

PACER Team Report Summary Western Michigan

Team Mission Statement: To develop a culture and understanding of IPE and IPP within and across the entire medical community in Kalamazoo.

What They Did:

Educational Transformation Accomplishments

- The main joint IPE project has been a case-based learning activity related to a patient with an eating disorder. We facilitated 13 sessions with varying complements of interprofessional learners in each iteration. This event occurs during every Core Pediatric Clerkship. Our interprofessional faculty and student learners include representatives from the following disciplines: medicine, pediatrics, nursing, psychology and dietary. Student have a shared learning opportunity before they break into interprofessional teams to develop a plan of care for an adolescent with anorexia nervosa. Each team presents their findings and we correct misconceptions during the group debrief. Faculty also developed a guide book to facilitate discussion based on feedback from learners and faculty observers.
- A WMed/PACER representative joined the IPE Committee for the College of Health & Human Services (includes nursing, PA, social work, PT, OT, interdisciplinary health studies) in January of 2018. In collaboration with that group, a communication guide for anyone developing an IPE activity was developed to improve communication between disciplines. This tool was based on PACER member's experience with the eating disorder IPE case-based learning activity, that they shared with the IPE Committee.

Clinical Transformation Accomplishments

- In IM/med-peds clinic we started doing Medicare Wellness exams with medical students, nursing students, psychology and pharmacy students who conducted the exam as a team under the supervision of a faculty member
- In the internal medicine clerkship a number of TBLs were developed using basic science faculty, IM clinical faculty and pharmacy faculty to jointly teach an integrated group of medical and pharmacy students.
- We have hired care managers in all primary care clinics. This would probably have happened without PACER but PACER accelerated this process. Care coordination has been key for unmet needs in patients (food insecurity, mental health, transportation issues, etc.). As we figure out IP practice, we are figuring out how to use care managers more effectively.
- In the pediatric residency clinic, behavioral health interns are embedded up to 4 days per week. PACER provided access to faculty in several departments that helped to facilitate the student placements.

How They Did It:

Key Elements

- Getting all the disciplines together (IM, FM, Peds, Nursing faculty, etc) has had the greatest impact on this team – we have never done this in the past.
- Learning about the other professions has been huge and has led to more respect for the other professions.

Enablers

- Meeting regularly
- Sharing what we have learned with other faculty across campus engaged in IPE

Barriers/challenges

- We need to figure out how to imbed IPE into existing curriculum so it is more integral instead of an add-on. So far, events have been fun and valuable, but if they take time away instead of being a part of the curriculum and this is not sustainable.
- Time availability is a challenge – the comradery that they have had has been helpful but making this happen within available time and the competing demands also creates challenges.
- They have to fight against a culture that does not have IPE on the top of their list of priorities. Leaders in different disciplines place different priority on IPE.

Overall Insights:

- Find really bright hardworking individuals to work on the effort. The level of commitment must be high for IPE. The faculty members must be really willing to come together to work to develop and deliver the curriculum.
- Find something that is “easy” to do at the start
- Identify your stakeholders early on, both from upper administration and the faculty colleagues you need to help deliver the curriculum.
- The nursing team members felt welcome on their team and were glad that the PACER effort was not heavily focused on medicine. It took a lot of time to get to know each other. It’s been a two-way street of listening to each other and learning.
- Learn about each other’s professional training programs and perspectives to gain appreciation of the differences across professions that can strengthen everyone - instead of being irritated and bringing that to our precepting and teaching.
- Authentic and enduring changes or additions to curricula in the medical education setting are more likely to occur when there is/are:
 1. Agreement among members of the work group on the meaning of key terms, the vision for the project, and the general process for moving the work forward
 2. Written goals and objectives agreed upon by the work group
 3. A written plan and timelines to accomplish the goals and objectives
 4. Formal support and a directive from the dean, the curriculum committee, or other body having the authority to circumscribe the program’s learning objectives and outcomes
 5. Accountability among members for movement toward reaching goals and objectives
 6. Routinely reporting to the curriculum committee on progress made and barriers encountered

Future Plans:

- Our PACER group has evolved into two workgroups, one focused on IPE and one focused IPP.
- Our IPE workgroup has expanded beyond our initial PACER disciples to include faculty from counseling education and counseling psychology, ethics humanities and law, pharmacology and medical education. We have also included faculty who focus on the first two years of in our medical education curriculum.
- Our group is working on a longitudinal IPE curriculum, utilizing IPEC objectives which are being organized using Bloom’s Taxonomy as a framework. We are creating opportunities within our curriculum to develop meaningful IPE events throughout the first three years of the doctoring curriculum. Additions for the next academic year will include an IPE event in each of our core clerkships, developing one IPE event (minimum) for the new capstone course at the end of the second year curriculum, and strengthening partnerships with programs across WMU and medical school campuses.

Publications or Presentations related to your PACER work:

Vliem, S, Singleterry, L, Gibson, K. Simulation Design Competition Winner Podium Presentation: “An Eating Disorder IPE Simulation” MiPerc 2018 Conference, September 21, 2018, Grand Rapids, Michigan.

Team Members:

Name	Title
Joseph D'Ambrosio, MD, DMD (Team Leader)	Associate Dean for Clinical Affairs Associate Professor, Medicine, Pediatric and Adolescent Medicine Residency Program Director, Medicine-Pediatrics
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Roger Apple, PhD	Pediatric Psychologist Assistant Professor, Pediatric and Adolescent Medicine
Lisa Singleterry, PhD, RN, CNE	Assistant Professor
Sally Vliem, PhD, RN	Master Faculty Specialist
Scott Gaynor, PhD	Associate Professor and Co-Director, Clinical Psychology Training Program
Lauren Piper, MD	Medical Director, Family and Community Medicine - Family Health Center
Shanna Cole, PharmD	Assistant Professor, Department of Biomedical Sciences Pharmacy
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Jeffrey Greene, PhD (Site Evaluator)	Educational Program Evaluation Management and Design