

UNIVERSITY SENATE ROUTING LOG

Proposal Title:

Name/email/phone for proposal contact:

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)

University of Kentucky Senate Academic Structure and Organization Committee

From: The Senate's Academic Structure and Organization Committee (Charles Griffith (chair), Deborah Reed, Dwight Denison, Sue Humphrey, Tim Sellnow, Bill Smith, Josh Ederington)

To: Sheila Brothers, Office of the Senate Council

Date: February 18, 2010

The proposal to create the Center for Interprofessional Healthcare Education, Research and Practice was discussed by our committee, and we unanimously supported the proposal.



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October 27, 2009

Health Care Colleges Council Members:

I ask the consideration and endorsement of the Health Care Colleges Council for my proposal to create the Center for Interprofessional Health Care Education, Research and Practice here at the University of Kentucky.

This proposal has the unanimous endorsement of the Faculty Council (documentation enclosed). This recommendation has also been carefully considered by the leadership of the Colleges who will partner with the College of Medicine in the creation of the Center (documentation enclosed).

We believe that integration of the education and training of the spectrum of health care professionals, including education in working as teams, will address the threat to patient safety and maximize patient outcomes. We are in a virtually unique position here at the University of Kentucky to integrate health science education and conduct the research necessary to validate our beliefs. We are blessed to have six health science colleges within the academic medical center representing the panoply of the health science disciplines, and, beyond that, we sit not just figuratively but literally within a comprehensive university which allows us to draw educational contributions to this effort from the Colleges of Business, Law, Social Work, Arts and Sciences and beyond. Moreover, we look forward shortly to a state-of-the-art patient care facility as a venue in which to teach team-based care.

Importantly, we are already engaged in these efforts, demonstrating the "proof of concept" that we need. Faculty and deans from multiple colleges have embraced this work together as indicated in the Center proposal. These important efforts must have a visible and permanent home, one which will position the University of Kentucky to be the national leader in education, research and practice of team-based patient care. We must seize the opportunity to do so at a time when such care is finally becoming a part of the national focus on health care delivery.

I appreciate your careful consideration, and I ask your endorsement of the proposal. I am happy to answer any questions and provide clarifications if needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay Perman', written over a large, light-colored circular scribble.

Jay A. Perman, MD
Dean, College of Medicine
Vice President for Clinical Affairs

**Proposal to Establish
the
Center for Interprofessional Healthcare Education, Research, and Practice
at the University of Kentucky**

October 27, 2009

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A. Executive Summary

We propose the creation of a multidisciplinary research center – the Center for Interprofessional Healthcare Education, Research, and Practice – to facilitate the University’s work in this area.

To effectively work within contemporary models of health care, our graduates must become effective participants in interprofessional teams [1, 2]. Therefore, we must prepare our students by designing, delivering, and actively assessing interprofessional curricular elements that teach them to value, learn from, and work with other professionals.

The University of Kentucky is well on its way to becoming “one of the nation's 20 best public research universities; an institution dedicated to improving people’s lives through excellence in education, research, and creative work, service, service and health care [3].” Transformational leadership and interprofessional practice are at the heart of many of the initiatives moving us towards this vision. The Center for Clinical and Translational Science has changed our research paradigm from one that primarily values and rewards individual accomplishment to one that also supports collaboration and teamwork [4]. Similarly, the Center for Enterprise Quality and Safety supports quality patient care through the identification, implementation, and measurement of improvement processes that require collaboration and teamwork [5].

We propose a Center for Interprofessional Healthcare Education, Research, and Practice to provide the institutional infrastructure to complement these initiatives through interprofessional healthcare education. The Center’s primary purpose is to develop, support, evaluate, and sustain an academic culture wherein students, faculty, and staff work collaboratively within and across interprofessional teams to accomplish and report better outcomes than can be achieved through independent healthcare practice. The Center will be designed to overcome competing priorities and time constraints imposed on students, faculty, and administrators that can significantly limit and may even inhibit the development and execution of these educational experiences. Thus, the primary work of the Center will be to design, facilitate, coordinate, promote, and evaluate Interprofessional Healthcare Education, Research, and Practice.

B. Background

In its broadest sense, interprofessional education (IPE) is education, training, or teaching that involves more than one profession in joint, interactive learning [6]. The Center for the Advancement of Interprofessional Education (CAIPE) has defined IPE for healthcare as “occasions when two or more professions learn from and about each other to improve collaboration and the quality of care [7].” The goal of IPE is to teach systems-based, holistic decision-making by empowering learners with the knowledge, skills, attitudes, and experiences that are necessary to enable them to solve complex problems and address issues that surpass the scope of any one profession. This approach to problem-solving has been recommended as a means by which to improve healthcare quality outcomes [8], so much so that the Joint Commission has stated that safe, effective clinical care depends on it [9].

Historically, the terms, “interdisciplinary,” “multidisciplinary,” and “interprofessional” have been used interchangeably in the United States. However, outside the U.S. the word “interprofessional” has been reserved to describe *collaborative*, as opposed to *parallel*

practice, while the words “interdisciplinary” and “multidisciplinary” have been used to refer to situations when more than one profession may be practicing in the same physical area or addressing the same challenge, but not necessarily collaboratively [10]. In interprofessional practice the relationship between and among professionals is one of reciprocity and collaboration, within the context and limitations of their specialist capacities.

C. Justification and Significance

The Institute of Medicine has clearly demonstrated that patients are more likely to receive safe, quality care when health professionals work together [11] and has written a number of historically relevant reports which have formed the basis for a resurgence of interest in interprofessional healthcare education and practice. These include *To Err is Human: Building a Safer Health System* [12], and *Crossing the Quality Chasm: A New Health System for the 21st Century* [13]. In response, the Pew Health Professions Committee cast a new vision in 1998 for health professions education, wherein “all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics” [2]. The United States has not been alone in this vision. Health educators worldwide have endorsed IPE as a way to improve the quality of health care. Significant international IPE initiatives include the United Kingdom Centre for the Advancement of Interprofessional Education (founded in 1987) and the Canadian International Health Group (started in 2005).

Teamwork, coordination, and professionalism have become core expectations of twenty-first century healthcare practitioners [14-16], students [17-19], and residents [20]. This has redefined our understanding of graduate competence and best practices in health professions education in the United States, and prompted us to join health professions educators worldwide by endorsing IPE as a way to improve the quality of health care.

