

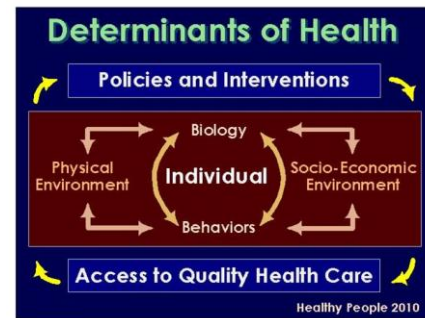
Social Determinants of Health

The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

--World Health Organization

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supplement (Volume 128, supplement 3)

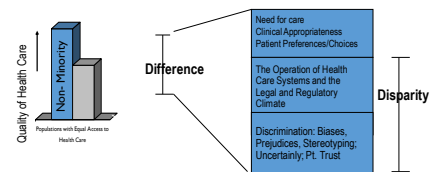


Health Disparities

- Gaps in the quality of health and health care across racial, ethnic, and socioeconomic groups.
- "population-specific differences in the presence of disease, health outcomes, or access to health care." HRSA

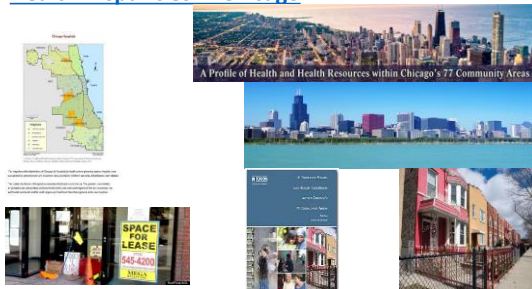


Sources of Unequal Healthcare Quality and Outcomes



Source: Gomes and McGuire (2001) Model of Difference, Disparities and Discrimination

Health Disparities in Chicago



IOM's Quality Chasm Report

Six aims:care should be: safe, effective, patient-centered, timely, efficient and equitable

Numerous calls to reform the health care system and health professions education

Emphasis on the need for integrating medical education with public health training



Changing Needs for Health Professions Training

Revisiting the Medical School Mission as a Time of Expansion Josiah Macy Jr. Foundation – 2008	Educating Physicians: A Call for Reform of Medical School and Residency Carnegie Foundation - 2010
Need for... <ul style="list-style-type: none"> Acceleration in the pace of change in order to prepare future physicians to meet the public's increasingly demanding needs and expectations; Medical educators to ensure that physicians have more backgrounds in population health and the role social factors play in effecting health change; and More frequent use of community-based settings as learning environments and less frequent use of hospital settings. 	Need for... <ul style="list-style-type: none"> Standardization of learning outcomes and individualization of the learning process Integration of formal knowledge and clinical experience Development of habits of inquiry and innovation Focus on professional identity formation

Our Journey in Program Development

Training Culturally Responsive Physicians (2005-2007)	• American Medical Student Association (AMSA) Foundation, Health Resources and Services Administration, US Department of Health and Human Services
An Interdisciplinary Service Learning Experience to Prepare Tomorrow's Health Care Professionals (2007-2008)	• Association for Prevention Teaching and Research (APTR)
A Longitudinal Continuity of Care Predoctoral Curriculum to Promote Patient-centered Medicine (2007-2010)	• Health Resources and Services Administration, US Department of Health and Human Services.
Training Family Medicine Residents in Underserved Medicine (2010-2015)	• Affordable Care Act: Primary Care Residency Expansion Health Resources and Services Administration, US Department of Health and Human Services.
Longitudinal Team-based Interprofessional Education to Care for Special Needs Populations (2013-2015)	• Macy Faculty Scholars Award, Josiah Macy Jr. Foundation

New Beginnings in Education, Service & Research



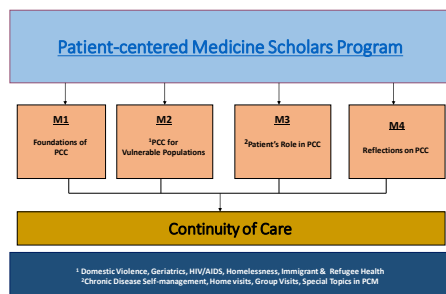
Patient-centered Care

...health care that establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs and preferences...IOM

Model for Patient-centered Delivery of Care



© 2011 Hazareen, M. Department of Family Medicine, College of Medicine, University of Illinois at Chicago



Theoretical Foundation

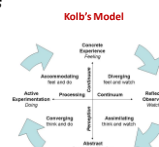
Education in Action Philosophy

Drawing from the wisdom of...

