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University of South Carolina  
BOARD OF TRUSTEES

Health and Medical Affairs Committee  
In Person, Floyd Boardroom, Pastides Alumni Center  
and By Microsoft Teams  
June 23, 2023

OPEN SESSION

I. Call to Order

Chair Mobley called the meeting to order at 10:15 a.m. Secretary Howell confirmed Trustees attending in person and by Microsoft Teams audio and video conference.

Committee Members in attendance:

Hubert F. Mobley, Chair  
C. Edward Floyd (online)  
Henry L. Jolly Jr.  
Richard A. Jones Jr. (online)  
Miles Loadholt (online)  
Reid T. Sherard  
C. Dorn Smith III (online)  
Rose Buyck Newton, *Board Vice Chair*  
Thad H. Westbrook, *Board Chair*

Committee Members absent:

Emma W. Morris

Other Trustees in attendance:

C. Dan Adams  
Alex English  
Brian C. Harlan  
E. Scott Moise  
John C. von Lehe Jr.  
Ellen Weaver

Others in attendance:

Audrey Korsgaard, USC Columbia Faculty Senate Chair  
Emmie Thompson, USC Columbia Student Government President  
Robin Roberts, Advisor to the Advancement, Engagement and Communications Committee  
David Seaton, Advisor to the Governance Committee

Administrators in attendance:

Michael Amiridis, President  
Cameron Howell, University Secretary and Secretary of the Board of Trustees  
Donna Arnett, Executive Vice President for Academic Affairs and Provost  
Terry Parham, General Counsel  
Ed Walton, Executive Vice President and Chief Financial Officer

Media in attendance:

Lianna Hubbard, the *Post and Courier*  
Alexa Jurado, the *State*

Notice:

Chair Mobley stated notice of the meeting and agenda had been posted and the press notified as required by the Freedom of Information Act; the agenda and supporting materials had been circulated to the Committee; and a quorum was present to conduct business.

MOTION FOR EXECUTIVE SESSION

Chair Mobley stated there was a need for an Executive Session for the discussion of negotiations incident to proposed contractual arrangements with potential clinical health partners.

Dr. Jolly made a motion to enter Executive Session and Mr. Westbrook seconded the motion. A vote was taken, and the motion carried unanimously.

Chair Mobley invited the following to remain: Trustees, Dr. Korsgaard, Ms. Thompson, Mr. Roberts, Mr. Seaton, President Amiridis, Secretary Howell, Dr. Arnett, Ms. Dodenhoff, Ms. Dunleavy, Dr. Fridriksson, Dr. Fritz, Mr. Parham, Mr. Perkins, Mr. Sobieralski, Mr. Thomas, Mr. Tolliver, Mr. Walton, and Board support staff.

EXECUTIVE SESSION

– Executive Session Removed

RETURN TO OPEN SESSION

II. USC Arnold School of Public Health Report

Chair Mobley stated a USC Arnold School of Public Health report was posted to the Board portal for review. Dean Tom Chandler was available for questions. There were none. [HMAC 062323 OS II]

Chair Mobley stated the report was received as information.

III. USC College of Engineering and Computing's Biomedical Engineering

Chair Mobley stated a report on the USC College of Engineering's Biomedical Engineering program was posted to the Board portal for review. Dean Hossein Haj-Hariri was available for questions. There were none.

Chair Mobley stated the update was received as information.

IV. Board and Committee Survey Results

Secretary Howell highlighted the results of the Health and Medical Affairs Committee survey recently administered.

Chair Mobley stated the update was received as information.

V. HMAC Matrix and Dashboard: College/Programs Metrics and Data Discussion

Chair Mobley reviewed the Committee's matrix and dashboard, which was posted to the Board portal. He stated the report was received as information.

VI. USC Interprofessional Health Education

Provost Arnett provided a report on interprofessional health education programs at other universities, which was posted to the Board portal. [HMAC 062323 OS VI]

Chair Mobley stated the report was received as information.

VII. Other Matters

Chair Mobley called for any other matters to come before the Committee. There were none.

VIII. Adjournment

Chair Mobley declared the meeting adjourned at 11:06 a.m.

Respectfully submitted,

Cameron Howell  
Secretary



## Key Accomplishments AY-2023 – Students!

### Enrollments

- In AY2022, Arnold enrolled **3148** students (1.94% increase) including **799** graduate students and **2,349** undergraduates in 34 degree programs.
- This year, AY2023, Arnold enrolled **3160** students including **806** graduate students and **2354** undergraduates.
- Our redesigned integrative MPH degree is a smashing success with a **>16%** matriculation yield above the national SPH average for AY2023.

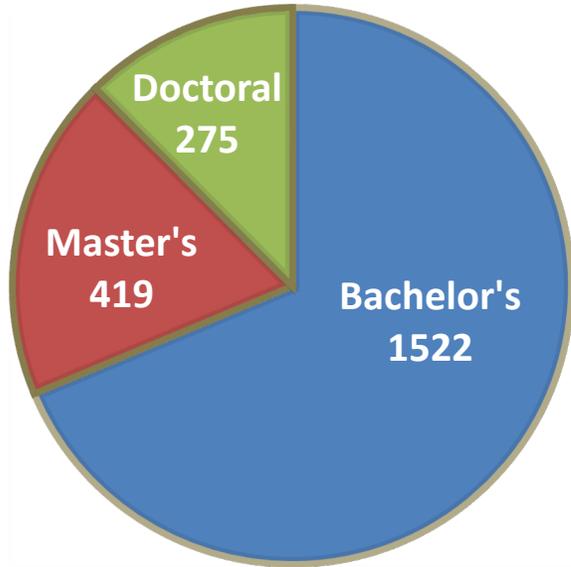
### Graduates

- Arnold's UG retention rate through the 3<sup>rd</sup> semester is **92%** (up **3.5%**).
- Arnolds' undergraduate 4-yr graduation rate is **76%** (stable); 6-yr rate is **82%**.
- In AY22, the Arnold School graduated **625** baccalaureates, **205** master's students, and **60** doctoral candidates for a total of **890 ASPH graduates**. (Public interest from Covid-19 has elevated academic public health interest nationally!)

