Facilitating organisational change to enhance rural interprofessional education: A process evaluation

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Background – RIPES

- Rural Interprofessional Education and Supervision model (RIPES) – rural and remote health settings
- Students from 2 or more professions on placement at the same time
- Overlap of 5 weeks
- Interprofessional Education (IPE) and Interprofessional Supervision (IPS)
- Local student supervisors/clinical educators upskilled to facilitate RIPES
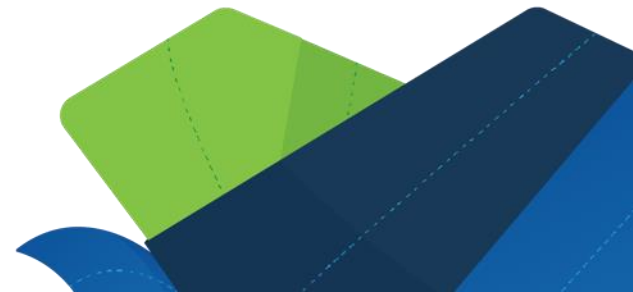
RIPES

- Initial pilot phase was trialled in two remote QH sites (Longreach and Charters Towers)
- A high level intersectoral advisory group was formed to steer the project
- Nine members from healthcare and university sectors
- Advisory group met 11 times between Jan 2017 and Jul 2018
- Project outcomes were evaluated
- The processes used by this group were also evaluated

Advisory Group Objectives

To provide advice, leadership and direction for the development, implementation and evaluation of the RIPES model

To facilitate successful delivery of the project through resourcing and high-level linkages and engagement with trial sites

To monitor realisation of benefits and report to relevant stakeholders

Methods

- Two focus groups (at mid-way and at group conclusion)

- Conducted via teleconference

- Recorded with consent, transcribed verbatim

- 67 minutes of recording in total

- Data analysed using content analysis

Focus Group Questions

1. What is the role/s of the advisory group in facilitating RIPES placements/organisational change?

2. What strategies have we used so far to achieve project goals?

3. What barriers have we experienced so far while trying to fulfil our roles on the advisory group?

4. What are the perceived successes to date in terms of members' contribution to the project?

5. What are the perceived challenges to date in terms of members' contribution to the project?
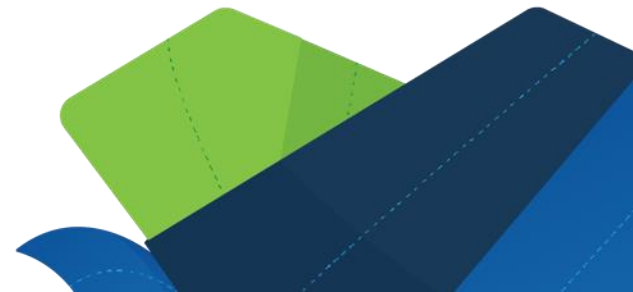
6. Comment on your satisfaction as a group member with your role and project outcomes to date

7. What changes, if any, does the group need to make to ensure project outcomes are met effectively and within stipulated timeframes?

8. How have leadership functions been enacted in the group?

9. Thinking about interprofessional competencies (e.g. client-centerdness, interprofessional communication, role clarification, team functioning and conflict management)

   - Has working on this project impacted on your competency in any of these areas? Please describe
   - Which competencies have been particularly required for working on this project? Please think of examples from your experience
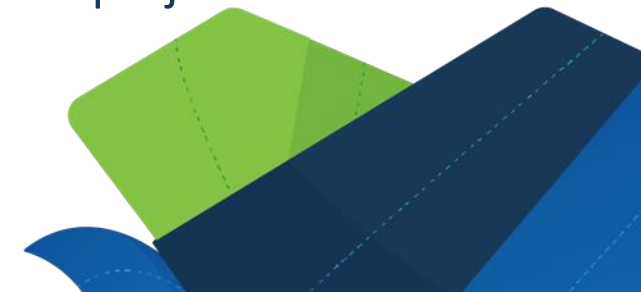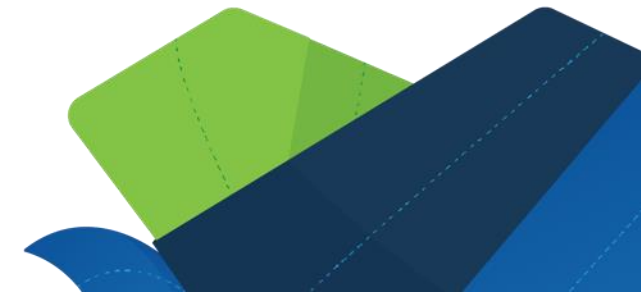
Results

| 3 broad categories		
Characteristics of the group	Functions of the group	Multi-faceted communication

