



Contents lists available at ScienceDirect

## Journal of Interprofessional Education &amp; Practice

journal homepage: <http://www.jieponline.com>

## Cellular phone supported experiential learning activity designed to increase interprofessional provider capacity to assist parents in establishing a pediatric dental home



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### ARTICLE INFO

#### Article history:

Received 1 August 2016

Received in revised form

2 January 2017

Accepted 17 February 2017

#### Keywords:

Interprofessional education

Health disparities

Childhood caries

Oral healthcare

Barriers to care

### ABSTRACT

Healthcare providers are in a unique position to identify barriers to healthcare for socioeconomically disadvantaged families, provide patient navigation for reducing disparities, and implement system changes for alleviating these barriers. Significant barriers to obtaining pediatric dental care exist for families with young children. This curricular resource describes an interprofessional education program that was conducted with small teams of health science students (nursing, pediatric medicine, dental medicine) at a suburban university. Five objectives were identified to assist students in realizing the barriers faced by socioeconomically disadvantaged families when seeking dental care for their young children. Students were assigned simulated child-patients, along with relevant health, demographic and insurance information and asked to use their cellular smartphones to identify timely and logistically compatible dental care for these simulated patients. Debriefing revealed that students had difficulty identifying appropriate pediatric dental care providers within a wide urban and suburban region. Post-workshop student surveys identified increased awareness of income, care access, and health literacy as factors contributing to health disparities.

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### Format

Childhood caries is our nation's most common chronic childhood disease with recent increases among two to five year olds.<sup>1</sup> Socioeconomically disadvantaged children bear a disproportionate burden of this infectious dental disease.<sup>2</sup> Childhood caries is not only the best predictor of new infectious dental lesions, but also

is responsible for loss of school days,<sup>3</sup> diminished quality of life<sup>3–5</sup> and increased healthcare utilization.<sup>6,7</sup> Reducing the burden of childhood caries for socioeconomically disadvantaged children is a public health imperative.

Tackling difficult problems in healthcare necessitates interprofessional collaboration and shared responsibility. To support team science in addressing the resistant problem of childhood dental disease, this interprofessional education (IPE) workshop gave future healthcare providers an opportunity to collaborate in identifying barriers to healthcare for socioeconomically disadvantaged families, and provide patient navigation for reducing these disparities. In addition, students collaboratively identified opportunities to implement system changes for alleviating these barriers. After pre-conference survey, introductions, and a 30-min class lecture, interprofessional students were assigned a simulated patient and then participated in a structured small-group IPE active learning activity that capitalized on cellular smartphone

Conflicts of interest and Sources of funding: The authors declare no conflicts of interest in the manuscript, including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest. Dr. Annie Rohan, Dr. Maria Cordero-Ricardo, and Dr. Susmita Pati received a development grant from the State University of New York at Stony Brook, Office of the President ("2015–2016 Presidential Mini-Grant for Departmental Diversity Initiatives") to support development of this workshop.

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<http://dx.doi.org/10.1016/j.jiep.2017.02.005>

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technology. This was followed by class debriefing and post-conference survey. A total of three faculty members (representing the disciplines of nursing, pediatric medicine and pediatric dental medicine) were involved as facilitators of the IPE workshop.

### Target audience

The session targeted health professions students who would potentially be working with socioeconomically challenged families with children in primary care or dental care settings. Students representing the disciplines of advanced practice pediatric nursing (graduate), pediatric medicine (first year) and pediatric dental medicine (first year) were organized into 10 interprofessional education (IPE) groups of 3–5 students. Each group consisted of students from at least two disciplines.