D. Goals

The primary purpose of the proposed Center for Interprofessional Healthcare Education, Research, and Practice is to develop, support, evaluate, and sustain an academic culture wherein students, faculty, and staff work collaboratively within and across interprofessional teams to accomplish and report better outcomes than can be achieved through independent healthcare practice. The Center is being created to overcome competing priorities and time constraints imposed on students, faculty, and administrators that can significantly limit and may even inhibit the development and execution of these educational experiences. Thus, the primary work of the Center will be to facilitate, coordinate, promote and evaluate Interprofessional Healthcare Education, Research, and Practice. However, the Center will also exist for the purpose of advancing the knowledge, skills, attitudes and characteristics of interprofessional practice, enabling us to capitalize on the lessons learned and momentum built through earlier initiatives at the University of Kentucky through education, research, and practice in related areas.

E. Interprofessional Education in Academic Health Centers

It is important to recognize that there is a representative continuum of engagement possible in interprofessional education; ranging from single event and/or single discipline approaches such as asking students to read about the roles of other professionals, to a fully integrated, co-created curriculum that embeds and models IPE at several levels. Attachment 1 provides a summary of the overall organizational structure and composition of some of the most

productive and established interprofessional education centers in the United States. There is much to learn from these forerunners in IPE. Hence, the Association of Academic Health Centers [21] conducted case studies of academic health centers who have successfully implemented institutional interprofessional health professions education on their campuses. Strong institutional leadership, a cadre of faculty champions, institutional policies supporting IPE, specifically allocated resources, fluidity/flexibility, and a culture of collaboration are characteristics common across these programs.

Clearly, leadership, commitment, and infrastructure at the institutional level are essential to support successful, well-integrated IPE experiences. This forms the basis for our intent to create an organized Center for Interprofessional Healthcare Education, Research, and Practice.

F. Institutional Readiness

A number of strengths anchor this request and illustrate the University of Kentucky's readiness and capacity to create, implement, and sustain an effective interprofessional healthcare education center that achieves sustainable and generalizable outcomes and disseminates these on a national level.

1. Demonstrated commitment

The University of Kentucky College of Medicine has been the catalyst for a number of ongoing discussions about the importance of IPE as a means to improve students' caring behaviors and quality of care with its sister health professions colleges for a number of years. These discussions culminated in 2005 when Dean Jay Perman led the effort to transform this previously informally directed group into an organized, campus-wide Interprofessional Healthcare Education, Research, and Practice Working Group. The Working Group started with two representatives from each of the University's six health science colleges. Since then, it has grown to a roster of more than 80 members from nine different colleges (Attachment 2), including students, residents, faculty, and staff from the colleges of Arts and Sciences, Dentistry, Health Sciences, Law, Medicine, Nursing, Pharmacy, Public Health, and Social Work. Deans from these colleges (Attachment 3) communicate regularly to provide oversight and strategic direction for the group's activities. In addition, conversations are well underway with the College of Business to facilitate their participation in the IPE effort.

2. Infrastructure

Members of the Interprofessional Healthcare Education, Research, and Practice Working Group have been meeting regularly since its inception. Under the leadership of Dr. Perman and the other participating college deans, the Working Group has developed a Vision, Mission and supporting Goals and Objectives to direct its efforts (Attachment 4) and formed seven standing committees (Attachment 5). In January 2007 Dr. Perman allocated College of Medicine funds and appointed a .33 FTE faculty leader to assume primary responsibility for the day-to-day administration and coordination of Working Group activities. Since then, we have been able to advance a number of initiatives to promote interprofessional healthcare education and practice at UK, to include: 1) creation of interprofessional exercises using various combinations of standardized patients and human simulator resources to teach the relevance of teamwork to patient care and safety; 2) completion of a

plan to consolidate schedules for clinical rotations across the health professions programs; 3) implementation of an Interprofessional Deans' Honors Colloquium wherein students will consider how interprofessional practice might positively affect the epidemiology, course, and implications of a specific public health issue (for example, childhood obesity in Fall 2009) and learn how to be effective participants in an interprofessional team; 4) institutional participation in the national Clarion competition in 2008 and 2009 (placing third in 2008); 5) pilot interprofessional, community-based AHEC experiences at the Rockcastle Health and Rehabilitation Center St. and Claire Regional Medical Center; and 6) expansion of the student-run Leadership Legacy Program to facilitate student and faculty participation across all of the health science colleges.

3. Physical location of the colleges

UK is one of a very few academic health centers in the nation to have six health science colleges physically co-located on one campus, alongside a full complement of other colleges with whom it shares similar educational values and goals, such as Arts and Sciences, Business, Communication and Library Sciences, Education, Law, and Social Work. The proximity of these colleges to opportunities presented by UK's relatively recent acquisition of Good Samaritan Hospital has further facilitated discussions about the potential for interprofessional healthcare education and practice opportunities in the UK Academic Medical Center that utilize both UK Chandler Medical Center and UK Health Care Good Samaritan Hospital.

4. Facilities

Conceptual plans have been developed for a Health Sciences Learning Center ("Icon Building") to facilitate IPE and provide state-of-the-art resources and common spaces where students and faculty across all disciplines will be able to learn and work together as interprofessional teams. For example, standardized patient teaching rooms in the learning center will be of sufficient space to enable teams of students to occupy the space together with the patient to complete activities such as interviewing and physical examination. Spacious and well-designed conference rooms will enable teams of students and patients to meet to plan and discuss care options. Beyond this, asynchronous and synchronous communication among team members will support educational activities outside the physical boundaries of place-based education.

5. Group inter-institutional relationships

Members of the Working Group are collaborating with faculty at other academic health centers to make inter-institutional presentations at national and international meetings and develop pilot research projects to advance our understanding of outcomes associated with IPE. These include Florida International University, Medical University of South Carolina, Rosalind Franklin University, University of Arkansas, University of Minnesota, Western University of Health Sciences, and University of Texas Medical Branch. Other by-products of these collaborative relations include simulation exercises, standardized patient cases, objective structured clinical examinations (OSCEs), and evaluation/assessment instruments.

6. Consistency with University priorities

Consideration of a proposal to develop a Center for Interprofessional Healthcare Education, Research, and Practice is consistent with institutional priorities for integration through the support and development of interdisciplinary studies and interprofessional training, as described by the University of Kentucky Committee on Academic Planning and Priorities in its 2006-2009 Strategic Plan [22].

G. Challenges

Despite the fact that the opportunities and possibilities presented by interprofessional healthcare education, research, and practice are profound, designing, and implementing sustainable IPE experiences has proven challenging in health professions education. Teaching the knowledge, skills, and attitudes proven necessary for effective interprofessional practice does not occur adequately in the traditional classroom or even in discipline-specific, practice-based settings. Instead, learners must be provided with multiple interprofessional, practice-based opportunities to: 1) gain an understanding of the unique work and contributions of the various professions [23-25] and 2) develop and practice the ability to work and communicate effectively with one another [26-28]. They must also know that interprofessional behaviors are most accurately assessed on more than one occasion and within the context of clinical practice [29].

