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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 UMMS Interprofessional Educational Model:

- simulation session.





Outcomes from an Interprofessional Educational Model for Teaching Community Health

Michele P. Pugnaire, MD, Mary L. Zanetti, EdD, Michael A. Godkin, PhD, Deborah A. Katz, MS, Robin Toft Klar, DNSc, RN, Janet Fraser Hale, PhD, RN, CS, FNP, Jill M. Terrien, PhD©, APRN-BC, Linda J. Cragin, MS, Suzanne B. Cashman, ScD

• 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.

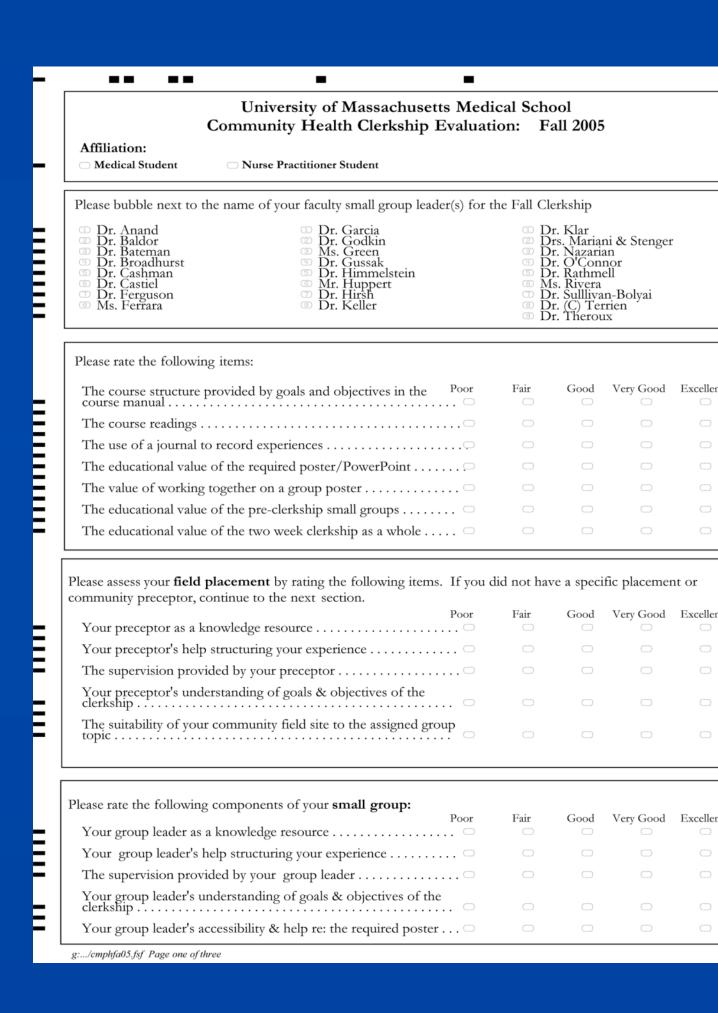
• In AY 05-06, all 1st year medical students and all 2nd year nursing students from the Graduate Entry Pathway participated in the simulation session, conducted as part of a 2-week Community Health Clerkship. An interprofessional team of faculty representing nurses and physicians from diverse clinical disciplines and health professionals from a variety of community-based agencies and services also participated in the





Methods: Four evaluations were developed and administered to 141 participants (medical students=101; nursing students=40) to measure the effectiveness of major components of this 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 (See Figure 3).

