Developing interprofessional education collaboration across multiple institutions

Universities, Professional Schools, Clinics, & Health Systems

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Vanderbilt Program in Interprofessional Learning (VPIL)
Webinar outline

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

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
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

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
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

Schedule Limitations

IPE-ready clinics

Available sites
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.