Interdisciplinary workshop on frailty exposes frailties in interdisciplinary education

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Aim
To improve opportunities for interdisciplinary learning in rural and remote health by presenting and discussing some systemic frailties encountered in delivering an otherwise successful model.

Methods
A Rural Health Support Education and Training (RHSET) funded project developed and delivered a ‘train the trainers’ workshop on optimal management of the frail elderly and the role of interdisciplinary teamwork. The workshop was designed, developed and delivered by a multidisciplinary team to a mixed audience. The process enabled each discipline represented, to understand the role fulfilled by each other discipline. Enhanced cross-discipline understanding and training has potential to create efficiencies and more effective services by clinical teams in rural and remote practice. It has potential to ensure a holistic approach to complex syndromes. It also has potential to alleviate the need for specific representation from each involved profession at every stage of treatment or service, when the workload does not justify their representation in the attending clinical team. A poster on this is presented at this conference.

The workshops were delivered in three venues in NSW; Lismore, Wagga Wagga and Queanbeyan and three in South Australia; Port Augusta, Berri and Mount Gambier. Application was made to the professional bodies representing the health professionals in the target audience, in both states, for accreditation for continuing education points.

The workshops were successfully delivered and well received. The program however, exposed some ‘systemic frailties’ that we believe can be remedied. It is hoped that consideration and discussion of these at a forum such as SARRAH, may improve future training delivery and patient care.

Interdisciplinary education is seen by many as a ‘gold standard’ to aim for in health professional education [1] and chronic disease management [2], as comprehensive care of many complex conditions requires the interaction of various health professions for optimal outcomes. To date, there is limited evidence that it is actually effective [3]. This is attributed to the difficulties in truly achieving it, and a lack of robust studies [3, 4]. This field of endeavour is however, expanding very rapidly. The number of publications on the topic is increasing but searching this literature can be difficult [5].

Results
The frailties encountered were as follows:

Although many professions proclaim support for interdisciplinary learning, and the practice appears to be increasing, it still comprises a remarkably small proportion of professional education programmes. The Medline® database has Mesh headings for ‘Education, Medical,’ ‘Education, Nursing,’ ‘Education, Pharmacy’ etc., but no Mesh heading for ‘Education multi- or inter-disciplinary.’ The reasons are complex. At the undergraduate level, universities cite issues such as timetabling difficulties, class size and meeting course accreditation requirements [6, 7]. Notwithstanding, health professionals still tend to join the workforce predominantly focussed on their own profession and authors have referred to the need to develop a new state of consciousness, to facilitate true interdisciplinary cooperation [8].
These issues also impact on continuing professional education. Before the workshops were presented, application was made to a number of professional bodies representing the people in our target group. At the time of application, it was found that the processes for awarding continuing education credits for some of the professions focussed strongly on spelling out how a programme was specifically designed for their profession and its needs. Indeed, a number of CPE credit applications and supporting documents state or suggest that programmes not specifically designed for their discipline group would be accredited fewer points than the same number of hours of study specifically designed and delivered for that group.

Within the gestation period of this paper however, there have already been some encouraging changes in this area and other professional organisations are known to be considering change. This paper avoids specific references as it does not affect the point of our discussion.

A further complication arose in that accreditation of continuing education for some professions was national whilst for others, it was state-based. Within the professions with state-based accreditation, some had inter-state reciprocal registration. If one state had approved a programme, the other states would accredit it without further submission. Other professions required a separate submission for each state. With presentations close to the borders of Queensland and Victoria, this programme was eventually accredited in four states. The process took approximately 10 minutes work for one profession and a full day’s work for the most challenging.

There is a diversity of healthcare organisations in Australia, especially in care of the elderly. The federal/state, primary/secondary split adds additional complexity to the picture. In a topic such as frailty that covers primary and secondary care, it proved extremely challenging to develop an effective communication strategy to ensure all members of the target audience were reached, particularly when working inter-state. In order to reach doctors, nurses, pharmacists, dietitians, social workers, physiotherapists, occupational therapists and other allied health professionals, the team’s research assistant was frequently required to individually contact 10 or more separate organisations/worksites in any one location. Many organisations were extremely keen to relay the information to other relevant parties in their area. In some others, resistance or inertia was encountered.

Private-public partnership is currently seen as an important component in healthcare provision. In delivering this programme however, a major problem arose in deciding when to deliver such a workshop. A dichotomy was encountered between people who expressed a strong preference for the event to be held over a weekend, and others who expressed a strong preference for a weekday workshop. On further analysis, almost all the people who preferred mid-week education were in public sector positions and those who preferred weekend sessions were those with significant private practice. (see more details in evaluation survey) All workshops were held on weekends, partially due to the availability of the presenters. Although participation would have been higher if the workshop was held on a weekday, many key private practitioners would have been unable to attend. A solution is unresolved.

Services on the ground

We strongly support the value of interdisciplinary learning and believe it can be successfully delivered. We have encountered and reported on a number of practical difficulties related to the design, development and delivery of such programs but in our opinion, these can be reduced or alleviated with common action. As already mentioned, anecdotal evidence suggests some of the professions are moving forward in terms of their accreditation requirements for continuing education.

This presentation has been brought to SARAH as a forum for wider discussion, both at the conference and within workplaces. This may increase pressure on professional bodies to remove restrictions and to facilitate future interdisciplinary learning as a key to bringing all those involved in rural and remote healthcare closer together, for the benefit of professionals and patients alike.

Acknowledgments

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References


Presenter

Patrick A Ball
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Patrick Ball graduated in pharmacy in 1975 in Birmingham UK and entered a career in hospital clinical pharmacy. Early in his career, he began challenging some of the accepted ‘wisdoms’ in his profession subjecting them to rigorous investigation and searching for improved practices. In 1994 he was offered an academic appointment at the University of Otago, Dunedin NZ. Throughout his career he has maintained patient contact and has undertaken rotations in medicine, surgery, nutrition support, paediatrics, care of the elderly, palliative care and acute pain management. Patrick came to Australia in 2005 to take up Australia’s Foundation Chair of Rural and Remote Pharmacy as a joint appointment by Charles Sturt University and NSW Health.