Yet most healthcare education programs typically involve students from the same discipline or profession mastering a specific body of knowledge, types of skills, and modes of professional conduct. There are intrinsically few opportunities to bring faculty and students from multiple disciplines together for the expressed purpose of **learning with, from, and about one another in a collaborative or team environment - specifically to improve healthcare outcomes**. Specific challenges to IPE include coordinating schedules across professional education programs, rewarding faculty interest and service in this area, developing teaching expertise in the areas underpinning interprofessional healthcare education and creating and sustaining a culture of interprofessional practice among faculty and students [30].

H. Governance and Organization

The governance and organization of the Center for Interprofessional Healthcare Education, Research, and Practice will enable it to effectively facilitate the cross-college leadership needed to overcome the challenges presented by competing priorities and time constraints on students, faculty, and administrators that can significantly limit and may even inhibit the development and execution of interprofessional healthcare education, research, and practice.

1. Governance

Deans from the colleges of Dentistry, Health Sciences, Medicine, Nursing, Pharmacy, and Public Health and three at-large faculty representatives appointed by the Provost will form the core governance body for the Center. Deans from other colleges that are active in the Center may also be invited to participate. The Provost will appoint the director and at-large members of the governance body. Unless otherwise specified, the director and at-large members will serve for a period of three years. The governance body will convene quarterly to establish Center priorities and review progress in relationship to its stated mission and goals.

2. Faculty Leadership

The Dean from each participating college will appoint one or more representatives to the Center's core Working Group. A Director of the Center for Interprofessional Healthcare Education, Research, and Practice will work with the Deans of the participating colleges and their designees to advance its mission and goals, act as the Center's spokesperson, and administrate its day-to-day activities.

3. Reporting Relationships

The Center for Interprofessional Healthcare Education, Research, and Practice will be housed operationally in the College of Medicine. The Director of the Center for Interprofessional Healthcare Education, Research, and Practice will report to the Dean of the College of Medicine and in partnership with the governance body and the core Working Group to advance Center priorities and accomplish its goals.

I. Requirements

The Center for Interprofessional Healthcare Education, Research, and Practice will require recurring financial support for small equipment maintenance and replacement, program development, and 2.5 FTE personnel in order to accomplish its mission and goals.

1. Faculty and Staff

Director of Interprofessional Healthcare Education, Research, and Practice – A 1.0 FTE doctorally-prepared educator with experience in medical or health science professional education is requested to direct and lead key administrative, coordination, and evaluation activities for the Center.

Project Manager – A 1.0 FTE, masters-prepared project manager (level 41-43) will work under the supervision of the Director of Interprofessional Healthcare Education, Research, and Practice to plan and support key activities and functions of the Center. This individual will also seek, identify, and develop external funding opportunities and coordinate project development.

Evaluation Coordinator – A 0.50 FTE, masters-prepared Evaluation Coordinator (level 41-43) will work under the supervision of the Director of Interprofessional Healthcare Education, Research, and Practice to describe outcomes measures, identify performance indicators, and develop mechanisms to collect data to monitor and evaluate progress toward Center key functions and goals.

Graduate Assistant – Funds to support a graduate student for 15 hours per week are requested for the purposes of advancing specific research and funding activities within the Center and to mentor graduate students with an interest in interprofessional education, research, and/or practice.

2. Facilities

The Center will be physically located within the College of Medicine; to include offices for its key personnel and space for the Graduate Assistant.

3. Equipment

The Center will require office equipment and furniture such as that which is typical and currently available on campus, to support similar activities. It will not result in the need for equipment that is not satisfied by the equipment currently available on campus.

4. Budget Justification

This proposal includes a three-year operating budget for the Center (Attachment 6). Expenditure categories include personnel, benefits, supplies, equipment, travel, and other needs (e.g., consulting, etc.). It also includes projected operating costs.

J. Program Evaluation

Bamsteiner and colleagues [30] suggested the following criteria by which to evaluate an organization's level of engagement in IPE.

1. An explicit philosophy of IPE permeates the organization; it's one that is agreed upon, well known, observable, and measurable.
2. Faculty members from more than one profession co-create learning experiences to teach collaboration and teamwork.
3. Students have multiple integrated and experiential opportunities to learn how interprofessional practice relates to the delivery of safe, quality, efficient outcomes.
4. IPE learning experiences are required and embedded in the curricula of each profession.
5. In order to graduate, students must demonstrate a prescribed level of competence with a single set of core interprofessional competencies that cross professional training programs (such as those promoted by the IOM [9]).
6. Organizational infrastructure fosters interprofessional education, research, and practice through policies that provide support for faculty time to develop interprofessional education, research and practice, options, incentive systems for faculty to engage in these initiatives, and integrated curricular and co-curricular activities across schools and professions for students and faculty.

Using these as the basis, a core group of faculty, staff, and administrators in the Interprofessional Healthcare Education, Research, and Practice Working Group developed metrics to guide IPE program assessment and evaluation in the 2008-2009 and 2009-2010 academic years (Attachment 7). Similar metrics will be established and monitored on a regular basis to direct Center activities and enable its constituents to judge its effectiveness.

K. Other Benefits

Although recurring funds are being requested to support basic operations expenses and ensure sustainability, the Center for Interprofessional Healthcare Education, Research, and Practice will make every effort to seek extramural funding from state, federal, and/or private entities to advance its goals and improve its effectiveness. As professional organizations such as the American Association of Colleges of Pharmacy and the Association of American Medical Colleges gain momentum in support of interprofessional healthcare education, we anticipate additional funding will become available. In addition, organizations such as the the Association for Prevention Teaching and Research (APTRE) regularly promote interprofessional prevention education projects through mini-grants and similar awards, as were made available by funding from the Centers for Disease Control and

Prevention and the Office of Disease Prevention and Health Promotion in 2008. And we are actively engaged in developing relationships and ongoing discussions with private philanthropists and funding agencies such as the Arthur Vining Davis and Josiah Macy, Jr. Foundations that have prioritized medical and health professional education to increase teamwork between and among healthcare professionals.

