

ST. CATHERINE UNIVERSITY

A PARTNERSHIP MODEL OF CLINICAL INTERPROFESSIONAL EDUCATION

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Conference Objectives

- Recognize opportunities/apply strategies to engage patients as partners in developing new models of interprofessional education and care (Comprehension/Application)
- Design innovative interprofessional curriculum, collaborative practice and quality improvement initiatives with attention to actualizing academic and clinical partnerships (Synthesis)



Carondelet Village

- Independent Living
- Assisted Living
- Memory Care
- Care Center



St Catherine University

- School of Arts and Sciences
- School of Business and Leadership
- Henrietta Schmoll School of Health
- School of Social Work

Promote innovate an IPE/ IPP

Establish an interprofessional student/faculty immersion experience within Carondelet Village that

- meets the needs and emphasizes the strengths of the residents
- promotes learning, focuses on connections and strong relationships



Principles

- The IPE pilot will emphasize relationships over a longer time.
- Build relationships with staff, faculty, students and residents.
- Flexible concept of teacher and learner. The residents have much to teach the students and faculty.
- “All learners work and all workers learn” - Vanderbilt philosophy
- Seek faculty leaders with specific interest in the identified practice environments.
- Provide mutual benefit to the organizations

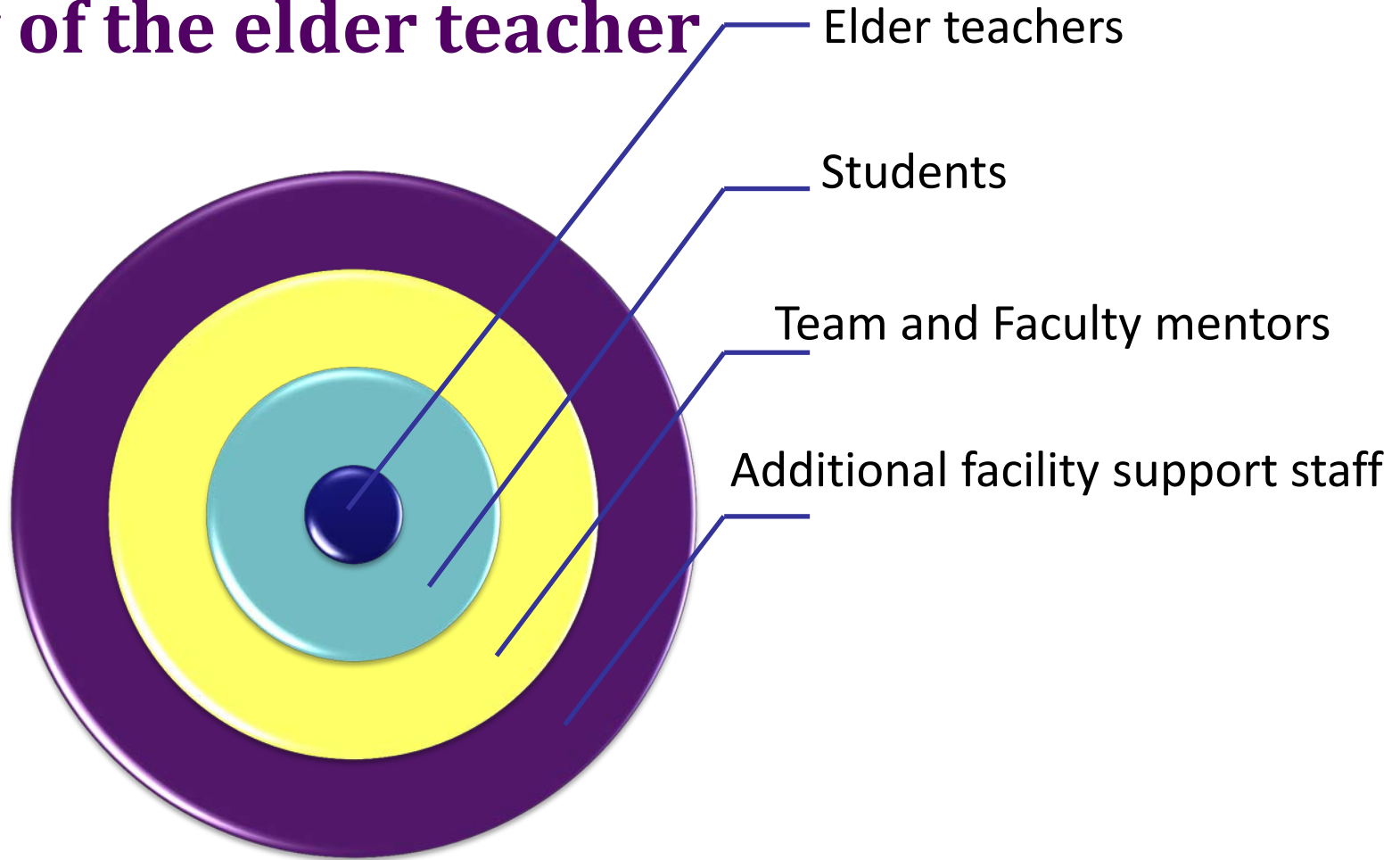


In a nutshell: what we did

- Recruited students from 10 programs, all levels and assigned them to IPE teams to participate in this course
- Provided mentorship
 - an IPE Team mentor who was employed at the facility
 - Each student had a faculty mentor in the students various discipline
- Implemented a two week didactic education followed by 14 weeks of immersion with weekly team meetings
- Measured outcomes
 - Quantitative at the beginning, at 6 weeks and at the end
 - RIPLS
 - IEPS
 - Qualitative
 - IEEQ
 - Assignments
 - Meeting summaries
 - Field notes
 - Weekly debrief



Team goal: To improve the health and vitality of the elder teacher



Unique voices in the project

Voice of the Clinical Partner

- Wanted a longer experience
- Wanted to bring a model of teamwork to the facility to develop all staff
- Had run out of ideas on certain elder teachers- hoped for new ideas
- Challenge of limited resources

Voice of the Elder Teacher

