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University of Missouri-Kansas City
Interprofessional Care Teams Working Together
In Underserved Health Clinics: Increasing the
Cultural Competency of Nurse Practitioners
and Other Healthcare Professionals



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Objectives:

- 1. Discuss opportunities for developing IPE community engagement.
- 2. Develop IPE clinical training teams in a variety of settings.
- 3. Improve patient outcomes through IPE activities.

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Project Team:

Susan Kimble, DNP, RN, ANP-BC	Project Director
Steven C. Stoner, PharmD, BCPP	School of Pharmacy Lead
Michael D. McCuniff, DDS, MS	School of Dentistry Lead
Margaret Brommelsiek, PhD	Director of IPE
Heather J. Gotham, PhD	Project Evaluator
Jeremy Kirchoff, MD	Hope Family Care Center
Martha Lofgreen, MSN, RN, WHNP	School of Nursing Faculty
Renee Endicott, DNP, RN, FNP-BC	School of Nursing Clinical Faculty



School of Pharmacy Faculty Preceptors:
Andrew Bzowykij, PharmD; Maquel Graham, PharmD; Cameron Lindsey,
PharmD, BC-ADM, CDE, BCACP; Valerie Ruehter, PharmD, BCPP; Mark
T. Sawkin, PharmD, AAHVP; Stephanie Schauner, PharmD, BCPS

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Background:



- Interprofessional Collaborative Practice (IPCP)
- Extending classroom IPE experiences at two primary care urban community clinics (Community based and Federally funded health center)
- Semester long rotations
- Students gained advanced knowledge/skills caring for vulnerable populations-high numbers of immigrant and refugees



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Methods: Students and Providers



- *Readiness for Interprofessional Learning Scale* – pre-clinical
- *Interprofessional Collaboration Scale* – post-clinical
- *Attitudes Toward Health Care Teams Scale* – pre/post
- *Team Skills Scale* – pre/post
- *Cultural Competence Assessment* – pre/post
- Focus groups - post



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Methods:


- Students completed pre/post surveys
- IP healthcare teams of Advanced Practice Nursing, PharmD and Dental students
- Cultural Competence Assessment (Schim et al., 2004)
 - 44-item scale that assesses students' cultural competence attitudes and behaviors



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Preliminary results: After 6 semester rotations:
N=84

- 12 NP students
- 56 Pharmacy students
- 16 Dental students
- 52 females, 32 males
- 84.5% White, 8.3% Black, 10.7% Asian, 4.8% American Indian
- 28 years old (mean, 22-49 range)
- 4.10 days (mean, 1-37 range) on rotation

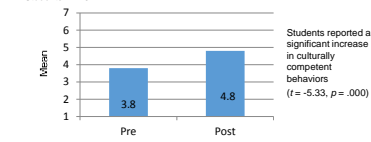


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Results:


Cultural Competence Behavior Subscale

- Rating of how often students perform 10 behaviors related to culturally competent care on a scale from 1 = Never to 7 = Always
- Students: n = 84



Time Point	Mean
Pre	3.8
Post	4.8

Students reported a significant increase in culturally competent behaviors ($t = -5.33, p = .000$)

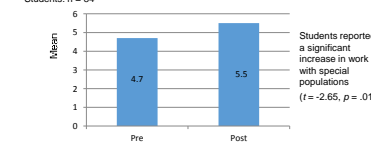


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Results:


Special Populations Subscale

- Experience with special populations (e.g., mentally or emotionally ill, physically challenged/disabled, homeless/housing insecure, substance abusers/alcoholics, gay/lesbian/bisexual/transgender, different religious/spiritual backgrounds)
- Students: n = 84



Time Point	Mean
Pre	4.7
Post	5.5



Students reported a significant increase in work with special populations ($t = -2.65, p = .01$)



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Results:



- Cultural Competence Assessment (Shim et al., 2004)
- From pre- to post-rotation: students reported a significant increase in overall perceptions of competence in "working with people who are from cultures different than your own."
- Students reported a significant increase in experiences with diverse populations.
- Students reported a significant increase in the frequency with which they performed cultural competence behaviors.

