ROSALIND FRANKLIN UNIVERSITY
OF MEDICINE AND SCIENCE

A Model Description for the Transition from Multiprofessional to Interprofessional Courses

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Rosalind Franklin University Mission

To serve the nation through the interprofessional education of health and biomedical professionals and the discovery of knowledge dedicated to improving the health of its people.

Interprofessional Curriculum Committee (IPCC)

- Multi-professional to Interprofessional Subcommittee
- Recommendations for courses to change from MP to IP:
  - Form an IP advisory group
  - Review course objectives (relevant for all professions)
  - Revise Syllabus to reflect IP nature
  - Participation in the course by faculty from each of the professional programs represented
  - IP lectures and exams
  - IP student groups (small groups/lab groups)
  - IP course evaluations (additional surveys, pre/post-tests)
  - Assessment of IP advisory group (wrap-up)

Current Courses Undergoing MP to IP Shift in PA Curriculum

- Structure and Function (Podiatry School)
- Clinical Anatomy (Graduate School)
- Professional Issues & Ethics (College of Health Professions)
- Pathology (Medical School)
- Leadership in the Healthcare Environment (College of Health Professions)
- Neuroscience (Podiatry School)

Course Faculty and IP Advisory Group

Instructional Staff:

Dr. Marjorie Ariano*

Dr. John Becker*

Mr. Reed Brooks

Dr. Beth Jarrett

Dr. Bruce Manion*

Dr. Alex Markovic

Dr. Fred Sierles

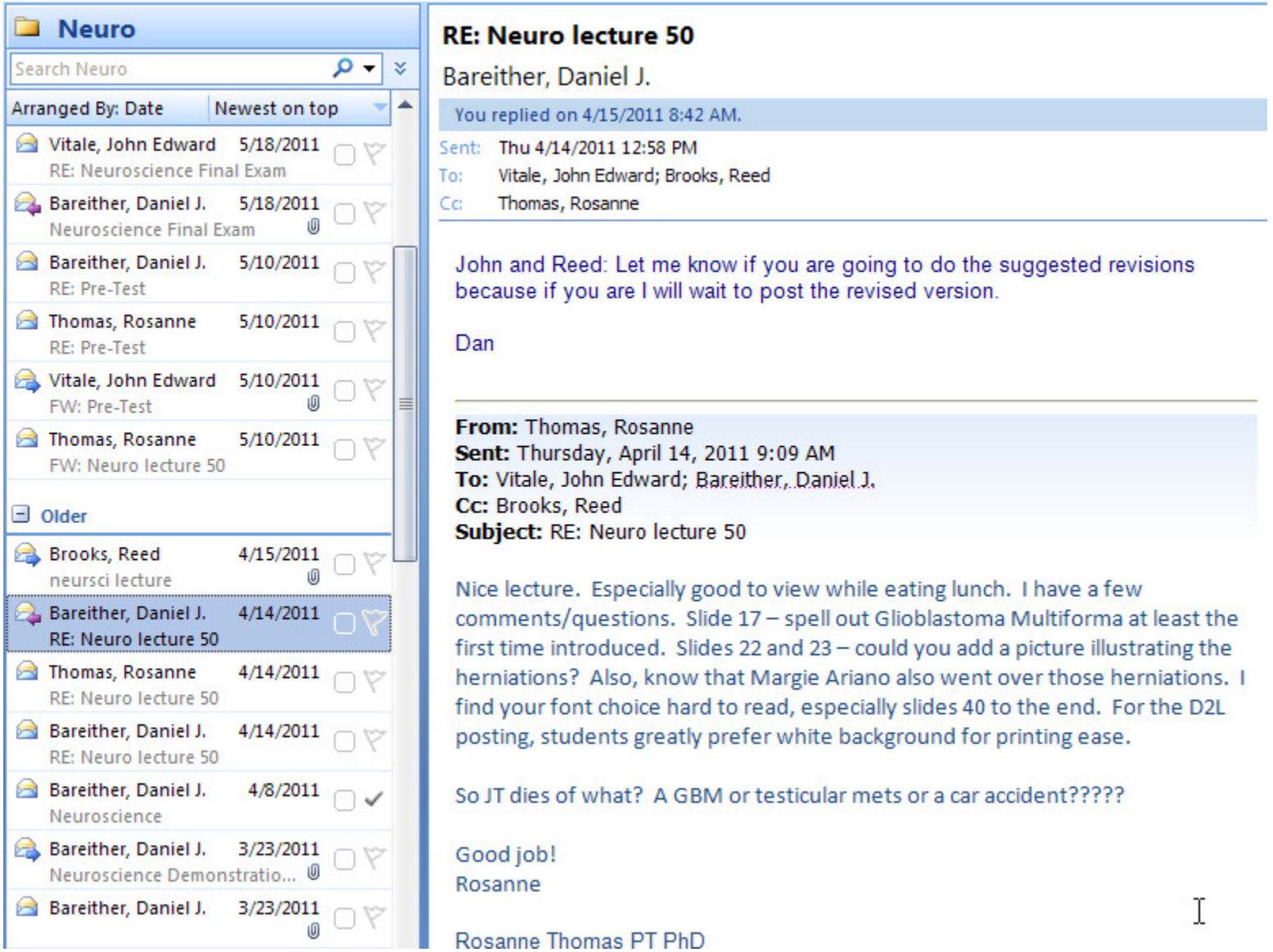
Dr. Rosanne Thomas*

Mr. John Vitale*

Dr. K. Michael Welch

Interprofessional Advisory Group:

Indicated by the *


Neuro
Search Neuro
Arranged By: Date
Newest on top
Vitale, John Edward 5/18/2011
RE: Neuroscience Final Exam
Bareither, Daniel J. 5/18/2011
Neuroscience Final Exam
Bareither, Daniel J. 5/10/2011
RE: Pre-Test
Thomas, Rosanne 5/10/2011
RE: Pre-Test
Vitale, John Edward 5/10/2011
FW: Pre-Test