1. Characteristics of the group

- Committed
- Collaborative
- Respectful
- Different backgrounds – strategic, operational, educational, project management, line management

"...this group knows roughly who might be in a position to provide advice on specific matters and so the meeting, I find, tends to swing to that individual that has the expertise or works for a particular work unit, who is likely to have a stake or particular responsibility for providing advice on a particular issue"
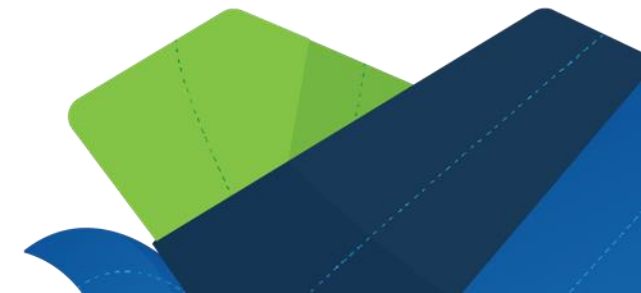
2. Functions of the group

- Creation of linkages
- Sharing of resources
- CPD opportunities for members

"I think we had a really good mix of expertise within the group...some that had really great expertise in evaluation and tools for assessing interprofessional practice and experience in project management and linkage with other health staff...I think we had a really good blend across the group..."
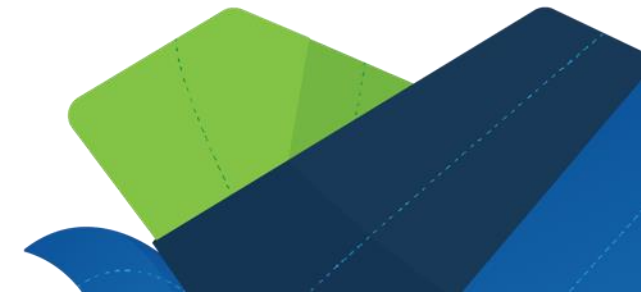
3. Multi-faceted communication

- Good communication between members who were intersectoral and interstate

- Challenges of finding time and coordinating meeting time

- Complexities re: role clarity of members

- Challenges noted were reflective of challenges associated with the concept of IPE

"..even though we don't always have everyone able to link in, we have had members sending in things via emails...we are well communicated to...We get information from those people who haven't been able to attend, which I think is great. So, the commitment is still great"

Discussion/Conclusion

- A number of enablers and barriers were identified

- Commitment of group members is vital

- Coming together of health and university stakeholders in critical in getting the full skillset needed for a complex project

- Common language in group is key

- Flexibility in communication methods is needed – t/c augmented by email etc.

- Collaborative leadership within the group is much needed
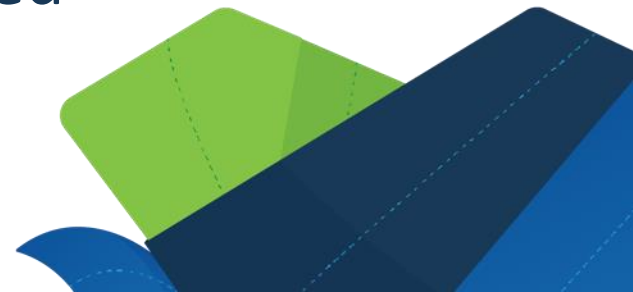
- This process evaluation has shed light on the role and functions of an intersectoral advisory group in facilitating a novel model of IPE student placement
- Time spent in setting up the advisory group with the right members is time well-spent
- Such evaluations are needed to build sustainability in this important area
- The RIPES model is now being trialled at a further six sites in Queensland.
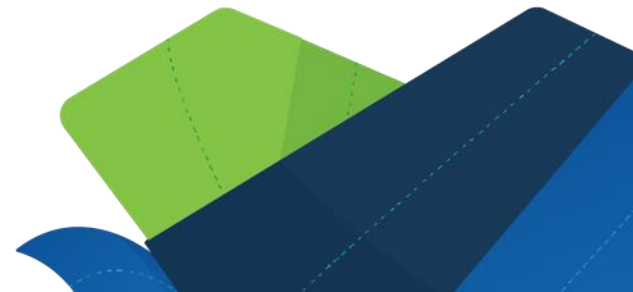
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- RIPES advisory group members
- Research Team:
  - Dr Priya Martin
  - Assoc Prof Monica Moran
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