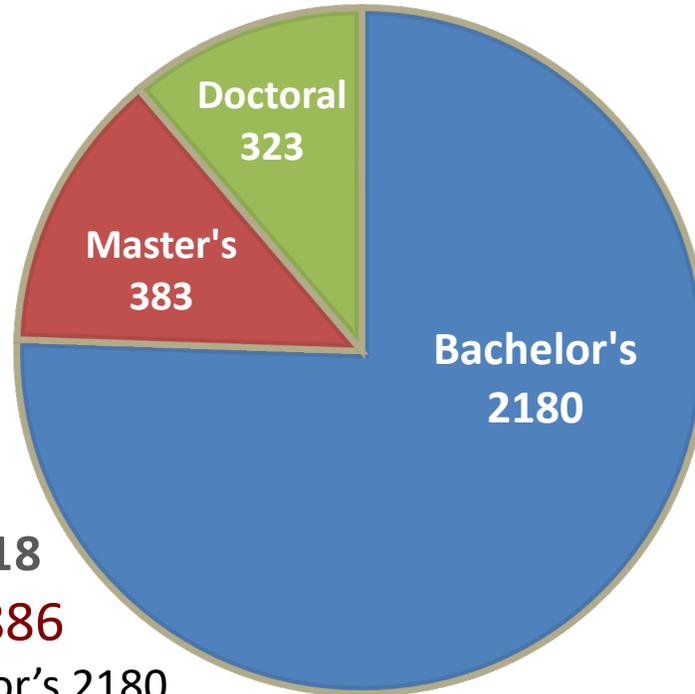
### Student Successes

- **67%** of AY22 undergraduate students graduated with Latin honors (up **15.5%**), **8%** were *Summa Cum Laude*.
- **10%** of our AY22 undergraduates graduated with leadership distinction (up **18%**) – relative to class size, this is the highest GLD percentage for any college at USC ever!