Community Health Clerkship Overall Evaluation Form



Walk in My Shoes Simulation Session Evaluation, Pre-Test, and Post-Test Forms

Figure 2

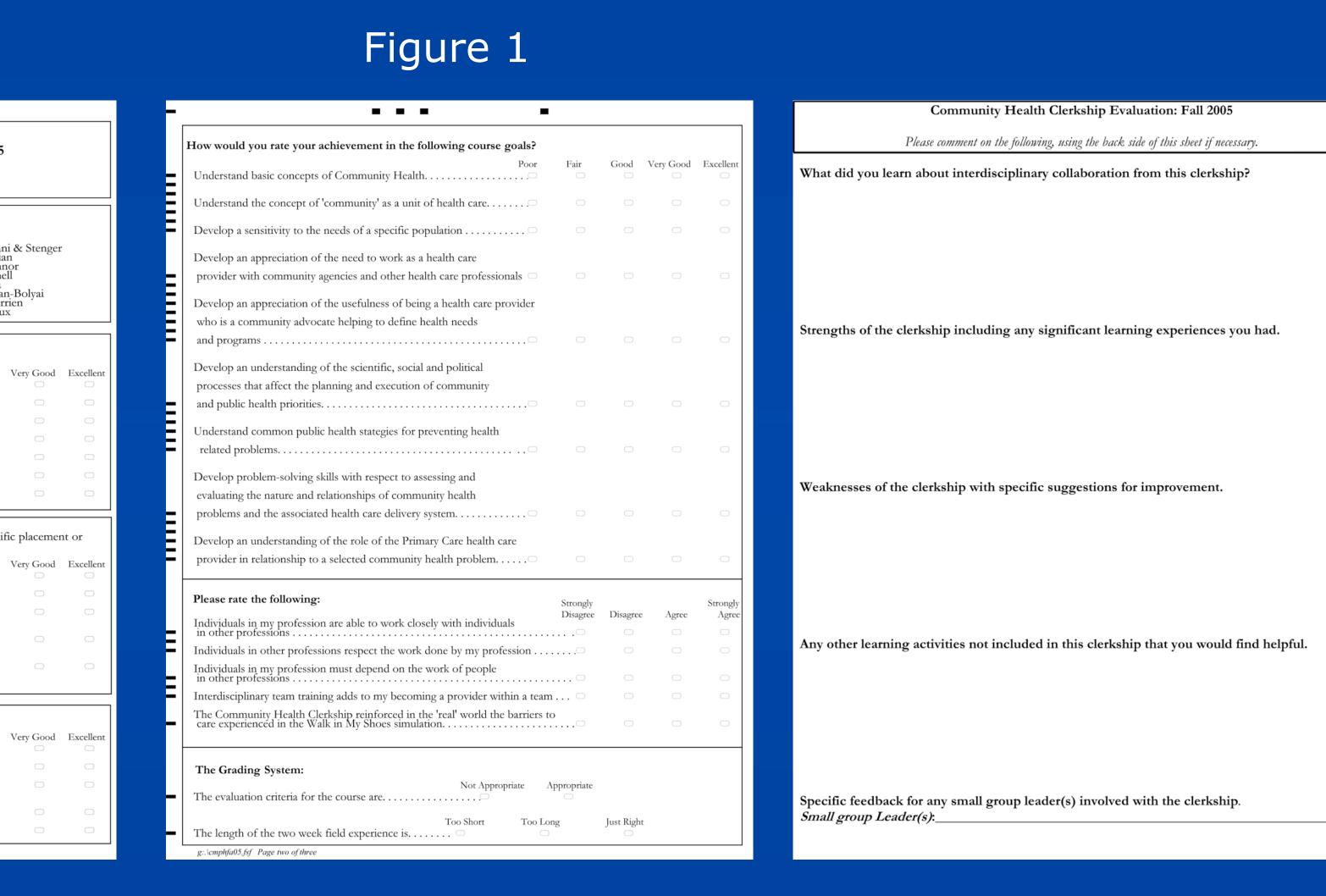
• • • •• •					
Walk In My Shoes <i>COURSE</i> Evaluation September 13, 2005					
Please rate the following presentations in terms of their effectiveness in relevant to developing your understanding of the impact health insuranc					
Ineffect	Not Very tive Effective				
Simulation Experience	\bigcirc				
Debriefing Session	\square				
This PPS experience Strong	zlv				
Improved my knowledge of barriers to health care access faced by Disage medically underserved people and families					
Provided an opportunity for me to reflect on and empathize with the experience of medically underserved people and families	\bigcirc				
Strengthened my intention to address health care access problems \ldots . \Box	\Box				
Provided useful opportunity to share insights and relate Walk in My Shoes to real experiences of underserved people and families	\Box				
Met my expectations	\bigcirc				
Focused on a topic essential to training as health care providers \ldots	\Box				
Was about the right length of time	\Box				
Overall Comments for this Walk in my Shoes Experience (please use bo	ack of sheet for addition				
What access barriers are you aware of now that you weren't aware of be					
	Participanting				
What access barriers do you have a better understanding of because you	participated in thi				
what access barriers do you have a beach andersanding of because you	i pur de l'puteta in un				
Please identify a change in the health system that you believe would add	tress some of the i				
Please identify a change in the health system that you believe would add	lifess some of the l				
Describe strengths of this event including any significant learning exper	riences you had.				
Describe weaknesses of this event with specific suggestions for improve	ement.				
Are there any other learning activities not included in this event that you	u would find helpf				

