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Interprofessional education

Position paper
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rural health workforce
AUSTRALIA

The NRHSN is managed by Rural Health Workforce Australia with funding from the Australian Government's Department of Health

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN has two aims:

- to provide a voice for students who are interested in improving health outcomes for rural and remote Australians
- to promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

The NRHSN is managed by Rural Health Workforce Australia (RHWA) with funding from the Federal Department of Health.

Rural Health Workforce Australia

Rural Health Workforce Australia is the national peak body for the seven state and territory Rural Workforce Agencies. Our not-for-profit Network is dedicated to making primary health care more accessible by attracting, recruiting and supporting health professionals needed in rural and remote communities. RHWA is also committed to the future workforce through our support of the National Rural Health Student Network.

Contact us

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Rural Health Clubs

1 **ARMS** - Australian National University, ACT
2 **AURHA** - Adelaide University, SA
3 **BREAATHHE** - University of Newcastle, NSW
4 **BUSHFIRE** - Bond University, QLD
5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
6 **CRANC** - University of Canberra, ACT
7 **FURHS** - Flinders University, SA
8 **HOPE4HEALTH** - Griffith University, QLD
9 **KRASH** - Notre Dame University, Broome, WA
10 **LARHC** - La Trobe University, Bendigo, VIC
11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
12 **MIRAGE** - University of Sydney, NSW
13 **NERCHA** - University of New England, NSW
14 **NOMAD** - Deakin University, VIC
15 **OUTLOOK** - University of Melbourne, VIC
16 **RAHMS** - University of New South Wales, NSW
17 **RHINO** - James Cook University, QLD
18 **RHUUWS** - University of Western Sydney, NSW
19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
20 **ROUSTAH** - University of South Australia, SA
21 **RUSTICA** - University of Tasmania, TAS
22 **SHARP** - University of Wollongong, NSW
23 **SPINRPHEX** - Combined Universities of Western Australia, WA
24 **StARRH** - Charles Darwin University, NT including Flinders University, SA
25 **TROHPIQ** - University of Queensland, QLD
26 **WAALHIIBE** - Combined Universities of Western Australia, WA
27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
28 **WILDFIRE** - Monash University, VIC

Background

As the nature of health care practice continues to evolve and team-based models of health care delivery become more widespread, the NRHSN identifies increasing relevance for interprofessional education (IPE) to be incorporated into the training of Australia's future health workforce.

Defined as "education where two or more professions learn with, from and about each other to improve collaboration and the quality of patient care"[1], there has been ongoing work to show that IPE has several benefits in preparing health students to work effectively and collaboratively alongside health professionals from other disciplines in the future.

IPE has been shown to:

- modify any negative attitudes and perceptions between the different professions[2]
- foster greater respect for and understanding of the roles of colleagues from other health disciplines[3]
- remedy failures in trust and communication between health professions[4]
- increase an individual's ability to cope with clinical situations that may exceed the capacity of any one profession[5]
- create a more flexible and adaptable workforce[6]
- increase health practitioner knowledge of facilities, treatment techniques and modalities available to patients.

IPE continues into interprofessional practice (IPP) upon graduation, where health professionals learn from each other as they provide their respective and sometimes overlapping areas of care and expertise, ultimately enhancing patient care[1]. Where there is effective communication between all members of a health care team and understanding of each other's roles, the likelihood of clinical errors reduces[7], and patients generally report higher levels of satisfaction with their care[8]. In rural and remote Australia where there are health workforce shortages, IPP and team-based approaches to health care delivery is particularly important in promoting higher levels of job satisfaction and decreasing work stress[9].

Recent health workforce reforms now mean that a number of roles and responsibilities previously within the domain of a single health profession are now shared by a variety of professional and highly skilled healthcare practitioners. These reforms are helping to overcome workforce shortages by easing pressure on individual health professions to provide care to individual patients, and increasing patient access to the care that they need. It is particularly important that clinicians understand the roles of those they work with in areas of workforce shortage, as it ensures appropriate referral and efficient use of limited resources. IPE is an important means of preparing the future health workforce for how they will be working together in the future.

Programs overseas in Canada, the United States of America and the United Kingdom, as well as pilot programs in Australia demonstrate that interprofessional education is a valuable addition to health curricula and prepares students

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[1] Centre for the Advancement of Interprofessional Education (CAIPE). Available at: www.caipe.org.uk (accessed July 2007)

[2] Carpenter J. (1995) Interprofessional education for medical and nursing students: evaluation of a programme. Medical Education 29:263-272

[3] Gardner S et al (1998) A Working Paper on Interprofessional Education Principles. Available at http://www.cswe.org/caseyworking.htm (accessed July 2007)

[4] Carpenter, J. (1995). Interprofessional education for medical and nursing students: evaluation of a programme. Medical Education 29:263-272