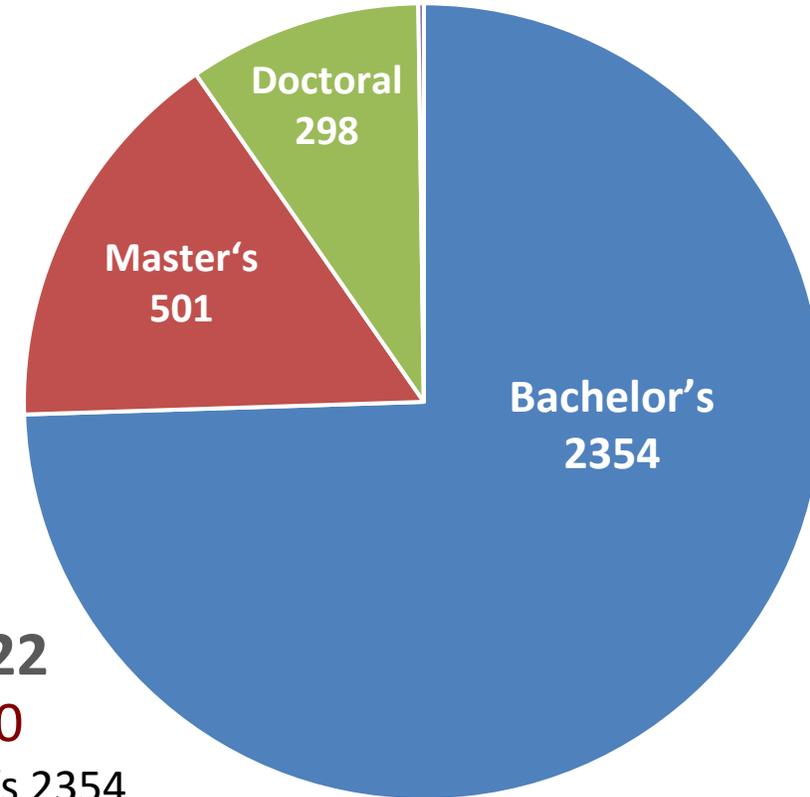
# ASPH Enrollment Trends thru Fall 2022



**AY 2013**  
**n = 2216**  
Bachelor's 1522  
Master's 419  
Doctoral 275



**AY 2018**  
**n = 2886**  
Bachelor's 2180  
Master's 383  
Doctoral 323



**Fall 2022**  
**n = 3160**  
Bachelor's 2354  
Master's 501  
Doctoral 298  
Grad Certificates 15

As recorded in ASPPH & CEPH annual reporting

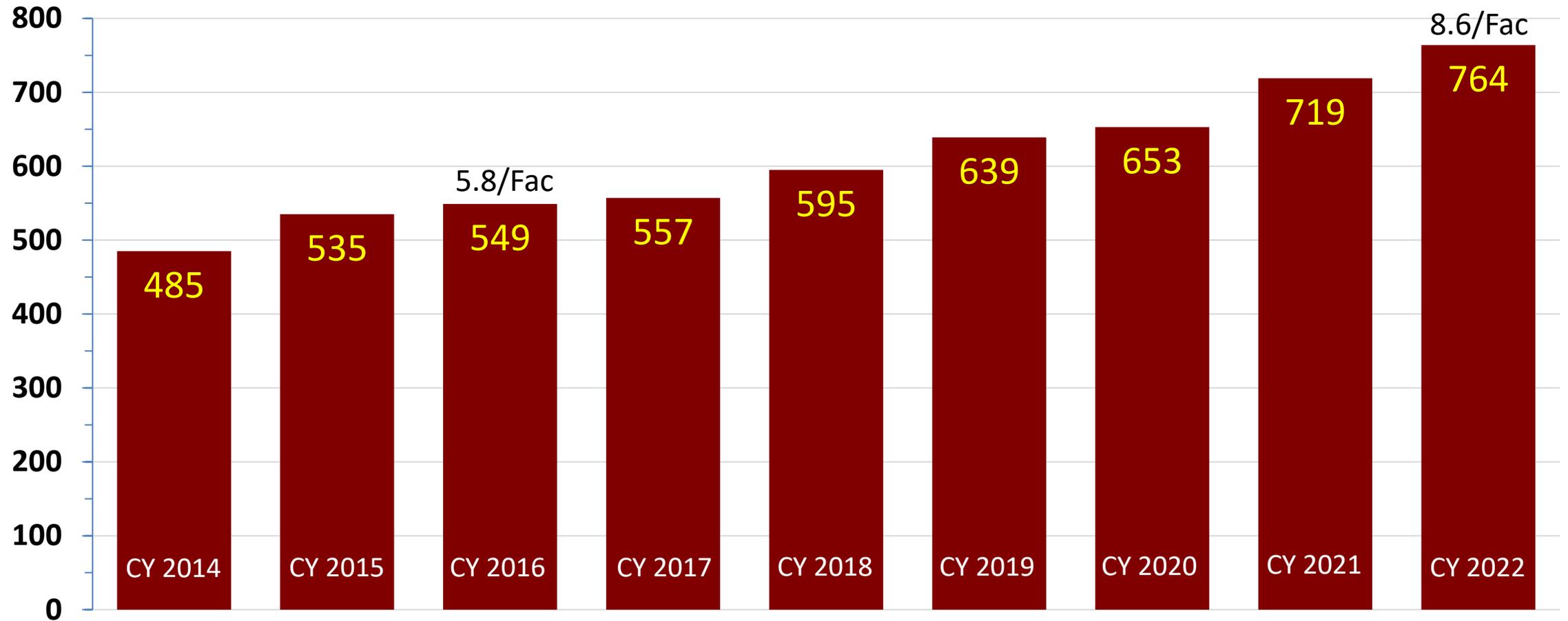


## 2023 Key Accomplishments – Arnold Research & Scholarship

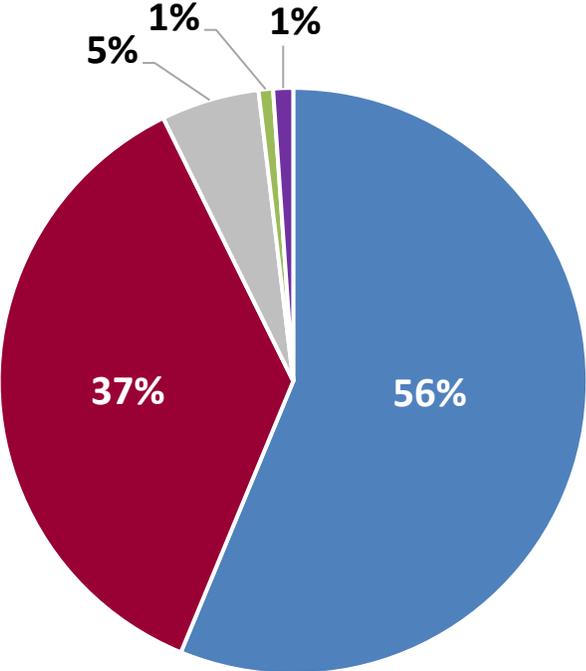
- In FY22, Arnold School PI's received a record **\$47.3** million in extramural funding, with nearly **\$25.1 million (12% increase)** from the National Institutes of Health, and **\$12 million** from other Health and Human Services agencies paying full IDCs. We are at **\$46.7M** today and rising for FY23! My goal is \$50M by our 50<sup>th</sup> Anniversary in August 2025... 50 for 50!
- Arnold has **57** R01 or higher-level active NIH awards (\$159.6M total) held by **38** distinct faculty PI's. This is a **66%** increase in number since July 2021. **66%** of our current funding is from the NIH, and **43%** of our TT faculty hold R01s.
- **25** R01 re-submissions are presently in review pending decision (\$70.9M). **11** R01 resubmissions have hit in the past 20 months for \$23.5M. Note: **\$20M** in agency-approved awards are awaiting delivery to Arnold over the next 5 months.
- Arnold now ranks **5<sup>th</sup>** in NIH funding among SPH's at state-supported universities and **1<sup>st</sup>** among SPH's (like ours) that do not have strong academic medical center partners.
- Arnold School faculty published **764 peer-reviewed journal articles** in 2022, a **6.3%** increase over the previous record set in 2021. **28** articles were in the highest scholarly impact journals (e.g., Lancet, JAMA, NEJ, ES&T, Nature,,,) – and **most had student co-authors!!**



