

Developing Sustainable IPE Partnerships to Improve Health of Vulnerable Populations

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INTRODUCTION

Vulnerable populations, such as homeless women and children, have unique and often unmet healthcare needs (The American of Obstetricians and Gynecologists, 2013). Providing patient-centered, coordinated care to this population is essential to better patient outcomes (Asmoredjo et al., 2017). Little is known, however, about how interprofessional teams work with homeless women and children. The purpose of this poster is to describe the current interprofessional collaboration to meet the needs of homeless women and children. The specific aims of this poster are:

1) To explore how to facilitate other professional collaboration (beyond social workers and nurse practitioners) for homeless women and children.

2) To develop a strategy to engage students, from various disciplines, in meaningful interprofessional education opportunities while providing care for homeless women and children.

CURRENT PRACTICE

A local, non-profit, faith based organization that provides services (food, clothing, healthcare, basic skills, employment training, assistance applying for Medicaid, vision, etc.) to homeless women and children.

The health care clinic is staffed by registered nurses and two Nurse Practitioners (NPs) on two days per week. Undergraduate nursing students assist with screening and graduate students assist with assessments and treatment plans. The NPs see between 3-12 homeless women each day. Often times, the NPs will treat their children.

There are five Social Workers (SW) who work to provide insurance (Medicaid) and access to other services (transportation). Undergraduate social work students assist with providing intakes and referrals to additional services.

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HEALTH SERVICES PROVIDED

MEDICAL NEED	SERVICES
Diabetes	Blood glucose screening Nutrition education Medication/Prescription
Hyperlipidemia	Cholesterol screening Nutrition education Medication/ Prescription
High Blood Pressure	BP screening Nutrition education Medication/ Prescription
Sexually Transmitted Infections	Contraception education
Hypothyroidism	Medication/Prescription



LESSONS LEARNED

- Lack of prescriptive authority APRNs (State of Indiana)
 - Need collaborating physician to provide better patient care (prescription for pneumonia treatment)
- Lack of comprehensive intermediate care
 - High BP = ED visit
- Lack of mental health services
 - NPs and SW spend time providing support
- Lack of on-going relationships with nutrition education

OPPORTUNITIES

PATIENT:

- Convene a community of Healthcare Providers:
 - Physicians
 - Occupational/ Physical Therapy
 - Pharmacy
 - Mental Health (Innovation - Telehealth)
 - Women's Health (Contraception)
- Transitional Clinic Model

IPE:

- Engage practice-oriented teamwork with students of various disciplines in clinical experiences.
- Assess student learner competence in communication with team members.
- Prepare faculty to role modeling interprofessional and intraprofessional collaboration.
- Incorporating best practices in IPE

RESEARCH QUESTIONS

PATIENT:

- What is the meaning of homeless women's health care experiences in community-based settings?
Systematic Review - in progress (Allen, 2019)

IPE:

- How would using best practices of IPE improve the care of homeless women and children?

CONCLUSION

In order to improve patient outcomes, health science students need to develop skills to work within an interprofessional team – while they are students.

There is a tremendous healthcare need, particularly in vulnerable populations, and opportunity for on-going IPE collaboration in the future.

REFERENCES

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