

Developing interprofessional education collaboration across multiple institutions

Universities, Professional Schools, Clinics, & Health Systems

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Vanderbilt Program in Interprofessional Learning (VPIL)



BELMONT
UNIVERSITY



LIPSCOMB
UNIVERSITY



TENNESSEE
STATE UNIVERSITY



VANDERBILT
UNIVERSITY

Webinar outline

- History and evolution of the partnerships
- Current educational model and supportive administrative structure
- Opportunities and challenges

PILOT PLANNING

MARCH 1
FOR New Health Learning System

GRANT

CTSA
& TOSIAH
MACY
FOUNDATION

LAUNCH!

IMMERSION
...NEED FACULTY...

WANTED?



What happens
is someone
wants out?

STATE APPLICATION
30 days
before opening!
{in by MAY}

PROTECT COORDINATOR
& COURSE DIRECTOR

1 per University?

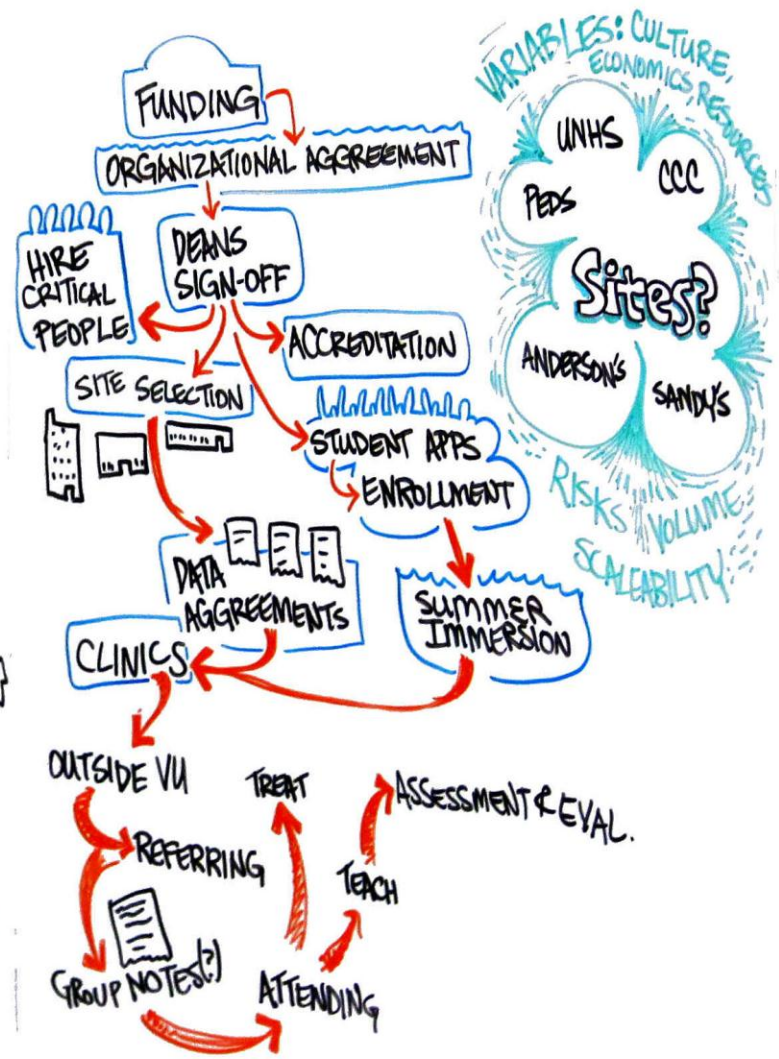
Use a "Central" course #
and allow other schools
to link IMPORTANT to
retain some consistency.

4+ SITES
all confirmed by MARCH

WHERE'S
the PARKING?