# Arnold Peer-Reviewed Publications (in print, by calendar year)

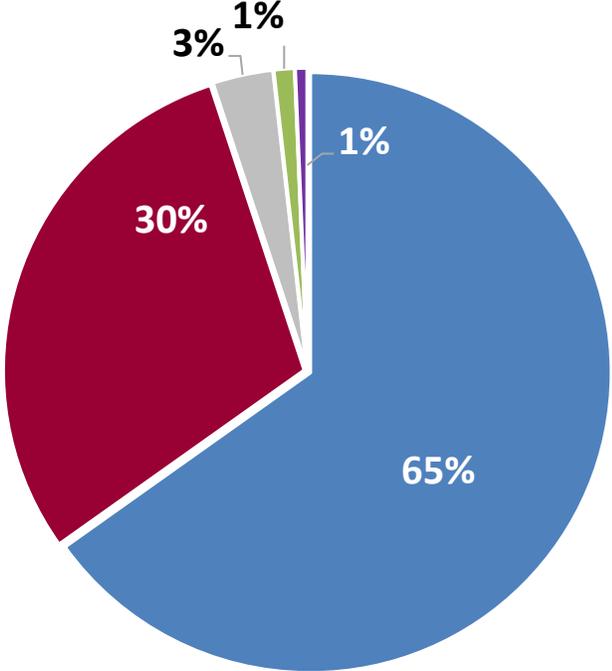


# Where our Federal grant \$\$ come from: Arnold School 5-Year Profile 2017 vs. 2022



**FY 2017**

**Total Federal Funding in 2017 = \$23,868,450**

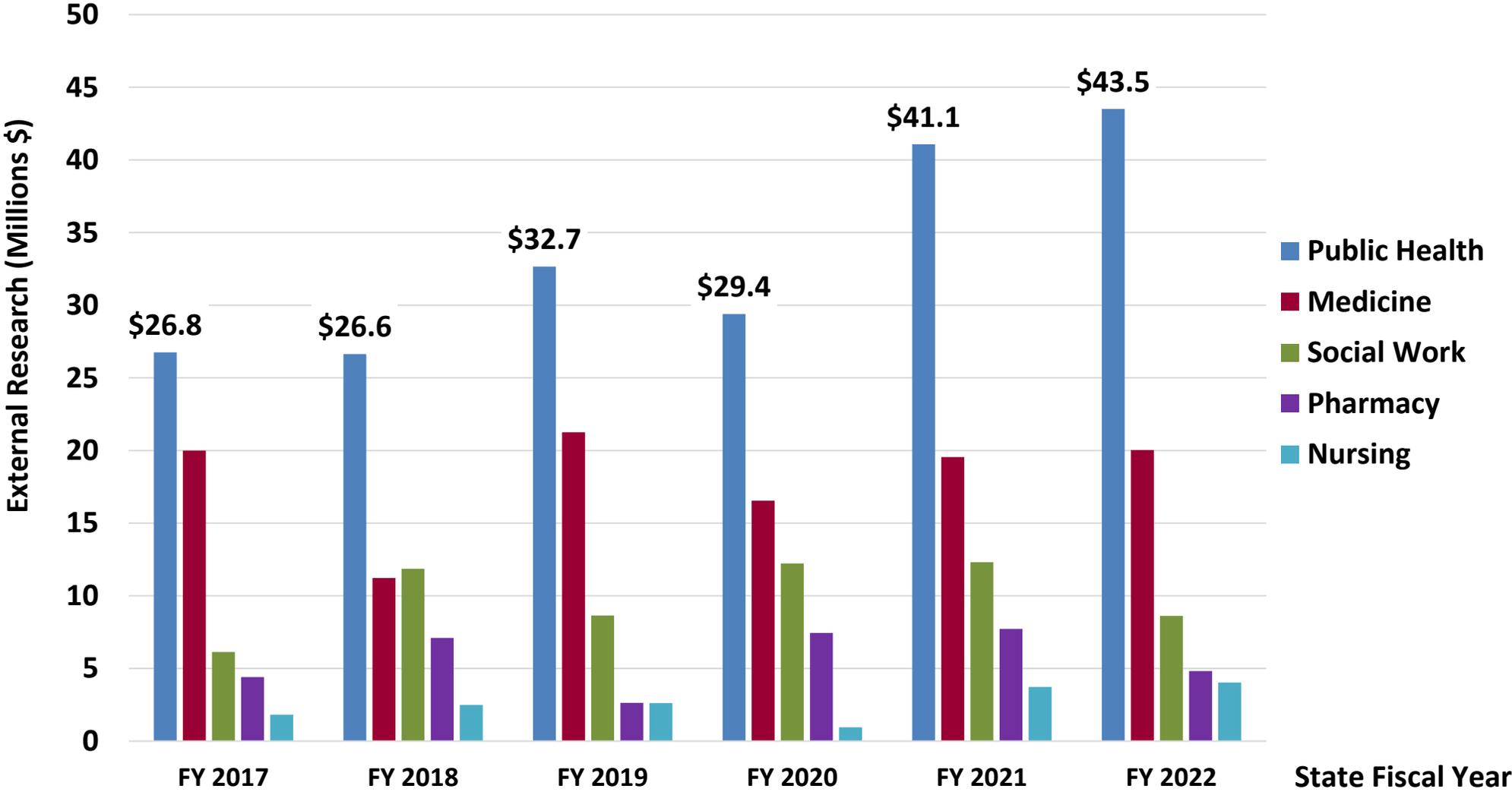


**FY 2022**

**Total Federal Funding in 2022 = \$40,343,628**



# Research Funding by USC Health Sciences Division



From the BLUE RIDGE INSTITUTE for MEDICAL RESEARCH as compiled by Drs. Robert Roskoski Jr. and Tristram G Parslow		<a href="http://BRIMR.ORG">BRIMR.ORG</a>
Rank	School of Public Health	Total NIH Awards FY2022
1	JOHNS HOPKINS UNIVERSITY	\$178,831,000
2	HARVARD SCHOOL OF PUBLIC HEALTH	\$128,643,448
3*	<b>UNIVERSITY OF NORTH CAROLINA CHAPEL HILL</b>	(1) <b>\$124,906,202</b>
4	COLUMBIA UNIVERSITY HEALTH SCIENCES	\$63,227,127
5*	UNIVERSITY OF WASHINGTON SEATTLE	(2) \$59,949,265
6	UNIVERSITY OF PITTSBURGH	\$58,866,227
7	BROWN UNIVERSITY	\$54,832,782
8	EMORY UNIVERSITY	\$51,434,540
9*	UNIVERSITY OF MICHIGAN ANN ARBOR	(3) \$40,770,398
10	GEORGE WASHINGTON UNIVERSITY	\$39,316,144
11	BOSTON UNIVERSITY MEDICAL CAMPUS	\$33,277,960
12*	<b>UNIVERSITY OF MINNESOTA</b>	(4) <b>\$24,600,006</b>
13**	<b>UNIVERSITY OF SOUTH CAROLINA COLUMBIA</b>	(5) <b>\$23,233,416</b>
14*	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	(6) \$22,483,462
15	TULANE UNIVERSITY OF LOUISIANA	\$20,399,840
16*	UNIVERSITY OF CALIFORNIA LOS ANGELES	(7) \$19,945,739
17*	UNIVERSITY OF CALIFORNIA BERKELEY	(8) \$19,096,193
18	DREXEL UNIVERSITY	\$18,779,408
19*	<b>UNIVERSITY OF FLORIDA</b>	(9) <b>\$18,199,131</b>
20*	UNIVERSITY OF COLORADO DENVER	(10) \$17,036,886

\*State-supported university  
SPH with a strong academic  
medical-science center

\*\*State-supported university  
SPH without a strong  
academic medical-science  
center



# Community Engagement in Research and Service

- Funded community-focused research, training and service grants across multiple academic departments, centers, institutes and programs now consistently exceed **\$3-5M per year** in Arnold, and often from philanthropic foundations like BlueCross BlueShield of SC and the Duke Endowment.
- These research and service/training groups have major community impacts and include the *Center for Applied Research and Evaluation (CARE)*, the *Rural and Minority Health Research Center*, the *Prevention Research Center*, the *Center for Community Health Alignment*, the *Community Health Worker Institute*, the *PASOs Program*, the *Office for the Study of Aging*, and the *Nutrition Consortium*.
- The School will remain attentive to community health needs because our students benefit from the practical experience and wisdom of our community partners. We are striving for Center-level funding opportunities to better support this kind of work!



# Our Faculty over the years



	Spring 2023	Fall 2015	Fall 2010
<b>Tenure-track Faculty</b>	<b>89</b>	<b>84</b>	<b>58</b>
Professor	25	25	17
Associate Professor	32	26	14
Assistant Professor	32	33	27
<b>Research Faculty</b>	<b>12</b>	<b>8</b>	<b>13</b>
Research Professor	1	1	2
Research Associate Professor	1	1	1
Research Assistant Professor	10	6	8
<b>Clinical/Instructional Faculty</b>	<b>50</b>	<b>19</b>	<b>24</b>
Clinical Professor	2	2	0
Clinical Associate Professor	16	8	7
Clinical Assistant Professor	20	9	11
Instructor	12	6	6
<b>Total</b>	<b>151</b>	<b>111</b>	<b>95</b>

**31** TT net faculty increase over a decade; **26** Clinical faculty increase.

Note: **161** full-time staff in ASPH!

Signed **11** new TT for August 2023!



