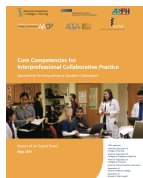


Application of Training in Infant Mental Health to Foster Interprofessional Collaborative Practice in a Clinic Serving Medically Underserved Families.

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Purpose

The Healthy Child Project is a federally funded collaboration between the University of Washington School of Nursing and Providence Everett Healthcare Clinic. Our goal is to enhance the quality of life for newborns and their families. The project uses an innovative approach to integrate two evidence-based practice models: Interprofessional Collaborative Practice and Promoting First Relationships® in Pediatric Primary Care.



Background

Interprofessional collaborative practice (IPCP)¹ is designed to support improvements in health services, clinical outcomes, and community. Providing health services to medically underserved communities offers a number of challenges for providers, for example, children raised in such households typically experience a high number of adverse childhood events (ACEs). ACEs are associated with poor health and behavior outcomes. In this project, a Nurse Practitioner-managed clinic for medically underserved patients is using IPCP to improve services and outcomes for families with young children (0 -3 years).

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Methods

An infant mental health curriculum, Promoting First Relationships® in Pediatric Primary Care (PFR-PPC) is being used to train providers in the use of practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children (birth to 3 years) in the context of an office visit.

IPCP principles are helping healthcare workers from different professional backgrounds join together to create an environment of teamwork, coordinated care, mutual respect, and support. TeamSTEPPS in primary care setting was chosen as the training curriculum.

The clinic held twice-monthly 2-hour training sessions for clinic providers, staff and volunteers. The PFR-PPC content was integrated with IPCP competencies and TeamSTEPPS training creating synergistic learning with the goal of enhancing the quality of life for newborns and their families.

A midpoint curriculum review lead to a redesign in training sessions using Kirkpatrick's educational framework.³ The curriculum was varied so that participants who were present over time were encouraged to move to level 3 behavioral change activities. At the same time those who are newer to the clinic have curriculum aimed at knowledge and skills levels 1, 2a, and 2b.

Kirkpatrick's Expanded Outcomes Typology ³	
Level 1: Learner's reaction	Learners' views on the learning experience and its interprofessional nature
Level 2a: Modification of attitudes or perceptions	Changes in reciprocal attitudes or perceptions between participant groups; changes in regarding the value and/or use of team approaches to caring for a specific client group
Level 2b: Acquisition of knowledge/skills	Including knowledge and skills linked to interprofessional collaboration
Level 3: Behavioral change	Individuals' transfer of interprofessional learning to their practice setting and their changed professional practice
Level 4a: Change in organizational practice	Wider changes in the organization and delivery of care
Level 4b: Benefits to patients, families, and communities	Improvements in health or well-being of patients, families, and communities



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Results

Pre-test scores of IPCP and PFR-PPC knowledge and skills were relatively high, indicating clinic staff and provider self-confidence in their abilities.

While there was some resistance to IPCP training using TeamSTEPPS ("we already work together well"), there was enthusiasm for the more clinically oriented PFR-PPC content. Hence PFR-PPC case discussions and skills teaching became a strategy to leverage and reinforce IPCP knowledge, skills, and attitudes from TeamSTEPPS primary care training materials.

Because of the variable nature of staff schedules and turnover, the curriculum includes scaffolding of educational tasks. Longer term participants identify cases and are encouraged to discussing their experience implementing PFR-PPC and TeamSTEPPS skills in practice. Didactic information is repeated to make the curriculum self-sustaining.

Conclusions

Promoting First Relationships® in Pediatric Primary Care and Interprofessional Collaborative Practice can be synergistically implemented in an endeavor to improve the care for medically underserved families in a Nurse Practitioner-managed clinic.

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