John Dewey, Earnest Boyer, David Kolb and other educators and philosophers



- Active-experiential learning
- Reflection
- Application
- Integration



Time to Pause & Reflect



Recommendations

"All health professionals should be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches and informatics."

IOM Report

"If we acknowledge the growing body of evidence that healthcare delivered by well-functioning teams produces better results, there is a serious disconnect with the educational system that is still structured in silos"

George Thibault, MD
President Macy Foundation
2012

Accreditation Requirements

The core curriculum of a medical education program must prepare medical students to function collaboratively on healthcare teams that include other health professionals.

LCME: Standard 19

Pilot Work

Training Future Health Providers to Care for the Underserved: A Pilot Interprofessional Experience

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ABSTRACT

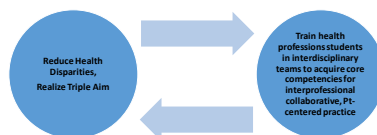
Introduction: Interprofessional teamwork is essential for effective delivery of health care to all patients, particularly the vulnerable and underserved. This pilot educational activity was designed to introduce medicine and pharmacy students to critical health issues affecting at-risk, vulnerable patients and helping students learn the value of functioning effectively in interprofessional teams. **Methods:** With reflective practice as an overarching principle, readings, writing assignments, a community-based immersion experience, discussion seminars, and presentations were organized to cultivate students' insights into key issues impacting the health and well-being of vulnerable patients. A written program evaluation form was used to gather students' feedback about this learning experience. **Results:** Participating students evaluated this learning experience positively. Both quantitative and qualitative reports indicated the usefulness of this learning experience in stimulating learners' thinking and helping them learn to work collaboratively with peers from another discipline to understand and address health issues for at-risk, vulnerable patients within their community. **Discussion:** This pilot educational activity helped medicine and pharmacy students learn the value of functioning effectively in interprofessional teams. Given the importance of interprofessional teamwork and the increasing need to respond to the health needs of underserved populations, integrating interprofessional learning experiences in health professions training is highly relevant, feasible, and critically needed.

Keywords: Interprofessional care, interprofessional education, interprofessional learning, underserved populations

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Interprofessional Approaches to Health Disparities (IAHD)

Goal: To equip learners with essential skills to improve health care for underserved populations and transform health disparities through interprofessional education, research and collaborative practice.



Learning Objectives

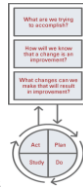
Participation in the IAHD will enable trainees to:

- Effectively engage in identifying and addressing social determinants of health impacting vulnerable populations;
- Acquire working knowledge and hands-on experience with community-based participatory research (CBPR) and quality improvement (QI) methods;
- Develop an interprofessional community-based research project designed to improve health care access, communication, care coordination, or additional priority issues for vulnerable populations;
- Develop skills for functioning as effective members of interprofessional teams; and
- Develop skills for leadership, advocacy and scholarship.

Key Learning Activities

- CBPR & QI Training
- CBPR & QI Research

Learning activities are grounded in reflection, self-awareness, collaborative learning and applied practice to successfully promote student acquisition of core competencies to address health needs of vulnerable populations



Educational Methods

- Orientation, student, faculty and staff development
- Community-based immersion activities
- Monthly seminars
- Online tutorials
- Team-based learning
- Reflections
- Final showcase presentations