L. Conclusion

Teamwork, coordination, and professionalism have become core expectations of twenty-first century healthcare practitioners [14, 15], students [17-19], and residents [20]. This has redefined our understanding of graduate competence and best practices in health professions education in the United States, and prompted us to join health professions educators worldwide by endorsing IPE as a way to improve the quality of health care. To effectively work within contemporary models of health care, our graduates must be able to work collaboratively and become effective participants in interprofessional teams [2, 31]. We must therefore prepare our students by designing, delivering, and actively assessing interprofessional curricular elements that teach them to value, learn from, and work with others. Given the experience and widespread support of IPE at the University of Kentucky, we have the capacity to make significant contributions to the educational and practice literature in this area. **We therefore respectfully request your support and permission to create a multidisciplinary research center – the Center for Interprofessional Healthcare Education, Research, and Practice** to provide the infrastructure and support to enable UK to become a national leader in this area.

Attachment 1 Summary of Interprofessional Education, Research, and Practice Center/Infrastructure Models – USA				
Location	Name	Participating Schools/ Professions	Projects	Organization/ Leadership
1. Creighton University Medical Center, http://www.creighton.edu/ipe/	Office of Interprofessional Education	Nursing, Medicine, Dentistry, Pharmacy and "Health Professions"	Clinical Conference/Grand Rounds, Patient Safety Course, Collaborative Care Seminars, Multimedia IPE Team, School of Pharmacy and Health Professions Interprofessional Scholarship and Service	Director (Richard O'Brien, MD), Council (Deans), Advisory Committee
2. St. Louis University (2002), http://www.slu.edu/centers/intepro/mission.html	Center for Interprofessional Education and Research	Nursing, Medicine, Occupational Therapy, Physical Therapy, Physician Assistant, Health Information Management, Social Services, Clinical Lab Science	IPE Seminars, Course Development, Interprofessional Rural Health Outreach Demonstration Program (Hope) student-run clinic for medically underserved in a rural county, Community Health in Partnership Services (community service center) - "Fit 4 Fun" Program, CHIPS in Motion, CHIPS Diabetic Support and Health Education Group, Bridge-to-Home Research Project, IP Evidence-Based Filter Research and EB Nursing Databases	Director (Mary Ann Lavin, ScD, RN, FAAN) and Executive Committee
3. Thomas Jefferson University (2007), Philadelphia, http://jeffline.tju.edu/jcipe/	Jefferson Interprofessional Education Center	Medicine, Nursing, Physical Therapy	Interprofessional Home Visit Video, Working Together - A collaborative approach to disease prevention education: JCIPE Move4Health, Jeff Mentors: A Chronic Illness Mentor Program for Medical, Nursing, and Occupational and Physical Therapy Students, Interprofessional Certificate Course	Co-Directors (Molly Rose, RN, and Christine Arenson, MD)
4. University of Minnesota (2007), http://www.ipe.umn.edu/	Center for Interprofessional Education	Dentistry, Medicine, Nursing, Pharmacy, Public Health, Veterinary Medicine	Priority Initiatives: Common Ground (leadership, team building, health information, health policies, informatics) and Models of care Delivery (chronic care, health promotion,	Director, Advisory Council, Faculty/Staff work groups
5. University of Washington (1999), http://interprofessional.washington.edu/default.asp	Center for Health Sciences Interprofessional Education and Research	Dentistry, Health Sciences Libraries, Information School, Medicine, Nursing, Pharmacy, Public Health, Social Work	Current: Salvation Army, Multidisciplinary Predoctoral Clinical Research Training Project (CTSA), Patient Safety and Education Resources, Student-Directed Community Site Clinical Project, Past: Development and Evaluation of an Interprofessional Health Sciences Examination (10-stn OSCE), Macy Interprofessional Bridges Program, Faculty Leadership in IPE to Promote Patient Safety, Health Sciences Partnership in Clinical Education	Director (Nursing) and Co-Director (Pharmacy), Faculty Steering Committee, Affiliates, and Advisors
6. University of Wisconsin - Madison (2000), http://interprofessionalhealth.wisc.edu/	Interprofessional Health	Medicine, Nursing, Communicative Disorders, PT, Athletic Training, Occupational Therapy, Pharmacy, PA, Social Work, Veterinary Medicine	Call for IPE courses (2004-2007), Wisconsin Express (cultural and IP immersion experience)	Appointed Interprofessional Health Committee with two co-chairs, Robert Breslow, PharmD and Sarah Davis, PhD

Attachment 2
**UK Interprofessional Healthcare Education, Research, and Practice Working
 Group Participants by College
 2009-2010**

Name	Affiliation
1. Amy DiLorenzo	College of Medicine
2. Andrea Pfeifle	College of Medicine
3. Ann Eads	College of Medicine
4. Beth Mills	College of Social Work
5. Brad Shelton	Continuing Education
6. Brandy Lawson	College of Medicine
7. Brendan McCarty	AHEC/College of Medicine
8. Carol Elam	College of Medicine
9. Charles Carlson	College of Arts and Sciences
10. Charles Griffith	College of Medicine
11. Chester D. Jennings	College of Medicine
12. David Brennen	College of Law
13. David Fahringer	College of Health Sciences
14. David Rudy	College of Medicine
15. Deborah Hall	College of Nursing
16. Deborah Reed	College of Nursing
17. Donna Morris	College of Health Sciences
18. Donna Weber	College of Medicine
19. Douglas Scutchfield	College of Public Health
20. Elsie Stines	College of Medicine
21. Emery Wilson	College of Medicine
22. Evelyn Knight	College of Public Health
23. Frank Romanelli	College of Pharmacy
24. Gerry Gairola	College of Health Sciences
25. Ginny Sprang	College of Social Work
26. Greg Bausch	St. Claire Medical Center (Morehead)
27. Heidi Milia Anderson	UK, Associate Provost
28. James Ballard	AHEC/College of Medicine
29. James Norton	AHEC/College of Medicine
30. James P. Adams	College of Social Work
31. Jan Clark	College of Law
32. Jane Kirschling	College of Nursing
33. Janet Stith	Medical Center Library
34. Janice Kuperstein	College of Health Sciences
35. Jay Perman	College of Medicine
36. Jeff Cain	College of Pharmacy
37. Jennifer Brueckner	College of Medicine
38. Jimmi Hatton	College of Pharmacy
39. Joe Conigliaro	College of Medicine
40. Joe Gatto	College of Medicine
41. John Williams	College of Public Health
42. John Wilson	College of Medicine
43. Josefina Lopez	UK Medical Center/College of Arts and Sciences
44. Judith Skelton	College of Dentistry

