

Implementation of a Learn Lab Environment for Interprofessional and Multicultural Practice: Experiences in the Refugee Health and Immunization Program

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BACKGROUND

Since the early 1970s, there has been an emphasis on interdisciplinary approaches to the teaching of health sciences students. The desire to link education with the practical elements of care, and develop new faculty skills that enable them to use cooperative models during the education process has been a continuing theme particularly within academic health centers. This was voiced specifically in the 1972 IOM report “Educating for the Health Team”¹ and more recently in a 2011 expert panel report “Core Competencies for interprofessional Collaborative Practice”². This panel went as far as outlining the desired principles of interprofessional competencies:

- 1) Patient/family centered;
- 2) Community/population oriented;
- 3) Relationship focused;
- 4) Process oriented;
- 5) Linked to learning activities educational strategies, and behavioral assessments that are developmentally appropriate for the learner;
- 6) Able to be integrated across the learning continuum
- 7) Sensitive to the systems context/applicable across practice settings;
- 8) Applicable across professions
- 9) Stated in language common and meaningful across the professions; and
- 10) Outcome driven².

Application of these competencies within vulnerable populations provides opportunities for deliberative working and learning across all healthcare disciplines.

INTRODUCTION

Since early 2012, projects involving work with refugee populations resettling in Louisville have provided opportunities for interprofessional collaboration and deliberative learning. These projects began with data collection focusing on the cataloguing of health issues within that population and have grown to include adult immunization and initial health screening. The opportunities for collaborative practice and learning have grown richer and more inclusive over the past eighteen months and now represent unique opportunities to training and education of healthcare professionals across all disciplines.

MATERIALS AND METHODS

The Catholic Charities-Kentucky Refugee Ministries-UL Division of Infectious Diseases partnership for this initiative began with the development of a vision concerning a new level of collaboration. This vision sought to bring together the extensive network of faculty, staff and students at UL and within the community at large in order to address the growing challenges and complexities posed by refugee resettlement. A three year plan consisting of six specific objectives emerged: assessment of existing immunization protocols, processes and practices;

- 1) Identify the various health professions whose practice competencies are important to the health needs of the refugee population;
- 2) Structure a process that provides opportunities for those professions to come together in environments that facilitate and enable active demonstration of practice skills;
- 3) Incorporate interprofessional and multicultural learning;
- 4) Facilitate active and shared learning among the professions;
- 5) Promote opportunities for each profession so all participants are able to see how the unique skills and strengths of all serve to enhance the overall provision of care; and
- 6) Identify areas of need within the refugee population that can be addressed by new collaboration partners.



Image 1. Public health and Nursing students observe practice and process logistics

MATERIALS AND METHODS, CONTINUED



Image 1. Nursing, medicine and public health collaboration

RESULTS

Beginning in September 2012, faculty and staff implemented an on-site immunization clinic for the refugee population. Initially, the project was limited to UL-ID faculty and staff, but an evaluation of the process identified a number of key skills and competencies that were lacking. The UL School of Nursing was approached and invited to join the initiative. Nursing students from all levels (Baccalaureate, Master, Advanced Practice, and Doctoral) helped design an improved immunization process and students were provided with new and unique practice opportunities. UL Public health students helped design the process flow, patient information materials, and data collection processes.

In December 2012, evaluations from the student nurses identified a need for pharmacist skills, so contacts were made with the Sullivan College of Pharmacy. Faculty and pharmacy students joined the collaboration and initially, provided only process evaluation. After several weeks, pharmacy students worked along side the nursing students with each seeing how the other interacted with the vaccine recipients (refugees), how information could be shared, and how to address cultural challenges.

In January 2013, students from Bellarmine University School of Nursing joined the collaboration, followed by students from Spalding University in May 2013. Visiting students from the Kent School of Social Work, the UL School of Medicine, and University of Louisville Pharmacy residents also participated.

RESULTS, CONTINUED

Formal evaluations were used to elicit specific feedback regarding the experiences. More than 300 evaluations were returned between September 2012-May 2013 without a single unsatisfactory or dissatisfied participant. Several suggestions were incorporated into the program including logistical adjustments, safety revisions, and training experiences. Examples of improvement ideas included: 1) development of a nurse-directed safety improvement process; 2) public health-directed immunization documentation improvement; 3) pharmacist-directed drug/vaccine evaluation; and 4) medical student-directed culturally competent script development. To date, more than 26 faculty, 247 students, and 13 staff representing medicine, nursing, pharmacy, social work, and public health have been involved in the project.

A “Vaccine Bootcamp” was conducted in September 2013 based upon the knowledge gaps identified and requests of the collaborating participants.

DISCUSSION

This learning lab environment has enabled students from a variety of health professions to come together and learn from each other while meeting the needs of a culturally diverse international population. Their work together has identified other needs of the refugee population that could be addressed through expanded collaborations and serve as a basis for a broader global health initiative. These include other professions that can address medical as well as the social and behavioral needs of a multicultural international population. Ideas for other professional collaborations have included foreign language, health promotion, nutrition, dentistry, and information technology. We feel this approach can be the seed for an interprofessional global health program in Louisville, Kentucky.

REFERENCES

1. Institute of Medicine. (1972). Educating for the health team. Washington, D.C.: National Academy of Sciences.
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.

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