- Transition of moving to Carondelet Village a challenge in itself
- Common issues- isolation, cognitive decline, mobility challenges multiple diagnoses, safety
- Elders had many strengths that could be leveraged

Who benefited?



Clinical Partner



Elder teacher



Faculty



Students



Clinical Partners

- Influx of new ideas and energy
- Fresh eyes
- Missing documentation
- Ideas for staff development
- Potential for recruiting future staff

“As they discussed among themselves I heard good ideas being presented. I enjoyed the fresh look at things.” (Team Mentor)

Elder Teachers

- Individual attention
- Improved vitality
- Improved social participation

“[I] looked forward to seeing my girls”

Faculty

- Recognized interprofessional biases
- Informed future teaching

"Students don't have the biases I do about other professions. Helped me recognize my barriers to I.P. collaboration"



Students

- Learned about
 - older adults
 - institutional care
 - end of life
 - interprofessional practice
 - other professions
 - their own profession
 - teamwork

Teamwork not only makes the group better, but makes each individual better as well.

Implementation Challenges

- Scheduling classes, team meeting times, presentations, and a consistent meeting room
- Real life happens: Vacations and illnesses
- Role clarity for mentors; Some are more naturally “teachers and mentors”
- Tension between student learning needs and organizational workload
- Steep learning curve for students and mentors
- Managing expectations of participants

Strategies for developing partnerships

- Understand the partner's greatest workforce concerns
- Seek to add increased value. It is not just about us wanting clinical placements
- Schedule time for site visits- take relevant program contacts out to meet the site leaders
- Express gratitude frequently
- Check in with new sites to make sure all is well and to see if there are concerns
- Provide team mentors with CE for hours served with students



Next steps

- Course is now offered to many more students
- Course is a semester long
- New faculty have taken ownership

Questions for discussion

- What are the learnings in building IPE opportunity that yield mutual benefit for academic and practice partners?
- What ideas can people share about including patients/clients as part of the IPE team?
- What would you like to see us consider as we advance this work?

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