



Rural interprofessional education in Australia: networking to fill the vacuum?

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Multiple initiatives are being conducted by University Departments of Rural Health (UDRHs) and Rural Clinical Schools (RCSs), which are linked to metropolitan and regional universities and are located throughout Australia. These vary from classroom-based discussion, seminars and role-play of hypothetical clinical scenarios to colocated community-based clinical attachments and project groups in which varying combinations of health science undergraduates and graduate entry students participate. The strategy of interprofessional education (IPE) in rural health education is growing in response to the need to prepare students for the flexible and collaborative nature of rural practice. IPE is when students learn with, from and about each other to improve collaboration and the quality of care. 1 The duration of the IPE activities varies from a few hours to 8 weeks, depending on the location. This paper will briefly describe some of the activities around the country, together with evaluation outcomes. For a fuller description of programs please see attachment of a full profile table composed by JF of behalf of RIPEN. 2

Although they have been developed largely in isolation of one another, the initiatives share the common aim of improving the capacity of new graduate health practitioners to work together, a particularly identified competency vital to effective and sustainable rural health care delivery. Furthermore, although the academics responsible for the initiatives come from various backgrounds and are linked to different universities, they share a common commitment to IPE in the rural context.

In June 2005 academic staff from UDRHs around Australia formed a network under the auspices of the Australian Rural Health Education Network (ARHEN). The Rural IPE Network (RIPEN) aims to promote rural interprofessional education as an integral component of health science education programs in Australia. The Network plans to achieve this aim by advocating IPE in health care delivery and education contexts, encouraging collaborative IPE research and sharing knowledge and resources between sites.

Membership

The ARHEN Rural Interprofessional Education Network (or RIPEN) is open to educators from University Departments of Rural Health (UDRH) and Rural Clinical Schools (RCS) with an interest in Interprofessional Education (IPE) and Interprofessional Practice (IPP). Other health professional educators with an interest IPE may be invited to join Network meetings as 'associates'.

Aim

The aim of the Rural IPE Network is to promote interprofessional education as an essential component of health professional education programs in Australia, particularly in the context of rural health care.

Network Priority Areas

The Rural IPE Network has identified the following priority areas:

- ▷ developing an active and sustainable IPE-focused network for mutual support and sharing of knowledge and resources where appropriate
- ▷ ensuring that IPE becomes an integral and sustainable part UDRH and RCS education programs and promoting IPE amongst undergraduate health professional students
- ▷ encouraging collaboration between sites where IPE is conducted and nurturing the development of IPE and IPP at those sites





- ▷ monitoring and evaluating IPE and IPP activities across UDRH and RCS sites, developing research initiatives, including collaborative projects, and encouraging the publication and presentation of related papers
- ▷ lobbying both government and non-government organisations to support IPE initiatives.

Meetings

- ▷ The Rural IPE Network will hold a minimum of six teleconference meetings annually.
- ▷ One annual face-to-face meeting, to be held in Canberra, will be coordinated with support from UDRH Directors.
- ▷ ARHEN will provide administrative support for all meetings.
- ▷ Rural IPE Network members will facilitate/chair meetings.
- ▷ Rural IPE Network members will nominate a chair at the first meeting of each calendar year.

In an effort to fulfil the RIPEN advocacy role the following statement was prepared as a declaration of our position on IPE and as an effort to move towards supportive policy recommendations. This statement was written by TS and NS on behalf of the network.

Statement and recommendation to ARHEN and FRAME directors

In recent years, Australia's peer countries such as the US, UK and Canada have recognised the importance of developing interprofessional education (IPE) programs and improving interprofessional practice (IPP). This recognition has taken the form of mandated education and training policy initiatives, government funding and associated program and curriculum reform. IPE and IPP are seen as practical necessities in response to pressures for greater efficiency and effectiveness of team-based, interdisciplinary health care delivery.

