The Whakatane Rural Health Interprofessional Immersion Programme

Scott-Jones, Jo

Background and context
There is a mal-distribution of medical providers and other health professions across New Zealand communities. One strategy to address this is to expose undergraduate students to communities outside of the major centres to demonstrate the value of studying, living and working in provincial and rural New Zealand.

Health Workforce New Zealand has funded a joint programme by Auckland and Otago Universities aimed to offer undergraduates across a number of disciplines an immersive experience of Maori and rural health. This is a report of the outcomes up to 2014 for the Whakatane based part of the programme.

Assessment of problem
Learning from, about and with people from other professions, is a rare opportunity for undergraduates in New Zealand. There are also limited opportunities for students to experience Maori and rural communities in an immersive context. The programme is able to offer accommodation and inter-professional work experiences for undergraduate students.

Results

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<tr>
<th>RHIIP Student #</th>
<th>Medicine</th>
<th>Nursing</th>
<th>Physio AUT</th>
<th>Pharmacy</th>
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Feedback from students:

*In terms of pre and post variance, consistently through the blocks the main areas of difference were in the response to the statements "I feel comfortable in a team situation" and "I believe that inter-professional practice is difficult to implement". In both cases the students responses indicate a higher score (a “worse” response) post-placement than pre-placement.*

*This could be interpreted to mean that their understanding of the complexity of working in a team, and the difficulty of leading a team had improved as a result of the course.*

*This highlights an issue with this process for evaluating the course. At the entry point students are reflecting on their expectations of their abilities and knowledge, it is perhaps to be expected that their beliefs and expectations will be challenged during the process of the RHIIP experience.*

Pre and Post variance scores have remained consistent this year with feedback from last year and it is worth noting that the small variance may reflect both positive student biases, as a number of students self-select the course, and also identified challenges to the quality of the assessment tool itself.

*In terms of collaborative practice, and reflection on whether they had exposure to interactions with others, students score the course very highly, and report an increase in their intention to work rurally and in Maori communities.*

*Students rated the course highly for changing their thinking about interprofessional practice and clearly indicated that their understanding of each other’s professional roles had developed as a result of the programme.*

*They also reported that the programme developed this area by challenging preconceptions, exposing and breaking stereotyped ideas and generalisations of other professional roles and that they had a clearer understanding of team decision making and collaboration.*

*Comments indicate that students felt that their knowledge of interprofessional competencies had developed particularly in the areas of team work and shared decision making through the shadowing activity and shared patient interview.*

**Working interprofessionally- what has been gained from placement- student experience**

Students consistently report that they have gained in understanding of others roles, and the value of diversity, gaining a practical understanding of how these roles work together in a rural context. While there remains tension between role specific outcomes
and interprofessional outcomes it is clear that there have been positive differences in attitudes and competencies achieved as part of the program.

*Understanding and challenging roles*

*Better understanding*

*Different viewpoints*

*Huge benefits working interprofessionally on RHIIP being able to appreciate all the roles and what each person brings to health care*

*Having appropriate expectations*

*More confident talking and discussing care plan with the team*

*Nursing council competencies*

*The challenges have become benefits as I have grown and now understand more*

*Breaking down misconceptions*

A majority of comments also relate to students developing a sense of other professionals as individuals, and thus being more comfortable involving them in future health care

*give Drs more credit*

**Knowledge of working a rural health context and its impact / health inequalities**

Students report that their understanding has increased with a greater knowledge of the challenges of the environment, an appreciation of the skills of providers, and often greater awareness of the inequities.

*Greater responsibilities, more chances to use skills, need to work flexibly*

*Isolation inequities, limited access to resource*

*Better understanding of what it is to be a rural GP/OT*

*The challenges for rural health providers are complex and unique to the different communities. Understanding the community context is vital*

*The gaps in ethnicity and needs targeted approach to health funding*

**Knowledge and understanding of working in a rural health care context and learning from patients whanau/families and community**

Feedback has been consistent across the different blocks and reflects the goal of working with chronic disease management also.

The importance of knowledge of agencies and services and building connections was emphasised. Students identified gaining understanding specifically from placement in a rural GP practice, time spent with primary health care providers, and the wealth of knowledge gained from patient interviews and discussion with patients and patient groups. One mentioned how inspiring it was to see a patient managing her chronic condition so well, and the perspective gained from the Kaumatua/kuia group in Opotiki.
One said “you assume you know it all until you sit with patients about their experience and what their community looks like and then you realise you don’t know anything!”

