

U.S. Department of Health and Human Services (HRSA)

Nursing Education, Practice, Quality and Retention (NEPQR)

Interprofessional Collaborative Practice (IPCP) Interprofessional Education (IPE) Grant # UD7HP28542

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Teaching Today's Students for Tomorrow's America (TTSTA) 2015-2018

Project Description

The *Teaching Today's Students for Tomorrow's America* (TTSTA) project intended to seek new solutions to the problems of access to and quality of primary healthcare for Immigrant and Refugee populations while educating health providers for future practice environments. This project addressed the plight of Milwaukee's growing refugee population in two broad ways. First, the project partners formed a new method by which to engage this vulnerable group. A system of interprofessional collaborative practice (IPCP) was developed that was: cultural inclusive, attentive to the patients' unique circumstances, patient-centered, community-based, and seamless in its ability to care for the patients' whole spectrum of concerns. Partners included the University of Wisconsin-Milwaukee (UWM) College of Nursing (CON) Institute for Urban Health Partnerships (IUHP); the Medical College of Wisconsin (MCW) through its Columbia-St. Mary's Family Health Center (CSM FHC); and, initially, the Pan-African Community Association, a local refugee resettlement agency.

The second part of the TTSA project led directly to improving work force capacity through the incorporation of nursing students from UWM CON, and medical students from MCW. By utilizing patient-centric health systems, best practices of care, vertically and horizontally integrated health care teams, and establishing clinical sites of culturally inclusive behaviors and attitudes, tomorrow's health care work force were prepared to better respond to the concerns for our country's ever-changing population. These strategies were developed into an interprofessional education (IPE) model for replicability. Two online clinical learning modules are available for ongoing staff and student development: *Interprofessional Collaborative Practice (IPCP) Competencies* and *Refugee Culture and Health*

Specifically, the project model joined several disparate clinical components together, across-systems and across-sites, to form a patient-centered network tightly focused upon Milwaukee's growing at-risk refugee community in a Community-Centered Health Home (CCHH). At the first CCHH tier, health support were locally derived and trained Community Health Workers and a project Health Manager. Through staff development early in the project, they advanced their capacity to provide health education, facilitated the understanding of physician and nursing directions, helped with medication adherence to ensure proper and timely entry in to the clinical health system.

The next tier of the refugee CCHH, and the one around which the entire system was organized, was a Nurse-Managed Health Center staffed and run by UWM IUHP Community Nursing Center (CNC) nurses. This site served as a hub for: patient education, community out-reach, health screenings, and whole family primary care. It also served as a clinical site where health professions students engaged in best practices to better serve refugee populations.

The final refugee CCHH tier was a referral system to accommodate for any higher level and specialty care that might be necessary for clients. The CSM-FHC, with its advanced competencies in whole family care, including high risk obstetrics and minor surgery, was available to those patients whom required specialty care. Through this collaboration, the patients had the opportunity to be referred to systems of tertiary health care as their conditions warranted.

By creating the UWM CNC as the CCHH hub with a dedicated Health Manager position, we intentionally developed a reinforcing feedback loop between the Community Health Workers, the primary care service providers, and the consultants for specialty care. For example, if a refugee was discharged from the hospital the specialty care physicians could relay pertinent information to the CCHH provider and thereby increasing adherence of the discharge instructions. Home monitoring by the Community Health Workers led to keeping follow-up appointments with their providers. This led to improved health outcomes. Community Health Workers were also able to report their concerns directly to the nurses in the CNC if they noticed a patient's health condition deteriorating at home. Through interprofessional collaboration, CCHH providers were able to catch health issues earlier, allowing for more efficient resolution. This innovative interprofessional collaborative health network improved primary care health outcomes for local refugees.

For more information and resources to support refugee health visit: www.uwm.edu/nursing/community/refugee-resources/