There is now a substantial base of research evidence that shows improvements in interprofessional practice can lead to significant improvements in a wide range of health care contexts. The benefits have been particularly well documented in conditions that are chronic and complex such as the management of diabetes, asthma, cardiovascular disease, emergency procedures and rehabilitation, aged care, indigenous and mental health. Improving IPP has also been shown to reduce the prevalence of interprofessional miscommunication, tension and preventable adverse events. The value that effective IPE and IPP approaches may also include reduced workplace stress and increase job satisfaction. Such beneficial effects are of particular pertinence in rural health care where the perennial workforce shortages and projected to worsen over the next several decades.

The Conference Communiqué from the 8th National Rural Health Conference held at Alice Springs earlier this year says in part: '... workforce changes will require a significant shift in the way health professionals are prepared for practice. The Conference heard about overseas and Australian work on interprofessional education (IPE), which will help provide an effective and sustainable non-metropolitan health workforce team in the future.'

Despite significant international developments in IPE, there has been very little parallel movement in Australia. There are in fact only a relatively small number of pilot IPE initiatives, involving relatively small numbers of students. These are typically isolated, rural-based, short-term initiatives that probably have limited scope to effect the lasting, systemic change that is needed. More optimistically, they form a solid basis from which IPE may be integrated into mainstream health professional undergraduate and postgraduate education. What is needed, however, is a national recognition that IPE and IPP are essential prerequisites to optimising the effectiveness of scarce rural health care services and human resources. This recognition would ideally be manifest in policy commitment, project funding and medium to long-term change management strategies, necessarily shared by local, state, commonwealth health authorities and universities.

The UDRH IPE Network request that ARHEN and FRAME Directors recognise and respond to this important issue by actively supporting a collaborative communication and advocacy paper targeting relevant sectors and authorities. One of the ten Key Recommendations of the 8th National Rural Health Conference is that Australian health professional students experience IPE. Further to this, in the discussion paper on the conference recommendations it is stated that breaking down 'the uni-disciplinary silos' requires a united commitment to the development of IPP. We strongly

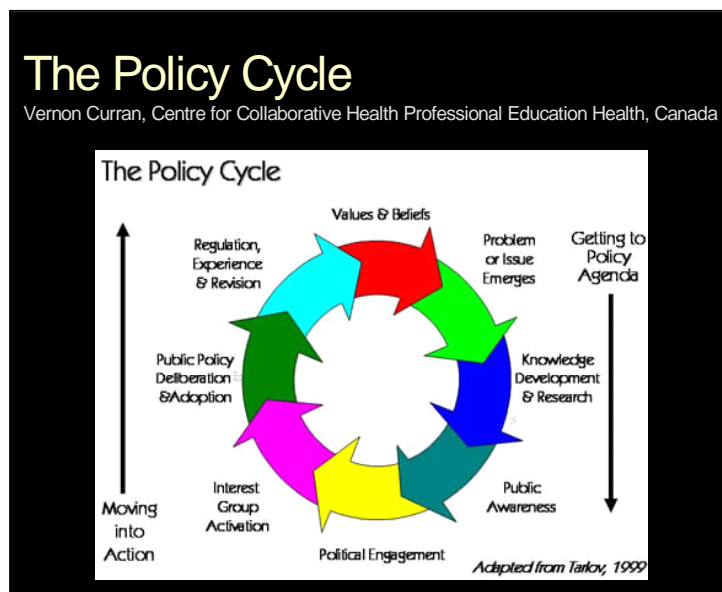




endorse this view. It is further recommended in the same document that 'State and Federal Ministers for Health and Higher Education should immediately inform higher education institutions and health professional bodies that undergraduate health professional curricula must be changed to incorporate and/or address the need for interprofessional education and future clinical practice'. While the National Rural Health Alliance is undoubtedly one means of carrying this recommendation forward, we suggest that much of the weight should be borne by the UDRHs and RCSs. For this reason we propose that an advocacy paper, to be prepared by the IPE Network on behalf of the Directors, is forwarded to the relevant Ministers.