Other comments focussed on a greater understanding of how health needs are met by different providers and the importance of collaboration

how to approach complex patients with good structure and a firm direction.

insight into rural lifestyle from Kiwi orchard visit. Importance of understanding patient context/home/work life

working as a team, understand patients background and a holistic approach to their management plan

the knowledge I gained in the specialist clinics and how the healthcare system works

Working in a Maori cultural context.

Huge benefit has been gained with the establishment of the Noho Marae into the program. This has also presented challenges reflected by students in feedback:

Challenging was

Heart break seeing poverty
Being fully immersed in Maori culture and not really understanding what was going Monday after staying at Marae (one and a half hours away) was too much information and I felt overloaded.

However at the same time students valued the marae experience for the insight into communities, the importance of understanding spiritual connection, Te Reo and Tikanga and constantly expressed gratitude at the hospitality of the Marae hosts. Workshops on the marae enabled an understanding of inequity to be delivered in context and students also reflected positively on the experience of talking to Kaumatua and Kuia of their experience of the health system and the importance of the Marae and culture as the source of wellness.

Future working and outcomes:

While we have only small amounts of data, and this is only variably completed by students, consistently most students have identified an increased willingness to working in a rural or Maori community and some of the factors contributing to this.

approaches to maori health, health lit, aware of the challenges that rural face, benefits of working within a team

health care in the maori context. Respecting other health professions and their opinions

Noho Marae and how you need to connect with the maori community

my experience talking to patients

Cultural enrichment
**Maori importance - rural community important valuing the members of the MDT and their roles**

*Maori Cultural safety and MDT interprofessional relationships*

**Set two questions: future practice:**

At the start of this placement my commitment to professional practice in a rural/regional community was

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<td>32</td>
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32 moderate to very low...41 showed increase to substantial increase.

At the start of this placement my commitment to professional practice in a Māori community was

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Sub increase | increase | No change | Decrease | Sub decrease |
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15 already showing high to very high commitment with a substantial increase or increase in commitment recorded by 30, 11 showing no change

**Context of learning**

Students identified a range of experiential activities as being beneficial to them – this is consistent with literature showing that Interprofessional Education is most beneficial when students are engaged in activities that are authentic and practice focussed
allowing them to experience interprofessional learning and working. They also identified themselves that the informal learning gained from living together was beneficial.

*Interview was a great example of practically illustrating to us both the benefit (to the client and us as health professionals) and the challenges living with other MDT members! And patient interview shadowing and the marae visit*

Strategies for improvement

**Challenges and potential solutions.**

Challenges across the blocks identified were around time management of expectations from the clinical placement and the programme.

Students in ward areas were challenged in finding time to complete learning activities such as the patient interview and shadowing, and when they had clinical supervisors who only worked part time this also was a difficulty.

Role specific learning and interprofessional learning are also still perceived as separate and disparate aims.

They also highlighted that they felt the course and placement issues could be improved with better consistent communication. Currently information is available on a website and via placement supervisors prior to coming on the program.

*Students have suggested that more information needs to be made available within their institutions with clear links to our program outline and expectations and to the importance of accessing the e-learning site. Modes of communication about the program also need to acknowledge that some students are overwhelmed with email and would prefer weekly text updates.*

*In addition it is evident that living together, or at least locally, greatly enhances involvement and learning and increases coordinator ability to build communication opportunities.*

Several suggested that the programme could be more immersive if it was a full one or two weeks rather than short blocks of time in each week. However each group and
discipline has had very different ideas about timetable change and very different profession specific requirements to be met.

**Ongoing evaluation of the program is necessary to continue to be responsive to feedback and aims of the program.**

Conclusion

Despite the complexity of the relationships that have been necessary, gains have been made in the initial development of a program that has shown some beginning positive patient and community outcomes and also the increased interest of undergraduate health professionals to return to a rural area.

Interprofessional Education is one of the clear goals of the program and possibly the most challenging to sustain into the future.

Lasting and successful IPE programs require commitment to sustained development and integration of interprofessional goals that are reflected in organisational value and strategic statements.

Despite the increasing calls for collaboration, integration and interprofessional learning, the political personal and resourcing factors that can hinder or sustain IPE continue to restrain the development of sustainable programs that, by their very nature, challenge the status quo of established institutions and structures.

There is much work to be done to set clear goals for the next several years, along with identified roles within this process. Work needs to be done on a curriculum document that is able to be flexible to different discipline needs and work towards alignment of interprofessional and role specific goals along with an assessment and evaluative framework that supports student engagement and sustained responsive growth of this program.