45. Julane Hamon	College of Medicine
46. Julie Sorrell	College of Social Work
47. Karen Novak	College of Dentistry
48. Karen Stefaniak	UK HealthCare
49. Kate Moore	College of Nursing
50. Kathleen Wagner	College of Nursing
51. Kayla Rose	St. Claire Medical Center (Morehead)
52. Kelly Smith	College of Pharmacy
53. Kevin Pearce	College of Medicine
54. Kevin Real	College of Communication and Information Studies
55. Kevin Schuer	College of Medicine
56. Kristine Lohr	College of Medicine
57. Linda Alexander	College of Public Health
58. Logan Davies	College of Medicine, Student
59. Lori Gonzalez	College of Health Sciences
60. Louise Graham	College of Law
61. Lynn English	College of Health Sciences
62. Lynn Kelso	College of Nursing
63. Lynne Jensen	College of Nursing
64. Margaret (Peggy) Hickman	College of Nursing
65. Mary Jane Miller	College of Nursing
66. Melanie Hardin-Pierce	College of Nursing
67. Mikael Jones	College of Pharmacy
68. Pam Teaster	College of Public Health
69. Pat Burkhart	College of Nursing
70. Patrick McNamara	College of Pharmacy
71. Peter Berres	College of Health Sciences
72. Richard Lofgren	UK HealthCare
73. Robert Granagher	St. Joseph's Hospital
74. Ron Botto	College of Dentistry
75. Sharon Lock	College of Nursing
76. Sharon Stewart	College of Health Sciences
77. Sharon Turner	College of Dentistry
78. Stephen Wyatt	College of Public Health
79. Susan McDowell	Graduate Medical Education
80. Suzanne Prevost	College of Nursing
81. Terry Stratton	College of Medicine
82. Tony Hartsfield	College of Public Health
83. Tricia Jordon	West AHEC
84. Trish Rippetoe Freeman	College of Pharmacy

Attachment 3
University of Kentucky
Interprofessional Healthcare Education, Research, and Practice Working Group
2009-2010 Participating College Deans

Sharon P. Turner
Lori S. Gonzalez
David Brennen
Jane Kirschling
Jay A. Perman
Patrick McNamara
Stephen W. Wyatt
James P. Adams

College of Dentistry
College of Health Sciences
College of Law
College of Nursing
College of Medicine
College of Pharmacy
College of Public Health
College of Social Work

Attachment 4
**UK Interprofessional Healthcare Education, Research, and Practice Working Group
Mission, Vision and Goals**

Vision

All people will receive high-quality health care through interprofessional practice.

Mission

The mission of the Interprofessional Health Care Education, Research, and Practice Working Group is to position the University of Kentucky to assume a leadership role among U.S. universities and academic medical centers in developing, validating and promoting interprofessional healthcare education and care among health students and health professionals that achieves optimal health maintenance and quality patient care.

Goals

1. Give full expression to our common purpose and mission as healthcare professionals by communicating the importance of collegial and group healthcare education, research, and practice.
2. Identify and validate existing models of interprofessional education in the health professions and related degree programs.
3. Develop, validate and promote among learners the knowledge, skills, attitudes, and behaviors that support interprofessional healthcare education, research, and practice.
4. Educate and socialize the academic community to maximize their knowledge of health related disciplines, dispel stereotypes, and enhance abilities to work together.
5. Implement interprofessional healthcare practice in our own environment.
6. Conduct and disseminate scholarly activity in interprofessional healthcare education, research, and practice.

Attachment 5

UK Interprofessional Healthcare Education, Research, and Practice Working Group 2008-2009 Committees

Steering Committee

Jay Perman (Medicine)

Lori Gonzalez (Health Sciences)
Louise Graham (Law)
Jane Kirschling (Nursing)
Patrick J. McNamara (Pharmacy)
Sharon Turner (Dentistry)
Steve Wyatt (Public Health)

Sharon Stewart (Health Sciences)
John Williams (Public Health)
Tony Hartsfield (Public Health)

AHEC Opportunities

Sharon Lock (Nursing)

Emery Wilson (Medicine)

Jim Ballard (UK AHEC)
Greg Bausch (St. Claire Medical Center /
Pharmacy)
Lynn English (Health Sciences)
Tricia Jordan (West AHEC)
Brendan McCarty (UK AHEC)
Donna Morris (Health Sciences)
Jim Norton (UK AHEC)
Andrea Pfeifle (UK IPEP)
Kayla Rose (AHEC)
Janet Stith (Medical Center Library)

Scholarship (Research/Outcomes/Evaluation)

Joe Conigliaro (Medicine/UK Health Care)

Andrea Pfeifle (UK IPEP)

Ron Botto (Dentistry)

Carol Elam (Medicine)
Debra Hall (Nursing)
Melanie Hardin-Pierce (Nursing)
Suzanne Prevost (Nursing)
Kevin Real (Communication)
Kevin Schuer (Health Sciences)
Judith Skelton (Dentistry)
Kelly Smith (Pharmacy)
Karen Stefaniak (Nursing)
Donna Weber (Medicine)

Community Engagement (Service Learning)

Judy Skelton (Dentistry)

Sharon Stewart (Health Sciences)

Jim Ballard (Medicine/AHEC)
Jaime Bamford (Resident)
Peter Berres (Health Sciences)
Jennifer Brueckner (Medicine)
David Fahringer (Health Sciences)
Tony Hartsfield (Public Health)
Margaret (Peggy) Hickman (Nursing)
Lynne Jensen (Nursing)
Katherine McCormick (Education)
Ginny Sprang (Social Work)
Elsie Stines (Medicine)
Janet Stith (Medical Center Library)

Simulation-Based IPE

Darrell Jennings (Medicine)

Frank Romanelli (Pharmacy)
Ron Botto (Dentistry)
Jeff Cain (Pharmacy)
Joe Gatton (Medicine)
Charles Griffith (Medicine)
Lynne Jensen (Nursing)
Kathryn Moore (Nursing)
Andrea Pfeifle (UK IPEP)
Terry Stratton (Medicine)

Deans' Honors Colloquium Project

Jim Norton (COM/AHEC)

Jim Ballard (COM/AHEC)

Andrea Pfeifle (UK IPEP)

Pat Burkhart (Nursing)

Jimmi Hatton (Pharmacy)
Beth Mills (Social Work)
Karen Novak (Dentistry)
Kelly Smith (Pharmacy)
Candice Southwell (Social Work)

Teaching of "Team"

Jay Perman (Medicine)

Andrea Pfeifle (UK IPEP)