Forming a network has been as mentioned above in response to the ground swell of interest in IPE as a strategy in rural health education. Borne of the opportunity to prepare health science students for the reality of rural practice and out of a desire for education to be more community responsive and inclusive, RIPEN has been challenged to consider the role of policy in health education.

The policy cycle In Australian rural interprofessional education



The RIPEN group have agreed that slower rate to which IPE has been embraced has been due to a policy vacuum and a subsequent failure to complete the Policy Cycle. The Policy Cycle has been adapted by Curran from Tarlov and reflects the steps in a cycle which can lead to supportive policy directives. 3

The Policy Cycle is described as having two halves. The first is getting policy into the agenda, consisting of the evolution of values and beliefs to the stage of public awareness of the need for change. The other half is moving policy into action which begins with political engagement and ultimately leads to implementation with regulation, experience and revision.

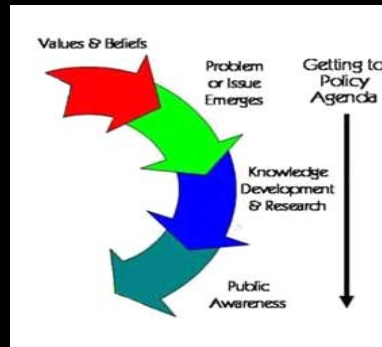
While other elements of the cycle are evident in Australia, such as a necessary system of values and beliefs and recognition that a problem exists with traditional models of health care delivery, limited awareness in various forums has led to a failure to engage the government and universities in the widespread implementation of IPE.





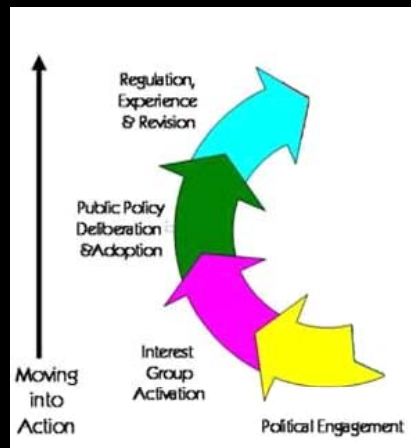
Getting Policy to Agenda

Vernon Curran, Centre for Collaborative Health Professional Education Health, Canada



Moving Policy into Action

Vernon Curran, Centre for Collaborative Health Professional Education Health, Canada



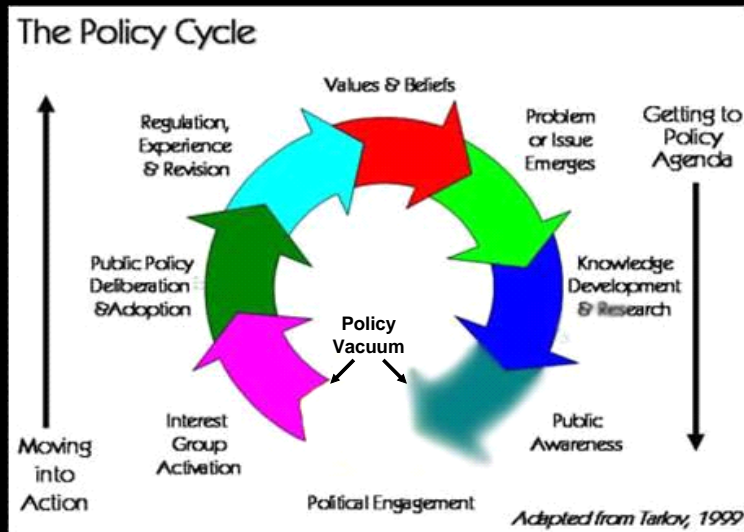
Members of RIPEN agree that if IPE and Interprofessional practice are to be sustained and evolved to meet the needs of rural health service users, collaboration between educators, clinicians, researchers and policy makers is paramount. Efforts to fill the policy vacuum must take place at all levels, micro, meso and macro. At the micro level, educators and students alike need to have shared goals and trusting relationships which will promote development of teaching and learning strategies in IPE in the rural context. At the meso or institutional level barriers to IPE need to be positively reframed as challenges. The importance of leadership, incentive and funding along with changes in governance are factors that must be lobbied for at that level. Decisions made by government in the areas of health, education and social policy represent the macro level where guiding policies can really drive major change. At each of these levels the importance of research and advocacy for any change is essential to fill the policy vacuum. RIPEN will continue to produce collaborative efforts to influence policy that supports IPE in rural health education.