Jump higher!
FACULTY
DEVELOPMENT

PAPER TEMPLATES → ELECTRONIC
★ STAR NOTES



Inter-Institutional Collaboration

- Designing and proposing the program was the easy part
- Educational program was incorporated into each school's program of study (replaced a required activity- not a stand alone course)
- Each school had to approve of the curricular implementation
- Required a faculty and administrative champion within each school

Areas to Overcome

- Differences in educational requirements of programs of study
- Accreditation standards of each discipline
- Discipline specific clinical requirements
- Identifying and engaging willing clinics and preceptors

Facilitators of Engagement

- Previous relationships between people in the educational entities
- Educational backgrounds of students similar
- All programs preparing students for first degree program in discipline
- Willingness to take a risk on an innovation

Foundational Principles

- All learners work and all workers learn
- Learning should be competency-based and embedded in the workplace
- Learning is done by individuals, teams, and institutions and is linked to patient needs
- It is inter-professional with common facilities, schedules, and competencies
- Learning outcomes & health care outcomes will be directly linked when learning is situated in the healthcare delivery environment

*Miller, B.M., Moore, D.E., Stead, W.W., Balser, J.R. (Feb. 2010). Beyond Flexner: A New Model for Continuous Learning in the Health Professions. **Academic Medicine**, 85(2), 266-272.*