[5] Castro RM, Julia MC (1994). Interprofessional care and collaborative practice. Pacific Grove: Brooks – Cole Publishing Company

[6] UK Department of Health (2000). The NHS plan. A plan for investment. A plan for reform. Department of Health London

[7] Howe A (2006) Can the patient be on our team? An operational approach to patient involvement in interprofessional approaches to safe care. Journal of Interprofessional Care 20:527-534

[8] Grumbach K and Bodenheimer T (2004) Can health care teams improve primary care practice? Journal of the American Medical Association 291:1246-1251

[9] McGrath M. (1991) Multidisciplinary teamwork. Aldershot: Avebury

well for clinical practice[10][11]. Despite this, there has been limited and disparate uptake of IPE as part of the training and preparation of health students for future interprofessional practice in Australia.

There are a number of programs currently running that illustrate possible models of IPE teaching and placements. Examples include the Flinders IMMERSe program[12] and the Broken Hill University Department of Rural Health ENRICH program[13] where students from different disciplines are placed in the same rural community and joint IPE sessions are integrated into the curriculum of each discipline.

In this paper, the NRHSN outlines its recommendations to support a greater role for IPE in the training of Australia's future health workforce.

Position

1) Policy to drive greater inclusion of IPE in the training of health professionals in Australia

Currently, there is minimal, if any, IPE in the core curriculum of health courses offered by Australian universities, TAFE and other institutions; specifically within the clinical training components of such courses.

- **Recommendation:** Create a national interprofessional learning (IPL) policy to drive institutional change within educational institutions for IPL to become a larger part of the training of health professionals.

A joint working party could be created to coordinate and implement IPE programs across Australian universities.

- **Recommendation:** Universities curriculums should include allocating each healthcare student to at least one IPE placement during their tertiary training.

Inter-university collaboration, for example, could be set up so students from different of health disciplines who are on placement in the same location can engage in IPE during their clinical attachment.

2) Adequate funding

Due to the lack of sustained funding, continuity of IPE programs in Australia is minimal. IPE has been found to be most effective when delivered in the clinical environment.

- **Recommendation:** For Government to adequately fund IPE programs at health professional training institutions.

[10] Shannon CK et al (2005) Evaluation of a required statewide interdisciplinary rural health education program: student attitudes, career intents and perceived quality, Rural and Remote Health 5:405

[11] McNair R et al (2005), Australian evidence for interprofessional education contributing to effective teamwork preparation and interest in rural practice, Journal of Interprofessional Care 19(6)

[12] Forgan Julie et al (2011), Not just dogs, dumps and dustbins! How collaboration between local government and health educators can benefit the rural community, 11th National Rural Health Conference (Perth: National Rural Health Alliance,).

[13] Bolte K et al (2012) ENRICHing the rural clinical experience for undergraduate health science students: A short report on inter-professional education in Broken Hill. Australian Journal of Rural Health 20(1):42-43

3) IPE research

All programs require evidence of efficacy in order to facilitate policy change for ongoing funding, curriculum change and program continuity. IPE programs must provide evidence to enable their continuation, after initial implementation. Funding needs to be directed not only into establishing IPE amongst healthcare students but also for conducting long-term valuation of the effectiveness of IPE. The 2 domains – implementation of IPE programs and implementation of research – are interconnected and one domain operating solely cannot maintain itself without the other.

- **Recommendation:** For Government to support and fund long-term evaluation of IPE amongst healthcare students

4) Interprofessional health infrastructure

Any new development of health infrastructure in rural communities should consider how the local accommodation, educational infrastructure, teaching spaces, and resources can be designed and shared in such a way to promote interaction and interdisciplinary collegiality among students across the medical, nursing and allied health disciplines. This will create a broader support network for health students during their placement in rural areas and promote the development of personal and professional networks which may enhance recruitment and retention of health professionals into rural areas in the future. In addition, shared facilities create potential for cost-savings by avoiding duplicate infrastructure.

- **Recommendation:** Promote greater collaboration between health services and institutions involved in placing medical, nursing and allied health students and graduates to improve student access to infrastructure supporting interdisciplinary learning. This should be encouraged when applying for rural health infrastructure grants.

5) Co-placements

Rural co-placements, where students of different disciplines are placed in the same community at the same time, encourage both IPE and rural exposure. Currently while there are a number of different health student placement schemes, there is little co-ordination to provide opportunities for co-placements. The John Flynn Placement Program (JFPP) is a popular rural and remote placement-based medical scholarship. The JFPP is unique in that it offers medical students the opportunity to return to the same community over a 3-4 year timeframe. Incorporating other health disciplines into the current scheme, or creating a new scheme based on the same principles, could create opportunities for health students from different disciplines to build beneficial interprofessional relationships.

- **Recommendation:** Adapt current scholarship and university placements, such as the John Flynn Placement Program, to include other disciplines and coordinate student placements to encourage IPE.