## ASPH All Unrestricted Funds Summary – A, E, N FY2020-2023

### Unrestricted Funds Summary

	FY2020 Actuals	FY2021 Actuals	FY2022 Actuals	FY2023 Projected
<b>Revenues:</b>				
Total Tuition	26,421,005	27,348,750	★ 28,690,100	★ 29,718,977
Total Fees <span style="color: green; font-size: small;">(10% of total USC tuition pool)</span>	5,115,619	5,444,349	5,467,077	5,200,000
State Appropriations <span style="color: green; font-size: small;">(24% of USC total research)</span>	17,023,379	17,155,135	★ 20,740,273	★ 23,149,959
Indirect Cost Recovery (IDC) Revenue	5,963,172	6,490,275	8,410,316	8,592,088
Other Revenues	1,798,336	1,693,465	1,734,386	2,433,524
<b>Total Revenue</b>	<b>56,321,511</b>	<b>58,131,974</b>	<b>65,042,152</b>	<b>69,094,548</b>
<b>Direct Expenses:</b>				
Personnel	(27,113,404)	(25,630,652)	★ (26,323,431)	★ (27,786,939)
Non-Personnel	(5,403,919)	(3,881,295)	(4,733,535)	(5,149,086)
<b>Total Direct Expenses</b>	<b>(32,517,323)</b>	<b>(29,511,946)</b>	<b>(31,056,966)</b>	<b>(32,936,025)</b>
Contras & Transfers	3,453,549	2,884,227	3,191,027	1,493,000
Support Unit Allocations <span style="color: red; font-size: small;">(FEE FOR SERVICES)</span>	(27,402,454)	(25,106,488)	★ (30,175,237)	★ (29,993,832)
<b>Margin After Support Unit Allocations</b>	<b>(144,717)</b>	<b>6,397,766</b>	<b>7,000,976</b>	<b>7,657,691</b>
<b>Model Allocations:</b>				
Participation Fee Payment <span style="color: blue; font-size: small;">(16.8% tax on tuition, fees, &amp; state appropriation)</span>	(8,555,892)	(7,802,507)	★ (9,408,358)	★ (9,854,515)
Subvention <span style="color: green; font-size: small;">(Provost \$ strategic return)</span>	10,389,101	8,807,604	8,288,241	8,288,241
<b>Margin (Change in Fund Balance) After Model Allocations</b>	<b>1,688,492</b>	<b>7,402,863</b>	<b>★ 5,880,859</b>	<b>★ 6,091,417</b>
<b>Beginning Carryforward/Fund Balance</b>	<b>16,338,134</b>	<b>18,026,627</b>	<b>25,429,490</b>	<b>31,310,349</b>
<b>Ending Carryforward/Fund Balance</b>	<b>18,026,626</b>	<b>25,429,490</b>	<b>31,310,349</b>	<b>37,401,766</b>

# 2021-2022 PROGRESS REPORT



## INNOVATING AND IMPLEMENTING INTERPROFESSIONAL EDUCATION

NEXT PHASE

To Improve the Quadruple Aims of Health



INTERPROFESSIONAL EDUCATION  
UNIVERSITY OF MICHIGAN

# MICHIGAN CENTER FOR INTERPROFESSIONAL EDUCATION



As we learned as a health and university community how to meet our mission in the midst of a pandemic, we also learned how critically important teams are in supporting that effort.

In Fall 2021, I was honored with the opportunity to build on Dr. Frank Ascione's incredible legacy as our Center's first director and carry forward the work to shed light on the importance of teams in education and practice. Our team dug deep into our planning for the "Next Phase" of interprofessional education at the University of Michigan, and began launching efforts toward the future.

While the Michigan Center for Interprofessional Education's "First Phase" has established a strong foundation during its first six years, implementing dozens of successful IPE experiences, investing in research and innovative teaching, producing scholarly publications and engaging a broad community of interested faculty, what has not yet been addressed is the following question that is at the core of the mission of the Center:

**"Does IPE improve the Quadruple Aims of Health (better health, better patient experience, lower cost and improved provider well-being)?"**

To address this question, the Executive Committee of the Center determined that the "Next Phase" must be driven by **a single goal: innovating and implementing IPE at U-M to improve the Quadruple Aims of Health.**

While the 10 schools that participate in the Center have highly variable needs, resources and contexts, this singular goal and shared mission serves to unify the schools. Further, the schools share a determination to focus on **building better teams** as the key link to improving the Quadruple Aims of Health, supported by the research literature. The Center must now deliberately lead the development of initiatives toward this aim.

Accomplishing this goal will require **five interconnected strategies:**

- 1. The Core Curriculum**
- 2. Experiential Innovation**
- 3. Intentional Measurement and Research**
- 4. Educator Development**
- 5. Systems-Based Problem Solving**

The ecosystem of innovation, teamwork and education for better health that underpins these five strategies will motivate our work together, with a desire to grow our Community of Practice and Scholars across all three campuses at the University of Michigan.

As with any transformative movement, this will take time; patience will be our greatest gift so that our work is enduring and impactful. The enthusiasm for this "Next Phase" is broad and deep, and it is my honor to be part of this journey.

---

Rajesh S. Mangrulkar, MD

Director, Michigan Center for Interprofessional Education (C-IPE)

# COLLABORATING U-M SCHOOLS AND COLLEGES

School of Dentistry

College of Education, Health, and Human Services (UM-Dearborn)

College of Health Sciences (UM-Flint)

School of Kinesiology

Medical School

School of Nursing

School of Nursing (UM-Flint)

College of Pharmacy

School of Public Health

School of Social Work

## Michigan Center for IPE "Next Phase"

Vani Patterson, Lindsay Ortega, Kelly G. Young, and...



## The Heart-Growing Work of Becoming a Healthcare Provider

With thanks to: John DeLuca, PhD, Fairleigh Dickinson University, Ilhena Cadagunta, University of Illinois Medical School

### Background

The Michigan Center for Interprofessional Education was established in 2015 as a shared joint venture by the Provo campus health science deans through the Third Century Initiative. Through the first six years, the U-M IPE community has been successful in its efforts to build a robust foundation, implementing dozens of IPE experiences, including publications and research projects. The success of these efforts has led to a broad community of interest in IPE across the university.

### Key Strategies

- Core Curriculum** - Strategically review, enhance, and scale the IPE "core" for students at U-M
- Experiential Innovation** - Launch a suite of experiential IPE projects that can scale and, as a whole, will address key needs for learning in this setting.
- Intentional Measurement & Research** - Implement a portfolio of accepted, valid assessment tools that are used in our IPE experiences and measure outcomes reliably and consistently.
- Educator Development** - Implement a development and training program based on the identified needs for educators in both teaching and assessment.
- Systems-Based Problem Solving** - Develop a strategy for addressing the cross-cutting problems that will present challenges to the other 4 strategies.

