
UND SMHS Strategic Plan Individual Unit Report for 2023

GOAL 8 for **EDUCATION AND FACULTY AFFAIRS**

Mission of Education and Faculty Affairs: *Education and Faculty Affairs sustains a vibrant, inclusive and dynamic environment that enables learners and educators to achieve academic and professional excellence.*

Education and Faculty Affairs and its units provide resources, services and support for academic units as each carries out its strategic initiatives in alignment with UND SMHS Strategic Goals and the OneUND Strategic Plan.

Units Reporting to Associate Dean for Education and Faculty Affairs: Education Resources; Library Resources; Information Resources; Simulation Center; Interprofessional Education; Medical Accreditation

LEARNING

UND SMHS Strategic Plan Goal 8: *The SMHS will enhance its purposes of education, service, and discovery by focusing additional efforts toward achieving the broad goals stated in the School's Healthcare Workforce Initiative.*

1. Describe if/how your unit has addressed this goal.

INTERPROFESSIONAL EDUCATION

The Office of Interprofessional Education (<https://med.und.edu/interprofessional-education/>) partners with a number of programs to offer Interprofessional Education (IPE) in a variety of platforms/activities all seeking to further learning about teams and teamwork in health care per Domain 7: Interprofessional Collaboration. This directly applies to the delivery of health care in different settings including rural and is grounded in the Interprofessional Education Collaboration (IPEC) core competencies <https://www.ipecollaborative.org/ipec-core-competencies>. The "anchor course", the Interprofessional Health Care Course (IPHC) is a requirement for medical students and students from 7 other professions. Additionally, Interprofessional Education (IPE) partners with the Simulation Center for a telemedicine simulation with real-world chronic disease elements with 4 other professions that is specifically set in a rural health care center communicating with an urban health care center among other IPE simulations.

Specifically, in 2023, a new badging system was implemented for the development and tracking of interprofessional learning in a wide variety of academic and clinical environments as these have expanded and are expected to grow further. Students are appropriately expected to achieve a level of competency in interprofessional education. As a result, a number of IPE activities have been developed or are in development by the Office of Interprofessional Education and others, including the interprofessional elective, PharmD/MD match, geriatric clinical experiences (Department of Geriatrics under Dr. Jurivich's leadership), the global health elective, and others.

The previous Interprofessional Student Community-based Learning Experiences (ISCLE) paired medical students on rural Family Medicine clerkships and ROME with PharmD and other health science students in rural communities since 2013. That concept has now been expanded to all clerkships where students are encouraged to recognize and document interprofessional interactions for points counted toward the badges indicating different competency levels. Students seeking mastery in IPE will be referred to the Area Health Education Center (AHEC) Scholars Program <https://www.ndahec.org/scholars>. Ultimately, we expect that students will have a better understanding of critical, quality interprofessional teamwork across all three phases of medical school as they prepare for residency and practice.

EDUCATIONAL RESOURCES: TEACHING, LEARNING AND SCHOLARSHIP

The TLAS unit of Education Resources plays a support role in this goal by working with the Medical Curriculum unit in the design of curriculum (proposing and helping to create performance-based and evidence-based

objectives; faculty development on active learning; supporting faculty curriculum design teams through the design of tools and processes to create curriculum while strengthening and preserving curriculum evaluation and management quality as outlined in our Curriculum Evaluation and Management System White Paper; chairing and serving on curriculum committees and task forces).

In addition, TLAS offers multiple faculty development initiatives which impact health sciences students and faculty regarding innovation in health care education and delivery. This strengthens the ability of faculty to deliver relevant and effective teaching and helps ensure that students are ready for the workforce of the future. Among these initiatives is the Telehealth Working Group led by Dr. Van Eck, which is a monthly meeting of faculty and staff interested in telehealth development. This has resulted in a new telehealth activity for Phase 1 (CSPR telehealth station), Phase 2 (reconfigured SHaPE simulation to incorporate telehealth), and Phase 3 (VA Telehealth Elective). These efforts are culminating in a telehealth curriculum thread and badging program.