Thomas, Rosanne 5/10/2011
FW: Neuro lecture 50
Older
Brooks, Reed 4/15/2011
neursci lecture
Bareither, Daniel J. 4/14/2011
RE: Neuro lecture 50
Thomas, Rosanne 4/14/2011
RE: Neuro lecture 50
Bareither, Daniel J. 4/14/2011
RE: Neuro lecture 50
Bareither, Daniel J. 4/8/2011
Neuroscience
Bareither, Daniel J. 3/23/2011
Neuroscience Demonstratio...
Bareither, Daniel J. 3/23/2011
RE: Neuro lecture 50
Bareither, Daniel J.
You replied on 4/15/2011 8:42 AM.
Sent: Thu 4/14/2011 12:58 PM
To: Vitale, John Edward; Brooks, Reed
Cc: Thomas, Rosanne
John and Reed: Let me know if you are going to do the suggested revisions because if you are I will wait to post the revised version.
Dan
From: Thomas, Rosanne
Sent: Thursday, April 14, 2011 9:09 AM
To: Vitale, John Edward; Bareither, Daniel J.
Cc: Brooks, Reed
Subject: RE: Neuro lecture 50
Nice lecture. Especially good to view while eating lunch. I have a few comments/questions. Slide 17 – spell out Glioblastoma Multiforma at least the first time introduced. Slides 22 and 23 – could you add a picture illustrating the herniations? Also, know that Margie Ariano also went over those herniations. I find your font choice hard to read, especially slides 40 to the end. For the D2L posting, students greatly prefer white background for printing ease.
So JT dies of what? A GBM or testicular mets or a car accident?????
Good job!
Rosanne
Rosanne Thomas PT PhD

Podiatry Students

- **INTERPROFESSIONAL ROLE OF NEUROSCIENCE:**

  Knowledge of neuroscience is essential for understanding neurological disorders encountered in clerkships, residency training and practice. Podiatric physicians are involved in the: diagnosis of neurological disorders through the history and physical examination process, management of the lower extremity complications of neurological disorders with other health care professionals, and the referral of patients with neurological disorders to the appropriate health care professional.

