Inter-agency partnerships facilitate research and evaluation training for allied health in a remote area

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Introduction

Access to professional development opportunities has been cited as a key issue affecting recruitment and retention of rural and remote health professionals.1,2 For Allied Health Professionals (AHPs) in remote locations the expense and time associated with travel can prohibit attendance at professional development activities. This report will describe the presentation of a primary health care research and service evaluation training program in a remote area of northern Queensland. Inter-agency partnerships supported the provision of training and several key success factors for conducting a workshop in a remote location were highlighted.

Background

The Allied Health team of the Workforce Directorate, Northern Area Health Service (NAHS), provides support to District-based AHPs through workforce development initiatives. In 2008 Primary Health Care Research Evaluation and Development (PHCRED) provided a modest amount of funding ($2000) to the Workforce Directorate NAHS to support a training program conducted in the Torres Strait. The Torres Strait and Northern Peninsula Area (TS&NPA) Health Service District services the population of the northern-most region of Queensland, Australia. The Health Service District employs AHPs in a number of professional disciplines; occupational therapy, physiotherapy, social work, dietetics, nutrition, pharmacy, medical imaging and podiatry. The professionals generally work as sole practitioners, within small multi-disciplinary teams. Local face-to-face delivery of clinically orientated training in this context is generally infeasible due to the lack of critical mass within each discipline. Opportunity exists however for staff in remote areas to attend local training opportunities focussed on ‘generic’ practice skills. Funding provision from PHCRED provided the impetus for a project aiming to provide an ‘on-site’ training activity in research and service evaluation project development skills.

Methods

A two-day primary health care research and service evaluation workshop was conducted for AHPs on Thursday Island, the main administrative centre for the Torres Strait. This location and target group were chosen as District AHPs were known to be interested in research and service evaluation activities and had sought support for same from the Workforce Directorate and other agencies.

The primary health care research and service evaluation workshop utilised participant-driven learning objectives and content focus. Participants provided brief details of current research or service evaluation projects or interests to the facilitator prior to the workshop. Workplace based projects were used as the vehicle for discussion and exploration of topics such as framing the research question. Post-workshop follow-up support was offered to participants in the form of videoconference meetings with the training facilitator.

The initiative was supported by four agencies. PHCRED contributed funding to support the travel, training and workbook resource production costs. North and West Queensland Primary Health Care (N&WQPHC) provided the workshop facilitator, the Research and Evaluation Officer with the organisation, who had extensive experience in managing research and evaluation projects related to Allied Health service delivery in rural and remote areas. The Workforce Directorate NAHS, provided coordination of registrations, travel requirements and logistical arrangements such as catering and overall project
management. Local coordination through the Director of Allied Health including venue coordination, and support for staff attendance as provided by the District Health Service.

The initiative was evaluated at two levels. The workshop was evaluated using written feedback from participants and a reflective report by the presenter. The project manager and project sponsor evaluated the conduct of the project including the achievement of objectives such as the generation of draft project plans by the conclusion of the training.

Results

The two-day workshop was conducted on Thursday Island in a Queensland Health venue appropriate for the purpose. Seven AHPs attended the workshop from seven different disciplines. Funding for the workshop supported the airfares and travel expenses for the training facilitator with the exception of accommodation. The training facilitator was accommodated through private arrangements. Funding also covered catering and associated expenses for the workshop. Through the cooperation of PHCREД, N&WQPHC and the TS&NPA Health Service District in providing "in kind" support, the workshop was presented under budget, providing opportunity for follow-up videoconferences.

All participants evaluated the workshop positively. Key themes from the feedback suggested success factors for the workshop. The tailoring of content to the needs of the participants and highly interactive and project-driven nature of the training was well regarded. The opportunity to bring a work-based project to the workshop for use as a model and learning tool was seen as enhancing learning and producing tangible benefits for the participants and health service. The inclusion of practical skills such as literature searching and framing a project question and project design were also considered beneficial. The outcome of the workshop was the completion of a group project plan and numerous individual plans to the advanced draft stage. The follow-up video-conference has not occurred to date, with staff citing workload constraints as impediments to participation.

Discussion

The primary health care research and service evaluation training initiative illustrates several important considerations for providing professional development opportunities in a remote location.