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Discussion:



- Students made more informed care decisions regarding vulnerable patient populations
- Students reported an increase in cultural competency across several areas:
 - attitudes
 - experiences
 - behaviors

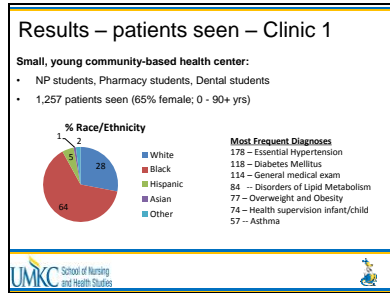
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Discussion:

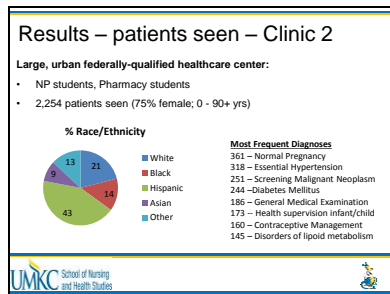
- Students gained new perspectives regarding caring for vulnerable patient populations
- Increased interactions across professions (nursing, dentistry, and pharmacy) with these patient populations illustrated the importance of working within IPCP teams
- Students felt better prepared to become a future leaders in the healthcare arena

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Student Feedback

Conducted focus group after each rotation (Four total):



- “Sometimes they just need someone to listen to them. Sometimes it’s they didn’t know how to take their medicine or they were taking it at the wrong time. And then just education in this population, ... in ways that they understand. Not only is it difficult to counsel an English speaking patient on their condition, but now you’re not only crossing the medical to lay person barrier, you’re now crossing a language to language barrier. And so you really have to get creative with how you explain things and describe things. And I think it was really great to bounce ideas off of the other students in the room because you know, you’re not providing care alone. You’re providing care as a team. So having those resources was a good support I thought.”

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Student Feedback



- "It, ...in underserved communities, it just makes you realize the importance that you need a lot more disciplines in a clinic setting just because of all the different needs. And it would be so nice if we could all be together with social work and dental."
- "I'd say for underserved patients, ...the limited knowledge they have about dentistry and oral health. What different things mean and ... how that affects their health, and how even when somebody has a toothache they still go to the emergency room or a doctor instead of going to the dentist and learning about that."
- "...maybe you know the frequency of visits because of lack of education about basic things like weight loss, ...maybe just need compounded visits to absorb the information and give that extra coaching to be successful."

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Student Feedback



- "I think it depends also on the group of people too. I remember at Sam Rodgers, they have a large Hispanic population and it seemed like the more people that were in there with white coats the better they felt. They felt like, oh thank you thank you! They just felt so cared for. Whereas you get other populations that are more sketchy."
- "We had that same barrier even without the language or ethnicity barrier. We had people who would jump in and out of ER's and we couldn't figure out why. And it's because they didn't have the opportunity to explain the purpose of why they were diagnosed with this and why they were taking it. And thought that once they were done, they were done, but they'd end up right back in the ER."
- "Most of the time the provider will give someone a prescription, they come to a pharmacy to fill and can't afford it, they don't go back to the doctor, they don't get the medication. But to get that knocked out in one setting would be very helpful."

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Student Feedback



- "...before I started with the NP at Samuel Rodgers and she said this is the... biggest populations, and I want you to look them up and get familiar with them. And so I did that before I even started and that was very helpful to kind of prepare me. I mean I see a lot of inner-city African Americans in the ER I work at so I was familiar with that. But when I went to Samuel Rodgers, working with Sudanese, Somalis, and Burmese and all, it was an eye opener for me. So kind of great having a little knowledge beforehand..."
- "Working with the underserved population, you really do find out how much education and stressing management of disease states is so important, as well as being prospective with treatment versus retrospective. When they've come into the ER and it's too late, the damage has already been done and sometimes they just don't know that until it's too late."

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Student Feedback




- "On top of that, just having people seek healthcare because they want to take care of themselves, but aren't able to afford it. We're taught guidelines, ... if they have this, this is what they should get. But being able to discuss with their provider and adjust that based on what they can afford. That's been a huge barrier to be able to overcome to personalize a patient's plans."
- "The complexity of the problems that the patient brings in underserved areas. I've worked in other areas where patients just came more often and more regular, so their complexity at the initial visit isn't as large. Because these patients have waited and waited until they can't anymore. They make the appointment, ...it's compounded by the multiple issues that they're dealing with, or the provider feels they don't have the time to address all the issues."



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Results:



- Team informed care decisions
- Acquiring new perspectives regarding vulnerable patient populations
- Improved communication through interactions with team members
- Opportunities to serve as change agents within own professions



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Results:



- Instilled confidence in challenging situations
- Overcoming preconceived assumptions
- Established a platform for open and honest communication
- Integral to team socialization
- Impacted health delivery and desired outcomes



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Conclusions:



- Project ongoing in the community
- Outcomes guiding IPE curriculum development
- Challenges regarding scheduling
- Smaller clinical teams advantageous for team cohesiveness
- Flexibility paramount



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Recommendations:

- Create community partnerships in advance
- Students work with the same interprofessional team members
- Semester-long rotation minimum
- Provide routine meetings for feedback and communication between students, faculty, and clinical preceptors
- Flexibility paramount





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Questions?

kimbles@umkc.edu
endicottr@umkc.edu
brommelsiekm@umkc.edu
gothamHJ@umkc.edu
kohnlek@umkc.edu



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