

Background

- Previous collaborations amongst faculty included health fairs(providing community stroke risk factor assessments for Medicine and Pharmacy) and a 12 week community health promotion program (between Pharmacy and Public Health).
- It was clear that students enjoyed working across disciplines and have few opportunities to do so
- To merge all of our experiences together, we proposed a project that would utilize all the students' experiences and training – providing risk factor assessments within a health promotion program.
- The site targeted is within an underserved and diverse area and is served by the Fred Archer Community Center which has a strong commitment toward bringing services to the community

Purpose and objectives

Engage an underserved **community** toward self-management of health

- Provide health screenings to community members.
- Use the personalized screening results to help participating community members reduce identified modifiable health risks such as blood pressure, blood glucose, obesity, lack of exercise, and stress.
- Provide a schedule of health education/promotion activities to encourage changed health behaviors and attitudes to improve health and quality of life.
- Provide opportunities for community members to check in and discuss their health concerns
- Increase health literacy related to their stroke and other health risk factors.

Increase the opportunities of **future healthcare providers** to serve diverse and at-risk populations in community settings

- Use interprofessional team-based approach to provide educational experiences for community members and future providers with the ultimate goal of improving health
- Provide training through interprofessional team-based activities
- Provide training by community agency (SEAHEC) on community engagement
- Organize community health events that students in health disciplines can participate in as a collaborative interprofessional team

Assessments

	Baseline and Final	
Baseline	 <p>Interprofessional Attitudes Scale: 27 item scale with five subscales: teamwork, roles and responsibilities; patient-centeredness; interprofessional biases; diversity and ethics; and community-centeredness. Cronbach alpha coefficients: 0.62 to 0.92 Developed with 701 students.</p> <p>Skills module from the Center for Health Science Interprofessional Education, Research and Practice (University of Washington)</p>	<p>Norris J, Carpenter JG, Eaton J, Guo JW, Lassche M, Pett MA, & Blumenthal DK. The Development and Validation of the Interprofessional Attitudes Scale: Assessing the Interprofessional Attitudes of Students in the Health Professions.[Report], Academic Medicine (Published Ahead of Print)</p> <p>Brock D, Chiu CJ, Abu-Rish E, & the UW Macy Assessment Team. Accessed at: http://collaborate.uw.edu/tools-and-curricula/tools-for-evaluation.html</p>
7 sessions	<p>Collaboration scale: Rating scale that encompass characteristics that facilitate collaboration: (1 Not good – 5 Very good) Coordination, communication, conflict (absence of), camaraderie and leadership</p>	
Session 8 (Final)	<p>Interprofessional Attitudes Scale Skills Module Collaboration Scale</p>	



Experiences to date:

Day 1 (8/29/2015): Student orientation: Students from the different colleges (not including Nursing) met for the first time during the 4-hour student training. They were asked to sign up for the teams, with the requirement that there be one public health student per team (hence there were only 5 teams since there were only 5 public health students), and that medicine and pharmacy students also have to be represented in each team. On average, each team had 2 pharmacy students, 2 medical students, and 1 public health student.

Day 2 (9/12/2015): Participant orientation: Participants were asked to come for informed consent procedures and for the program to obtain their baseline measures. This was the first time that the students worked together. One of the teams met prior to the event and strategized and formulated a plan to describe how the flow should be. As a result, they were able to get the forms done quickly (eliminating redundancies). During the debriefing session, a couple of the teams commented on the value of having people from the different disciplines present because they felt that there was more attention to detail and the encounter felt more holistic. Others commented that this was a good opportunity for them (students) to gain interprofessional experience. The students also had good ideas for improving the flow of the program and most felt that the collaboration within the team was good.

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