Pathologists' Assistant Students

- **INTERPROFESSIONAL ROLE OF NEUROSCIENCE:**

  The clinical-pathological correlation is the link made between a patient's clinical presentation with regard to their signs and symptoms to underlying anatomic changes. Knowledge of the structure and function of the central and peripheral nervous systems are essential for Pathologists' Assistants to carry out their primary clinical responsibility of making accurate clinical-pathological correlations. These correlations are made in a variety of settings with a variety of tissues from the central and peripheral nervous systems and may include a variety of techniques such as: intra-operative neurosurgery consultations, frozen sections, peripheral nerve biopsies, tissue banking, participation in research protocols and performance of autopsies

STUDENT LEARNING OUTCOMES AND PROGRAMMATIC OUTCOMES: This Basic Biomedical Science course is designed to provide the student with a comprehensive knowledge of neuroscience as a foundation for future clinical training in order to assist in the achievement of the following outcomes:

Physical Therapy

1. DPT students will examine patients by selecting and administering appropriate tests and measures to assess:
    a. Cranial and Peripheral Nerve Integrity
    b. Central nervous system function especially sensory, motor and cognitive aspects
    c. Motor Function
    d. Neuromotor development and sensory integration
    e. Pain
    f. Reflex integrity
    g. Sensory integrity
2. DPT students will be able to determine a diagnosis that guides future patient management for patients with neurological disorders
3. DPT students will be able to integrate basic science knowledge of patient etiology when developing and refining a plan of care.

Clinical Correlations
Teaching IP in Lecture

XX. Clinical Correlates– Injury, Regeneration, and Plasticity

- A. Definition and Scope of Neuroplasticity
  - 1. Developmental Brain
  - 2. Intact Adult Brain
  - 3. Injured Adult Brain
- B. Mechanisms of Plasticity
  - 1. Short-Term Synaptic Plasticity
  - 2. Long-Term Potentiation
  - 3. Use Dependent Cortical Reorganization
- C. Recovery after Brain Injury
  - 1. Axonal Injury
  - 2. CNS versus PNS
  - 3. Cellular Regeneration
    - a. Axonal Sprouting
    - b. Synaptic Changes
    - c. Neurogenesis
  - 4. Cortical Reorganization after Injury

METHOD OF EVALUATION: The course is 5 quarter credit hours. The grading scale and the specific components of the course grade are as follows:

Quizzes	**40%**	**Grading Scale**	
Interprofessional Activities	**5 %**	**90 - 100**	**A**
Midterm Exam	**25%**	**80 – Below 90**	**B**
Final Exam	**30%**	**70 – Below 80**	**C**
Total	**100%**	**Below 70**	**F**

The interprofessional activities consist of three assignments. All quizzes and Exams will consist of multiple choice questions. The Quizzes are 25 questions, the Midterm Exam is 50 questions and the Final Exam is 75 questions and is comprehensive.