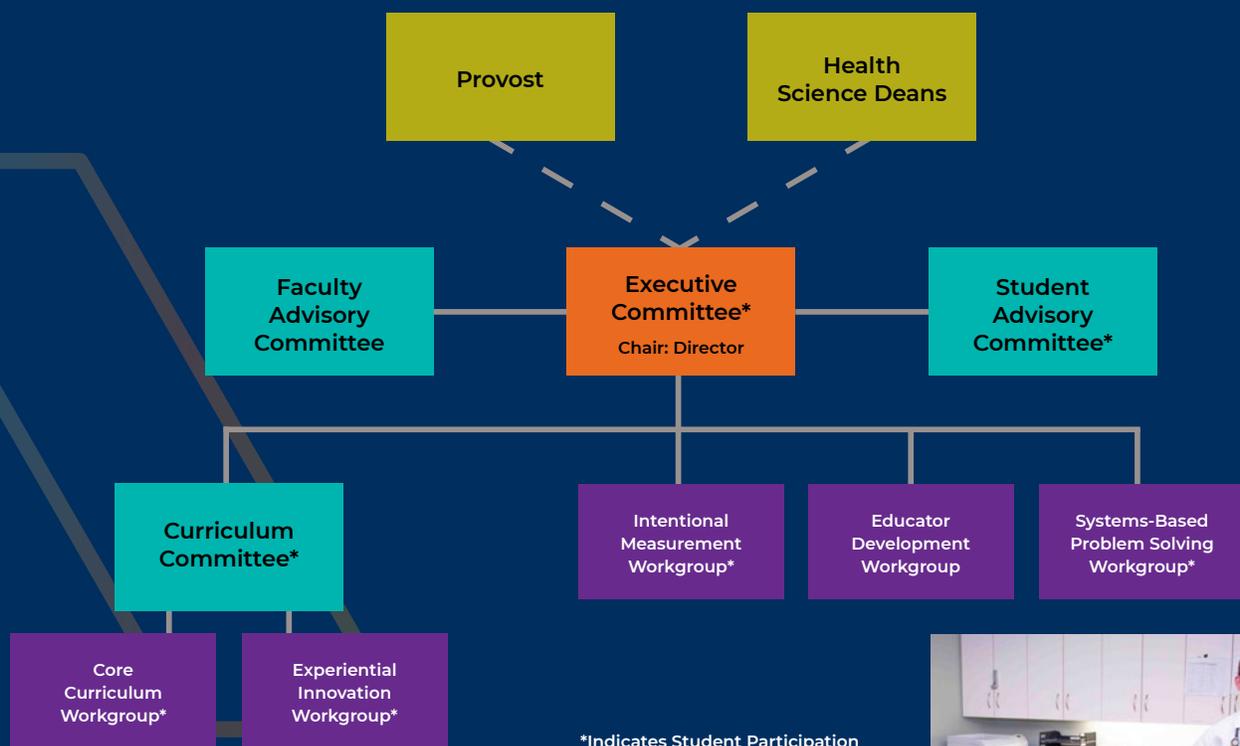
### One Goal



...measure that better, high-functioning teams... are the key link to improving the quality of interprofessional teams through our IPE...  
...would not...  
...would not...  
...would not...







\*Indicates Student Participation



***“IPE was not taught in school and if we do not see it during orientation and we do not understand the importance of it, we are failing our patients and families.”***

~ Michigan Medicine nursing professional

## THE PATH FORWARD

Faculty, staff and learners from all three campuses are needed to join the workgroups being launched that will implement five key interconnected strategies that comprise the Center’s recently endorsed strategic blueprint.

## GET INVOLVED!

If you are interested in innovative health professions education, the scholarship of education and preparing students to be members of high-functioning teams, join us in this movement!



Complete the survey via the QR code or this link:  
<https://forms.gle/QparZ3dRHVFfD37a9>.

# STRATEGY 1: THE CORE CURRICULUM

## GOAL:

Strategically review, enhance and scale the IPE “Core” for students at the University of Michigan.

We must do the work to identify the relevant students for each school and determine requirements for the core so that all students have an appropriate foundation in IPE to perform in teams.

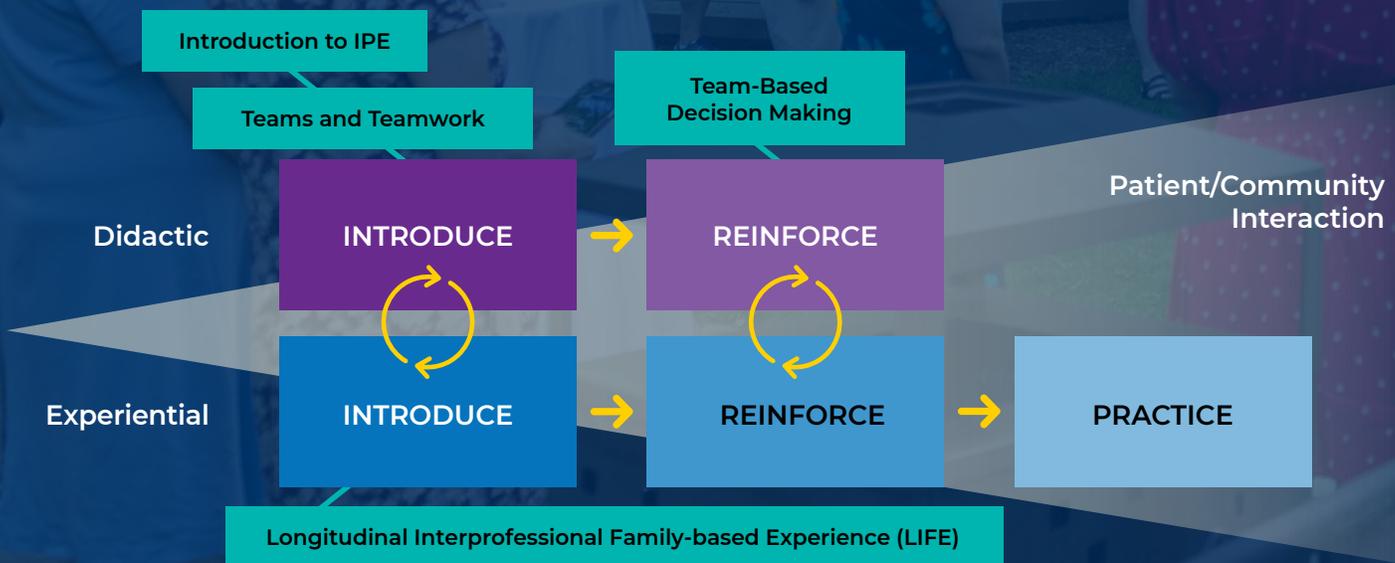
Innovation should drive this strategy.

