

# AN INTERPROFESSIONAL EDUCATION PROJECT TO ADDRESS THE HEALTH CARE NEEDS OF WOMEN TRANSITIONING FROM PRISON TO COMMUNITY REENTRY

NANCY H. BUSEN, PhD, RN, APRN, FNP\*

With the implementation of the Patient Protection and Affordable Care Act, the need for health care providers to work collaboratively in teams to provide cost-effective, quality health care has become even more apparent because an estimated additional 22 million Americans gain health care coverage by 2014. The need for evidenced-based care that combines the expertise of various disciplines has been acknowledged by policy makers and health educators. With support from national Association for Prevention, Teaching and Research, an interprofessional education course was designed and implemented by health professionals in nursing, nutrition, and dentistry, in collaboration with a local community agency, to address the health care needs of women transitioning from prison to the community. Health care needs of women in prison are often overlooked, and access to care is limited. When released from prison, utilization of even basic health services is rare. Four interactive teaching–learning sessions were offered at a residential facility for women in transition over a 12-week period. Topics were selected based on feedback from the participants and included stress reduction, self-beast examination, hypertension, and common dental conditions. Teaching methods and materials were interactive and designed for sustainability. The model for this interprofessional education project, which employed a service–learning approach, can be adapted for other communities. Working with our communities requires innovative thinking to be effective but provides an enriching life experience to those involved. A community-based reciprocal learning environment benefits all partners in the real-world environment. (Index words: Interprofessional; Service–Learning; Health professional education; Health care needs of previously incarcerated women) J Prof Nurs 30:357–366, 2014. © 2014 Elsevier Inc. All rights reserved.

## Background to Interprofessional Education and Service–Learning

**I**nterprofessional education (IPE) is defined as learning with, from, and about each other and sharing different perspectives while learning together in areas of common interest in the practice of health care (C.A.I.P.E., 2002).

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\*Margaret A. Barnett/PARTNERS Professor and Department Chair, Family Health, The University of Texas Health Science Center at Houston, School of Nursing, Houston, Texas.

Address correspondence to Dr. Busen: The University of Texas Health Science Center at Houston, School of Nursing, 6901 Bertner Avenue, Suite 797, Houston, TX 77030. E-mail: [Nancy.H.Busen@uth.tmc.edu](mailto:Nancy.H.Busen@uth.tmc.edu) 8755-7223

The goal of IPE is to enable team members to be successful collaborators in health care practice with the ultimate goal of improving patient outcomes. Patients are viewed as reciprocal members of the health care team. IPE engages students from different health professions together, during all or part of their professional training, in order to promote collaborative teamwork in their professional practice. IPE occurs when students from the health professions and related disciplines learn together about the concepts of health care and the provision of health care services that improve the effectiveness, quality, and safety of health care. Effective IPE involves the following elements: collaboration, respectful communication, reflection, application of knowledge and

skills, and actual experience in interprofessional teams (D'Amour, Ferrada-Videla, Rodriguez, & Beaulieu, 2005).

IPE among the health professions is gaining recognition as a teaching–learning strategy that is essential to meet the needs of the increasing number of patients with complex health care issues. The current delivery model is struggling to provide effective health care to an aging population with multiple chronic conditions such as hypertension, obesity, and diabetes (Interprofessional Education Collaborative [IPEC], 2011). Over a decade ago, the Institute of Medicine (IOM) recommended that academic institutions educate health professionals collaboratively to improve patient outcomes, especially in quality and safety, yet there has been only minimal impact on the current educational system (IOM, 2003).

Service–Learning is an educational approach that may be employed in IPE. Service–Learning is defined as a teaching and learning strategy that integrates meaningful community service with instruction, reflection, and reciprocity to enrich the learning experience, teach community responsibility, and strengthen communities (Corporation for National Community Services, 2013). Students form partnerships with members of the community and become engaged with the partners through various stages of the project from the initial planning to the final evaluation (Furco, 2003; Ivey, 2011). Students apply concepts learned in the classroom to real-life situations through the service they perform. They not only learn the practical applications of their studies but also they become active contributing community members. Service–Learning is achieved when there is a balance between student learning goals and service outcomes to the community (Furco, 2001, 2003).

Why IPE now? With the recent implementation of the Patient Protection and Affordable Care Act (ACA; HB3590), the need for health care providers, especially primary care providers, to collaborate and work effectively in teams to improve quality, safety, coordination, and access to cost-effective health care has become even more apparent. By 2014, the ACA will begin to offer health care coverage to an estimated additional 22 million Americans, many of whom will have a high burden of disease because

of the consequences of untreated or poorly treated chronic conditions (Keehan et al., 2012). The need for evidenced-based collaborative care that utilizes the expertise of various disciplines has been acknowledged by influential organizations such as the Health Resources Services Administration, the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation (RWJF), and the American Board of Internal Medicine Foundation in collaboration with the IPEC. IPEC is a group of six national associations of health profession schools formed to promote IPE experiences (IPEC, 2011).

In May 2011, two landmark reports, endorsed by IPEC, addressed the core competencies for IPE and strategies to implement those competencies (RWJF, 2011). The core competencies focus on the skills and behaviors that are needed to work effectively in collaborative practice and implement interprofessional teams (IPEC, 2011). The four domains and examples of the competencies described by the IPEC are illustrated in Table 1.

Collaboration and teamwork among students from different health disciplines should begin early in their education via interactive learning experiences. Experts in health care policy note that it will be difficult to change the health care delivery system until IPE is fully realized (IPEC, 2011). Dr. Mary Wakefield, administrator of the Health Resources and Services Administration, suggests that because health care resources are limited, we must apply them effectively and efficiently to obtain better patient outcomes and improve patient satisfaction (IPEC, 2011). To meet the public's health needs, educators should model collaborative practice and provide clinical practice experiences that employ interprofessional teams. There is good evidence that health care delivered in teams is more efficient and more effective, yet education continues to be offered independently for students in the health professions (RWJF, 2011). Moving forward with a national IPE agenda will take a commitment on the part of administrators and educators in the health professions to make a paradigm shift to significantly change the educational system. Developing and implementing IPE programs is challenging. Course scheduling among various disciplines, faculty interest and expertise,

**Table 1.** Domains and Examples of Core Competencies

Domain	Examples of competencies
Values/Ethics for interprofessional practice	<ul style="list-style-type: none"> <li>• Act with honesty and integrity in relationships with patients, families, and other team members.</li> <li>• Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.</li> </ul>
Roles/Responsibilities for collaborative practice	<ul style="list-style-type: none"> <li>• Communicate one's role and responsibilities clearly to patients, families, and other professionals.</li> <li>• Explain the roles and responsibilities of other care providers and how the team works together to provide care.</li> </ul>
Interprofessional communication	<ul style="list-style-type: none"> <li>• Choose effective communication tools and techniques, including information systems and communication technologies, for facilitating discussions and interactions that enhance team function.</li> <li>• Give timely, sensitive instructive feedback to others about their performance on the team and respond respectfully as a team member to feedback from others.</li> </ul>
Interprofessional teamwork and team-based care	<ul style="list-style-type: none"> <li>• Engage other health professionals—appropriate to specific care situations—in shared patient-centered problem solving.</li> <li>• Reflect on both individual and team performance improvement.</li> </ul>

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