### Objectives

The overarching goal of the IPE workshop was to assist health-care students in realizing the challenges faced by socioeconomically disadvantaged families when seeking care for their young children. To meet this overarching goal, five objectives were defined for the workshop: 1) describe the social determinants of health and recognize factors contributing to dental health disparities; 2) apply principles of cultural competency in the patient navigator role; 3) apply technology and utilize information systems to identify an appropriate dental home for a high-risk pediatric patient; 4) identify barriers to dental home establishment for high-risk pediatric patients, and strategies for overcoming these barriers, and; 5) utilize the assets of an interprofessional team to resolve a healthcare access problem.

### Activity description

This 2-h workshop was planned collaboratively by faculty from the Schools of Nursing, Medicine, and Dental Medicine at Stony Brook University (Stony Brook, New York). The workshop was developed to promote hands-on experiential learning about the difficulties parents face in accessing oral healthcare for their children, and to develop strategies for reducing barriers to oral healthcare for these families. The workshop was conducted in a Wi-Fi enabled classroom with students sitting at 10 round tables.

#### (a) Lecture (30 min)

Following pre-conference survey and introductions, students were presented with a PowerPoint facilitated lecture. This lecture included basic information about the social determinants of health, factors that contribute to dental health disparities, and the social context of pediatric dental care (e.g., public and private insurance and provider systems). Students received handouts with relevant clinical practice guidelines. Interactive discussion followed the lecture.

#### (b) “Meet your patient” (10 min)

Each group was next provided with a single child/family profile. Laminated cards with unique, but similar, profiles were distributed among the groups. The profile included the following (simulated, but plausible) factors: (1) child name and sex; (2) child age; (3) residential street address and city; (4) transportation status of family (e.g.: “no private transportation”); (5) cultural/language issues; (6) oral health related behaviors (e.g.: “no prior dental visits.”); (7) significant health history (e.g.: “autism/non-verbal,” “unremarkable health history”); (8) dental insurance type (“Suffolk

County Healthplex,” “Medicaid Managed Care.”). In addition, each group was asked to assist their child/family to make a dental care appointment for one of two assigned purposes. The dental visit was either because “dental home establishment was recommended by primary care provider,” or “observable caries were reported by the primary care provider during routine visit.” Scenarios were carefully planned so that the simulated patients were from different neighborhoods, so as to represent the widest region.

#### (c) Small-group smartphone-facilitated active learning activity (30 min)

Group participants were next asked to access their cellular smart phones for the activity. (Each group had several students with the necessary device.) The students were also directed to review a “recommended script” that appeared on the reverse side of each laminated patient profile card prior to “assisting” their simulated family to identify a timely and logistically compatible dental care appointment for their child.

Following review of the script, group participants used the various applications available on their cellular smartphones to identify the location of pediatric dental services that might be accessible to the family; called these offices; inquired whether the particular circumstances of the family and the child could be accommodated in that office; and, if yes, inquired about the date of the next available appointment.

#### (d) Debriefing (50 min)

Faculty-facilitated debriefing followed the active-learning activity. Student discussion was initiated/guided by questions such as:

1. How did the number of calls you had to make before identifying an appointment compare to your expectations?
2. If you were able to identify an appointment, did lingering limitations – such as transportation issues, or unresolved language barriers – remain? Explain.
3. If you were unable to identify an appointment, what were the reasons?

Following discussion of individual group experiences, students were guided to collaboratively identify opportunities to implement system changes for alleviating barriers that were identified during the active learning activity.

### Assessment & evaluation

An assessment and evaluation strategy using both qualitative and quantitative methods was designed to assess the contribution that each workshop activity made to meet the intended course objectives. Pre- and post-conference survey methodology provided the quantitative and qualitative data for the stated objectives:

*Objective 1: describe the social determinants of health and recognize factors contributing to dental health disparities*

A two-question pre-conference survey was focused on determining the baseline familiarity of participants with the content that would be presented. Participants were asked to list three factors commonly identified as social determinants of health and three factors that contribute to dental health disparities. The post-conference workshop asked these same questions. The anticipated outcome of this pre- and post-assessment was that there would be more content (in actual frequency) and a richer input of

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