

Interdisciplinary Teaching in Rural Settings to Enhance Multidisciplinary Team Care: The RIPL Effect

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*A farm accident simulation scenario in action: stabilizing the patient and preparing them for transfer to hospital.
Photo credit: Jane Thompson*

Collaborative care is the gold standard in effective patient

care.¹ This is particularly important in the rural context where teams are smaller and there is typically more interaction with colleagues from other professions in the delivery of health care. Rural generalist medicine is shaping up to become the cornerstone of medical care delivery in rural Australia. A rural generalist is described as a *“medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and/or community settings as part of a rural healthcare team.”*² Such an approach of targeting rural practitioner’s skills to the needs of the community they serve aligns with the World Health Organization’s (WHO) definition of social accountability in medicine.³ Equally important is that rural generalists operate using a multidisciplinary team care approach, drawing on the skills and expertise of clinicians from other professions to provide effective patient-centered care.⁴

One challenge lies in how to teach effective teamwork and collaboration skills to medical students to ensure they are workplace ready. At the Bathurst Rural Clinical School (RCS) of Western Sydney University’s School of Medicine, we strive to nurture an interest in rural practice in our cohorts of medical students who complete an extended clinical placement in the region and are accountable for

contributing to an increase in the rural medical workforce. Students are typically “highly urbanized” and have little prior exposure to life outside of metropolitan city living. The RCS curriculum aims to provide a positive and authentic rural experience and at the same time correct any incorrect notions about what it is like to live and work in a rural community. The end result, ideally, being to foster rural practice aspirations in students, or at least open them up to the possibility of a future rural career by giving them a lived experience and removing the element of the unknown.

In addition to being accountable to rural communities in terms of increasing numbers in the rural medical workforce, the RCS also holds an accountability in terms of the quality and ability of these medical graduates. It is not simply sufficient to provide our rural communities with a medical practitioner; we also need to take responsibility for ensuring that our rural communities are provided with the best possible practitioner capable of working with the local multidisciplinary health team to deliver the best possible care to rural patients.



*A farm accident simulation scenario in action: stabilizing the patient and preparing them for transfer to hospital.
Photo credit: Jo Halloran*

Our answer to this is RIPL -- Rural Inter-Professional

Learning -- which has recently been integrated into the curriculum of the Bathurst RCS. RIPL is a simulation teaching session that involves several members of the interdisciplinary team; including, but not limited to medical, nursing, social work, and paramedicine students. Students are supported through the scenarios by a multidisciplinary team of facilitating clinicians. Throughout the teaching session, students rotate through a range of complex scenarios that are designed with both medical and social factors in mind to expose students to situations they would be expected to encounter at work in a rural community. Some scenarios are more commonly expected encounters (e.g. an elderly patient with delirium/confusion or a patient who has experienced a stroke) whilst other scenarios may be encountered less frequently but are nonetheless important to working in a rural setting (e.g. a farm quad bike accident). The students are supported to act out the scenarios in full, including travel from the home setting (or other external setting) to the local hospital for admittance. Students practice their skills in clinical handover throughout the scenario with the different health professionals as would be required in a real-life context. Where relevant, students are encouraged and supported to work together as a multidisciplinary team to provide necessary care in the home, thereby preventing hospitalization; the question "to hospitalize or not to hospitalize?" provides an important reflection for students to give consideration to the distance to the nearest facility and what that means for

the patient and their family, whilst also considering the need for hospitalization from the viewpoint of avoiding unnecessary hospitalization. This then leads to a consideration of the challenges around coordinating necessary services outside of the hospital environment when working in the rural setting.

Student reflections:

"As a result of this experience, I have more respect towards other disciplines and their specialties."

"Paramedics and nurses take histories in a very similar way to doctors, so I need to take on board what they tell me to avoid overlap."

"Today drummed "social aspects" into my head, so I'll always be assessing the social factors now."

The end goal, or RIPL effect, of inter-professional education is to create a health workforce with improved levels of teamwork, collaboration, knowledge sharing, and problem solving, eventually leading to better client and patient outcomes in the health care setting. This type of shared learning has the potential to deepen the understanding of the layers of care involved in the patient experience and how professional roles and responsibilities complement each other. An informal evaluation that has been conducted to date supports this notion, as evidenced by student and facilitator feedback. Students have described an increased understanding of the role

different health professionals play, both in general and as part of the multidisciplinary team. A greater awareness of the importance of social factors was also mentioned.

Facilitator reflections:

"From my observations of this scenario, I think the students will better be able to draw on each other's skills to meet patient needs in challenging settings such as rural and remote communities."

"Technical skills are only half the story! They learnt how important a team was."

"This RIPL provides a foundation for the students to build on further interprofessional collaboration in their career."

Other important learnings were around communication with the patient and the other health professionals, and how best to collaborate as a team to provide the best care to the patient, regardless of the setting. Of particular importance here from the medical student perspective, was their recognition that within the team care approach, there were critical times when they as the doctors needed to take a step back and allow the other members of the team (e.g. paramedic or nurse) to lead that aspect of the patient's care. This awareness and recognition of the skillset and strength that these other professionals bring to the team is an important learning objective of RIPL.

This early feedback demonstrates that inter-professional education activities are a valuable addition to a medical curriculum to foster an understanding and appreciation of the multidisciplinary health care team in medical students. However, informal feedback such as this is not sufficient for firming up the evidence base around inter-professional learning in the rural context. Others have highlighted the rather limited evidence base and have called for more rigorous evaluation of inter-professional education programs to expand the evidence base and show lasting impact beyond the immediacy of the teaching session.⁵ In light of this, a structured formal evaluation of the RIPL program is currently underway to add to the growing evidence base around inter-professional education.

In conclusion, the incorporation of an undergraduate rural interprofessional education program such as RIPL can enhance medical students' awareness and recognition of the roles other health professionals play in delivering quality health care to rural patients. This can lead to graduates who are equipped to operate effectively within a multidisciplinary team environment to provide effective patient-centred care to rural patients.

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Author bios



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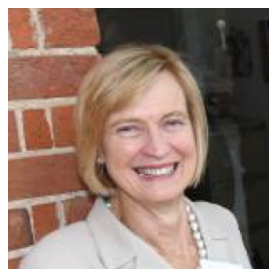
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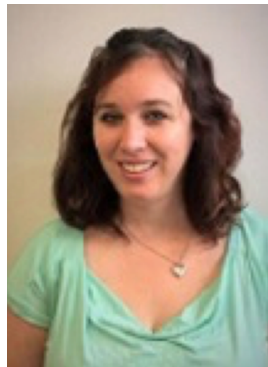
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