The Policy Cycle

Vernon Curran, Centre for Collaborative Health Professional Education Health, Canada



IPE in Rural Health Education: the need for networking to fill the policy vacuum.

Adapted by TS from Curran.

References

- 1 Barr H, Koppel I, Reeves S, Hammick M, Freeth D. Effective Interprofessional Education Argument Assumption and Evidence Blackwell Publishing CAIPE, 2005.
- 2 IPE Activity Profile Table (see attached document)
- 3 www.hc-sc.gc.ca/hhr-rhs/stateg/interprof/synth-e.html 10 August 2006



Interprofessional education (IPE) and interprofessional practice (IPP) in University Departments of Rural Health 2005

Institution	IPE activity	Discipline	Aim & Objectives	Content
School of Rural Health, University of Melbourne	<ul style="list-style-type: none"> Rural Inter-professional Education Project (RIPE) Period 2001-2005 Community placement of interdisciplinary pairs preceptored by 2 clinicians from same disciplines. Length – 2 weeks	Years 3-4 Medicine Nursing Pharmacy Physiotherapy Average 30 per annum	<ul style="list-style-type: none"> Provide an interprofessional learning experience for students and preceptors through rural clinical placements Undertake research into interprofessional education and practice Encourage students to consider returning to rural practice in the future 	Teamwork & interprofessional dynamics Rural & community-based health care Involves <ul style="list-style-type: none"> Pre/post student questionnaire 2 tutorials 2 days (min) with each preceptor Online student discussions Interaction with local community Community based project
	<ul style="list-style-type: none"> Rural Health Module Subject embedded in the medical curriculum of The University of Melbourne for semester 10 and 11 medical students. This is a 4 week rural placement in regional, small town and Koori communities.	Medical students Some physiotherapy students have attended	<ul style="list-style-type: none"> Provide a rural experience for medical students in interprofessional settings at regional, small town and Koori communities The conceptual framework for the rural experience examines access, cultural safety, teampractice, overlapping relationships and models of rural health practice 	A compulsory 4 week rural placement for medical students within an interprofessional setting with assessment through: <ul style="list-style-type: none"> Community assessments A presentation Written paper

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UDRH, University of Tasmania	<ul style="list-style-type: none"> Inter-professional Rural Program (IRP) Period 2001- current Part of students programmed community placement (clinical & community) Length -2 weeks	Year 3 nursing, Year 3 & 4 medicine, Year 3 & 4 pharmacy. Voluntary community elective	Aims <ul style="list-style-type: none"> Enhance communication & collaboration between academics, students & rural practitioners Prepare health professional students for rural interprofessional practice Students will: <ul style="list-style-type: none"> Gain an understanding of the social, cultural, economic & political issues associated with Tasmania's rural communities Understand the interprofessional approach to delivery primary health care to people living in rural areas Demonstrate effective participation in the interprofessional rural health care team Describe interrelations of family, colleagues, patients and the rural community in the provision of rural health care 	Discipline based community placement with theoretical component, clinical application (placements) and community immersion including: <ul style="list-style-type: none"> Half day with different practitioners Group and self directed learning Social activities Three main topic areas: <ul style="list-style-type: none"> Understanding of rural health and health care Theoretical understandings of PHC with opportunity to integrate this into practice reality Prepare students as effective interprofessional team members in the rural context Sessions on: <ul style="list-style-type: none"> Social view of health Epidemiology Rural workforce issues Overview of rural health Written/ other work: <ul style="list-style-type: none"> Team response to community (client) based learning scenario Small research project based on community need completed by team
	<ul style="list-style-type: none"> Clinical Supervisor workshops 	Allied health clinical supervisors		Introduction to clinical supervision, challenges, assessment & feedback.
	<ul style="list-style-type: none"> Project – Innovative solutions to skill shortages in health (due for completion August 2006) 		Purpose is to locate, analyse and make accessible innovative models of health training & service delivery that have been developed in response to a shortage of skill.	Map characteristics and demand for health workers

