**Minutes**

**3/12/20**

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| Time | Topic | Facilitator |
| 8:00 AM: | Welcome/Introductions/Review of Feb Meeting Minutes | Les |
| 8:15 AM: | IPE/P Best Practice/Tools Sharing | All |
| 8:45 AM: | Ongoing Scope Discussion | All |
| 9:15 AM: | Adding New Members | All |
| 9:30 PM: | Close | Les |

**Present: A. Flynn, L. Lange, M. Spoto, C. Rasmussen, (M. Schmitt, N. Poirier, S. Mujezinovic, A. Ratka – on the phone.)**

**Recorder: M. Ambrosi**

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**Item: Review of Feb Minutes**

**Discussion:** Quickly reviewed survey outcomes (themes)

* Community health, patient care & linking community need with schools was cited as important.
* Assessing what is currently taking place in the community would be useful for scope questions. Develop an inventory of that and IPE/P practices. Delve into reviewing existing models e.g., IP Competencies Model, the IPE Research Model, The Nexus Model & be thinking about what research, in general, should have a place in this work.
* Bridging between academia and application resonated with everyone. At which level should we start this work? Focus on collaborative care first and then move on to team-based care?
* A few best practices so far: helping students understand their own professional identity as well as other professionals’ roles on a HC team. Providing a strong foundation in IP principles w/many opportunities for authentic IP experiences. Faculty and student experiences that are led/taught/facilitated by faculty from different professions.
* How to measure success? That’ll depend on what we are measuring ☺.
* How to present our work? Every way possible! Lectures, presentations, publications etc.

**Decisions: N/A.**

**Action Items: N/A**

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**Item: IPE/P Best Practice or perhaps better called ‘meaningful programs or processes’?**

**Discussion:** Much was shared by members of the group in this regard:

* York Wellness and Rehabilitation Institute – Nazareth College (Cathy)

[Interprofessional education and collaborative practice](https://www2.naz.edu/york-wellness-rehabilitation-institute/interprofessional-education-and-collaborative-practice/): The York Institute is designed for learning and working across our professions: creative arts therapy (art, music, and play), nursing, occupational therapy, physical therapy, public health, social work, and speech-language pathology and audiology. Students learn to work effectively as a team, communicate well, solve problems, and to be culturally sensitive.

* Interviewing practitioners that are outside of one's profession. (Interviewing across professions in clinical settings). An excellent way to better understand disciplines other than your own. URMC. (Mattie)
* Spine Care Pathway Model (Excellus) & Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live. (New Mexico). (Marcia) (Can RAOM be a hub?)
* Real-life example inside of the pediatric emergency room and how the attending was authentically asking members of the team thoughts on how to care for sick patients. (Adina)
* Mandatory interdisciplinary simulation programs at RRH (Selma)
* Collaborative Spine Care – Greater Rochester Chiropractic and the wide-variety of disciplines Les has in-house as well as the relationships built with area specialists to do collaborative work. (Les)
* Development of a simple program with collaborative type exercises among the various programs to generate awareness and understanding of other disciplines. (Nic)

**Decisions:**

* Group needs to develop a list of the opportunities or existing scenarios where students can go to different sites to experience other professions.
* We need to ID the quality sites that patients are being sent to where real interprofessionalism is being practiced. ID the community-based providers that are demonstrating interprofessionalism.
* Review what other consortiums are doing ‘ACCME’, Mt. Sinai etc.
* Reconnect with the CAIPE group and get them back connected to this effort.
* Craft a statement from RAOM on this interprofessional work so that individuals can align themselves with our efforts.

**Action Items:**

* Reengage and enjoin CAIPE to include students from all the teaching institutions, especially those present at our table. Provide the CAIPE information to the IPE/P Committee. (Marc/Les)
* Encourage all the institutions at our table to openly communicate regarding bringing students and faculty together for cooperative educational opportunities that might include case studies, social interactions, conferences, shadowing, visiting/guest lectures, etc. ID the quality sites. **Work for next meeting.**
* As it regards IPEP Committee membership, we need: more practicing providers, more MDs, more local health professions teaching institutions represented, RRH, work-in-process. (See membership item below).
* Engage Excellus and/or MVP to dissect where most of our community's healthcare dollars are being spent to inform where the IPEP can focus its outreach and programming. (Les)
* Set-up potential field trip to the York Wellness Institute – when able to do so. (Cathy/All)

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**Item: Scope of IPE/P?**

**Discussion:** Group continued to work on refining the scope of this consortium and did so by first reviewing the following three bullets that represent comments from our last meeting.

* Focus on collaborative care first then team-based care?
* How to advance IPE/C in the community?   This is a big question and leads to big initiatives like a community assessment.  Should this be the path?
* Or, how can the RAOM IPE/C be developed as an "incubator" for IPE/C? Maybe bring speakers, host workshops, sponsor events, have working sessions, get some small grants (to start).  "Incubator" might make things more manageable and resonate with many stakeholders - as a starting point.

It appeared that the group felt that the three bullets are all connected, and a good starting point would be the third bullet. Putting energy towards the third bullet can help to make the initial work of the consortium a little more concrete (and manageable) as we shape up our larger scope.

**Decisions:** Just have to determine what that tangible work will be to get us started.

**Action Items:** Group to continue this discussion at next meeting.

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**Item:** Membership

**Discussion:** Group continued to review adding additional members. Names that were provided before are listed below.



**Decisions:** Make outreach to Tony Suchman, Colleen Fogarty/Susan McDaniel and introduce them to the concept of this consortium and gauge their interest.

**Action Items:** Les and Mattie work together on Suchman and Fogarty/McDaniel (Les to contact Mattie) to see if either of them or someone they would recommend would represent Highland Family Medicine at the consortium. Report back to the group.

**End.**

**Ambrosi.**