## WHY:

To prepare a broad base of students with consistent, foundational knowledge of and attitudes toward IPE so they can engage effectively in interprofessional learning and practice in experiential settings.

*“Through working so closely with a small group and helping each other develop our strengths, I have become a better teammate and leader.”*

~ Student participant in LIFE





## BUILDING MOMENTUM

### IPE Awards for Innovation and Excellence

The Center for IPE was proud to recognize two teams for advancing interprofessional education and practice.

#### The Team-Based Decision Making (TBDM) Team

Ten core faculty members teach in the course, as well as a team focused on A3 Problem Solving and another team focused on Effective Leadership. This collective of three teams was awarded for their outstanding work “to align education with the mission of the health system – being a high reliability organization where risks for patient harm are reduced by having a culture of safety and continuous improvement.”

The awardees are:

- **TBDM Team:** Gundy Sweet (Pharmacy), Mark Fitzgerald (Dentistry), Amy Karpenko (Dentistry), Joe Hornyak (Medical School), Tom Bishop (Medical School), Michelle Pardee (Nursing), Cynthia Arslanian-Engoren (Nursing), Shawna Kraft (Pharmacy), Debbie Mattison (Social Work) and Anao Zhang (Social Work).
- **A3 Problem Solving Team:** Jennifer Vredeveld (Medical School), Jamie Lindsay (Medical School), Rosalyn Maben-Feaster (Medical School) and Carrie Braun (Medical School).
- **Effective Leadership Team:** Dana Tschannen (Nursing), Erin Khang (Social Work), Paul Walker (Pharmacy) and Dan Fischer (Social Work).

#### The Discharge Planning Team

This team coordinated a virtual IPE hospital discharge planning simulation that spanned hundreds of students and dozens of facilitators via Zoom. This group has been persistent in expanding UM-Flint’s interprofessional collaboration for excellence in discharge planning.

The awardees are:

- Leslie Smith (Health Sciences), Carman Turkelson (Nursing - Flint), Megan Keiser (Nursing - Flint), Stephanie Gilkey (Health Sciences), Sheryl Groden (Education and Human Services - Flint), Nicholas Prush (Health Sciences), Laura Macias-Brown (Education and Human Services - Flint) and Elizabeth Yost (Health Sciences).



## STRATEGY 2: EXPERIENTIAL INNOVATION

### GOAL:

Launch a suite of experiential IPE pilots that can scale and, as a whole, will address key needs for learning in the practice and community setting for students of the health professional schools and colleges.

Each pilot will focus on teams in health care (in the practice setting) or health (in the community setting, working on social determinants).

### WHY:

To prepare learners to be “team-ready,” which requires education that moves from theory to practice. Students must be able to function effectively in collaborative teams to serve patients and populations.

*“I am really grateful for being able to participate in the LIFE program. It gave me insight into how interprofessional health care works for patients, and just how much integrating fields can help a patient dealing with chronic illnesses.”*

~ Student participant in LIFE



Longitudinal Interprofessional Family-based Experience (LIFE) Faculty Team

## BUILDING MOMENTUM

### Provost's Teaching Innovation Prize

Faculty leads for the Longitudinal Interprofessional Family-based Experience (LIFE) were awarded the prestigious Provost's Teaching Innovation Prize.

LIFE was an innovation born out of necessity during the COVID-19 pandemic. The program demonstrated a strong collaboration across our 10 health science schools, three campuses and health system partners to bring patients to the core of our health professions education.

The faculty awardees are:

- Olivia Anderson (Public Health), Thomas Bishop (Medical School), Karen Farris (Pharmacy), Mark Fitzgerald (Dentistry), Debra Mattison (Social Work), Danielle Rulli (Dentistry), Laura Smith (Health Sciences - Flint) and Peggy Ursuy (Nursing). Additional faculty, staff and patient advisors from the Michigan Medicine Office of Patient Experience also contributed to LIFE's success.



**What is LIFE?**

- Patient/family advisors
- 8 health science schools
- 10 IPE student teams
- IPE faculty & support team

Conducted over 11 weeks

- 2-hour kick-off session
- 2 Patient-family interviews
  - Pre-work and planning
  - Debrief and evaluation
- 2-hour closing session

***“The LIFE program has been a stellar example of creative interprofessional collaboration, and this recognition underscores the value of engaging patients and families as part of the team to improve care and experience.”***

~ Kate Balzer, senior project manager at the Michigan Medicine Office of Patient Experience and LIFE team member

## STRATEGY 3: INTENTIONAL MEASUREMENT & RESEARCH

### GOAL:

Implement a portfolio of valid assessment tools in our IPE experiences that measures outcomes reliably and consistently.

The data will inform learner development, program evaluation and research.

The portfolio of tools and methods should be applicable in the didactic and experiential settings and ultimately be able to lead to an understanding of IPE's impact on learning, health care practice, health outcomes and the Quadruple Aims of Health.

### WHY:

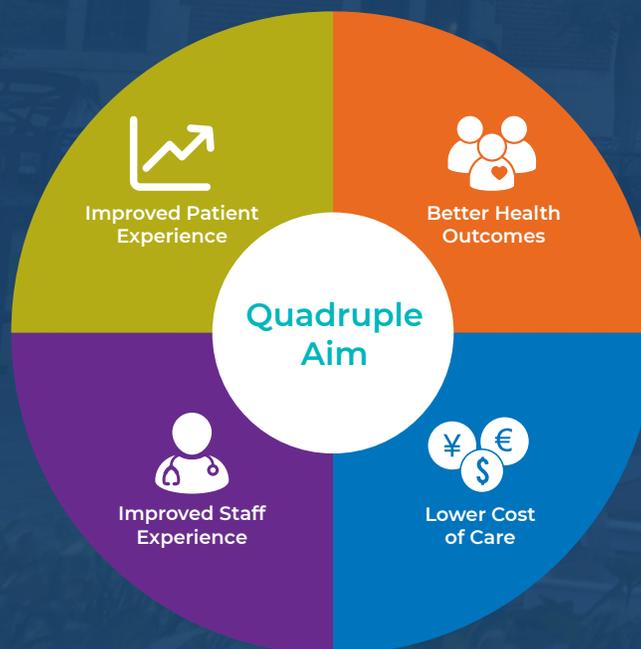
Learners need to be given information from measurements that will help them develop into effective real-world teammates in the health care practice and community settings.

We need to generate evidence that IPE impacts learning, practice and health outcomes (aligned with the Quadruple Aims of Health).

The scholarship should inform how IPE is implemented both at U-M and nationally.

