Rural POPPIES: Extracting the Best

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ABSTRACT

In Tasmania, increasing numbers of undergraduate health science students are undertaking clinical rotations and rural health programs in rural and remote areas. Many rural health practitioners contribute to the training of undergraduate students. Traditionally, however, staff development and support for rural clinicians with teaching responsibilities has been beyond the scope of the University. As an acknowledgement of the importance of their teaching contributions, a professional development and support program is being implemented.

Representatives from the University of Tasmania’s Schools of Nursing, Pharmacy, Medicine and the Department of Rural Health drew upon the results of a national benchmarking activity and a survey of rural Tasmanian preceptors to develop the rural POPPIES program [Preceptor On-site Preparation Program, Information, Education and Support]. A series of on-site interdisciplinary workshops are providing rural nurses, doctors and pharmacists the opportunity to reflect upon their experiences and share preceptoring knowledge and skills. Existing infrastructure, especially information technology, is being utilised to assist rural clinicians improve their teaching and assessment skills and provide them with ongoing support in their role as preceptors.

Rural POPPIES is resulting in enhanced partnerships between the University and rural and remote communities. It is also increasing the pool of satisfied and educationally informed rural preceptors through the development of their understanding of educational models and strategies, while providing them with a framework of support. This framework combines information and communications technology with a high degree of academic contact and peer support. Rural POPPIES will ultimately lead to a broader rural learning experience for nursing, medical and pharmacy students, which is more attuned to interdisciplinary collaboration. The increased motivation and commitment by rural preceptors to provide rural experience for undergraduate students will help support and sustain the rural program within the Faculty of Health Science.

INTRODUCTION

The Faculty of Health Science at the University of Tasmania is increasing its emphasis on rural health issues within the undergraduate nursing, pharmacy and medical curricula. As a result, increasing numbers of undergraduate nursing, medical and pharmacy students are undertaking clinical experience rotations and rural health programs in rural and remote areas. The increased exposure and experience for students in rural and remote health care is dependent on rural preceptors who are educationally prepared and supported. In Tasmania, many rural health practitioners contribute to the education of undergraduate students, but formal staff development and support for has been beyond the scope of the University. A professional development and support
program for Tasmanian rural preceptors, known as the Rural Preceptor On Site Preparation Program; Information, Education, and Support (POPPIES), is being implemented to address this issue. This paper will describe the development of rural POPPIES and critically discuss the outcomes.

**RURAL POPPIES: THE CONTEXT**

The difficulty of recruiting and retaining appropriately prepared health care professionals in rural and remote communities is a chronic and worldwide problem. A key factor, consistently identified as having a substantial influence on attracting graduates to pursue careers in rural and remote areas, is preparation during the undergraduate program for the specialised demands and needs of rural practice. Preparation for rural practice is more than imparting education, knowledge and skills; it is the imperative that educational experiences occur in the context of rural practice.

“Preceptorship” is one model employed to enable exposure, with flexibility and choice in selecting specific clinical foci, for students in rural and remote areas. There is a myriad of terms used interchangeably to describe health professionals involved with undergraduate teaching, therefore potential tensions may arise with use of this term. Throughout this paper, the term “preceptor” is used to refer to clinicians who primarily work as health care practitioners and in addition serve as role models and teachers for undergraduate students on a one-to-one basis. At present Tasmanian rural preceptors do not receive monetary remuneration for their undergraduate teaching contribution. A second model to increase rural exposure is for students to undertake population health research programs in rural and remote areas, supervised by local health professionals. As a result, in Tasmania, many rural health practitioners contribute to the rural health education of undergraduate students.

The literature strongly dispels the assumption that expert clinicians make expert teachers. Despite critique concerning the success of preceptor development programs, the literature is rich with recommendations that preceptors have access to educational development and support. Until the inception of the rural POPPIES program, the special difficulties associated with providing educational development for rural preceptors has constrained preceptor development and support by many universities. Exposure and access to professional education and development for rural health care practitioners is difficult. As a result, support and the implementation of educational activities to prepare rural clinicians for teaching responsibilities has been fragmented and unco-ordinated. The need to their access to professional development programs through a diversity of delivery methods, using a range of technologies is recognised by many authors.