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	<ul style="list-style-type: none"> <li data-bbox="488 240 898 320">Interprofessional graduate research program (Master preliminary, Masters by research and PhD) 	Medicine, nursing, pharmacy, allied health, associated rural workers	<p data-bbox="1193 240 1610 320">To provide a rigorous research training from Masters preliminary level through to PhD within an interprofessional framework.</p> <p data-bbox="1193 336 1610 416">To strengthen the ability of students to critique their work within a broader understanding of their own and other professions</p> <p data-bbox="1193 432 1610 528">To strengthen each student's ability to impact upon rural health practice and policy and to do so from a position of sensitivity to the interprofessional nature of rural health</p>	<p data-bbox="1632 240 2042 320">The students support program features workshops, seminars and research schools all are IP focused.</p>

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Northern NSW UDRH, University of Newcastle	<ul style="list-style-type: none"> Multi-professional Learning Modules (MLM) Period 2001-2004 Hypothetical in classroom Length – Depends on scenario. 4-8 hrs over 2-4 sessions over 1 day – 4 weeks	Medicine, nursing, allied health. Part of UDRH placement All on placement 10-45	<ul style="list-style-type: none"> Opportunity to interact across boundaries Develop professional communication skills Explore boundaries of professional identity Develop understanding of other health professions Promote health care ethic based on effective teamwork. 	Modules include staff from the local area health service and community: <ul style="list-style-type: none"> Team approach to stroke Ethical health care & professional practice Child protection and self care Major trauma & clinical error Child protection on clinical practice Methods include: <ul style="list-style-type: none"> Didactic presentation Expert panel Site visit Group discussion Online material Videoconference Directed learning Role play
NRUDRH/ University of Sydney & Southern Cross University	<ul style="list-style-type: none"> Inter-professional Learning Initiative (ILI) Period 2006- onwards Part of students programmed community placement (hospital & clinical care) Length – 3-4 weeks	At least one of each year 3-4 medicine & final year nursing & allied health Voluntary clinical placement Average 4-6 per ward	Provide opportunity to develop knowledge skills and behaviours to work as part of a patient centred multidisciplinary team <ol style="list-style-type: none"> Explain role of other health care workers in the team Value expertise of other health professionals Demonstrate effective communication & collaboration in the team Demonstrate positive attitude towards patient centred collaborative care 	Practice based. Shared learning experience whilst on common clinical placement <ul style="list-style-type: none"> Team building workshop Student run case discussions Observation of other discipline patient assessment No written work or assessment
UDRH Northern NSW - Tamworth	<ul style="list-style-type: none"> Undergraduate rural allied health training component (4 weeks up to 1 year) Allied health student placements (400-500 weeks) VET approved training in CPR for indigenous community, ambulance and fire brigade 	OT, physiotherapy, radiography, dietetics, pharmacy OT, radiography, dietetics, physiotherapy		