*“Strengthening the science is necessary for the scalable progress in demonstrating the impact of IPE/IPP for advancing the quadruple aim.”*

~ Michigan Medicine physician



## BUILDING MOMENTUM

### Selected 2021-22 Peer-Reviewed Publications from U-M Faculty, Staff and Students on Innovation and Impact from IPE

Development of team behavior skills and clinical lactation competence among medical students engaging in telesimulations with standardized patients

Anderson OS, Phillips J, Weirauch K, Chuisano SA, Sadovnikova A.

Educating mental health nurse practitioners on interprofessional collaboration and preparing them for collaborative practice

Haefner J, Filter M.

Tracheostomy care and communication during COVID-19: Global interprofessional perspectives

Moser CH, Freeman-Sanderson A, Keeven E, Higley KA, Ward E, Brenner MJ, Pandian V.

Interprofessional teams are crucial to reduce transplantation hepatology burnout

Winder GS.

An interprofessional community-based program for diabetes education and exercise self-management

Trojanowski S, Vos C, Smith LM, Sahli M, Yorke A, Turkelson C.

Changes in student attitudes toward interprofessional education after online and in-person introductory learning activities

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Restructuring interprofessional education

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# STRATEGY 4: EDUCATOR DEVELOPMENT

## GOAL:

Implement a development and training program drawn from the identified needs for faculty and practitioner IPE educators in both teaching and assessment.

Consider the newer context of experiential learning environments, the needs of the educators in those settings and the goals of IPE competency development in the students.

The reach of these programs will lead to a sustained IPE Community of Practice and Scholars.

## WHY:

We must develop a community of collaborative practitioners, educators and scholars to prepare future health care providers to be team ready.

The education and assessment of team-based behaviors in students from multiple disciplines raises new challenges for educators.

An educated and trained IPE community is required to sustain and expand IPE across the University.

*“We choose to be here, but patients are not necessarily choosing to be here (out of necessity they had to be here), and we need to be sensitive to their needs.”*

~ Michigan Medicine social work professional

**Longitudinal Interprofessional Family-Based Experience (LIFE): A Framework for Virtual Experiential Introductory Learning**

**Background:** The purpose of this study was to evaluate the effectiveness of the LIFE program in developing interprofessional competencies and family-centered care skills among students. The LIFE program is a longitudinal, virtual, experiential learning program that integrates family-centered care and interprofessional education into the introductory curriculum.

**Methodology:** The LIFE program was implemented over a 12-month period. The program consisted of a series of virtual, experiential learning activities that were designed to engage students in a family-centered care and interprofessional learning experience. The program was evaluated using a pre-post design, with data collected at the beginning and end of the program.

**Results:** The LIFE program was found to be effective in developing interprofessional competencies and family-centered care skills among students. The program was associated with significant improvements in students' knowledge, skills, and attitudes related to family-centered care and interprofessional education.

**Conclusions:** The LIFE program is a promising approach to developing interprofessional competencies and family-centered care skills among students. The program should be implemented in other introductory curricula to improve the quality of patient care.

Faculty and students disseminate educational innovations to local and national audiences.

**INCORPORATING A TEAM PROJECT ON HEALTH DISPARITIES INTO A SEMESTER-LONG IPE COURSE\***

**Background:** The purpose of this study was to evaluate the effectiveness of a team project on health disparities in a semester-long interprofessional education (IPE) course. The team project was designed to engage students in a team-based learning experience that focused on health disparities and interprofessional collaboration.

**Project Design:** The team project was implemented over a 12-week period. The project consisted of a series of team-based learning activities that were designed to engage students in a team-based learning experience. The project was evaluated using a pre-post design, with data collected at the beginning and end of the project.

**Results:** The team project was found to be effective in developing interprofessional competencies and team-based learning skills among students. The project was associated with significant improvements in students' knowledge, skills, and attitudes related to team-based learning and interprofessional education.

**Conclusions:** The team project is a promising approach to developing interprofessional competencies and team-based learning skills among students. The project should be implemented in other IPE courses to improve the quality of patient care.

## BUILDING MOMENTUM

### Health Professions Education Day 2022

Faculty, staff and students gathered in person for the first time in three years for Health Professions Education Day. Participants shared best practices in education and explored opportunities for collaboration and innovation.



This annual event continues to spark interprofessional collaboration, networking and inspiration for the future educational innovations, research and practice across the health professions schools at the University of Michigan.



## STRATEGY 5: SYSTEMS-BASED PROBLEM SOLVING

### GOAL:

Establish a workgroup that will address the most pressing challenges to our singular goal and interconnected strategies.

“Administrative innovation” will be required to help enable the future state.

### WHY:

Progress on strategic initiatives depends on addressing systemic, structural and organizational challenges to interdisciplinary teaching and learning. Maturation of the Center requires us to directly address our organizational challenges as initiatives continue and grow.

*“Interprofessional Education can improve patient outcomes as well as staff experience.”*

~ Student participant in LIFE



## BUILDING MOMENTUM

### Health Sciences Schools Unite to Take First Steps in Addressing Health Inequities Together

- 2020: C-IPE is charged by Health Sciences Council of Deans (HSC) and IPE Executive Committee to develop ideas on collectively combating racism through the lens of patient and population health.
- 2021: First stage launched to:
  - Understand current state of anti-racist elements in the IPE curriculum
  - Describe anti-racist initiatives at each of the schools/colleges
  - Identify opportunities to develop and/or change policies and practices to address racism
- 2022: Recommendations provided based on intensive data collection/review and key discussions.
- Result: HSC launches the Health Sciences Diversity, Equity and Inclusion Committee to:
  - Implement recommendations
  - Identify additional collaborations for DEI initiatives

## The Competency-Based Tracking for Interprofessional Education (IPE) Project



### Bronze Awardee for IMS Global Learning Consortium's Learning Impact Awards

The Competency-Based Tracking for Interprofessional Education Leveraging Institutional Data project is a partnership between IPE faculty leaders and Information & Technology Services that has leveraged

learning outcomes in Canvas to allow for curricular mapping of IPE competencies and to assign and track IPE competencies for students.

Team members include: Gundy Sweet (Pharmacy), Mark Fitzgerald (Dentistry), Melissa Gross (Kinesiology), Dan Fischer (Social Work), Vani Patterson (Center for IPE), Kate Weber (Dentistry), Pushyami Gundala (ITS), Jennifer Love (ITS) and Nargas Oskui-Tabrizi (ITS).

## GET INVOLVED!

If you are interested in innovative health professions education, the scholarship of education and preparing students to be members of high-functioning teams, join us in this movement!

Complete the survey via the QR code or this link:  
<https://forms.gle/QparZ3dRHVffD37a9>.



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