Charles Carlson (Arts and Sciences)
Amy DiLorenzo (Medicine/ Anesthesiology)
Gerry Gairola (Health Sciences)
Tony Hartsfield (Public Health)
Lynn Kelso (Nursing)
Evelyn Knight (Public Health)
Janice Kuperstein (Health Sciences)
Kristine Lohr (Medicine)
Susan McDowell (Graduate Medical Education)
Frank Romanelli (Pharmacy)
David Rudy (Medicine)
Kevin Schuer (Health Sciences)
Ron Botto (Dentistry)
John Wilson (Behavioral Science)

Attachment 6
Budget Spreadsheet

	Year 1	Year 2	Year 3
Personnel			
Director	109419.5	112702.1	116083.1
Program Manager	56932.26	58640.23	60399.43
Coordinator (.5 FTE)	28603.7	29461.81	30345.67
Graduate Assistant/Temp Position	11575.51	11575.51	11575.51
<i>Personnel Subtotal</i>	206531	212379.6	218403.8
Operational Costs			
Communications	239.25	239.25	239.25
Postage	275	275	275
Publications, Pamphlets	150	150	150
Dues, Memberships	700	700	700
Office Supplies	2000	2000	2000
<i>Operational Costs Subtotal</i>	3364.25	3364.25	3364.25
Travel			
Interprofessional Conferences	4000	4000	4000
Site Visits	3000		
<i>Travel Subtotal</i>	7000	4000	4000
Program Development			
Course Development	15000	18000	22000
Extracurricular Program Development	20000	23000	25000
Faculty Development	5000	5000	3000
<i>Program Development Subtotal</i>	40000	46000	50000
Start-Up			
Computers	2500		
Moving	1000		
Signage	100		
Misc. Start-Up	500		
<i>Start-Up Subtotal</i>	4100	0	0
Totals	260995.2	265743.9	275768

Attachment 7
**Interprofessional Healthcare Education, Research, and Practice
Goals, Objectives, and Metrics**

Vision: All people will receive high-quality health care through interprofessional practice.

Mission: The mission of the Interprofessional Health Care Education, Research, and Practice Working Group is to position the University of Kentucky to assume a leadership role among U.S. universities and academic medical centers in developing, validating and promoting interprofessional healthcare education that achieves optimal health maintenance and quality patient care.

GOAL 1: Give full expression to our common purpose and mission as health care professionals by communicating the importance of collegial and collaborative health care education, research and practice

Objectives and Suggested Metrics

1. Develop effective vehicles to disseminate the importance and relevance of interprofessional healthcare education, research, and practice, including the following:
 - Lectures and other classroom approaches
 - Brochure
 - Web page
 - Grand rounds

Measurement/Indicator(s): Yes/No, + simple count and descriptive inventories

2. Create a community of learners around interprofessional health care to include students, residents, fellows, faculty, staff, and the broader community.

Measurement/Indicator(s): Simple count and qualitative descriptors for students, faculty, staff, colleges, educational programs, community-based faculty represented at various functions/activities; % of students and faculty in each college who are aware of, have had the opportunity to participate in, and are participating in curricular and co-curricular activities

GOAL 2: Identify and validate existing models of interprofessional education in the health professions and related degree programs

Objectives and Suggested Metrics

1. Review of literature as precursor to conduct, publish or update supporting importance of IPE.

Measurement/Indicator(s): Yes/No and product (literature review and/or annotated list of references)

2. Identify optimal models of interprofessional practice (e.g., UK healthcare, community-based)

Measurement/Indicator(s): Yes/No; inventory of UK and community-based interprofessional practice models

3. Generate a guiding document as a basis for organizational transformation.

Measurement/Indicator(s): Yes/No and product (guiding document/white paper)

GOAL 3: Develop, validate and promote among learners the knowledge, skills, attitudes, and behaviors that support interprofessional healthcare education, research, and practice.

Objectives and Suggested Metrics

1. Identify internal and external challenges to be addressed related to interprofessional teams.

Measurement/Indicator(s): Yes/No; SWOT analysis or comparable summary

2. Develop educational opportunities/models based upon teams

Measurement/Indicator(s): Simple count and qualitative descriptors of educational opportunities and models developed; evaluation data to support satisfaction, impact, learning, transfer outcomes for each

GOAL 4: Educate and socialize the academic community to maximize their knowledge of health related disciplines, dispel stereotypes, and enhance abilities to work together

Objectives and Suggested Metrics

1. Establish and support a Center of Interprofessional Healthcare Education, Research, and Practice

Indicator(s): Yes/No initially; evaluation data to support stakeholder satisfaction with processes and outcomes (gathered annually)

2. Establish core team principles/curriculum

Indicator(s): Yes/No; Re-assess relevance and utility annually with interprofessional educators and learners via focus groups and anecdotal formative feedback

3. Establish interprofessional healthcare education and practice opportunities, such as:

- Courses and electives that teach “team”
- Simulation experiences
- Interprofessional Grand Rounds
- Tumor Board
- Interprofessional Ward Rounds
- Interprofessional Morbidity and Mortality (M&M) Conferences
- Interprofessional extracurricular activities

Indicator(s): Yes/N; Qualitative descriptors, simple count for # attendees, % different professions represented at each; evaluation data describing attendee perceived relevance, satisfaction, quality, learning about teamwork/interprofessional practice

GOAL 5: Implement interprofessional healthcare practice in our own environment

Objectives and Suggested Metrics

1. Utilize curricular and practice strategies (e.g., problem based learning (PBL) and interprofessional cognitive apprenticeship) to enhance integrative problem-solving (IPS), incorporating interprofessional groups of faculty and students

Indicator(s): Yes/No; qualitative descriptors, simple counts for each application

2. Foster a culture of collaborative decision making among faculty, students, and staff

Indicator(s): Yes/No; anecdotal feedback, annual program evaluation (surveys); steering committee feedback

3. Include factors such as cognitive flexibility and interprofessional collegiality in criteria for recruitment and advancement of faculty and staff

Indicator(s): Yes/No; interviews every 3 years to describe college-specific P&T culture around collaborative products

4. Develop and support an interprofessional interest group to enhance social interaction to improve group function.

Indicator(s): Yes/No; simple count; qualitative descriptors of attendees, colleges represented, roles in colleges; qualitative assessment of topics; annual program evaluation for effectiveness and perceived utility by participants

GOAL 6: Conduct and disseminate scholarly activity in interprofessional health care education, research, practice and outcomes

Objectives and Suggested Metrics

1. Develop an infrastructure for the development and support of faculty and staff interested in conducting interprofessional healthcare education and practice research

Indicator(s): Yes/No, Simple count of interprofessional healthcare education, research, and practice projects underway, Qualitative descriptors for projects underway

2. Participate in conferences focused on interprofessional education, research, and practice

Indicator(s): Simple count + qualitative descriptors of conferences attended, #/program/college for UK attendees

