Interprofessional Global Health: Best Practices at Home and Away
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College of Nursing
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Department of Physical Therapy
Objectives

- Describe interprofessional practice and training
- Identify barriers to interprofessional practice
- Describe methods of interprofessional practice during short-term global health service experiences
The provision of comprehensive health services by multiple health workers from different professional backgrounds who seek to work with patients, families, caregivers, and communities to provide the highest quality of care across settings.

Interprofessional Team-based Care

Care delivery by intentionally created, usually relatively small work groups, whose members recognize themselves as having both a collective identity and a shared responsibility for a patient or group of patients.

Framework for action on interprofessional education and collaborative practice

(WHO, 2010)
Interprofessional Education

Students from two or more professions learn about, from and with each other to enable effective collaboration and improve outcomes

- Included in most accreditation standards

Interprofessional Core Competencies

# Interprofessional Core Competencies

1. **Values/ethics for interprofessional practice**  
   Work with individuals of other professions to maintain a climate of mutual respect and shared values.

2. **Roles/responsibilities**  
   Use the knowledge of one’s own role and of other professions’ roles to appropriately assess and address the health care needs of the patients and populations served.

3. **Interprofessional communication**  
   Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

4. **Teams and teamwork**  
   Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

Evidence to Support Interprofessional Approach

CPTF Systematic Review

- Improvements in BP
- Cost effective approach
- Change medications independent of PCP
- Pharmacist value

Evidence to Support; Global Qualitative Systematic Review

- Improves relations and continuity of care
- Shared leadership
- Shared space (face to face communication)
- Daily practice; integration, synergy, availability, and reliability
- Working conditions can be a barrier
- Focus on overcoming structural, ideological, organizational, and relational barriers

Sangaleti, et. al, 2017
If interprofessional education and collaborative practice is the ideal, why aren’t we all doing it?
<table>
<thead>
<tr>
<th>Barriers to IPE</th>
<th>References</th>
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<tbody>
<tr>
<td><strong>Government and professional</strong></td>
<td></td>
</tr>
<tr>
<td>Lack/limited financial resources</td>
<td>McNair et al., 2001; Gardner et al., 2002; Curran et al., 2005; Borduas et al., 2006</td>
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<td>Changes within the organisations and higher education institutions involved</td>
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<tr>
<td><strong>Institution</strong></td>
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<td>Lack/limited financial resources</td>
<td>Reeves, 2000; McPherson et al., 2001; Gardner et al., 2002; Bosco, 2004; Curran et al., 2005; Steinert, 2005; Andrus &amp; Bennett, 2006; Rees &amp; Johnson, 2007; Ho et al., 2008; McNair et al., 2008; Smith et al., 2009; Lapkin et al., 2012</td>
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<td>Lack/limited support</td>
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<td>Limited faculty development initiatives</td>
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<td>Scheduling of IPE within current program</td>
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<td>Health professional degree calendars – different lengths of degree year</td>
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<td>Different degree timetables</td>
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<tr>
<td>Rigid/condensed curriculum</td>
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<td>Extra-curricula versus required course/unit</td>
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<td>Differences in assessment requirements</td>
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<td><strong>Individual</strong></td>
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<td>Faculty attitudes</td>
<td>McNair et al., 2001; Gardner et al., 2002; Reeves &amp; Freeth, 2002; Colyer et al., 2005; Smith et al., 2005; Steinert, 2005; Colyer, 2008; Forte &amp; Fowler, 2009; Smith et al., 2009</td>
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<tr>
<td>Lack of reward for faculty</td>
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<td>High workload (including teaching and administrative)</td>
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<tr>
<td>Lack/limited knowledge about other health professions</td>
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<tr>
<td>Not understanding IPE concept</td>
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<td>Lack of perceived value</td>
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<td>Different student learning styles</td>
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<td>‘‘Turf’’ or professional battles</td>
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<tr>
<td>Bias towards own profession</td>
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<tr>
<td>Lack of respect towards other health professions/als</td>
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Lit Review: Enablers of IPE in Higher Ed