The inception of the University Department of Rural Health, Tasmania (UDRH) was the catalyst for development and provision of a comprehensive and co-ordinated approach to rural health education, training and research across Tasmania and across a range of relevant disciplines and professions. The aim of the Department is to provide access to education and training and research opportunities using an open and flexible learning framework supported by appropriate information and communications technology. In fulfilling its aim, the UDRH is working in partnership with the Schools of Nursing, Medicine and Pharmacy, and Tasmanian rural health care agencies to
develop and improve the teaching strategies and techniques employed by rural preceptors who provide learning experiences for undergraduate nursing, pharmacy and medical students.

The UDRH is in the process of establishing a well-resourced network of ten Rural Health Teaching Sites (RHTS) in rural Tasmania. The RHTS have been established adjacent or within the premises of rural hospitals, multi-purpose centres and community health centres as a way of providing students with the opportunity to be involved in rural clinical practice, to have access to rural health professionals and to experience the workings of a rural health facility. They are equipped with leading edge information technology and some have access to videoconferencing facilities for research and teaching purposes.

RURAL POPPIES: INTERDISCIPLINARY EDUCATIONAL SUPPORT

In recognition of the value and excellence of the teaching contributions of rural preceptors, the UDRH, in partnership with the Schools of Nursing, Medicine and Pharmacy, facilitated an interdisciplinary staff development and support strategy to promote high quality undergraduate teaching in rural and remote health care settings. Funding assistance was provided through the Committee for University Training and Staff Development (CUTSD), a subgroup of the Commonwealth Department of Education, Training and Youth Affairs (DETYA), to conduct a pilot program over an eighteen-month period. The rural POPPIES program commenced in December 1999 and is due for completion in June 2000.

The objectives are to secure:

♦ a satisfied and educationally informed pool of rural clinician preceptors;

♦ a firmly embedded and sustainable rural program with the Health Science curriculum;

♦ a culture of interdisciplinary teaching and learning within the curriculum;

♦ enhanced partnerships between the University and rural and remote communities;

♦ greater use of information and communications technology in rural clinical teaching and support; and

♦ shared teaching and learning resources between the health-related disciplines.

The program will result in a model for educational development and support incorporating the needs specific to preceptors working in rural and remote areas of Tasmania.

Initially, an Australian-wide benchmarking activity was undertaken, which revealed formal preparation of health care professionals for the preceptoring role ranged from no preparation, to ad hoc attendance at workshops, through to highly structured
professional development activities. Some models are designed to respond appropriately to the educational needs of rural health care workers. Most models are specific to a particular discipline, with a few extending the original format to accommodate other disciplines.

Against this backdrop we sought to construct a picture of the needs that are specific to Tasmanian rural preceptors. Rural health care professionals, including registered nurses, doctors and pharmacists, who have undergraduate student preceptoring responsibilities were surveyed. Assembly of this anecdotal material suggests that the pool of Tasmanian rural preceptors is predominately a mature aged group who have vast professional experience in the rural and remote health care sector. Across the three disciplines, preceptoring experience with undergraduate students ranged from minimal to extensive. The most striking issues were that:

♦ Tasmanian rural preceptors have had fragmented and unco-ordinated formal educational preparation;
♦ support for rural preceptors during student rotation periods has been minimal and inconsistently co-ordinated; and
♦ preceptoring expectations have not been clearly defined by program directors hence the existence of wide variations in understanding of the curriculum.

There was a clear mandate that Tasmanian rural preceptors sought information and guidance about:

♦ undergraduate health professional education in Tasmania, as well as the rural component of the curriculum;
♦ the role of the rural preceptor and the specific expectations from the University;
♦ the underlying principles of teaching in rural environments; such as the principles of adult learning, domains of learning, teaching methods, and the principles of assessment and evaluation; and
♦ ways of increasing access to support infrastructure during student rotations, especially at times of assessment and evaluation or if encountering challenging situations with a student.