3. Publications in selected interprofessional education, research, and practice journals (e.g., *Journal of Interprofessional Education*)

Indicator(s): Simple count + qualitative descriptors of publications/submissions

4. Establish a system of advocacy from within the University of Kentucky and across institutions to influence public policy and billing mechanisms that inhibit interprofessional care

Indicator(s): Yes/No; Annual program review of stakeholders or focus groups biannually to describe impact

Attachment 8 References

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Attachments 9a-f
Support Letters

June 12, 2009

Provost Kumble R. Subbaswamy
107 Main Building
University of Kentucky
Lexington, KY 40383

Dear Provost Subbaswamy,

I am writing to support the creation of a Center for Interprofessional Education among the six colleges of health sciences at the University of Kentucky. I believe that the need for health care providers of different types to work together in an integrated manner has never been greater than it is today as our country is poised on the brink of major health care reform. Learning to work collaboratively with a true team approach where each profession respects and values the input and role of others on the team will be of great benefit for both students and faculty. We must tear down the current stereotypical hierarchical physician centric approach if we are to achieve true collaboration and preparing students who understand the scope and value of each others' professions from the beginning of their training is an enormous step in that direction. Additionally, evolving accreditation standards are pushing many of our professions in the direction of interprofessional education as well.

I understand that this virtual center will be governed collaboratively with input from all of the deans in the health sciences colleges and support this structure which underscores my comments in the previous paragraph. I applaud Dean Perman's initial efforts to champion this concept and provide fiscal backing for it as it evolved and has entered a time of implementation of some of the initial ideas.

I do want to repeat the concept which arose in the Deans' Meeting as we discussed this matter. That is that acquiring financial support from the Office of the Provost is important for activities which span across several colleges. However, in the future, it will be important to have a process for determination of priority for funding such initiatives so that all colleges/units under the auspices of the Provost have the periodic opportunity to propose new intercollege programmatic initiatives and understand the parameters for programs most likely to be funded.

Sincerely,



Sharon P. Turner, DDS, JD
Dean, College of Dentistry



UNIVERSITY OF KENTUCKY

College of Law
Law Building
Lexington, KY 40506-0048
www.uky.edu/Law

June 3, 2009

Jay Perman, M.D.
Dean, College of Medicine
Old KMSF Building
Campus 40506-9983

Dear Dr. Perman,

I write this letter to offer support for the proposed Center for Interprofessional Healthcare Education, Research and Practice. The proposed Center will be under the College of Medicine for daily operations but will have an oversight board made up of the participating deans whose colleges are involved with the Center.

The College of Law is excited to be involved with the Center's creation. As we have discussed in our meetings, there are a number of possible projects that may well involve both law students and law faculty and we at the College are looking forward to collaboration with other disciplines in the Center.

I offer my full support for the Center proposal. Please let me know if you need additional information.

A handwritten signature in cursive script that reads "Louise Graham".

Louise Graham
Interim Dean and W.L. Mathews Professor of Law



College of Nursing
Office of the Dean
UK Medical Center
315 College of Nursing Bldg.
Lexington, KY 40536-0232
859 323-6533
fax 859 323-1057
www.mc.uky.edu/nursing

April 13, 2009

Dr. Jay Perman, Dean
College of Medicine
University of Kentucky
138 Leader Avenue
Lexington, KY 40506-9983

Dear Dean Perman:

I am writing on behalf of the College of Nursing faculty and students to offer our full support for the creation of a Center for Interprofessional Healthcare Education, Research, and Practice at the University of Kentucky. Nursing faculty have been actively engaged with their colleagues from the other health profession colleges in the Interprofessional Education and Practice Working Group. This work, and the commitment of 80 plus individuals to advance interprofessional healthcare lays a solid foundation for the proposed Center.

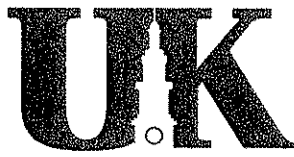
The University of Kentucky is uniquely positioned to make a difference in preparing the next generation of health care providers to improve the quality of care in the Commonwealth. Expanding opportunities for interprofessional education, research, and practice, while systematically addressing the challenges of such work are important next steps. The Center will provide a "home base" that crosses Colleges and disciplines. We welcome the opportunity to continue to collaborate on this important work.

Sincerely,

A handwritten signature in cursive script that reads "Jane Marie Kirschling".

Jane Kirschling, RN, DNS
Dean and Professor

JK/lg



UNIVERSITY OF KENTUCKY

*Dream * Challenge * Succeed*

College of Pharmacy
Office of the Dean
725 Rose Street, 327J
Lexington, KY 40536-0082
<http://pharmacy.mc.uky.edu>

Patrick J. McNamara, Ph.D.
Interim Dean
Phone: (859) 257-7896
Fax: (859) 323-0242
e-mail: pmcnamar@email.uky.edu

June 18, 2009

Jay Perman, M.D.
Dean, College of Medicine
Leader Building
Campus 40506-9983

Dear Dr. Perman:

Please accept the following letter of support in regards to the proposed Center for Interprofessional Healthcare Education, Research, and Practice. The College of Pharmacy values collaborative education, research, and practice models and is committed to this partnership across the Medical Center Campus. The proposed Center will assist in institutionalizing the concept of interprofessional healthcare and learning across campus and position the University to be a leader in this emerging area.

The College of Pharmacy has actively participated in this emerging project since its inception and has contributed to other interprofessional initiatives (e.g., Clarion Competition). The concept is also consistent with accreditation guidelines for our professional program and would assist us in developing leadership in this area.

The day-to-day operational functions of the Center will reside within the College of Medicine with an oversight Board composed of the Deans of all six University Health Care Colleges. A number of at-large faculty will also be appointed to the Board by the Provost. This oversight will allow for shared governance of the Center and embodies the concept of interprofessional collaboration.

As the College approaches its physical move to the 'new' medical center campus we are positioned to host IP educational activities and are committed to contributing these resources and space to such endeavors which will support the Center. These initial experiences may assist the University in the planning of design and structural elements for any future development.

In conclusion, the College of Pharmacy offers its support for the proposed Center and looks forward to this joint venture.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. McNamara', written over a horizontal line.

