Be the Change: Using collaborative learning to teach interprofessional students health policy advocacy

Julie Sanford, DNS, MSN, RN; Melody K. Eaton, PhD, MBA, RN, CNE; Maria deValpine, PhD, MSN, RN, CNL; Laura Trull, MSW; Jamie Lee, MSN, RN, CNL; Kandy Smith, DNS, MSN, RN; David Cockley, DrPH, MS, BS



Background

- 2014: Virginia legislative assembly controversy.
- Will Virginia accept federal dollars to support the expansion of Medicaid?
- 400,000 Virginians are in the healthcare coverage gap.
- Health Policy Collaborative developed at JMU.
 - <u>http://www.jmu.edu/healthpolicycollaborative/</u>



Method: Health Policy Summit

- 82 Students: Health Science, Nursing and Social Work.
- ¹/₂ day summit: *Mind the Gap*
- Purpose: Propose solutions to provide health care to those in Virginia without coverage







- Preparation: Review of materials on HPC website
 - <u>http://www.jmu.edu/healthpolicycollaborative/medicaid-</u> <u>expansion.shtml</u>
- Political Astuteness measured pre and post
 - 40-Item Survey
 - Measures components of political awareness, knowledge and engagement
 - Primomo (2007) demonstrated content validity.
 - Cronbach's coefficient alpha of .81 & 0.84



Michaelson et al. (2002) Team-Based Learning (TBL) Strategies

- Student team formation
- Independent Readiness Assessment Test (IRAT)
- Group Readiness Assessment Test (GRAT)
- Discussion
- Student Task: Develop a proposal that would meet the health care needs of 400,000 Virginians in the gap NOT using federal \$ for Medicaid expansion.





Proposal Development









- Gallery Walk
 - Presentations and Discussion









	Pre-Test Knowledge	Post-Test F	Knowledge	Results:
1	0	48	30	Political
2		30	42	
3		3	8	Astuteness
4		1	2	
Level	Points Scored		Definition of	f Points
1	0-9 pts	Totally politically unaware		
2	10-19 pts	Slightly aware of the implications of political activity for nursing		
3	20-29 pts	Shows a beginning political awareness		
4	30-40 ptsPolitically astute and an asset to the profession			



Political Astuteness

- Pre-test mean=9.09, Std. D=5.69
- Post-test mean=12, Std. D=6.40
- Students demonstrated a significant improvement in political astuteness before and after participation in the Health Policy Summit (t -2.78, 95% CI -5 to -0.8, p = 0.007).



Conclusions

- Student learning is enhanced and political astuteness significantly improves using interprofessional activities to advocate for access to healthcare.
- Interprofessional student TBL activities improve political astuteness and may enhance health care professionals' likelihood of influencing policy in the future.



- Further research on TBL pedagogy's influence on political astuteness will add evidence to this instructional model, increasing student knowledge and involvement in political advocacy for health policy.
 - Repeating summit this semester to increase sample size to 332.
- Students must be inspired and taught to *Be the Change* to advocate so that all will have access to quality, affordable healthcare.



WHSV Report: Students Working to Solve Insurance Coverage Gap

http://www.whsv.com/news/headlines/Students-Working-to-Solve-Insurance-Coverage-Gap-284804521.html?device=tablet&c=y



References

- Byrd, M., Costello, J., Gremel, K., Schwager, J., Blanchette, L., & Malloy, T. (2012). Nursing Students Following an Active Learning Experience in Health Policy. *Public Health Nursing*, 29(5), 434-443. doi: 10.1111/j.1525-1446.2012.01032.
- Clark (1984). Political astuteness inventory. In M. J. D. Clark, Community nursing: Health care for today and tomorrow. Reston, VA: Reston.
- Clark, P. E. (2008). Political astuteness inventory. In M. J. Clark (Ed.), *Community assessment reference guide for community health nursing* (pp. 1-2). Upper Saddle River, NJ: Pearson Prentice Hall.
- IOM (2013). Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models Across the Continuum of Education to Practice: Workshop Summary. Washington DC; National Academies Press.
- IOM (2011). The Future of Nursing: Leading Change, Advancing Health. Washington DC; National Academies Press.

IOM (2003). A Bridge to Quality. Washington DC; National Academies Press.

- Michaelsen, L.K., Knight, A. B., & Fink, L. D. (Eds.). (2002). *Team-based learning: A transformative use of small groups*. Westport, CT: Praeger Publishers.
- Moniz, C. (2010). Social Work and the Social Determinants of Health Perspective: A Good Fit.

Health & Social Work, 35(4), 310 - 320.

- Parmalee, D.X., & Michaelsen, L.K. (2010). Twelve tips for doing effective team-based learning. *Medical Teacher, 32*, 118-122. DOI:10.3109/01421590903548562
- Polit, D. & Beck, C. (2012). Nursing research: generating and assessing evidence for nursing practice, (9th ed.). Philidelphia PA: Lippincott Willams & Wilkins.
- Primomo, J. (2007). Changes in political astuteness after a health systems and policy course.

Nurse Educator, 32(6), 260-264.

- Primomo, J., & Bjorling, E. (2013). Changes in political astuteness following nurse legislative day. *Policy, Politics & Nursing Practice*, 14 (2), 97-108. DOI: 10.1177/1527154413485901
- O'Brien-Larivee, C. (201). A Service Learning Experience to Teach Baccalaureate Nursing Students About Health Policy. *Journal of Nursing Education*, 50(6), 332-6.
- Orchard, C., Gillian, K., Khalili, H., & Bezzina, M. (2012). Assessment of Interprofessional Team Collaboration Scale (AITCS): Development and Testing of the Instrument. *Journal of Continuing Education in the Health Professional*, 32 (1) 58-67. DOI: 10.1002/chp
- Short, N. (2008). Influencing Health Policy: Strategies for Nursing Education to Partner with Nursing Practice. *Journal of Professional Nursing*, 24(1) 264-9.



Questions?



View from JMU's East Campus

Photo by Sarah Boyts Yoder

