Does Interprofessional Education in Rural Clinical Schools Increase IPP Skills & Rural Intentions?

R. Botadra², E. Doecke², D. Goh², K. Hindle², W. Malik², S. Vanderstelt², E. Rudnik¹, L. Walters¹

¹Flinders University Rural Clinical School
²GEMP II, Flinders University School of Medicine

Introduction

- Inter-professional education is a process where students from two or more health professions learn together in order to enable effective collaboration and improve health outcomes (WHO, 2010).
- IPE is important for equipping the Australian health-care system to deal with our ageing population, improving safety and quality of care, decreasing cost and improving the workplace environment (Armstrong, 2011).
- Studies have shown that IPE has many benefits for students promoting role clarity, better teamwork and better understanding of other professions (Deutschlander, et al, 2013; Maquarrie, et al, 2014).

Aims

1. To determine if longitudinal placements improve IPP skills.
2. To determine if students with good IPP skills have stronger rural intentions.
3. To review the FRAME study question evaluating IPP skills (Q24) using the Canadian Health Interprofessional Collaborative (CHIC) framework.

Method

- The 2013 FRAME Exit Survey, conducted by the Federation of Rural Australian Medical Educators, was completed by medical students after completing a placement in a Rural Clinical School across Australia.
- Data from 6 questions was used to explore associations between ordinal and nominal data.
- Longitudinal training for 20 weeks or more was recoded as ‘yes’ or ‘no’ (Q15a and Q15b).
- Rural intentions (Q11, Q14a, and Q14b).
- IPP skills (Q24a, b).
- The CHIC framework was reviewed and compared with the IPP related questions within the FRAME study (A National Interprofessional Competency Framework, 2010).

Hypothesis

1A. Longitudinal training of 20 weeks or more increases IPP skills.
1B. Longitudinal training for 20 weeks or more increases rural intentions.
2. Greater self-reported IPP skills increases rural intentions following graduation.

Results

Our findings for Hypotheses 1A and 1B were unexpected.
- Hypothesis 1A: no relationship was found between longitudinal training and IPP skills.
- Hypothesis 1B: a negative correlation exists between longitudinal training and rural intentions, specifically with regard to:
  - Q33: “I wish geographical location with Australia would you most like to practice on completing your training?” (Mann-Whitney U-test: Asymp. Sig. (2-tailed) = 0.017, Z = -2.219). (Q34a) “My RCSI medical experience has increased my interest in pursuing a medical career in General Practice” (Mann-Whitney U-test: Asymp. Sig. (2-tailed) = 0.011, Z = -.310).

For hypothesis 2, significant associations were found between self-assessed IPP skills and intention to work in rural or remote location after graduation, as shown in Figure 2.

The CHIC framework defines six competencies which are required for effective IPP. Figure 3 shows how these competencies correlate with the questions asked in the FRAME study.

Discussion

- It appears as if medical graduates with intentions to work in a rural/remote location after graduation report strong IPP skills particularly in the area of communication, collaboration, shared decision making and clinical care. What this finding infers is graduates with the intention to remain in a metropolitan centre are reporting lower levels of IPP skills and this disparity might require further investigation.
- Understanding graduates self-assessed IPP skills is important as it identifies professional development IPP training needs that may be different for rural and metro bound graduates.
- Although the FRAME survey (Q24) addresses several of the CHIC competencies, it does so in a random manner, and several questions assess multiple competencies simultaneously. This makes it difficult to analyze the individual competencies. Collaborative leadership is not addressed by the FRAME survey in any question.

Recommendations

- Use the CHIC defined domains when evaluating successful IPP.
- Conduct a pre- and post-survey (prior to entry into a RCSI and after completion).
- Multiple questions on a single domain, to resisters in the CHIC document, should be included.

- Q24 be modified to address each competency individually and by asking multiple questions for each competency. This will enable more precise analysis of how students achieve competency in IPP, and which competencies correlate with increase desire to work in rural areas.

References

- Collaborating to Improve Health Outcomes, 2010.