RURAL POPPIES: DEVELOPMENT OF THE PROGRAM

This mandate drove the development of a series of on-site interdisciplinary workshops, which was an important strategy in achieving the project’s objectives. The aim was to provide rural nurses, doctors and pharmacists with an opportunity to reflect upon their experiences and share preceptoring knowledge and skills. The first workshop took place before students undertook rural rotations. This workshop provided an overview of health professional education in Tasmania and introduced the philosophical perspectives of the Schools. The pivotal educational focus centred on the notion of students as active participants, in their learning, during rural experience. Hence, the
emphasis was on “facilitating student learning” rather than “teaching students”. The first workshop also introduced the underlying principles of assessment and evaluation and the issue of performance feedback to students during clinical practice rotations.

The second workshop explored teaching methods and expanded on the specific role the rural preceptor plays in student assessment and evaluation. It also provided opportunity for discussion regarding avenues to provide rural preceptors with support during student placements. Existing infrastructure, especially information technology, is being utilised to assist rural clinicians to improve their teaching and assessment skills and provide them with a high degree of ongoing academic contact and peer support in their role as preceptors. It was apparent that there are wide variations in information and electronic communication literacy. This issue is being addressed by the UDRH through development workshops geared toward increasing information technology understandings and providing access to electronic communication systems for rural health care workers.

RURAL POPPIES: PROGRAM OUTCOMES

The experiences gained through the rural POPPIES workshops are influencing the development of Tasmania’s model of educational development and support for rural health professionals. This reflects the outcomes of the workshops. The model is being developed around a framework of:

♦ program delivery;
♦ preceptor perspectives;
♦ role of university academics;
♦ interdisciplinary collaboration; and
♦ benefits of interdisciplinary team involvement.

Program delivery

Barriers to rural clinicians attending structured professional development sessions were recognised in the development of the rural POPPIES program. To maximise accessibility the workshops were delivered over the weekend and outside professional hours. Six onsite workshops took place concurrently across Tasmania at rural and remote locations, highlighted in Figure 1. A variety of program delivery methods were utilised to communicate workshop content. These included multi-point videoconferencing sessions, the distribution of print resources, clinical problem-based activities, and academic-facilitated information sessions. These initiatives resulted in a healthy turnout of workshop participants with consistent representation from the three disciplines.
Preceptor perspectives

The program revealed that rural preceptors expect more input from the academic Schools of Nursing, Pharmacy and Medicine. They consistently identified the need to be kept informed about the overall curriculum and specifically how rural programs are structured around “what makes a rural experience”, emphasising the point that there “must be more than just a good time in the country”. Rural preceptors wanted details about students before they arrived for their rotation and an indication of what is required of them in terms of a student’s capabilities and position in the course. They also requested the development of easily accessible guidelines that detail Faculty expectations of rural student placements and the role rural health care practitioners play in facilitating their education. These needs have been addressed with the development of a print-based resource package for each of the rural sites, which is supported by a web-based package to accommodate changes as they occur.

Recognition of their teaching and preceptoring contributions is also an important priority for rural preceptors. Ideally, they would like to be renumerated for teaching services however they also recognise this is beyond the realm of the University. Acknowledgement in the form of a certificate, or an official letter has been initiated. Each rural health care worker who participated in the rural POPPIES program received a certificate of participation. Formal recognition for medical and pharmacy participants was possible with the allocation of professional development points. Unfortunately nurses do not have in place any system for formally recognising professional development, however the certificates of participation are important evidence of meeting annual ANCI competency requirements. The rural POPPIES program is also instigating Clinical Titles for rural health professionals who participated in the program.
Role of university academics

The UDRH cannot sustain rural POPPIES without the support of university academics from the Schools of Nursing, Medicine and Pharmacy. Rural preceptors have requested an ongoing educational development program consisting of an annual State-wide forum, with the involvement of professional associations, and one locally-based workshop each year so that they can meet with others and share preceptoring experiences in a multi-disciplinary context. In addition to the ongoing program, new rural health care professionals will be orientated through the rural POPPIES program.

University academics are responsible for providing appropriate support. Rural preceptors requested increased access to academics for support, especially if a problem or query arises during student rotations. The rural POPPIES program has built upon existing information technology infrastructure to support rural health care professionals with student teaching responsibilities. Rural preceptors were unsure about electronic discussion boards or newsletters as systems of support. Their main concern was regular and direct contact with academics and the importance of contact prior to student arrival. The success of the support infrastructure is reliant on academics consistently availing themselves to preceptors prior to and throughout student placements and rural health programs.