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Combined Universities Centre for Rural Health (CUCRH) – Geraldton WA	<ul style="list-style-type: none"> • Interprofessional Education • Allied health Training 			<p>5 x allied health professional development grants per year to providers of professional education.</p> <p>Research skills training (6 week & 3 month fellowships) to undertake research or evaluation activities through PHCRED.</p> <p>Support for allied health training – videoconferencing CUCRH seminars.</p>
	<ul style="list-style-type: none"> • VET level allied health assistance/PHC work 			Partnership with WACHS investigating the TA model.
Spencer Gulf Rural Health School (SGRHS), SA	<ul style="list-style-type: none"> • Rural & Remote Health course 	<p>Pilot course in 2005. One semester online or one week rural intensive</p> <p>Open to all students within the division of health sciences</p>	To provide students with knowledge of contemporary Australian rural health.	Currently under review - to commence in 2006 as a Broadening Undergraduate Education Course.
	<ul style="list-style-type: none"> • Rural Public Health Course 	Undergrad or post grad. Predominantly delivered in Whyalla.	Builds on the knowledge and skills gained in previous public health subjects.	Examine patterns of morbidity & mortality, explore and analyse determinants of health and illness in rural remote settings, understand issues related to service provision & utilisation, and analyse how regional health & other service providers apply state and federal health policy in local settings.
	<ul style="list-style-type: none"> • CPE & IT training 	All health professionals		
	<ul style="list-style-type: none"> • Preparation for rural practice workshops 	Half day workshop - open to all students choosing a rural placement.		Workshop covers - what is rural and remote health, practice style, professional development and support, service delivery, survival skills for rural and remote practice.
	<ul style="list-style-type: none"> • Multidisciplinary student case discussions 	Health students from multidisciplinary backgrounds	Create an environment where students from multi-d background can freely discuss and share discipline specific knowledge and ideas regarding case scenarios.	
	<ul style="list-style-type: none"> • Vacation Bursary program • Accommodation & socialisation activities 			

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UDRH - Broken Hill, NSW	<ul style="list-style-type: none"> Diploma in Indigenous Primary Health Care 	<p>Aboriginal PHC workers in remote communities, or people working in the role without formal training.</p> <p>2 years full-time</p>	The course is designed to ensure that student learning is connected with day-to-day work in communities.	<p>Training comprises 16 units of study:</p> <p>Aboriginal health & culture, PHC and community development, health promotion & prevention, first aid and basic clinical skills, basic counselling skills, health from infancy to adolescence, pregnancy, women's health, men's health, the health of the individual and community health, lifestyle, nutrition and disease, and professional development subjects enhancing literacy, computing and communication skills.</p>
	<ul style="list-style-type: none"> Advanced Diploma in Indigenous Primary Health Care 	<p>Aboriginal PHC workers with Diploma.</p> <p>Part time course.</p> <p>Educators are multidisciplinary.</p>	The focus of this course is on enhancing PHC knowledge, competencies and professional practice.	
	<ul style="list-style-type: none"> Enhancement of Isolated Practice Program 	<p>Allied health practitioners</p> <p>Flexible delivery mode.</p>	Provides relevant work related education for all allied health practitioners in rural and remote areas.	<p>The course provides professional development to increase ability to effectively implement PHC and:</p> <p>Improve knowledge of key concepts</p> <p>Equip with skills essential to clinical practice</p> <p>Facilitate application of knowledge and skills to clinical practice.</p>