Interprofessional Activities

1. Neuroscience Demonstration Laboratory
2. Genetic Ataxias
3. Diabetes and Peripheral Neuropathies

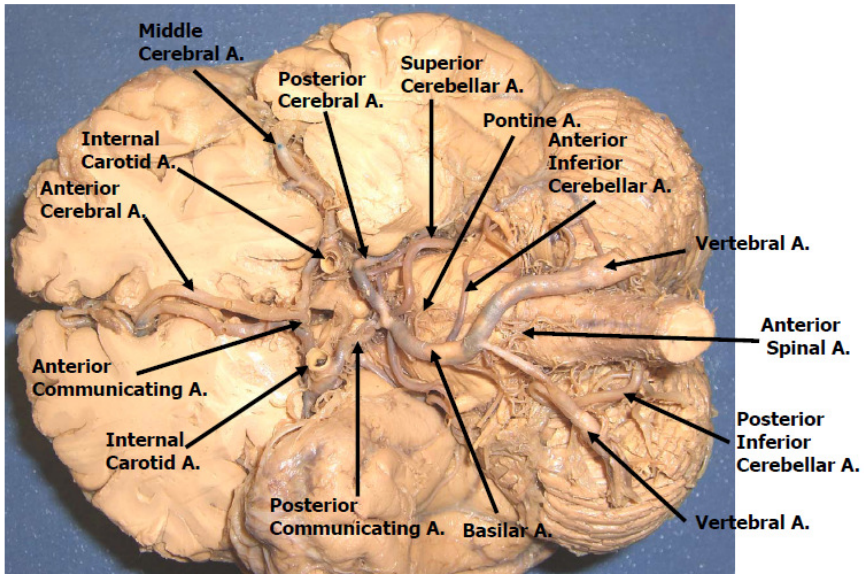
Interprofessional Teams

Group#	Students			
1	Bera, Szivia	Ableidinger, Nicole	Sikkema, Amanda	Jacobs, Susanna
2	Berry, Justin	Bansberg, James	Stefanou, Leah	James, Rose
3	Brunt, Chirstina	Bierma, Thomas	Tandet, Stacey	Janowak, Elise
4	Charamostajo, Juan	Bond, Justin	Trevor, Alexander	Jarocki, Christine
5	Cheney, Jennifer	Brooke, Trent	Triolo, Ashley	Kacmar-Fedorchak, V
6	Dowell, Angeline	Brown, Natalie	Walsh, Tessa	Kang, Jonathan
7	George, Jamie	Bruck, Jennifer	Zusevics, Eriks	Kapsalis, Andrew
8	Heineck, Samantha	Cook, Emily	Anderson, Kendra	Kiser, Caroline
9	Illingworth, Ashley	Cook, Kendall	Baisch, Rachel	Lam, Nathan
10	Khramtosov, Andre	Cox, Caylin	Barron, Ian	Leonard, Michelle
11	Khramtosov, Ilya	Druja, Gilbert		Lindekugel, Andrew
12	Krasnicki, Barbara	Fasshauer, Lauren	Bivins, Mark	Mathews, Devin

Demonstration Laboratory

IP Assignment #1

Station #4 - VASCULATURE OF THE BRAIN AND SPINAL CORD



NEUROSCIENCE DEMONSTRATION LABORATORY

Station 19 – Gross Pathology and Interprofessional Assignment

Gross Pathology

Meningioma
Cerebral Infarction

Interprofessional Assignment

Pickup Interprofessional Assignment #1 - Clinicopathologic Correlations

Genetic Ataxias

IP Assignment #2

1. Ataxia can be defined as a lack of muscle coordination during voluntary movement. Some ataxias are acquired as a result of injury or metabolic disease and others may be the result of genetic deficits. Select a *specific genetic ataxia* and describe its etiology. (question 2-4 on diagnosis, disease progression and treatment)
5. What is something that each profession might do while interacting with a patient diagnosed with your selected ataxia or their resultant pathology specimen?

Diabetes and Peripheral Neuropathies

IP Assignment #3

1. Describe and differentiate the etiology of Diabetes type 1 and type 2? (question 2-4 on diagnosis, disease progression and treatment)

5. What is something that each profession might do while interacting with a patient (or their resultant pathology specimen) diagnosed with diabetes AND peripheral neuropathy?

Neuroscience Pre-Test

1. I am a:
    a. Pathologists' Assistant Student
    b. Physical Therapy Student
    c. Podiatry Student

For the Statements below Select

A. Strongly Agree
B. Agree
C. Disagree
D. Strongly Disagree

2. I understand how neuroscience is relevant to my profession.
3. I understand how neuroscience is relevant to the professions of other students in this course.
4. I am knowledgeable about the professions of other students in this course.
5. I will learn more neuroscience by having students from other programs in this course.
6. I will learn more about the professions of other students by taking this course.
7. I prefer having courses with only students and faculty from my own program.
8. I will learn more by having faculty from other programs participate in this course.
9. I am as well prepared for this course as students from the other programs.

Analysis of Outcomes Data

1. Students aware of IP from HMTD 500
2. Students expect IP is Good
3. Students lack experience in working in IP groups
4. Students are not adequately equipped early in their schooling to carry out IP work
5. Students really liked the course, but need more experience with IP courses and working in IP groups

Conclusions

1. Positive Experience for Students & Faculty
2. Increased communication and collaboration amongst faculty
3. Stimulated New MP to IP efforts (CHP – Clinical Anatomy & Leadership in the HealthCare Environment)
4. Quarterly Meetings of the MP to IP subcommittee of the IPCC with IP Course Directors
5. Intra-Net Resource Page in the Works