

EDUCATIONAL INITIATIVES

Seven educational initiatives have been selected for development during the five-year strategic plan: novel approaches to teaching and interprofessional education, led centrally by RBHS; undergraduate health-related education, underrepresented minority group pipeline programs, and leadership training, pursued by RBHS, with Rutgers taking the lead; and joint degree and professional educational program efforts, led primarily by specific RBHS schools.

Interprofessional Education

The definition and goal of Interprofessional Education (IPE) – an important educational program for all RBHS students – are those identified by the World Health Organization, adopted by the Interprofessional Education Collaborative, and commonly used by the health professions: “[IPE] occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team.”¹

IPE programs will include RBHS students as well as other Rutgers students pursuing health or health-related professions, as appropriate, such as students enrolled in the School of Social Work, Rutgers Law School, and the doctoral school psychology program at the Graduate School of Applied and Professional Psychology. Together, students in different disciplines would receive joint training in health care settings to learn concepts of coordinated care.

Highly functioning interprofessional teams have demonstrated improved health outcomes, increased quality, and improved access to care. IPE is therefore critically important as RBHS strives to train future generations of health care professionals and researchers for the State of New Jersey and beyond. Successful implementation of IPE at RBHS requires the development of an administrative structure and the allocation of resources centrally as well as from each school.

The RBHS Interprofessional Faculty Advisory Council (IPEFAC) was created during academic year 2014 to oversee the development and implementation of IPE within RBHS. The council is chaired by the RBHS vice chancellor for interprofessional programs, with each RBHS school represented. The council also includes a faculty member of the Rutgers School of Social Work in light of the significant contributions of social workers to the health care team. In addition to IPEFAC, a number of IPE-focused subcommittees have been or are being formed. These include the research and scholarly activity subcommittee, the IPE faculty development subcommittee, the large and small group teaching subcommittee, and the IPE simulation subcommittee. It is anticipated that subcommittees will include representatives of the Novel Approaches to Teaching Steering Committee as well.

The vice chancellor, in collaboration with the IPEFAC, has already begun to map a plan to enable RBHS to become regarded as among the nation’s leaders in interprofessional education and collaborative practice. One measure of RBHS’ success as a national leader will be its designation by the National Center for Interprofessional Practice and Education as a Nexus Innovation Incubator member. To that end, faculty members from several RBHS schools have attended the national Interprofessional Education Consortium conferences as well as other IPE-focused conferences, allowing them to learn from others about IPE innovations occurring in the U.S., Canada, and European countries.

Rutgers already conducts a nationally recognized care program in the FOCUS Wellness Center, housed within SON, bringing interprofessional hands-on clinical experience to patients in Newark. FOCUS stands as a learning lab for students from a variety of professions in providing innovative model of care. Other programs are in their infancy, such as an IPE program led by the School of Health

Related Professions' (SHRP) physician assistant program, which includes 350 students and 50 faculty representing SHRP, the Ernest Mario School of Pharmacy (EMSOP), the Rutgers School of Nursing, and the Rutgers School of Social Work. An interprofessional simulation laboratory is currently being planned by EMSOP.

Four specific objectives are planned. *The first objective* is to create an RBHS-wide administrative infrastructure to oversee and support the development of IPE initiatives. Some of this infrastructure exists, in the roles of the vice chancellor for interprofessional programs, who oversees development and implementation of IPE, and the Interprofessional Faculty Advisory Council (IPEFAC). Plans to be implemented include: hiring a program coordinator in academic year 2015 to help support the implementation of required IPE activities and assist in the preparation of grant proposals; forming a Rutgers Interprofessional Student Council (RISC) in academic year 2015, to convene quarterly and include representatives from the eight RBHS schools as well as the Rutgers School of Social Work; forming an RBHS IPE Academic Administrators Group by the end of academic year 2015; and striving to adopt IPE specific goals and objectives in the strategic and facilities plans of each RBHS school.

The second objective is to facilitate the development of a wide range of student IPE learning opportunities. Activities include: developing an IPE research and scholarly activity subcommittee of the IPEFAC to facilitate educational research and publication by RBHS faculty (the co-chairs for this subcommittee were identified in the fourth quarter of academic year 2014 and the full complement of subcommittee members will be established during academic year 2015); creating an IPE faculty development subcommittee to propose and spearhead educational opportunities to enhance skills for IPE teachers, small and large group facilitators and clinical preceptors, and chaired by and consisting of RBHS Master Educator's Guild members (the chairs of the subcommittee were identified in the fourth quarter of academic year 2014, with remaining members to be identified by the end of the first quarter of academic year 2015); developing an IPE simulation subcommittee in collaboration with the Novel Approaches to Teaching Steering Committee, which will be formed by the end of the second quarter of academic year 2015; developing an IPE small and large group teaching subcommittee by the end of the first quarter of academic year 2015; presenting IPE-focused grand rounds/conferences quarterly, to begin in academic year 2014; developing, in collaboration with members of the Novel Approaches to Teaching Steering Committee, an online foundational IPE course available to all RBHS students, beginning the first quarter of academic year 2016; developing, in collaboration with the Novel Approaches to Teaching Steering Committee, a catalog of all small and large group IPE courses, and making it available to all RBHS faculty (the first phase will be completed in academic year 2015; the catalog will be ongoing); identifying opportunities for IPE collaborations with RU-New Brunswick and RU-Newark, beginning in academic year 2015; applying for private and public external funding to support IPE activities, which will be executed annually (several RBHS schools already receive some grant funding for IPE activities); assessing the current status of interprofessional collaborative practice, to be completed by the end of the second quarter of academic year 2015; working with RBHS faculty practices to enhance their functioning as highly effective interprofessional collaborative practices as appropriate, in order to maximize learning during student exposure to interprofessional collaborative teams during their clinical rotations, beginning in the third quarter of academic year 2015; developing and implementing team, objective-structured clinical examinations (TOSCE), beginning in academic year 2016 (the first TOSCE will be administered in the first quarter of academic year 2017); and formally evaluating all IPE activities in order to make improvements as needed (this process began in academic year 2014 and will continue moving forward).

The third objective is to enhance the physical infrastructure available to students for IPE experiences. Planning activities include the possible development of an IPE building on the Newark campus. Preliminary planning began in academic year 2014, including the completion of preliminary architectural

plans. Planning will be completed by the first quarter of academic year 2016. Whether ample resources exist to proceed with the building, if it is considered desirable, remains to be determined.

A feasibility study will be conducted on each campus to determine the need and resources available for creating a centralized simulation center. This study will be completed by the end of academic year 2017 in collaboration with the deans and chancellor. The Novel Approaches to Teaching Steering Committee, working with the IPEFAC, will collaborate with the educational administrative leadership at all RBHS schools to develop recommendations for the most appropriate administrative oversight structure for RBHS-wide simulation experiences by the end of academic year 2017. Finally, if determined to be appropriate, new comprehensive, interprofessional simulation centers may be developed on RBHS' New Brunswick/Piscataway and Newark campuses. Funding for these centers will be identified and architectural designs will be completed by the end of academic year 2019. The centers will be completed by the end of academic year 2020.

The fourth objective is to enhance the national reputation of RBHS as a leader in interprofessional education. This will be accomplished by: faculty submission of at least five papers on interprofessional simulation by academic year 2017 and subsequently five papers annually; faculty presentation, at a minimum, of one national conference on IPE annually beginning in academic year 2015; and RBHS sponsorship of a regional conference on IPE beginning in academic year 2016.

¹World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.

http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf. (accessed September 1, 2014)