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Outcomes from an Interprofessional Educational Model for Teaching Community Health

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Background: Interprofessional team work is widely recognized as an essential component of our health care delivery system. At UMass, an interprofessional educational partnership was established with the goal of promoting interprofessional teaching to medical and nursing students in the area of community health.

The UUMS Interprofessional Educational Model:
• The partners comprised the School of Medicine; the Graduate School of Nursing; the Department of Family Medicine and Community Health; the Statewide Area Health Education Center (AHEC); and Community Catalyst, a non-profit patient advocacy organization.
• The interprofessional educational experience featured a 3-hour “Walk in My Shoes” (WIMS) simulation session (developed by Community Catalyst) in which barriers to health care access are “experienced” by students and faculty in a simulated large group exercise.
• In AY 05-06, all 1st year medical students and all 2nd year nursing students and faculty in a simulated large group exercise.
In AY 05-06, all 1st year medical students and all 2nd year nursing students from the Graduate Entry Pathway participated in the simulation session, conducted as part of a 2-week Community Health Clerkship. An interprofessional team of faculty representing nurses and physicians from a variety of community-based agencies and services also participated in the simulation session.

Methods: Four evaluations were developed and administered to 141 participants (medical students=101; nursing students=40) to measure the effectiveness of major components of the interprofessional educational experience. Students completed an overall evaluation (See Figure 1) at the end of the 2-week clerkship experience (n=124) and a WIMS simulation session evaluation (See Figure 2) upon completion of the session (n=121). Eighty-one participants completed both pre- and post-tests (matched design) of the WIMS simulation session evaluation (See Figure 3).

Results: The evaluations completed at the end of the Community Health Clerkship showed that more than 90% rated “agree” or “strongly agree” on each of five items pertaining to the importance of interprofessional teamwork among health care professionals (see graph below).

For the WIMS simulation session, over 90% of the student participants rated “agree” or “strongly agree” when asked if the experience provided an opportunity to reflect on and empathize with the experiences of medically underserved people, and over 90% “agreed” or “strongly agreed” that the topic was essential to their medical training. Students were asked to describe the issues in which they had a “better understanding” and/or “increased awareness” as a result of their participation in the WIMS session. Of those responding, 4 common themes emerged from the content analysis of the medical students’ and nursing students’ responses to the open-ended questions.

Conclusions: Our evaluation outcomes support the feasibility of an interprofessional educational model for teaching both medical and nursing students issues related to community health and that both groups of learners express favorable perceptions of an interprofessional educational experience.