### Case Study No:12: MULTIDISCIPLINARY TEAMS & INTERPROFESSIONAL LEARNING (IPL) IN PRIMARY HEALTH CARE SETTINGS (ID 170), ALSO CASE STUDY NO 36 IPL & SIMULATION LEARNING - PREVENTION & MANAGEMENT OF FALLS (158-2)

<table>
<thead>
<tr>
<th>Organisation/s</th>
<th>Broken Hill University Department of Rural Health, University of Sydney in partnership the local area health service, Aboriginal Health Corporation, local government and private health provider.</th>
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<tbody>
<tr>
<td>RHCE2 Funding:</td>
<td>$52,690.00 (ex GST) Round 1</td>
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<td>Project status:</td>
<td>Project completed and final report submitted</td>
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<td>Project type:</td>
<td>inter-professional learning, multidisciplinary teams</td>
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<td>Location:</td>
<td>NSW – RA 3-5</td>
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<td>Target Groups:</td>
<td>speech pathology, physiotherapy, occupational therapy, pharmacy, dietetics, general practitioners, nurses and midwives</td>
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<td>Purpose:</td>
<td>Prior to the RHCE2 project, literature reviews were undertaken to support the establishment of the undergraduate IPL program. Evidence relating to best practice models have been utilised in the development of this program. See: <a href="http://sydney.edu.au/search/?collection=Usyd&amp;scope=sydney.edu.au/medicine/&amp;query=Inter-professional%20Learning">http://sydney.edu.au/search/?collection=Usyd&amp;scope=sydney.edu.au/medicine/&amp;query=Inter-professional%20Learning</a> This funding enabled the development and piloting of the project (8 full days of direct IPL delivery in Wilcannia, Menindee &amp; Broken Hill) to embed multi-disciplinary team work into rural and remote settings across the domains of mainstream and Indigenous health and aged care in western NSW.</td>
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### Project Highlights

The project was delivered by an externally appointed IPL consultant and the Health Education Officer at Broken Hill UDRH: to support the development of a strategic, evidence-based framework for rural and remote relevant IPL; to identify local and regional areas of need relating to IPL development, delivery and evaluation; to develop rural and remote, Indigenous case scenarios that are underpinned by Primary Health Care practice across health and community care teams. Videoconferencing was utilised to undertake participant debriefs & interviews post-delivery in remote sites.
Quotations from final report

It was found during the course of this study that although a number of staff in different organisations had worked together for a long time they still did not have a good picture of each other’s skills and abilities. The workshops provided a platform to explore the differences and similarities.

- The organisational structure has a strong influence on the development of collaborative practice in health care teams. Successful collaboration between the health care professionals requires a shift from hierarchical traditional structures toward horizontal structures. The structure of an organisation creates the foundation for the system in which its teams and work groups are embedded. The structure of an organization can benefit or create barriers to a team’s or work group’s ability to function. In a supportive structure, the team approach is understood, appreciated, and utilised throughout various levels of the organisation, and the management supports teams with resources and rewards.

- Among the team members, there must be a basic level of understanding and acceptance of each other’s disciplines and roles. There must be a sense of respect and recognition for each individual’s knowledge and judgment. It is important that team members develop an understanding of other professions as this has a direct influence on the ability to develop cross-functional skills and knowledge.

As a pilot, this project partially achieved its objectives

- Although the participant and organisational objectives were achieved, the overall objective of the project “...to embed multidisciplinary team work into rural and remote settings...” was only partially successful. The project team recommend that to enable long-term structural and organisational changes in the area of inter-professional learning, a long-term view of the process needs to be considered. The long-term view of this change process should be viewed over a 5-year or longer period, and should include sufficient funding options or flexibility in delivery to allow for issues such as:
  o the back-fill of staff in rural/remote sites to enable services to continue to be available to the community at the same time as staff attend workshops or change management planning days.
  o take into account the needs of local staff in rural/remote sites as well as the needs of fly-in/fly-out health professionals who visit sites on an irregular basis, for example once or twice per year.

We look forward to future developments - ENRICH Program


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