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RCS Toowoomba QLD School of Medicine University of Queensland	<ul style="list-style-type: none"> Interprofessional academic appointments Offer longer clinical placements for final year UQ students including: <ul style="list-style-type: none"> Interprofessional seminars Reflective sessions/journals Hold & fund an Interprofessional clinical supervision workshop 	5 part time appointments -physio, speech pathologist, pharmacist, exercise physiologist. & OT.	Arrange & facilitate interprofessional activities for medical and other health science students from UQ and other Unis based at Toowoomba for clinical placement	
	<ul style="list-style-type: none"> RCS hosts an Interprofessional clinical educators working party 			Includes a video-conference for allied health clinical educators
	<ul style="list-style-type: none"> RCS facilities open to all health science students eg computer room, library. 	Nine disciplines in Toowoomba Health service District Queensland Health	Improve collaboration in clinical education	
	<ul style="list-style-type: none"> Rural rotation BBQs and community outings 		Facilitate social interaction	
	<ul style="list-style-type: none"> Allied Health project/ Rural Health Project 	Medical (MBBS) students & other health professionals	Medical students offer up their services as a resource to other health professionals while on placements.	The medical students on rural rotation collaborate on a project with other health professionals or students beyond their discipline to increase their knowledge of the role and scope of other health professionals.
Mount Isa Centre for Rural and Remote Health (MICRRH)	<ul style="list-style-type: none"> Weekly Multidisciplinary Grand Rounds including monthly journal club 	Voluntary attendance of hospital staff and other health professionals within the region	Provide multidisciplinary professional development and education Provide vertical integration of educational activities Promote evidence based multidisciplinary learning through journal clubs	Broad range of Clinical and Socio-economic presentations Journal Club workshops Research methodology workshops Multidisciplinary student placements and includes joint community projects.
	<ul style="list-style-type: none"> Primary Health Care Research training workshops 	Voluntary attendance of All primary health care professionals and students	Facilitate an awareness amongst students and professionals of the multidisciplinary nature of rural and remote health.	
	<ul style="list-style-type: none"> Multidisciplinary student remote community attachments IPE Multidisciplinary training and workshops sponsored by Health Workforce Queensland, Queensland Ambulance / James Cook University / University of Queensland RHINO/TROPIC 	Medicine, Pharmacy, Indigenous Health Workers Medicine Nursing Pharmacy	The development of essential knowledge and skills in the following components of comprehensive rural and remote practice <ul style="list-style-type: none"> Common problems and presentations QEMS, transport, evacuation, retrieval and disaster management Public, environmental health and 	<ul style="list-style-type: none"> Pre-Hospital Emergency Care Aeromedical evacuation Helicopter safety Crew resource management Clinical Co-ordination & QEMS – Queensland Emergency medical system

Institution	IPE activity	Discipline	Aim & Objectives	Content
	<ul style="list-style-type: none"> Queensland Rural Health Club Retreat 	Physio-therapy Paramedical (Emergency health Services) 40 students	teamwork Extended scope of practice in rural and remote health including: <ul style="list-style-type: none"> Primary, secondary and tertiary care (across the continuum) Multidisciplinary care 	<ul style="list-style-type: none"> 4 clinical Scenario / OSCE's in EMS remote context & locations Workshops over 2 days
Monash School of Rural Health	<ul style="list-style-type: none"> Cultural immersion /cultural awareness selective, Iga Warta, Flinders Ranges Length – 1 week.	Year 1 medical (MBBS) students and double degree Nursing students	Aims <ul style="list-style-type: none"> Provide students with a learning experience in a rural and remote Aboriginal community. To encourage students to consider working in rural or remote Aboriginal communities To have an opportunity to learn first hand from Aboriginal people who have lived their history. Develop understanding and respect of other health professions. Students will: <ul style="list-style-type: none"> Recognise and appreciate an Aboriginal perspective Discuss the social and historical context for Aboriginal people today in urban, rural and remote locations Understand the health needs of urban, rural and remote Aboriginal communities. Integrate into their knowledge and practice a better understanding of traditional; Aboriginal culture and of the complexities of contemporary Aboriginal societies. 	<ul style="list-style-type: none"> Aboriginal community leaders will provide talks and demonstrations to explain and show Aboriginal culture and society, and the historical context of these. Interactive sessions to reinforce an understanding of the complexity, diversity and depth of Aboriginal culture Visits to Aboriginal health centres in urban and remote locations and talks by Aboriginal health workers at these locations reveal the functions of primary health care Emergency scenarios challenge students to think about how to work in a remote location and to work as a team. Excursions under the leadership of custodians provide students with a knowledge of the environment and the resourcefulness of communities who live there Informal and reflective sessions reinforce an understanding of the complexity, diversity and depth of Aboriginal culture.