Patrick J. McNamara, Ph.D.
Interim Dean and Professor

cc: Andrea Pfeifle



May 26, 2009

Dr. Jay Perman
Dean/Vice President Clinical Affairs
University of Kentucky
College of Medicine
Old KMSF Building
Lexington, KY 40506-9983

College of Public Health
Office of the Dean
121 Washington Avenue, Suite 112
Lexington, KY 40536-0003
859 218-2247
fax 859 323-5698
www.ukcph.org

Dear Dr. Perman:

I appreciated the opportunity to review the "Proposal to Establish a Center for Interprofessional Healthcare Education, Research, and Practice." I am extremely supportive of interactions between health professions students, as they prepare themselves for careers in an increasingly complex world. Formal interactions during their training, that help them initially understand how different clinical disciplines contribute to the concept of the healthcare team, and improving the health of individuals, populations and communities could be very valuable. One of the aspects I appreciate about our Master of Public Health degree program is that we often bring together faculty, residents, and predoctoral students from medicine, dentistry, nursing, pharmacy and the allied health professions. The richness that develops in these classes is often amazing. The concept you are proposing would lay a solid foundation for these future health care professionals, and prepare them to move beyond simply understanding how different disciplines contribute to individual and community health, to helping them actually view problems/health issues from the perspective of different disciplines (transdisciplinary). In the current resource constrained environment, I know that the Provost has to prioritize any opportunities that require an investment of new resources. While I am certain that the needs across the campus are many, this is the only proposal I have reviewed, so it is difficult for me to compare this proposal to other potential campus needs.

Sincerely,

A handwritten signature in black ink that reads "Steve".

Stephen W. Wyatt, DMD, MPH
Dean

cc: ✓ Andre Pfeifle



Office of the Dean
900 South Limestone, CTW 123
Lexington, KY 40536-0200
859-218.0480

May 14, 2009

Jay Perman, M.D.
Dean, College of Medicine
Old KMSF Building
Campus 40506-9983

Dear Dr. Perman:


I offer this letter of support for the proposed Center for Interprofessional Healthcare Education, Research and Practice. This Center would be under the College of Medicine for daily operations but would have an oversight board made up of the six health care college deans. This model represents the essence of a true Interprofessional collaboration.

The Committee for Interprofessional Healthcare has worked to establish activities that underline the importance of working across disciplines and approaching healthcare as a team. The College has had active faculty participation and leadership in several of these activities. Two faculty members from CHS led the initiative for the Clarion competition and will continue to work on this in the future. Other faculty developed and implemented the Rockcastle Interprofessional Rehabilitation experience which was a great success.

Allied health has a long history of working in teams and supporting Interprofessional experiences for our students and clinicians. The Center for Interprofessional Healthcare Education, Research and Practice will provide a platform for additional experiences across the academic health center. One of the greatest strengths of the University of Kentucky is the collaborative spirit that allows activities to move across divisions, department, and colleges. This Center will build on this strength and will allow us to expand meaningful collaborations.

I offer my full support for this Center proposal. The College of Health Sciences stands ready to fully participate in Interprofessional experiences. Please let me know if you need additional information.

Sincerely,


Digitally signed by Lori S. Gonzalez
DN: cn=Lori S. Gonzalez, o=University
of Kentucky, ou=College of Health
Sciences, email=lsgonz01@email.uky.
edu, c=US
Date: 2009.05.14 10:15:01 -04'00'

Lori Stewart Gonzalez,
Dean & Professor



College of Medicine
Department of Microbiology,
Immunology & Molecular Genetics
Chandler Medical Center, MS 415
Lexington, KY 40536-0298
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Fax: (859) 257-8994
www.comed.uky.edu

September 16, 2009

Jay Perman, M.D.
Dean, College of Medicine
University of Kentucky
138 Leader Avenue
Lexington, KY 40506-9983

Dear Dr. Perman:

I am writing on behalf of the College of Medicine Faculty Council to endorse the creation of a Center for Interprofessional Healthcare Education, Research and Practice. After hearing Dr. Pfeifle's presentation and reviewing the proposal documents at our meeting yesterday, we voted unanimously to support this Center. It is clear that interprofessional healthcare activities have been occurring through the efforts of an informal working group for a number of years. We value these activities and believe that a formal Center will facilitate current and future efforts in this area and will serve to recognize the University of Kentucky's commitment to Interprofessional Healthcare Education.

Sincerely,

A handwritten signature in blue ink that reads 'Martha L. Peterson'.

Martha L. Peterson, Ph.D.
Professor, Microbiology, Immunology & Molecular Genetics
Chair, College of Medicine Faculty Council

Brothers, Sheila C

From: Pfeifle, Andrea
Sent: Wednesday, January 06, 2010 4:39 PM
To: Brothers, Sheila C
Cc: Perman, Jay A; Anderson, Heidi Milia; Lindsay, Jim D.; Kitzman, Patrick H
Subject: RE: Proposal for a New Multidisciplinary Research Ctr

Sheila,

Toward clarification, answers to your questions are embedded below (in red). Thanks very much and please don't hesitate to continue to contact me as you need to in order to facilitate the Senate's consideration of the proposal.

Best,
Andrea

From: Brothers, Sheila C
Sent: Wednesday, January 06, 2010 3:21 PM
To: Pfeifle, Andrea
Cc: Perman, Jay A; Anderson, Heidi Milia; Lindsay, Jim D.; Kitzman, Patrick H
Subject: Proposal for a New Multidisciplinary Research Ctr

Good afternoon, Andrea. I am writing in regards to the proposal for a new multidisciplinary research center, the Center for Interprofessional Healthcare Education, Research, and Practice (attached).

I have a question regarding this proposal.

On page 20 of the proposal (Attachment 7, Goal 4, Objective 3, first bullet), there is the following language:

"3. Establish interprofessional healthcare education and practice opportunities, such as:
-Courses and electives that teach "team"

My question has to do with the folks sitting in the seats for these "courses and electives" – will the courses be geared toward working professionals, or will the courses be geared toward college students? **The courses and electives referred to in this bullet are as examples of the kind of interprofessional healthcare education and practice opportunities that the Center will help develop for University of Kentucky students; primarily those who are enrolled in post-baccalaureate professional education programs. These courses will be designed specifically to teach knowledge, skills, and attitudes that are characteristic of participants in effective collaborative (team-based) health care.**

(This next question is superfluous if the courses are geared toward working professionals for continuing education credit, etc. It gets at the point of what the home unit is for the "courses and electives.") If the courses will be open to college students, is it the case that: 1. there will be for-credit courses (leading to a degree) taught through the Center but that are housed in an existing department/graduate center; or 2. the Center will be the home unit for the for-credit courses? **The for-credit courses taught through the Center will be housed in one or more existing departments/graduate centers and if they lead or count toward a degree, the degree would be one that is offered through an existing college/program.**

Thank you,
Sheila

*Sheila Brothers
Office of the Senate Council
Phone: (859) 257-5872*