Current educational model and supportive administrative structure

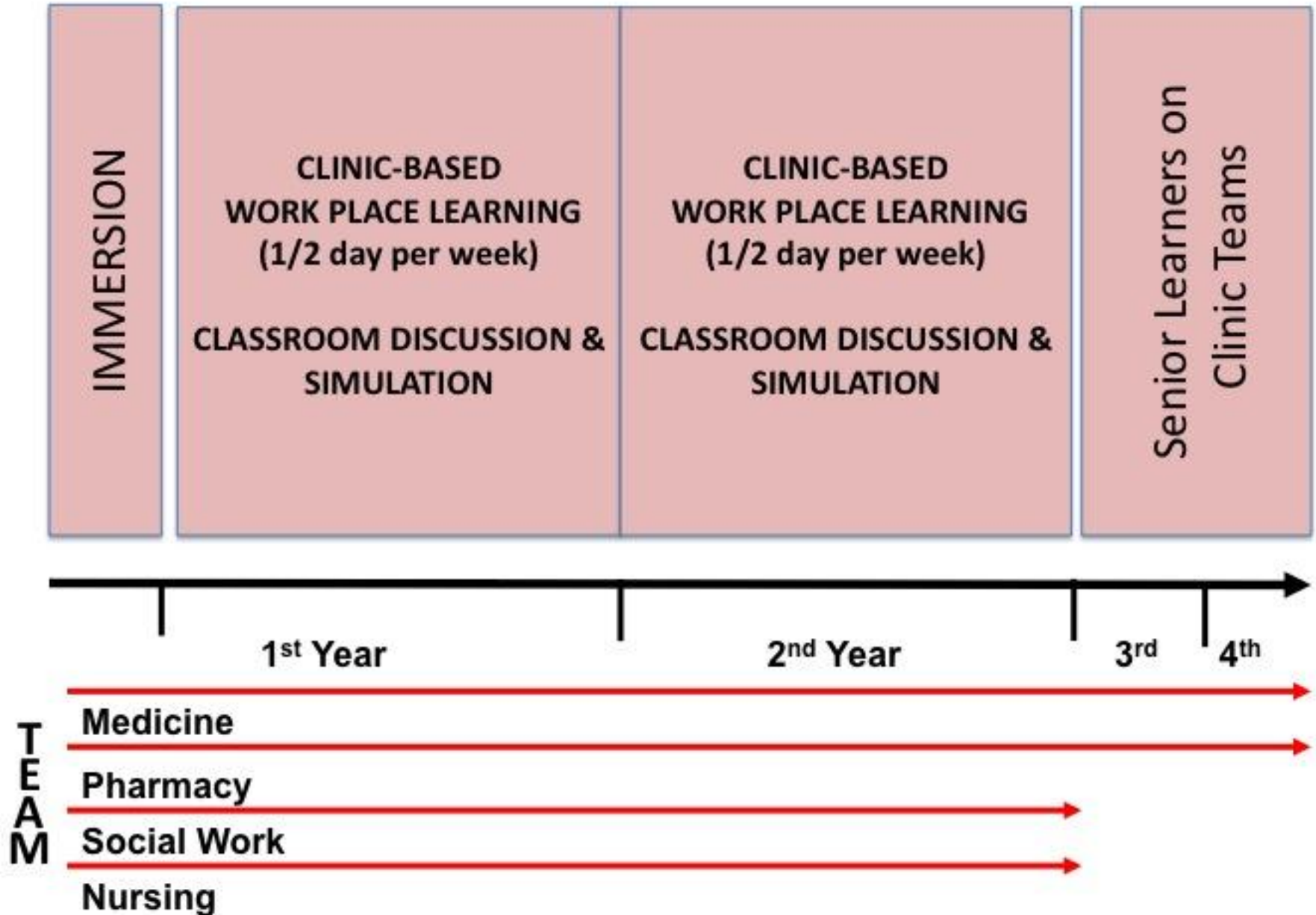
Implementing the Model

- Follow the development of the learners
Undifferentiated skills as a team → Differentiated skills within their teams
- Longitudinal clinic experience where all learners add value to the patient care, clinic, and system
- Alignment of academic calendars and schedules was an obstacle that was overcome

VPIL Program Goals

- Cultivate respectful professionals
- Create self-directed learners
- Prepare leaders for a collaborative-practice ready work force
- Improve the health care delivery system

LONGITUDINAL CLINIC EXPERIENCE





Clinic Placements

Community-based primary care

United Neighborhood Health Services
 Matthew Walker Comprehensive Health Center
 Siloam Family Health Center
 Vine Hill Community Clinic
 The Clinic at Mercury Courts

Hospital-based primary care at Vanderbilt

Primary Pediatrics Care Clinic
 Adult Internal Medicine
 Medicine-Pediatrics Primary Care Clinic

Subspecialty care at Vanderbilt

Congestive Heart Failure Clinic
 Henry-Joyce Cancer Clinic
 The Comprehensive Care Clinic (HIV/AIDS)
 Pediatric Pulmonary Clinic
 Center for Integrative Health
 Pain Management
 Palliative Care
 Pediatric Diabetes
 Pediatric Neurogenetics and Metabolism



Administrative structure

SCHOOL LEADERSHIP
representative
-Member of Steering
Committee

VPIL PROGRAM OFFICE
DIRECTOR, faculty
MANAGEMENT, staff
responsible for alignment of
curriculum, central communication

COURSE DIRECTORS,
faculty representing each school
responsible for curriculum design and alignment of home institution needs

CLINIC COORDINATOR,
responsible for monitoring clinic needs
VPIL ROTATING FACULTY,
representing all professions to assist with navigating learning environment

CLINIC PRIMARY PRECEPTORS

Meetings

- Steering Committee
 - Addressing alignment issues at the administrative level; troubleshooting clinic and student issues
- Curriculum Committee
 - Collaborative curriculum development and implementation plan
- Rotating Faculty
 - Review clinic and student needs, implementation of curricular activities, exchange IPE teaching strategies

Examples of integration needs: administrative strategies

- School Administrative & Faculty champions
 - Keeping up with home curricular reforms
- Communication Matrix
 - Who is contacted, when, how?
- Unanticipated consequences of multiple expectations
 - Case: Student level grading during a Home Visit activity

