

Developing Effective Interdisciplinary Team Praxis in Refugee Health: Findings from a Pilot Course at UNC - Chapel Hill

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Objective

To identify and provide insight into effective strategies, challenges, and recommendations for future interdisciplinary teamwork and education endeavors for the common goal of supporting the health and well-being of refugees resettled in North Carolina.

Background

Challenges of Refugee Resettlement

- North Carolina is one of the top refugee-accepting states in the country.¹
- Refugees often lack health care over years of transition, and face barriers to health care and social services once resettled

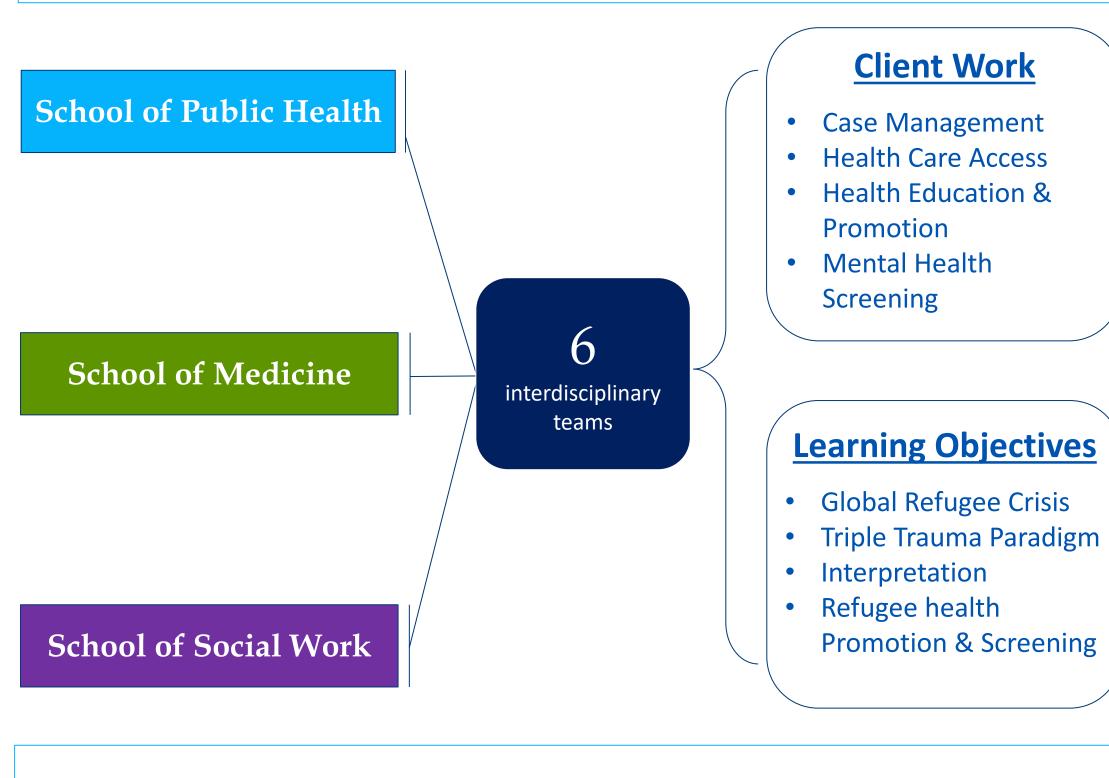
An Interdisciplinary Approach to Refugee Health

- Providing refugee clients with optimal care requires collaboration from many sectors of health care, policy, and social services.
- Professional training often isolates students from learning how to work in teams and understanding the values, roles and cultures of other disciplines.

Teaching Interdisciplinary Practice

- Providers need training to navigate discipline-specific differences to communicate and work effectively on behalf of resettled refugees.
- We report findings from interviews with students from the interdisciplinary pilot course on challenges and strategies for learning interdisciplinary practice.

Course Structure



Methods

We conducted in-depth semi-structured interviews with ten students from the schools of Social Work, Public Health, and Medicine at UNC-Chapel Hill who participated in the pilot course. Participants were recruited in-person for a 45minute interview, and asked to discuss their experiences working with their refugee clients in interdisciplinary units. The institutional review board of UNC-Chapel Hill approved this research.

Analysis

Interviews were recorded, anonymized, and transcribed, with only school of enrollment of each participant recorded. Each interview was analyzed for themes by at least two study members using MAXQDA 2018. Our objective was to examine: 1) understanding of disciplinary roles, 2) perspectives on team goals and function, and 3) effective strategies to harness interdisciplinary strength to support resettled refugees.

We are trained as cowboys, but then expected to work in pit crews. -Atul Gawande²

Interdisciplinary Collaboration: Value and Barriers

synergy

- "[There] was a really good interplay. I [PH] was more **focused** on making sure everything is okay and checking in with the client and she [MD] was thinking more about how to get the information."
- "All three disciplines worked really well together. We definitely complimented each other's strengths and weaknesses.... we covered each other's gaps in knowledge."

mutual sharpening

"I definitely learned a lot from my teammates. And it was a joy working with them."