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<td>Bosco, 2004; Ho et al., 2008; Margalit et al., 2009</td>
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Interprofessional Team-based Care Requires Alignment

CASTRO MG, FALLIN-BENNETT KB, HUSTEDDE CH, HUNTER L, ELDER W. TEAM Clinic: Transformation of care through longitudinal interprofessional learning with complex patients. Submitted for peer presentation at STFM Medical Student Education Conference, 2018 Feb
Barriers to Interprofessional Education and Team-based Care

**Structural factors**

- **Time**
  - Availability of learners
  - Existing (traditional) workflow
- **Space**
  - Pre-visit planning
  - Collaborative visits
  - Post-visit debriefing
- **Money**
  - Billing

**Conceptual factors**

- Perceived hierarchy
- Unrecognized scope/role
- Redundancy vs Synergy
- Communication
- Flux of professional identity

Castro MG, Fallin-Bennett KB, Hustedde CH, Hunter L, Elder W. TEAM Clinic: Transformation of care through longitudinal interprofessional learning with complex patients. Submitted for peer presentation at STFM Medical Student Education Conference, 2018 Feb
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This is our opportunity to redesign clinical teaching with IPE in mind

Castro MG, Fallin-Bennett KB, Hustedde CH, Hunter L, Elder W. TEAM Clinic: Transformation of care through longitudinal interprofessional learning with complex patients. Submitted for peer presentation at STFM Medical Student Education Conference, 2018 Feb
Global Health as a Platform for Interprofessional Education

Barriers:
- Perceived hierarchy
- Unrecognized scope/role
- Redundancy vs Synergy
- Communication
- Flux of professional identity

Opportunities
- Leveling of power structure
- Limited scope
- Flexible role
- New workflow
- Cross-cultural communication
- Focus on equity, social justice


Shoulder to Shoulder Global

- A UK Global Health Initiatives organization that integrates academic and community partners to improve the health and well-being of underserved communities
- Sites in Santo Domingo, Ecuador and Mayasandra, India
- Sustainable, year-round presence
Shoulder to Shoulder Global: Ecuador

- Nursing
- Medicine
- Physical Therapy
- Physician Assistants
- Education
- Dentistry
- Pharmacy
- Speech Therapy
- Psychology
- Interpreters
- Nurse Practitioners
Interprofessional Teamwork in Global Health

• Preparing students to work together in Ecuador
  – A Day in the Life
  – Demystifying My Profession
  – Small group work
  – Writing assignments
Shoulder to Shoulder Global: India

Education

Medicine

Physical Therapy
Preparing Students for Interdisciplinary Teaming

- Scope and role of interdisciplinary teams
- Interdisciplinary assessments
- Reflective journal assignments
- Most pre-work virtual

Barriers to IPE

• Schedules
  – May help to have offloaded content, but may decrease team formation

• University systems
  – Had to develop a workaround for course number

• College requirements
  – Credit hours, grades vs. Pass/fail

• Course responsibility
  – Develop with input, but limit coordinators
Brigades: Ecuador

- Easy accessibility to other professions
- Moving through clinic stations
- Home visits
Brigades: Ecuador

- Nightly debriefing
- Skill building
- Community involvement
Health Camps: India
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<th>Opportunities:</th>
<th>Lessons learned:</th>
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<td>• Different stakeholders, new opportunities</td>
<td>• Pairs instead of groups</td>
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<td>• Different setting, new ideas</td>
<td>• Systematic approaches</td>
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<td>• Lower patient volume (+/-)</td>
<td>• Pre-visit negotiation and discussion of roles</td>
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<td>• Longer visits (+/-)</td>
<td>• Intentional discussion of patient involvement</td>
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<td>• Multiple health professional consultations</td>
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Special Thanks

• Shoulder to Shoulder Global Board
• Fundación Hombro a Hombro
• Navanirmana Charitable Trust
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