Inter-agency partnerships maximise viability of providing training in a remote location

The provision of resources by four agencies in support of this initiative; PHCREД, N&WQPHC, Workforce Directorate NAHS and the TS&NPA Health Service District, distributed the costs (financial, time, training resources, equipment and venue) involved. The contribution of each agency was within limits of operational capability, without adversely impacting on the core functions of each. A coordinating agency, in this circumstance the Workforce Directorate NAHS, was necessary to ensure activities of each agency were consistent with the initiative objectives.

Forward planning is vital for delivering training for clinicians in remote areas

Feedback from participants highlighted the importance of providing adequate notice of the training dates in order for clinicians to adjust outreach schedules to enable attendance. Clinical staff generate outreach plans several months in advance, so this logistical consideration is important if trying to maximise attendance and access to training in a remote location.

Training should be flexible and learner and outcome-focussed

A principal success factor reported by participants was the use of practical, work-based projects as the platform for the training program. The training program outcome, a project plan available for application to clinical practice, was highly regarded by participants and has potential value for the health service.

Training programs should target “organic” groups and address expressed needs

The presentation of a research and evaluation training program in the Torres Strait benefited from the pre-existing interest of several participants in work-based projects. It addressed an expressed need, which contributed to the attendance of the majority of available District AHPs. Participants and the training facilitator expressed the advantage of being able to utilise authentic clinical questions to generate draft
project plans, hence the positioning of the training in a workgroup with existing interest and motivation supported engagement in the program.

The training facilitator should ideally possess an understanding of the remote health context

A key feature of the success of this initiative related to the capacity of the training facilitator to understand the remote health context and present content in an authentic and realistic way to participants. The credibility of the presenter was enhanced in this circumstance and where possible this would be the ideal for training programs delivered in a remote location. Additionally, the provision of training on-site in a remote location allows the training facilitator to better comprehend aspects of the environment such as climate, geography, travel considerations and to some degree local culture, and service considerations such as the model of care and systems utilised by the health service, which can impact on participants’ practice.

Health organisations should endeavour to generate opportunities for on-site training of clinicians in remote areas

Where possible and appropriate, health organisations should seek to provide support for staff in remote areas through offering training on-site. This potentially conveys financial advantages for the organisation as travel expenses for only one trainer is incurred compared to the costs associated with multiple participants attending a metropolitan training course. Additionally, by minimising travel requirements for participants, the clinical workload is less adversely impacted and staff attendance is maximised.

In addition to the practical benefits of providing training locally, participant feedback on this initiative demonstrates that the value of this approach may be less tangible but potentially more valuable for the organisation.

(The onsite training program) makes allied health in remote areas feel valued and supported, and I think this in itself is excellent for morale and retention, even if only one project comes out of it.

(Workshop participant)

Future directions

Further support for staff to continue the development and implementation their projects is required to achieve the intended outcomes of the initiative. Exploration with the District staff of the preferred mechanism and form of support is required. Further input may be sourced from the workshop presenter or from other allied health researchers as appropriate and could be delivered via videoconference and electronic communication mediums. Outcome evaluation of the initiative will occur in the latter half of 2008, specifically an assessment of whether project plans have formed the basis of workplace projects.

Conclusion

Inter-agency collaboration offers the opportunity for the provision of training to allied health professionals in their remote work location with modest resource allocation. Practically orientated training focusing on participants’ own projects provides up-skilling in service evaluation and research processes with potential concomitant advantages for the health service, however this requires further evaluation.

References

Presenter

**Ilsa Nielsen** BAppSc(Phty), MPH, GradCertEd(TT) Graduating from the University of Sydney in 1997, Ilsa has worked clinically in New South Wales, Queensland and the United Kingdom as a generalist physiotherapist. In 2004, Ilsa was appointed Lecturer and foundation Physiotherapy Program Coordinator at James Cook University, Townsville. At JCU she completed postgraduate studies in Public Health and Education. Since May 2007, Ilsa’s substantive position has been Project Coordinator (Allied Health Workforce Development) with the Northern Area Health Service, Queensland Health, based in Cairns. In 2008 Ilsa is the Acting Principal Allied Health Advisor for the Northern Area Health Service.