Nuts & Bolts: Course Participation - Credit

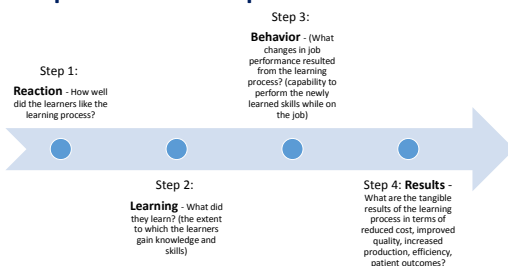
	Medicine	Nursing	Pharmacy	Social Work	Public Health
Student Level	M4	Graduate level students (e.g. ANPs)	P4	2nd year MSW students	2nd year CHS MPH students
Place in Curriculum	PCM Scholars Program	Independent study	Module embedded in Advanced Pharmacy Practice Experience	Practicum coursework	Part or all of the field practicum requirements or independent study

Assessment

- Assessment of Learning versus Assessment for Learning
- Balance between formative and summative assessment
- Mixed methods – opportunity for open ended feedback



Kirkpatrick's Four-step Evaluation



A systematic review of the effectiveness of interprofessional education in health professional programs^{1,2}

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SUMMARY

Objective: The objective of this systematic review was to identify the best available evidence for the effectiveness of university-based interprofessional education for health students.
Background: Currently, most health professional education is delivered in a traditional, discipline specific way. This approach is limited in its ability to equip graduates with the necessary knowledge, skills and attitudes for effective interprofessional collaboration and for working as part of a complex health care team. Interprofessional education is widely seen as a way to improve communication between health professionals, ultimately leading to improved patient outcomes.
Inclusion criteria: The review included all randomised controlled trials and quasi-experimental studies in which two or more undergraduate or post-graduate health professional groups are engaged in interprofessional education.
Review methods: A three-stage comprehensive search of ten electronic databases as well as grey literature was conducted. Two independent reviewers assessed each paper prior to inclusion using the standardised critical appraisal instrument for evidence of effectiveness developed by the Joanna Briggs Institute.
Results: Nine published studies consisting of three randomised controlled trials, five controlled before and after studies and one controlled longitudinal study were included in the review.
Conclusions: Students' attitudes and perceptions towards interprofessional collaboration and clinical decision-making can be potentially enhanced through interprofessional education. However, the evidence for using interprofessional education to teach communication skills and clinical skills is inconclusive and requires further investigation.
Implications for research: Future randomised controlled studies explicitly focused on interprofessional education with rigorous randomisation procedures, allocation concealment, larger sample sizes, and control groups, would improve the evidence base for interprofessional education.

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Program Outcomes - thus far

- Baseline
- Mid-year formative evaluation
- Reflections
- CBPR projects

Basic Recipe

- Nurture passions – learner centered
- Help clarify feasible goals
- Link learners with the right resources and support – collaborative linkages
- Provide guidance to plan and progress systematically
- Foster self-directed inquiry and commitment – encourage learners to spend time and energy to appropriately do the ground work



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Challenges & Discoveries

- Understanding change, getting buy-in – Kotter 8 steps
- Curricular transformation
- Coordination, organization, time management
- Staying true to CBPR process – training new researchers/mentors
- Avoiding hierarchal roles, developing & maintaining trust and respect for all team members
- Maintaining motivation – intrinsic versus extrinsic
- Unanticipated benefits
- Vision - big picture

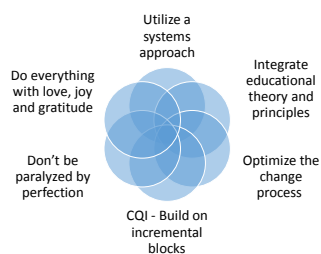
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Next Steps

- Program evaluation to learn for process and outcomes
- Program refinement
- Linking UGME, GME and Faculty development
- Develop ongoing program of interprofessional education, service and research/scholarship



Key Take Home Lessons



Class of 2015



"Together we can do so much." Hellen Keller

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- This work is the result of a large number of individuals – students, staff, faculty, UIC Health Professional Colleges & CEIPE, Community Partners - including agency staff & clients
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[Interprofessional Approaches to Health Disparities](#)

[Patient-centered Medicine Scholars Program](#)