Title:

Caring for Vulnerable Populations: Perspectives of Interprofessional Graduate Students

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Session Title:

Poster Presentations Slot (superslotted):

PST: Friday, April 8, 2016: 10:00 AM-10:45 AM

Slot (superslotted):

PST: Friday, April 8, 2016: 12:00 PM-1:15 PM

Slot (superslotted):

PST: Friday, April 8, 2016: 2:30 PM-3:15 PM

Slot (superslotted):

PST: Friday, April 8, 2016: 6:00 PM-7:00 PM

Slot (superslotted):

PST: Saturday, April 9, 2016: 7:30 AM-8:30 AM

Slot (superslotted):

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Slot (superslotted):

PST: Saturday, April 9, 2016: 12:00 PM-1:15 PM

Keywords:

Graduation Education, Interprofessional Education and Vulnerable Populations

References:

Bajnok, I., Puddester, D., MacDonald, C.J., Archibald, D., & Huhl, D. (2012). Building positive relationships in healthcare: Evaluation of the teams of interprofessional staff interprofessional education program. Contemporary Nurse, 42, 76-89. doi: 10.5172/conu.2012.42.1.76 Centers for Disease Control and Prevention. (2013). Attaining health equity. Available: http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm Institute of Medicine. (2011). The future of nursing: Leading change, advancing health.Washington, D.C.: National Academies Press. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative. Hanyok, L.A., Walton-Moss, B., Tanner, E., Stewart, R.W., & Becker, K. (2013). Effects of a graduate-level interprofessional education program on adult nurse practitioner study and internal medicaine resident attitudes towards interprofessional care. Journal of interprofessional care, 27, 526-528. doi: 10.3109/13561820.2013.790881 Thistlewaite, J. (2012). Interprofessional education: A review of context, learning and the research agenda. Medical Education, 46, 58-70. doi: 10.1111/j.1365-2923.2011.04143.x US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2012). Healthy People 2020. Washington, DC.

Abstract Summary:

The purpose of this focus group study was to explore graduate students' clinical experiences with vulnerable populations, perceived barriers to care, and ethical issues related to caring for disenfranchised groups. Participant responses offer a first-hand description of students' preparation for work with vulnerable population and the interdisciplinary team.

Learning Activity:

1. Identify vulnerable populations that interdisciplinary graduate students routinely care for in the clinical setting.	a. Brief review of pertinent literature. b. Purpose of study c. Review of research method used. d. Review of results regarding graduate students experience with vulnerable populations.
2. Describe ways to enhance interprofessional learning activities among graduate students in various allied health programs.	a. Review data from the focus groups pertinent to interprofessional learning activities. b. Review recommendations for curricular changes gathered through focus group research.
3. Appraise the recommendations made by interprofessional graduate students in this focus group study.	a. Discuss how the data from the focus group was used to make curricular changes. b. Describe how the curricular changes have enhanced interprofessional learning.

Abstract Text:

The purpose of this focus group study was to explore graduate students' clinical experiences with vulnerable populations, perceived barriers to care, and ethical issues related to caring for disenfranchised groups. Further, based on their experiences, the students were asked to share suggestions for curricular changes that could enhance care for vulnerable populations through interdisciplinary collaboration and multidisciplinary projects. The responses of the participants add to what is known about the care of vulnerable populations, offering a first-hand description of students' preparation for work with vulnerable population and the interdisciplinary team.

The results of this study illustrate graduate students' understanding of the competencies recommended by the Institute of Medicine. Participants viewed patients as part of a vulnerable population if they were unable to easily access health care and follow through with recommended treatments. Although the participants encountered many vulnerable groups during their clinical rotations, they sometimes felt unprepared to meet their multiple and complex needs from their own unique disciplinary perspectives. The participants recognized the value of interprofessional teamwork and education in the development of more holistic, patient-centered plans of care. Additionally, the participants offered their perspective on where gaps in their education could be addressed to help them more easily meet the needs of vulnerable populations.

The participants noted that curricular changes within their graduate programs could better prepare them for interdisciplinary teamwork which could, in turn, positively change clinical practice. IP education has been identified as an important part of graduate education, but to date it has not been incorporated into many programs (Hanyok, Walton-Moss, Tanner, Stewart, & Becker, 2013). When placed in interprofessional learning environments, students can observe how others function and then identify how they can contribute to the work of the team from their own unique perspective (Thistlewaite, 2012). This type of educational preparation can lead to better collaboration among health care providers, which can improve clinical care, reduce health care costs, and improve job satisfaction (Bajnok, Puddester, MacDonald, Archibald, & Kuhl, 2012). More research is needed to determine whether the experiences of our students with vulnerable populations is common among graduate students. The suggestions for curricular enhancement may be useful to other educators seeking student perspectives on interdisciplinary education.