in interprofessional collaborative health care delivery or research.
C3 Goals

Students will:

1. acquire teamwork competencies
2. acquire knowledge, values and beliefs of health professions different from their own profession
3. apply their teamwork competencies in a collaborative interprofessional learning context
4. demonstrate their teamwork competencies in a collaborative interprofessional health care delivery or translational research context
Conceptual Foundation

Building Team Work Competencies

- **ACT**
  - as team member

- **PRACTICE**
  - as team member

- **THINK**
  - as team member

- **PREPARE**
  - self as team member

Creating Collaborative Care

Transforming Ways of Knowing

- **CONTEXTUAL**
  - knowing
  - up

- **INDEPENDENT**
  - knowing
  - up

- **TRANSITIONAL**
  - knowing
  - up

- **ABSOLUTE**
  - knowing

Application

Demonstration

Acquisition
Implementation Framework

- Curricular
- Extracurricular
- Faculty development
- Healthcare simulation
Governance, Structure and Infrastructure for IPE
Infrastructure

- Formal C3 Office (centrally supported)
  - Director
  - Program Coordinator
  - Faculty leaders (partial effort)

- Committee Structures
  - Subcommittees and task forces
  - Individual faculty efforts
Policies and Processes to Support IPE
Use of Existing Policies

- Final approval by deans and provost for activity implementation
  - Required IPE course for students, IPE student fellowship, etc
- University regulations regarding course designation
  - Established IP course designation; processes for notification to Enrollment Management
Need for New Institutional Policies

- Promotion and tenure language to recognize faculty engagement in IP work
- IP Course approval process
  - In concurrence with university processes; approved through C3 Implementation committee
- Student professionalism/academic issues within IP activities
  - In collaboration with college associate deans
Policies to Guide IPE Work

- CAIPE definition of IPE a criteria
  - IP course approval
- Institutional conceptual foundation for IP learning
  - IPE student fellowship; IP Faculty Development Institute
- Institutional IP Learning Goals
  - Guided implementation timeline
- Our QEP (and SACS compliance)
Processes for Our Work

- **IP Learning Activity Development**
  - Any committee/task force must be interprofessional
  - Collaboration is key (model what we preach)
  - Balance between centralized support and college/faculty initiative
    - Office administers required IP course, IP Day
    - Individual faculty who administer an activity/course
Example: Required IP 710 Course

- Developed from C3 curricular domain
  - Planning group
  - Leaders met with associate deans regarding content needs and course delivery; process for course approval within colleges/programs

- C3 Office provided support
  - Presented to deans for approval

- Course piloted and phased in implementation
Example: SIRE activity

- Simulated Interprofessional Rounding Experience
  - Students work in IP teams to manage acute “patient”

- Developed from C3 healthcare simulation domain
  - Interested faculty partnered to develop experience
  - Selected groups of students participated; expanding participation requirement
Communication and Information Sharing
With Key Stakeholders

- Faculty Senate
- Faculty groups (colleges, program directors, curriculum committees)
- Deans Council
- University President (who communicates to constituent groups as well)
Across Campus

- Students
  - Serve as change agents; develop own activities

- Faculty
  - Faculty development
  - Surveys to faculty

- IP list serve for interested individuals
IPE Faculty Development Institute

- Purpose to develop advanced IP team building skills; IP Collaborative Practice competencies
- Inclusive of all faculty and staff (clinicians, researchers, educators)
- 6 afternoon sessions once a month; project work
- Expands cadre of individuals engaged in work
Strategies for Culture Change
Culture Change Strategies

- Leadership commitment
- Grass-roots faculty engagement
- Centralization of coordination/support
- Presence of a general plan (and mandate)
- Attention to faculty development
- Pilot and learn philosophy
- Patience
Ineffective Strategies...

- The “we have to” approach
- Ignoring needs/cultures of colleges
- Thinking IPE has to be only about “new” and “faculty time consuming” activities
- Assuming all the professions need to learn together in all activities all the time
Indicators of a shifting culture

- MUSC Excellence Program
  - Metrics associated with IPE

- 2010-2015 University Strategic Plan
  - Interprofessional/Interdisciplinary theme
  - Builds further change in all university missions
  - RFP for IP projects; IP metrics and outcomes
The Future
The Now and Future

- IP informs many long-term planning goals for colleges and programs
- Expansion of purposeful IP interactions in students’ clinical and research settings
- Effort toward increased IP collaborative care within healthcare system
- Continued emphasis on translational research
- Examination of outcomes
Conclusion and Summary
The Take Home Points Again

- A plan to guide the work
  - Provides purpose and direction
- Top down and grass roots involvement
  - Leadership commitment and faculty engagement
- Centralized infrastructure
  - Provides coordination across programs, support for faculty efforts, oversight of policies and processes
Take Home Points cont....

- Faculty development is needed
  - Promotes the purpose and furthers faculty engagement
- Pilot and expand efforts
  - See what works; add learners as feasible
- Have fun!
MUSC IPE Publications


Buff SM, Gibbs PY, Oubre OL, Arial JC, Blue AV, Greenberg RA. Junior Doctors of Health: An interprofessional service-learning project addressing childhood obesity and encouraging health care career choices. *Journal of Allied Health.* Fall 2011