



Addressing Population Health Through Community-Based Interprofessional Collaborative Practice

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Introduction

- Interprofessional education is a key step to move health systems from fragmentation to a position of strength.¹
- The project objectives are two-fold: (1) to teach interprofessional collaborative practice skills and core competencies to health care students through the use of interprofessional health teams; and (2) to improve population health through the use of interprofessional health teams in serving health and wellness needs of community-based populations.
- Through the development of sustainable relationships and competency-based, practice-oriented curricula, the project is starting to identify successful practices for working with these population. This poster will highlight strategies and curricula utilized and provide lessons learned from our initial work conducted during our first two years.

Background

Kindig and Stoddart define population health as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”² Given this definition, our project has two distinct groups of individuals, low-income geriatrics and homeless individuals, in which interprofessional health teams are working to improve population health outcomes. While many institutions have emphasized interprofessional education, our intent was to integrate core competency training into clinical experiences in community-based settings to develop interprofessional skills as well as impact population health. Below is a description of the practice-oriented curricula for the project.

Project Vision and Common Goal

Through the help of the IPEC Institute and our project consultant, the project team developed a common vision and goal for the project.

We believe in the need to prepare health professionals to work as members of an interprofessional team to provide safe, comprehensive, patient-centered and community population oriented health care.

The goal of IPE/IPCP experiences is to increase exposure to interprofessional education and clinical practice environments for all health professionals. This transformation will focus on the *F.A.C.E.* of the next generation of health care delivery.

Education Components

- Faculty Training and Professional Development
- Interprofessional Orientation for Students
- Online Resources

Assessment Tools

- Modified chronic acute care instrument
- Needs Assessment at each project site
- Pre-/Post- Data from Education Sessions

Clinical Rotations

Students attended clinical rotations in permanent interprofessional (IP) teams from 1:00 - 5:00 on Tuesday and Thursday afternoons. Clinical experiences included:

- Collaborative training implementing core competencies for IP Collaborative Practice (4 domains)
- Utilization of IP Teams comprised of Nursing, Medical, PA and PT students who were responsible for needs assessments, health screenings, taking blood pressures, cursory physical examinations, health education and health histories
- IP Teams were precepted by a health care faculty member (often multi-disciplinary).
- At the end of each clinical day, students participated in a debriefing which consisted of 12 guiding questions to facilitate discussion among the clinical site faculty and the IP Teams.

Project Assessment Tools

Student Learner Competence assessments included the (1) Readiness for Interprofessional Learning Scale, (2) Interprofessional Collaborative Competencies Attainment Survey, and (3) reflective journaling, clinical debriefings, and post experience focus groups.

Population Health Outcomes

- Guest encounters: Student teams interview guests and record health history, medications, vitals, and physical examination to include heart, lungs and extremities.
- Acute care guest encounters: Includes blood pressure urgencies, mental health urgencies, infections, and trauma. In these situations, guests were evaluated by student teams under guidance of a faculty preceptor and guests were referred or taken to a medical facility to be seen by a health care provider.
- Targeted health education: Based upon guest encounters/interviews, students identified areas for health education and improvement. Students devised their own culturally appropriate and responsive assessment tools, as opposed to using standard assessment tools, and used the data collected to hold onsite health promotion and education sessions.

Lessons Learned

The importance of building and sustaining strong relationships with project faculty, clinical site constituents, and the patient population cannot be emphasized enough. These relationships must be established and fostered to sustain partnerships and ensure that the patient population needs are adequately met. Once community sites understood our project team was invested in their community, they also took initiative and made accommodations to assist the team in delivering patient care.

Providing education and resources about the population being served and the differences in services provided at onsite community sites is crucial to ensuring students are sufficiently prepared to assist the population. In addition, the expansion of IP education is needed to complement clinical experiences. We started with a core group of professions. However, population specific needs have increased the need for other health professions currently not involved in the project. We strongly suggest project refinement prior to expansion to ensure fidelity of implementation.

Recommendations for Future Practice

Program Needs:

- Stronger relationship with other institution initiatives (Health Care for the Homeless and Student-Run Free Clinic)
- Proficiency training using electronic health records (EHRs)
- Alignment of classroom learning and clinical practice
- Dedicated clinical space for encounters
- Improved handout resource guides
- Additional supplies for health services (i.e. glucose strips)

Recommendations in Adopting this Program:

- Institution/Administration Buy-in
- Closer monitoring of guest follow-up visits
- Research to determine the efficacy of an interprofessional team over siloed care

Summary

Overall, this program is proving beneficial in achieving interprofessional education and providing a model curriculum for collaborative learning. Teaching onsite within community-based settings sets the ideal conditions for Team-Based Learning. This program’s instructional design offers an alternative to the traditional on campus, in classroom educational model and thus can be implemented into an existing curricula and/or added as a stand-alone course. This multi-application design allows for project expansion and provides the opportunity to incorporate such experiences into other health professions’ curricula. Additionally, the project has provided two communities, each with unique populations, the ability to provide both increased access to and exclusive health promotion and wellness services. Community sites have also reported increased socialization of community members and a sense of social support for health and wellness initiatives.

References

1. World Health Organization. (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Retrieved at www.ipcollaborative.org/About_IPEC.html
2. Kindig, D. & Stoddart, G. (2003). What is Population Health? American Journal of Public Health, 93(3), 380-383.