TLAS has worked closely with the director of the Office of Interprofessional Education to generate MD-specific course objectives, to link those to program competencies, and to design a badging program for the MD program students to demonstrate competency, expertise, and mastery based on a mix of formal and student-directed learning experiences. This system is anticipated to be replicated across other SMHS programs, thus generating multiple program graduating classes with deep expertise in interprofessional collaboration who will impact the healthcare workforce in ND and beyond.

EDUCATIONAL RESOURCES: MEDICAL EDUCATION

The component of Goal 8 that directly applies to the curricular component of the undergraduate medical program are #1 “a program to address geriatric patient needs” and #3 “increase health program class sizes”. As mentioned in the seven *Biennial Reports*, the medical program class size was increased to 78 total. This third goal of the *Healthcare Workforce Initiative* has been fully implemented for the curricular component of the undergraduate medical program. Goal #1 is currently being implemented. Educational objectives and opportunities have been increased for all medical students and continue to be intentionally integrated into all facets of the undergraduate medical education curriculum. These include extra-curricular opportunities that students may opt to experience.

All goals of the *Healthcare Workforce Initiative* have been supported by focusing on the acceptance of applicants from rural areas of North Dakota, tuition forgiveness for medical students committing to practice in a rural North Dakota community, increasing clinical experiences in rural communities and strengthening our geriatric, population health and public health focus.

SIMULATION CENTER

SIM-ND and SHaPE improve the delivery of health care throughout the state by providing on-site, hands-on opportunities across the state to medical students, pharmacy students, rural critical care hospitals and EMS services. A new grant from the Helmsley Foundation is supporting the formal development of the 5 SIM states into a consortium for mobile Simulation in Motion.

Other units reporting to the Associate Dean for Education and Faculty Affairs do not specifically address this goal other than to provide resources, services and support, where appropriate, for academic units that do.

2. Describe how your efforts are being assessed.

INTERPROFESSIONAL EDUCATION

IPHC is a pass/fail required course for 8 health professions. Students are graded by attendance and participation through reflection and discussion. IPHC also solicits extensive structured student feedback for ongoing quality improvement. This is the responsibility of the course directors and small group faculty facilitators. Other IPE learning activities will be assessed by the badging system for competency in IPE, to be managed by the Office of Interprofessional Education. Assessment of IPE activities are being enriched with the inclusion of written narrative formative and summative feedback for each student in the medical program.

EDUCATIONAL RESOURCES: TEACHING, LEARNING AND SCHOLARSHIP

These efforts are assessed within the processes of the undergraduate medical education group of Education Resources through informal feedback.

3. Describe how your unit analyzed these data and what assessments were determined.

INTERPROFESSIONAL EDUCATION

Data is analyzed at the end of each IPHC course session (4/yearly) and at the end of each ISCLE and simulation activity. Students rate the course and the activities highly. Explicit connections to rural practice environments are highlighted. An annual IPE report is compiled by the Office of Interprofessional Education are received and discussed by the Undergraduate Medical Education Committee (UMEC). Feedback from the UMEC is used to inform improvements to the IPE offerings. Based on this data, UMEC recommended that the Office of Interprofessional Education incorporate written narrative formative and summative feedback for each student in the medical program.

EDUCATIONAL RESOURCES: TEACHING, LEARNING AND SCHOLARSHIP

Feedback has been positive about our contributions and requests for additional support and modified support have been implemented in an ongoing process.

4. Describe how your unit will implement any further changes and what barriers may exist.

INTERPROFESSIONAL EDUCATION

Interprofessional Education is being developed at a nearly constant pace. Ideally, we are including and assessing IPE in all clinical experiences, in both rural and urban clinical settings. This builds off of the previously used ISCLE experiences in rural settings. Students will be directed to recognize and document IPE learning. A point system toward badging has been developed to track embedded Interprofessional activities in the normal student workflow. As badging becomes established, this will likely lead to previously unknown IPE interactions. A partnership with AHEC is established. These changes will be implemented in upcoming sessions. Barriers include the diversity, and meeting the needs of, the various programs and faculty involved in IPE experiences. We hope to have students well versed in IPE learning prior to clinical experiences.

PROVIDE A RATING OF YOUR PROGRESS ON THIS GOAL:  **On Track;**  **Delayed;**  **Behind**



Education and Faculty Affairs units are on track with progress on Goal 8