Interprofessional Education in a Collaborative Practice Serving Refugees: Impact on Clinical Learning

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Background
A primary strategy to decrease health disparities for vulnerable populations and lower health costs is to provide culturally responsive care in interprofessional collaborative practice (IPCP) settings. Our funded initiative, Teaching Today’s Students for Tomorrow’s America (TTSTA), implemented a model of interprofessional education (IPE) for clinical learning. It prepares health care providers and students to meet the unique health needs of immigrant and refugee (I&R) populations. We also provided an IPCP environment for staff and students in nursing, social work, and other health professions in the project’s Community-Centered Health Home. Our goal was to educate current staff and the next generation of health professionals on IPCP competencies (IPEC, 2011) and on culturally responsive health care for I&Rs. For each topic, the project team developed, implemented and evaluated an hour-long, web-based, asynchronous learning module. Interprofessional health care providers and students, directly affiliated with TTSTA or from clinics or courses focusing on vulnerable populations, completed the modules.

Vision & Mission

TTSTA Mission: The TTSTA project offers an innovative, interprofessional, and culturally responsive approach to improving access to and quality of primary care for Milwaukee immigrants and refugee populations, while educating health providers and students for collaborative practice environments.

TTSTA Vision: Health equity for Milwaukee immigrants and refugees that transcends social determinants of health. This can be accomplished by expanding the refugee Community-Centered Health Home model through interprofessional collaborative practice and interprofessional education environments across sites and systems.

Design
Two evidence-based online clinical learning Modules were evaluated using a pre/post-Module survey design. Module topics included IPEC Competencies and Refugee Culture and Health.

The two Modules were available to participants through the university online learning environment. Completion of three pre/post-surveys was optional and voluntary for participants. All TTSTA project staff and students were automatically enrolled in the modules. Non-project participants were enrolled in the modules upon their leaders’ requests for non-project participants. The pre-/post-Module group mean scores. The Module testing was completed by non-project participant were collected at the end of each semester during the same time period and analyzed using a t-test.

Results

ACE-15 survey results did not demonstrate statistically significant changes in knowledge for the project participants and the non-project participants.

IPEC (v3) survey results demonstrated no statistically significant change in knowledge for the project participants, while the non-project participants demonstrated a significant (p<0.001) change.

All the I&R Culture and Health Module participants were able to:
- Describe the resettlement process
- Identify and discuss the top countries of origin for refugees
- Explain the concept of cultural humility
- Describe common barriers to health care for refugees
- Describe how to promote open communication
- Identify how cultural differences may result in conflicting world views among patient and health care provider
- Identify country-specific resources to support culturally responsive care

Sample

Table 1: Demographic Information of Module Participants

<table>
<thead>
<tr>
<th>Demographics</th>
<th>TTSTA Project Group</th>
<th>Pre-Project Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range</td>
<td>21-61</td>
<td>21-61</td>
</tr>
<tr>
<td>Gender</td>
<td>Male: 21, Female: 21</td>
<td>Male: 21, Female: 21</td>
</tr>
<tr>
<td>Position</td>
<td>Health Promoter: 8</td>
<td>Health Promoter: 8</td>
</tr>
<tr>
<td>Support Staff</td>
<td>2 Support Staff</td>
<td>2 Support Staff</td>
</tr>
<tr>
<td>Nursing</td>
<td>8 Nursing Students</td>
<td>8 Nursing Students</td>
</tr>
<tr>
<td>Other</td>
<td>1 Other</td>
<td>1 Other</td>
</tr>
</tbody>
</table>

Table 2: Pre/post-survey results for TTSTA project and non-project participants

<table>
<thead>
<tr>
<th>Survey</th>
<th>Pre-Project Group</th>
<th>Post-Project Group</th>
</tr>
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<tbody>
<tr>
<td>Pre-Project Group</td>
<td>56.02±5.68</td>
<td>69.93±9.24</td>
</tr>
<tr>
<td>Post-Project Group</td>
<td>64.79±11.19</td>
<td>73.52±11.78</td>
</tr>
<tr>
<td>Mean</td>
<td>63.36±8.60</td>
<td>66.00±10.5</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>5.03±1.21</td>
<td>6.99±1.09</td>
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Conclusions
This program evaluation served as an opportunity to examine the impact of innovative web-based asynchronous clinical learning for practicing and future healthcare professionals.

Evaluation of two online modules for clinical learning demonstrated that a significant change in knowledge can occur over a brief investment of time (less than 2 hours) and be sustained over time (18 months).

The modules provide a foundation of knowledge that can enrich IPCP clinical learning experiences and support healthcare’s evolution toward team-based practice.

Lessons Learned

- IPCP competencies need to be integrated in the clinical learning environment to educate both current staff and the next generation of health professionals on how to work effectively on interprofessional teams (IPEC, 2011).
- A retrospective pre-post survey design (Bhanji et al., 2012) might eliminate the response bias of social desirability of participants that may occur in the traditional pre/post-survey design.
- The validity and reliability of the I&R Culture and Health survey needs to be established before further use of the survey.
- Practicing health care professionals, as well as students, needed training on I&R Culture and Health in order to meet the needs of this vulnerable population.

For More Information
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