Interprofessional Dedicated Education Units (IPDEUs)

A Massachusetts General Hospital and MGH Institute of Health Professions Collaboration
Drawing on a Decisive Moment

- Health system facing unprecedented growth: aging population, and seriously ill adults, infants & children living longer with complex conditions
- Documented failure to recognize and treat pain and other distressing symptoms
- Exponential cost of care increases without improved value
- Value-based care taking over as the new mantra while Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) implementation starts taking hold
- Dissatisfaction and confusion about medical care and the health system
Complexity of the Care Team

- Attending Physician
- Primary Care MD
- Resident
- Nurse Practitioner
- Physician Assistant
- Intern(s)
- Primary Nurse
- ARN
- Patient Care Associate
- Medical Student(s)
- Fellow(s)
- Social Worker
- Case Manager
- Radiology
- Respiratory Therapist
- Child Life Specialists
- Speech-Language Pathologist
- Occupat'l Therapist
- Physical Therapist
- Pharmacist
- Chaplain
- Dietician/Nutrition
- Attending Physician
- Primary Care MD

Patient
The journey toward Interprofessional Collaborative Practice…

…begins with true Academic-Practice Partnership
Interprofessional Dedicated Education Units (IPDEUs)

Three inpatient acute care units:

- 2 Medical Units
- 1 Cardiac Stepdown Unit
Evolution of the IPDEU Model

IPDEU model 1.0

- Semester-long ½ day/week
- Focus: Uni-Professional and IPE competencies
- Clinical instructors (CIs) are unit Nurses, OTs, PTs SLPs
- Clinical Faculty Coordinator (CFCs)
- CFC-facilitated wrap-up debrief

Unsustainable model

Despite reports of “ah-ha” moments by Students and unit Cis:

- Complex logistics
- Cost: Need to overstaff
- Only 12 students/semester
- CIs frustrated with role
- Students perceived as “losing hours”
Decision Point: Model unsustainable, “What Next?”

End the Program?

“It was a nice idea. We tried, but it doesn’t work for either of us.”

Leverage our Collaboration?

“We have something special here. How can we make it work?”
Evolution of the IPDEU Model

IPDEU Model 2.0

- Two week blocks
- Student dyads do two ½ days
  - One with Nurse instructor
  - One with OT, PT or SLP
- Single focus: IP aspects of patient-centered care delivery
- Interprofessional Instructor (IPI) role defined, and IPIs trained
- IPIs cover typical caseload and participate in wrap-up debrief session
- Scalable: Currently running 3 blocks, on 3 IPDEUs
  48 students/semester/unit = 144
Organizational Structure

IHP
- Provost
- Director of IMPACT Practice
- Academic Deans SHRS / SON
- Clinical Faculty Coordinators

MGH
- Senior VP for Patient Care
- Executive Director Institute for Patient Care
- Rehab Directors
- Nursing Unit Directors
- IPIS Nursing and Rehabilitation
- Patient Dyads
- Patients

WHAT IMPACT are we having ... on IPIS, Students, Units, Patients?
Building Blocks of True Academic-Practice Partnerships

- Shared commitment to exemplary practice and student success
- Building leadership relationships at all levels through various initiatives
  - Placements ≠ Relationships
- Sharing resources
- Working as a team to solve complex challenges
- Making it work for all stakeholders – especially our patients
[Our IPI] showed us what it was like to treat patients as an SLP, but most importantly she showed us how to be compassionate with patients and advocate for them. I felt that I learned more about patient interaction than the speech stuff...an amazing lesson to me.

[Student survey response]
IPI Quote

In teaching, you emphasize…certain elements of your practice. In the IPDEU setting, in reinforcing the rationale behind these [interprofessional] practices, I noticed [my] increased emphasis on persistence and follow-through surrounding interprofessional [teamwork] in my personal practice.

[IPI survey response]
Thank you