Interdisciplinary collaboration

At this point of the project’s journey, the level of interdisciplinary collaboration has been encouraging. Within the actual workshops, practitioners at the local level from the three disciplines recognised that their learning and support needs were being addressed by the rural POPPIES program, and contributed equally, with mutual interaction. This was strongly reflected in the print-based evaluations of the workshops, where participants consistently expressed their appreciation of working across the three disciplines to address issues related to teaching students about rural health issues and practice.

It is anticipated that those in the dominant positions within the Faculty of Health Science will match the level of collaboration achieved by rural health care professionals and academic staff working with the project at the local level. Until this time the School’s limited commitment to providing adequate staff backfill for its representatives, has, at times, constrained collaborative academic contribution to the project which could have potentially undermined the success of the program. The assumption that political and historical boundaries existing between the disciplines of nursing, medicine and pharmacy could be transgressed at project level was ambitious, but necessary. The experiences gained in the first two workshops auger well for more productive and collaborative interdisciplinary discussion, at institutional level, during the third workshop, scheduled to take place at the beginning of 2001 academic year. This workshop will serve as the forum for academics from all three disciplines to discuss the many issues that arose during the rural POPPIES program in order to address the needs of rural preceptors.
Benefits of interdisciplinary team involvement

A multi-skilled interdisciplinary approach to health care is especially apparent within the rural health care sector, and these collaborative relationships and approaches are covertly evident to undergraduate students engaging in rural health rotations. Rural health professionals benefit from an interdisciplinary approach to preceptor development through the opportunity to communicate their teaching experiences in a broader context. The interdisciplinary network that has been established will increase the scope of peer support and mutual respect amongst Tasmania’s rural preceptors.

The collaborative nature of this program also alleviates many of the economic difficulties individual schools would face in delivering separate professional development activities and support systems for rural preceptors. A unified approach to supporting preceptors, sharing teaching and learning resources, will translate to high quality rural teaching and learning opportunities for undergraduate students.

CONCLUSION

In this paper, the development of the rural POPPIES program has been described. Outcomes to date have been critically discussed so that a model of interdisciplinary educational development and support from Tasmanian rural health professionals who are honorary preceptors, can be developed.

The interdisciplinary approach to professional development for rural health practitioners will enhance partnerships between academic schools. This unified approach to supporting preceptors, and sharing teaching and learning resources has alleviated many of the constraints associated with implementing such programs for rural health workers.

The open and flexible learning framework supported by appropriate information and communications technology has provided rural health professionals opportunity to easily access the rural POPPIES program. The provision of ongoing educational development and support for rural preceptors will increase their motivation and commitment to provide high quality rural experience for undergraduate students. Thus the rural POPPIES program is ultimately leading to broader rural learning experiences for nursing, medical and pharmacy students, that are more attuned to interdisciplinary collaboration.

REFERENCES


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AUTHORS

Lisa Dalton is the project manager for the Rural POPPIES program at the University Department of Rural Health, Tasmania. Her diverse clinical experience as a registered nurse provided the platform for her secondment as lecturer within the Bachelor of Nursing program at the School of Nursing at the University of Tasmania. This experience contributed to her interest in rural health issues and augured well for her current role as project manager of the Rural POPPIES program. Lisa is completing the thesis component of her Master of Nursing. The focus of her research is how undergraduate students of nursing, medicine and pharmacy shape their professional identity during clinical experience in rural and remote health care settings. She manages to balance her professional life with a family comprising a husband and two young children with a casual confidence.
Associate Professor Judi Walker is the Director of the University Department of Rural Health, Tasmania. She is recognised nationally and internationally for scholarly work in rural health, primary health care and medical education, particularly the application of information and communications technology to improve access to and quality of health and education services for targeted groups. Currently she is directing a range of research projects in related rural health issues, including self-management of chronic illness, domestic violence awareness, suicide prevention, rural community mental health, rural health promotion and health informatics. Professor Walker is a member of the Council of the University of Tasmania, Academic Senate, Teaching and Learning Committee and Staff Development Committee. She is National President of the Open and Distance Learning Association of Australia and Deputy Convenor of the National Association of Rural Health Education and Research Organisations. She is married with three children and lives on a farm in north-west Tasmania.