Successful Integration

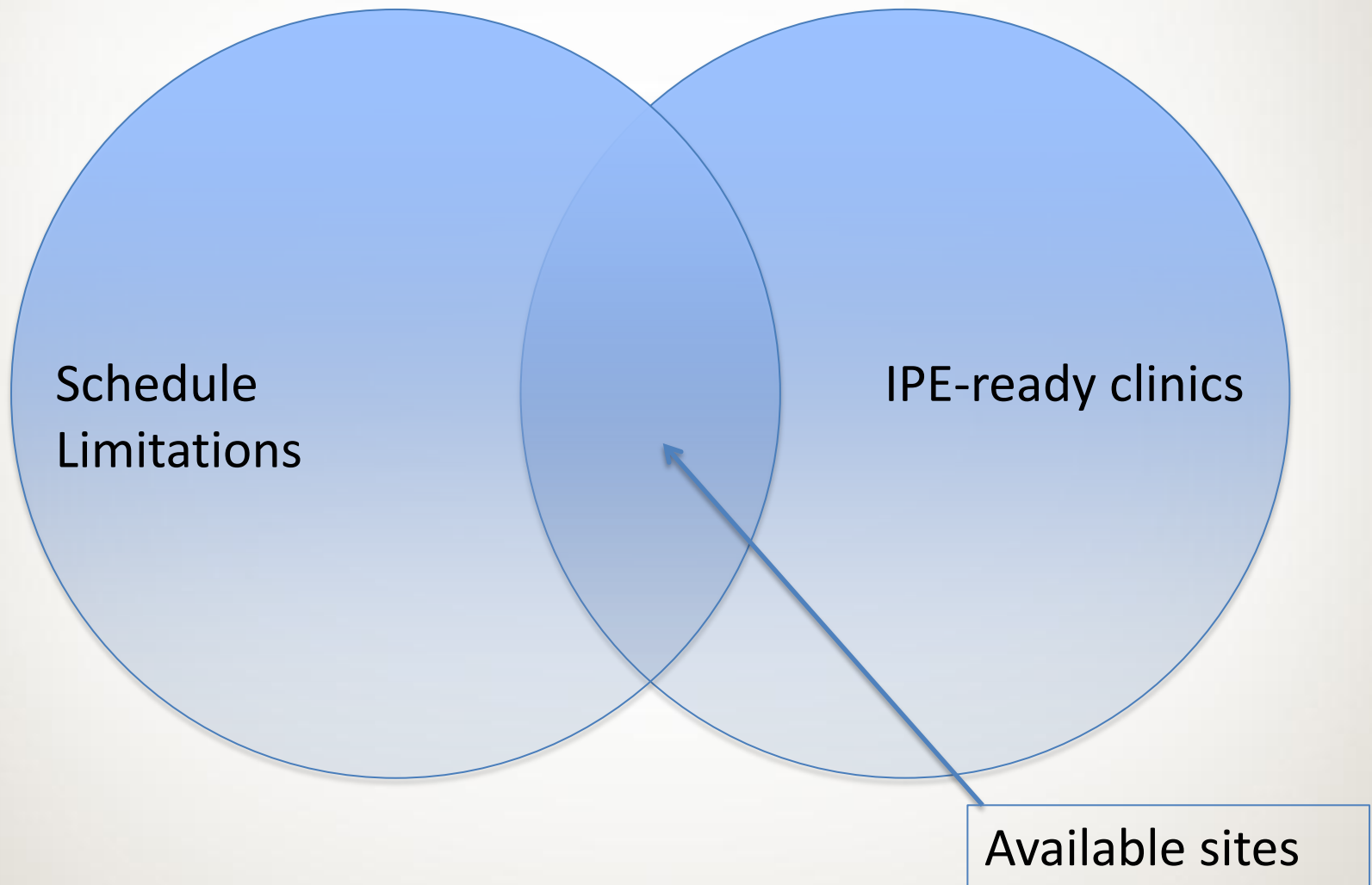
- Ongoing communication, creativity and flexibility
- Administrative structures and policies
 - Central to the IPE program to increase unity, decrease fragmentation
 - Align with Home Institution and faculty to troubleshoot conflicts
 - See our “checklist” for other examples to consider

Opportunities and Challenges

Opportunities

- Community building across institutions at all levels from deans to faculty to students.
- Enlarged collaborative network: VPIL benefits from relationships each institution has with external partners.
- Has helped all programs with new and existing accreditation standards.

Challenges: Clinic-based IPE In General



IPE Ready Sites

- They “get it”
 - Primary preceptors
 - Clinic staff
 - Patients
- Physical space: quantity and quality
- Number of other learners

Challenges: Inter-institutional IPE

- Affiliation agreements – especially for community clinic sites
- Accommodating curriculum changes
- Faculty effort
- Faculty development
- Cost-sharing
- Continuous commitment at all organizational levels.

