

UNIVERSITY AD HOC TASK FORCE ON VISIONING THE FUTURE OF UNE'S HEALTH PROFESSIONS TRAINING

Fall 2017

Background:

Health care in the US is notorious for being overly siloed and poorly integrated, and this lack of interprofessional coordination is reflected in (and undoubtedly in part driven by) prevailing educational models. UNE has made strides in addressing this issue through the development of interprofessional education (IPE) and interprofessional practice (IPP) opportunities across many of our health profession programs. Nevertheless, there remains a disconnect in the educational continuum between the campus-based IPE initiatives and clinical partner-based IPP experiences. Moreover, logistical barriers such as varying didactic curriculum schedules and the two-campus system have limited the impact of well-coordinated IPE/IPP initiatives. Finally, the larger question about scalability of both the IPE and IPP experiences remains unanswered.

If these issues can be addressed, UNE has the opportunity to become a national model in certain areas of IEP/IPP. For example, we already have developed a culture of interprofessional collaboration among the programs on the Portland campus, and our COM's osteopathic philosophy reflects an openness to holistic, integrated care among physicians. In addition, many of our health care programs draw students from rural areas of Maine and elsewhere, many of whom return to these underserved areas upon completion of their training. The importance of collaborative, integrated models of health care delivery are especially critical in these underserved areas.

In this context and as the University embarks on its new strategic planning process, the timing is auspicious to explore UNE's existing efforts in this area, and to chart a bold direction forward.

Charge:

1. Summarize the state of IPE and IPP at UNE
2. Conduct a comprehensive literature review on the state of IPE and IPP, and models of integrated healthcare delivery more broadly under whatever terminology, across the U.S. and abroad
3. Conduct a search of best practices for IPE and IPP and related programs
4. Compare and contrast UNE's programming in this area to both competitor institutions and best practices, with an eye toward the identification of key niches that UNE might exploit
5. Collect any relevant new data (e.g., surveys, structured interviews, focus groups)
6. Identify potential areas for program revisions and expansion – with respect to curricular revisions, clinical affiliations, and other developments -- that would position UNE to become a national model in this area
7. Assess the possibility of relocating the COM to the Portland campus in the context of these efforts
8. Summarize, analyze, and synthesize the above findings, and incorporate them into a white paper with recommendations for a comprehensive plan for the future of UNE's integrated, interprofessional clinical training and practice, including costs and benefits. Ideally, the resulting vision should position UNE to become a national model, with deep regional impact, in this space.

Membership:

Michael Sheldon, Interim Provost (Chair)

Ellen Beaulieu

Jane Carreiro

Guy DeFeo

Karen Houseknecht

Dora Mills

Karen Pardue

Jon Ryder, Dean

Martha Wilson

Jeanne Hey

Shelley Cohen Konrad

Dawne-Marie Dunbar

Sandy Deluca (Administrative support)

Timeframe:

The task force should initiate its work as soon as feasible, with the goal of issuing its findings by the end of the current academic year (May, 2018). Progress updates every 60 days will be provided to the President.