

Introduction

As part of its reactivation in 1969, Rush University (RU) embraced the philosophy that a single-tier faculty would be comprised of teachers and practitioners. The “Practitioner-Teacher” (P-T) model was seen as a way to ensure that teaching did not become detached from clinical practice. In the ensuing years, the model has adjusted to changes in education and health care delivery, but the core concept that the faculty reflects the integration of academic and clinical ventures has remained. The purpose of this presentation is to report our recent evaluation of the model and our current impressions .

Analyses of the Model

The Rush University Work Group (WG) on Education, Research, and Clinical Integration was charged to examine, update and refine the P-T model. As a first step, the WG conducted a SWOT analysis (strengths, weaknesses, opportunities, and threats). Next, 4 focus groups were conducted, comprised of university and medical center leadership, faculty, and practitioners.



SWOT Results

Strengths	Weaknesses	Opportunities	Threats
Current practitioners teach realities of clinical/operational environment.	There is push-pull of academic responsibilities vs. clinical time.	The model results in cutting-edge education.	Budgetary/productivity constraints impact FTE needs and availability.
Students benefit from real-life clinical situations.	There is push-pull of operational responsibilities vs. academic accountabilities.	Rush can differentiate itself from other health care universities.	There are few, if any, outcome measurements for the model.
Researchers bring current theory and state-of-the-art clinical procedures to operations and clinical setting.	Practitioners may have little teaching experience or training.	Integration of education, research, and clinical service is supported and promoted.	
Interdisciplinary teamwork is promoted.	Resources sometimes are inadequate (number of faculty, space, equipment, technical assistance).		
Students gain systems and QI knowledge.	Maintaining performance standards for practitioner-teacher faculty is difficult.		
Patients benefit from the combined expertise of the model.			

Discussion

The underlying concept of integrating patient care, education, and research is in keeping with the translational and inter-disciplinary approaches that are integral to modern health care delivery. In that sense, the P-T model at Rush continues to enjoy widespread faculty and leadership support. At the same time, pressures and tension in faculty roles can result if the model is not clarified and thoughtfully applied. In addition, there are cost factors to consider when practitioners are also engaged in student education.

Future considerations of the WG will be related to outcome measures that provide evidence regarding the model. Scholarly and management projects that have surfaced from the model are being cataloged. A strategy is being developed whereby a leadership council, comprised of university and medical center principals, may oversee and facilitate P-T initiatives. The endurance of Rush’s model is a credit to its concept, and prudent updating is crucial to its continued success.

Focus Group Results

Two of the investigators identified general themes that surfaced from the hundreds of comments and ideas presented by the FGs.

Advantages/strengths of the model

- Teaching and practice mutually benefit; patients derive the greatest benefit.
- Students “hit the ground running” because teaching relates to real-life situations.

Interpretations and application of the model

- Ideal application is when the individual’s teaching and practice are aligned with their research.
- “Practice” is variously defined and sometimes refers to research, scholarship, or consultation.

Challenges of the model

- Because it is variously interpreted, the model does not always account for research.
- The model places increased demands on faculty, especially if roles are not clarified.
- The overlapping roles of teacher-practitioner raise issues regarding who is covering costs.