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).

a provider within a team

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 experience 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 issues in which they had a "better understanding" and/or "increased awareness" as a result of their participation in the WIMS simulation 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.



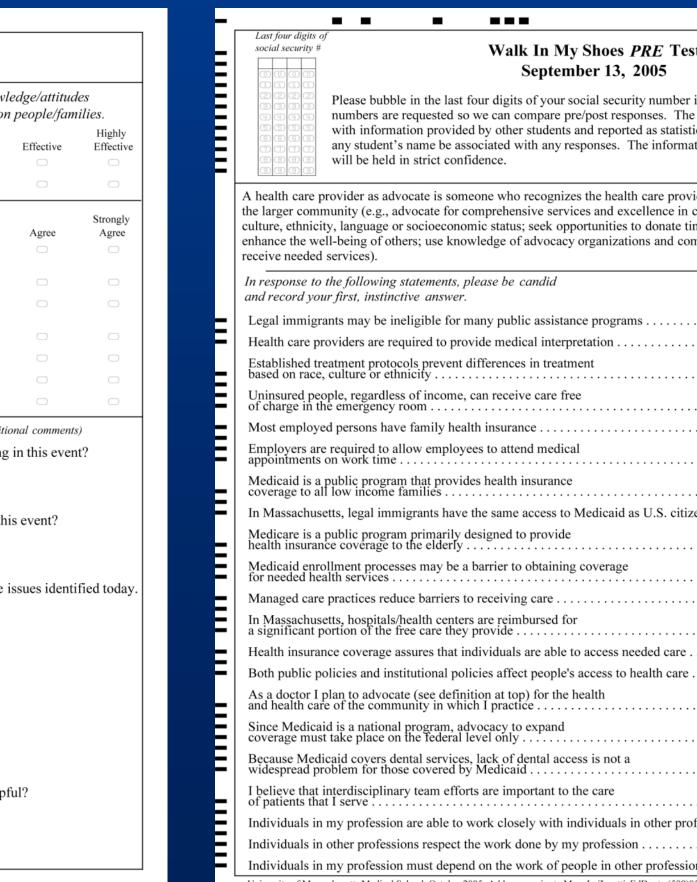
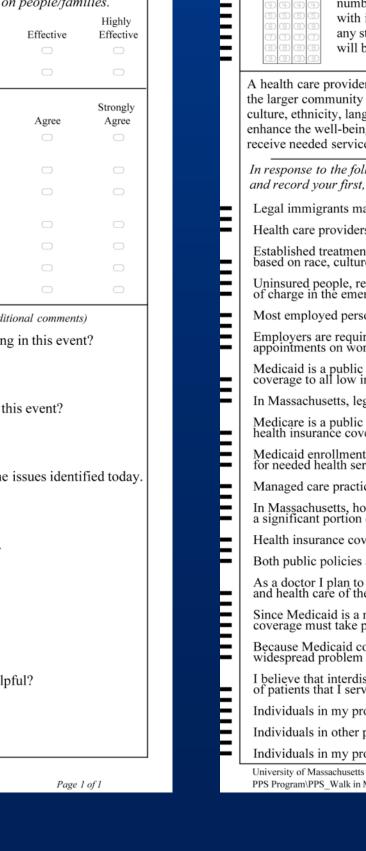


