Interprofessionalism and Humanitarian Service Learning

James Kundart
From the Editor

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In the Pacific Northwest, spring break is almost upon us. From the public schools to private universities, students will be recovering from exams, catching up on sleep, and visiting family. Some who can afford it may go south to warmer climes. Others see this as an opportunity to volunteer for a week of service learning.

One example with which I am very familiar is the student-run organization Amigos Eye Care. During the last week in March of 2014, Amigos will send three teams, totaling about three dozen optometry students, faculty, and volunteers, to provide eye exams and glasses for hundreds of patients in need in Costa Rica, Nicaragua, and El Salvador. Amigos has been active for decades, but their mode of operation is changing. Now, in order to provide care in a sustainable way, these mission trips must transition from an interdisciplinary model to an interprofessional one.

According to Wikipedia, interdisciplinary care is when professionals “from two or more disciplines pool their approaches and modify them so that they are better suited to the problem at hand” (Interdisciplinarity, n.d.). Compare this to interprofessionalism, which refers to “two or more professions in health and social care (work) together…with the object of cultivating collaborative practice for providing client- or patient-centered health care” (Interprofessional education, n.d.). The way it is usually interpreted in the U.S., interdisciplinary care is sequential co-management, and interprofessional care is performed simultaneously.

Often, interdisciplinary care for underserved populations is coordinated by non-governmental organizations (NGOs). In the interdisciplinary model, the NGO arranges for different health care professionals to visit at different times during the year. For example, Amigos Eye Care coordinates with the Children’s Well-Being Foundation, based in Boston. CWB provides dental clinics, psychological care for children, and helps coordinate yearly vision clinics in San José, Costa Rica. Amigos provides the vision care and donated eyewear, and has future plans to deliver donated eye exam
equipment to CWB so that there can be year-round care. The CWB dental and mental health professionals help the same population at different times in the year.

Sometimes, surgeons are also needed. For instance, when patients are examined who require surgery for a crossed eye or congenital cataract, Amigos refers to local surgeons to provide this service. This is easier for citizens of Costa Rica than immigrants from other Latin American countries, because Costa Rica has national health care. For citizens of other countries, a surgical team must follow at a later time. This creates logistical problems for these patients to be found again, as many do not have telephones, and San José is a city where the streets quite literally have no names. This is a weakness of the interdisciplinary model, because only one type of health care provider is seeing patients at any given time.

In other places, an interprofessional model is being adopted. Under this model, teams work to solve patient problems simultaneously. Patient visits may take longer, but take place in one location on one day. One example from the U.S. is an interprofessional diabetes clinic run with students from optometry, dental health science, occupational and physical therapy, psychology, physician assistant studies, and pharmacy (Timpone, 2012).

In Nicaragua, one successful interprofessional organization is Amos Health and Hope, whose mission “to improve the health of impoverished communities by working alongside them in health, education and development.” Thus, Amos coordinates health care, but also works to decrease morbidity and mortality through public health measures, like clean water. Amos Health and Hope only operates in Nicaragua, but coordinates simultaneous care each summer by another Pacific University student team, consisting of dental hygiene, OT, PT, pharmacy, and physician assistant students (Boggis, 2013). Amos Health and Hope also works with Amigos Eye Care in the spring.

International service learning helps many people, and helps train many health care students. Interprofessionalism promises to make that care more efficient and cost-effective—and effective strategies that are used abroad can and should be used to inform the care we provide here at home.

In good health,

James Kundart

Endnotes


References


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