Interprofessional graduate students’ perspectives on caring for vulnerable populations
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**Background**
- Interprofessional collaboration is key to improving the health of all individuals, particularly vulnerable populations (Institute of Medicine, 2011).
- Vulnerable populations have complex needs best met through interprofessional teams because “… the expertise and instincts of a number of trained health practitioners are brought to bear in an environment that values brainstorming, consultation, and collaboration (The Pew Health Professions Commission, 1998).”
- Interprofessional education helps prepare professionals for interprofessional practice (Bajnok, Puddester, MacDonald, Archibald, & Kuhl, 2012).

**Research questions**
- What vulnerable populations do interprofessional graduate students encounter during clinical rotations?
- What do interprofessional graduate students see as barriers to providing quality care for vulnerable populations?
- What ethical issues do interprofessional graduate students perceive when caring for vulnerable populations?
- How can opportunities for interprofessional learning opportunities be expanded?

**Results**
- **Vulnerable populations**: Patients with limited English proficiency, older adults, uninsured or underinsured patients, and low SES groups. Rural residents, undereducated patients, teenage parents, at-risk youth, and patients who have chronic disease (mental illness, HIV, cardiac disease, or renal failure).
- **Barriers**: Age, lack of social support, fragmented care, lack of diversity among providers, out-of-pocket health care costs, and lack of transportation.
- **Ethical issues**: Reimbursement regulations restricted care. Some providers refuse to provide care for patients on medical assistance plans.
- **Interprofessional education**: Increased opportunities for collaboration needed during educational programs. Service learning opportunities, telehealth, and “teaching exchanges” where students with expertise in a certain area, such as patient transfers, would teach students in other programs those skills. Case studies and development of interdisciplinary care plans would also provide opportunities for collaboration.

**Method**
- Focus group study conducted after IRB approval
- Instructors invited interprofessional graduate students to participate but did not serve as moderators. No instructor had knowledge of who participated. Attendance indicated consent.
- Participants included: Family Nurse Practitioner (n=31), Occupational Therapy (n=19), and Physical Therapy (n=37) students.
- Students were asked to discuss their clinical experiences with vulnerable populations, barriers to quality care, ethical issues, and interprofessional education.

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