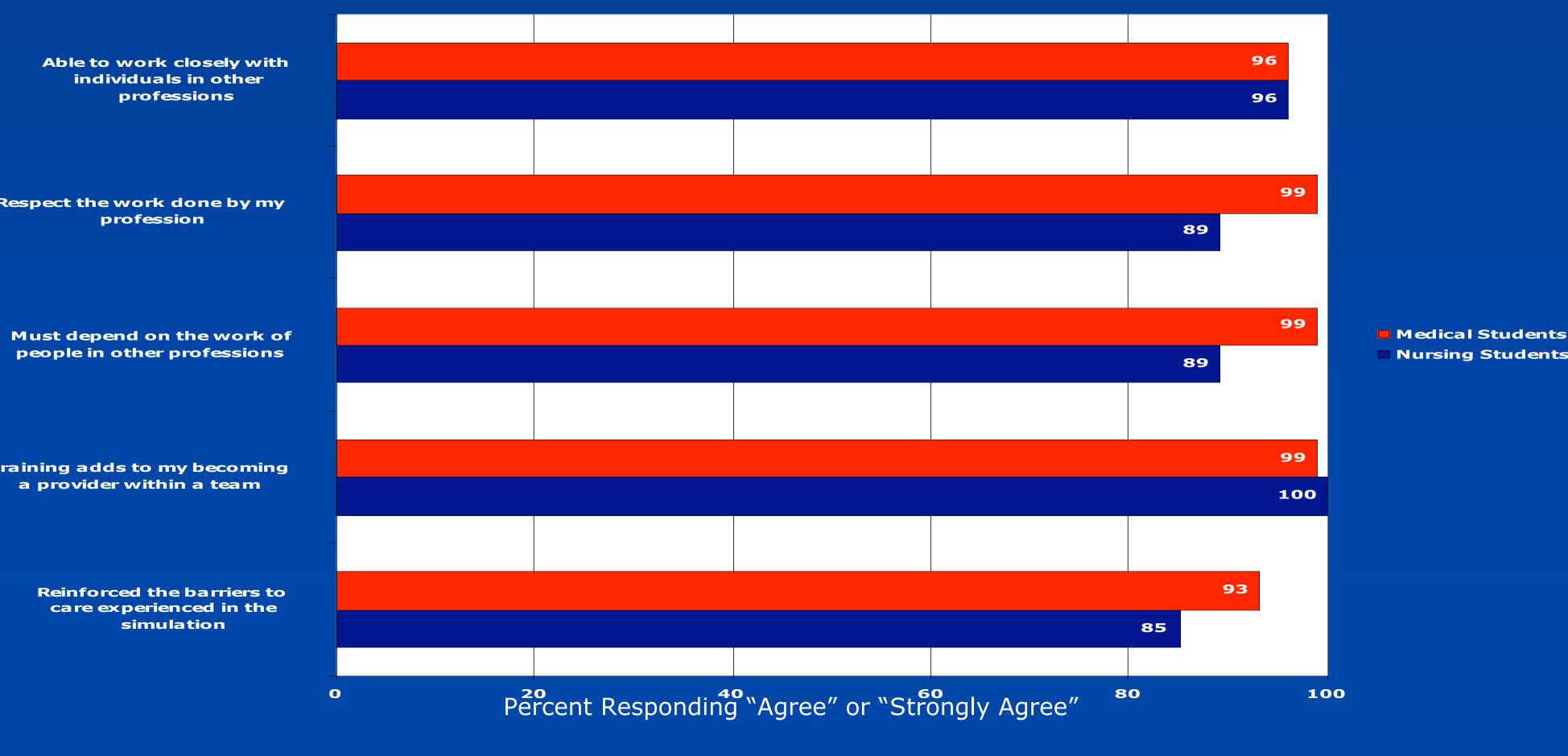
Figure 3

Disagree Disagree Agree A

-					
	Last four digits of social security # Walk In My Shoes POST Test September 13, 2005 pre Image: Security # Image: September 13, 2005 Image: September 13, 2005 Image: Security # Image: September 13, 2005 Image: September 13, 2005 Image: Security # Image: September 13, 2005 Image: September 13, 2005 Image: Security # Image: September 13, 2005 Image: September 13, 2005 Image: Security # Image: September 13, 2005 Image: September 13, 2005 Image: Security # Image: September 13, 2005 Image: September 13, 2005 Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # Image: Security # <				
	A health care provider as advocate is someone who recognizes the health care provider's rether the larger community (e.g., advocate for comprehensive services and excellence in care for culture, ethnicity, language or socioeconomic status; seek opportunities to donate time and enhance the well-being of others; use knowledge of advocacy organizations and communit receive needed services).	all pat	ients rega ise to pro	ardless jects ti	of hat
	1 and record vour tirst. Instinctive answer	Strongly	Disagree	Agroo	Strongly
_	Legal immigrants may be ineligible for many public assistance programs			Agree	Agree
	Health care providers are required to provide medical interpretation		\bigcirc	\bigcirc	\bigcirc
_	Established treatment protocols prevent differences in treatment based on race, culture or ethnicity		\bigcirc	\square	\odot
E	Uninsured people, regardless of income, can receive care free of charge in the emergency room	. \bigcirc	\square	\bigcirc	\bigcirc
-	Most employed persons have family health insurance	\bigcirc	\bigcirc	\bigcirc	\bigcirc
E	Employers are required to allow employees to attend medical appointments on work time		\bigcirc	\bigcirc	\bigcirc
=	Medicaid is a public program that provides health insurance coverage to all low income families	\bigcirc	\bigcirc	\bigcirc	\bigcirc
F	In Massachusetts, legal immigrants have the same access to Medicaid as U.S. citizens	. \bigcirc	\bigcirc	\bigcirc	\bigcirc
=	Medicare is a public program primarily designed to provide health insurance coverage to the elderly	\bigcirc	\bigcirc	\bigcirc	\bigcirc