"Learning more about what other disciplines do, but also learning the languages that they speak and creating those professional connections, it is so vital. And I think that's how all of our disciplines evolve and become more interdisciplinary...I think that's how we better understand the world in a holistic sense and know that it is ridiculously hard."

comprehensive care

"I was the medicine part, and he was almost like the **holistic** half of me, treating both halves of our patient...he was my other half as far as treating those health issues. "

"the communication part is

so much harder than you expect it to be."

perspectives & paradigms

"It's not just I have a different opinion from you, but the way we're coming at that opinion seems very different."

styles and norms

"I [SW] would be **bit more gentle**... the MD student on our team was more boom boom... There were definitely times when communication styles could have been a problem"

vocabularies
erpretation, for these
nary conversations"
ut you're going to figure
common language. "It's like you need an interpreter, like telephonic interpretation, for these cross-disciplinary conversations"

it's not just that you're going to look at a problem differently, but you're going to figure out how you're going to be talking about it - to create a common language.

internal rapport

Value of Medical Student Participation

Understanding how to access the American medical

system is super confusing so...it's important to have

• "You're not at the point where you can contribute professionally.

• "It's very crucial — our clients have so many more

medical issues than the general population.

the input of doctors in that environment."

I don't know that the MD student role is valuable."

it's **harder to relate** to someone who **is training in a different way**"

"In the end we [had] a rhythm and I think a lot of what contributed to that was not just building rapport with the clients, but team members building rapport with themselves...that is maybe something that was overlooked."

structural uncertainty

"Tragedy of the commons, even if it's only three people, it's this space of emptiness in the middle that the important things you can fall into because the structure of how we're going to make this happen isn't clearly established."

Conclusions



This hands-on experience working with refugee populations alongside different disciplines:



address the complex needs of refugee populations. 2) Expanded understandings of SDoH, refugee specific factors and importance of building relationships in

Demonstrated the **summation** of skills, knowledge,

and human capital allowing interdisciplinary teams to



such work. Identified team structures and norms which facilitated or inhibited cohesion and perceived effectiveness:

'Soft Skills' → interpersonal relationship development & motivational interviews

 Individual willingness to contribute to the team's needs (regardless of disciplinary role) Establishing collective identity & "rhythm" of communication/debrief/delegation/etc.

Helpful

Hurtful

- Lack of clarity on individual and team roles defaulting to patterns of disproportionate
- Rigidity in limited conception of personal Lack of motivation or structural accountabili
- which could compensate
- Frustration amongst team members

Our study was limited due to scope of research, limited number of interviewees, an imbalance of disciplines represented, lack of input by refugee clients relevant to the study, and data comprised of only post hoc-reflections. These results will be used to develop a second generation of the course. Hopefully these results will also generate conversation surrounding the importance of interdisciplinary team praxis in serving the complex needs of resettled refugees.

Considerations for Educational Settings

- Provide knowledge of resources for serving refugees and how to access those resources early on.
- Have a social worker on the team. They were perceived as a critical role due to their skills in case management, mental health awareness/counseling skills, and rapport building.
- Clearly define public health's role and skillset in an interdisciplinary team serving refugees to avoid uncertain roles and responsibilities.
- 'Soft skills' should emphasized in curriculum.
- Set team expectations early and clearly define skills, personal and professional strengths, and weaknesses. Set ground rules, expectations for division of labor, communication patterns, and get to know one another.
- Create time and space for regular professional and peer evaluation, as well as reflection as an interdisciplinary group and discipline-specific conversations.

PH MD

"Myopic" Care

• "Our medical student had a tendency...to see medical

care as the kind of...the key to the client's issues"

• "It [felt] like he [MD] believed his role was

exclusively to look at what is happening

physically...It just felt so myopic to me."

"It provide that bigger context. but for the actual like in the moment, like what do we do? I don't think I was like leaning on a lot of public health skills"

• "I have no idea what public health student does..."

Lack of Direct Practice Application

Disciplinary Themes

Uncertain Knowledge Base

• "I think sometimes we need a more defined role to truly make the

changes that we want to make...when it comes to daily actions

are with interacting with the client when it, when they don't

necessarily need health education and they need other basic

services that are essentially social determinants of health."

with refugee clients, it's difficult to conceptualize what our roles

Knowledge of SDOH and Population Interventions "We talk so much about the stigma against refugees

and the beliefs that the public believes about how they come to our country and they're using all our welfare benefits...public health students are in a position to change that area. I think they're really powerful."

System Level Approach

"With my public health background, I was able to kind of classify...on different levels, individual level, interpersonal, beyond to the sociological model."

SW

Rapport-building and soft skills

"You cannot know how to help people if you don't know how to listen to them in the first place. And I didn't realize that other disciplines don't spend the same amount of time developing that skill that we do."

• "[The MD student had] this attitude of efficiency vs. long-term commitment...[lacked] appreciation for soft-skills progress of trust and communication rather than tangible outcomes."

Emphasis on Efficiency

 "It made our MD pretty uncomfortable to not be able to check off boxes to know that...it's going to take time."

Team MVP

"I was thinking about the social worker...would be the most useful member of the team or their skills. And I think that was correct."

Unique Social Work Perspectives

- "It's easy for me to take a cynical view of my profession because it feels like the stuff we do is so self-evident and intuitive, right? ... I just realized, oh, we actually do bring something unique."
- "I think social work helps me have more of a wider lens and understanding the fact that this person is having this experience as a result of these different interactions they're having...whether it's public benefits, or social security, or moving, or just the trauma that they're here with nothing."

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- 1. NC Refugee Health Program of the NC Dept. of Health and Human Services, 2016
- 2. Atul Gawande. Cowboys and Pit Crews. The New Yorker, 2011.