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

Adrianna Warner1; Rachel Reiss2; Ariel Hwang3

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

Interdisciplinary Collaboration: Value and Barriers

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.
- Refugees often lack health care over years of transition, and face barriers to health care and social services.

An Interdisciplinary Approach to Refugee Health
- Providing refugee clients with optimal care requires collaboration from many sectors of health care, policy, and social services.

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
School of Public Health
- Case Management
- Health Care Access
- Health Education & Promotion
- Mental Health

School of Medicine
- Global Refugee Health
- Triple Trauma Paradigm
- Interpretation
- Refugee Health Promotion & Screening

School of Social Work

Client Work
- Care Management
- Health Care Access
- Health Education & Promotion
- Mental Health

Learning Objectives
- Global Refugee Health
- Triple Trauma Paradigm
- Interpretation
- Refugee Health Promotion & Screening

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 45-minute 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 patterns, themes by at least two study members, and recorded, anonymized, and transcribed.

We report findings from interviews with students from the interdisciplinary pilot course on challenges and strategies for learning interdisciplinary practice.

Value
Interdisciplinary collaboration helps to support resettled refugees.

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 complemented 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 language that they speak and creating those professional connections, it is vital. And think that's how all of our disciplines evolve and become more interdisciplinary. I think that's how we better understand the whole in a holistic sense and know that it is so incredibly hard.

comprehensive care
"I was the medicine half, and he was almost the holistic half of me, treating both halves of our patient... he was my other half as far as treating these health issues.

Value and Barriers

"the communication part is so much harder than you expect it to be."

"I [PH] would be a 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.

We recorded, anonymized, and transcribed.

"It's like you need an interpreter, like telephonic interpretation, for these cross-disciplinary conversations" - 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.

We recorded, anonymized, and transcribed.

internal rapport
"It's harder to relate to someone who is training in a different way"  

"It's the end we [had] a rhythm, and I think a lot of what contributed to that was our just building rapport with the client, and team members building rapport with themselves... that's maybe something that was overlooked."

structure 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.

Disciplinary Themes

Uncertain Knowledge Base
"I think sometimes we need to make sure that we're truly making the changes that we want to make... sometimes to daily actions with the clients, it's difficult sometimes what role we are one with interacting with the client when, if they don't necessarily need health education and they need basic services that are essentially social determinants of health.

"I think we have little public health student does..."

"There's no truth in the point where you consider professionally... I don't know that the MD student is valuable.

Unvolatile Care
"I [PH] [felt] like the MD before this role was exclusively to look at what is happening physically... it was a bit more so when our roles were a bit more being one in the middle... the MD was... the MD student was... the client..."

"It's very crucial - our clients have so many more medical issues from the general population. Understanding how to access an American medical system is super confusing... it's important to have the support of the team in that environment.

"It's not in the point where you can consider professionally... I don't know..."

Emphasis on Efficiency
"The MD student did... their attitude of efficiency... long-term commitment... lack of appreciation for small-dollar progress of trust... communication and interaction rather than tangible outcomes.

"It makes the MD pretty uncomfortable to not be able to check off boxes... to trust that the client is going to be fine.

"It wasn't in the point where you could consider professionally... I don't know that the MD student role is valuable.

Value of MD Student Participation
"It's very crucial - our clients have so many more medical issues from the general population. Understanding how to access an American medical system is super confusing... it's important to have the support of the team in that environment.

"This isn't a professional area you can consider professionally... I don't know that the MD student role is valuable.

We recorded, anonymized, and transcribed.

Considerations for Educational Settings

We recorded, anonymized, and transcribed.

- 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 be 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.

Acknowledgements
The authors gratefully acknowledge the efforts and participation of the students in the 2017-18 Refugee Health and Wellness Class. We would also like to thank the course instructors, Dr. Martha Carluccio (UNC-CH, Family Medicine) and Josh Hinson, MSW (UNC-CH, School of Social Work) for their support, teaching, and guidance. Additional thanks go to the School of Public Health, School of Medicine, & NC AHEC.

References