E	Medicaid enrollment processes may be a barrier to obtaining coverage for needed health services	. \bigcirc	\bigcirc	\bigcirc	\Box
	Managed care practices reduce barriers to receiving care		\bigcirc	\bigcirc	\bigcirc
	In Massachusetts, hospitals/health centers are reimbursed for a significant portion of the free care they provide		\bigcirc	\bigcirc	\bigcirc
	Health insurance coverage assures that individuals are able to access needed care	. \bigcirc	\bigcirc	\square	\square
-	Both public policies and institutional policies affect people's access to health care	🗆	\square	\square	\square
=	As a doctor I plan to advocate (see definition at top) for the health and health care of the community in which I practice	. \bigcirc	\bigcirc	\bigcirc	\bigcirc
	Since Medicaid is a national program, advocacy to expand coverage must take place on the federal level only	. 0	\bigcirc	\bigcirc	\bigcirc
	Because Medicaid covers dental services, lack of dental access is not a widespread problem for those covered by Medicaid	🗆	\bigcirc	\bigcirc	\bigcirc
=	I believe that interdisciplinary team efforts are important to the care of patients that I serve	\bigcirc	\bigcirc	\bigcirc	\bigcirc
E	Individuals in my profession are able to work closely with individuals in other profession	s. 🗆	\square	\bigcirc	\bigcirc
E	Individuals in other professions respect the work done by my profession	. \bigcirc	\bigcirc	\bigcirc	\bigcirc
	Individuals in my profession must depend on the work of people in other professions	. 0	\bigcirc	\bigcirc	\bigcirc
	University of Massachusetts Medical School, October 2005; Address queries to Mary L. Zanetti, EdD, at (508)856-2438. PPS Program\PPS_Walk in My Shoes\walk05po.fsf		Page	1 of 1	







Interprofessional Teamwork Among Health Care Professionals

• The difficulties medically underserved people must face when attempting to successfully access the health insurance system (e.g. navigating the system, completing forms, scheduling appointments, and overall income barriers for the working poor).

• The effects that language barriers and the lack of translators have on access to health care.

• The role public transportation plays in accessing health care.

• Issues pertaining to legal and illegal immigrants accessing health care.