Rural undergraduate interprofessional education at a student run service learning center

Jana Muller, Zelmarie Dosmartiris, Elsie Soqaka
• Brief overview of the rationale behind the interprofessional project
• Description of the project, the challenges, relevance and innovations along the way
• Some student reflections
• Plans for the future

Objectives
IPE involves members (or students) of two or more professions associated with health or social care engaged in learning with, from and about each other.

(Barr, Koppel, Reeves, Hammock & Freeth, 2005)

- Why interprofessional?
  - Improve health care delivery and patient outcomes (WHO, 2010)
  - Help develop “agents of change” (Lindqvist et al., 2005).
Inspired by Heinecken et al., 2011 on the Socio economic and social capital assessment of Avian Park residents

Avian Park
• Promote disease prevention and early detection
• Alleviate burden of chronic disease
• Decentralise health care
• Primary health care and CHW

• What is the relevance of home visits?

RPCH - 2010
Why? Ultimate aim = develop young professionals who can:

• Screen for health, social and environmental risk factors
• Better understand the context of their patients
• Collaborate with one another and the community
• Refer appropriately
• Source resources within their community and the state system

• Treat a patient holistically with the view of participation in mind and take ownership of change

Avian Park project
Who?
In 2012 = 5 disciplines, once a week
2013 and 2014 = 7 disciplines, twice a week
Undergraduate OT, HN, ST, MBChB, PT, SW
and Nursing
Community Health Care Workers (CHW)

What do they do?
Interprofessional community ward round and
team planning in groups
Home visit with the CHW in groups
Interprofessional group discussion regarding
further management of the
patient/household
Presentation of plan to the rest of the students
and CHW

Avian Park project
Outcome? 17.5 active months of the project
Ave of 85 households assessed
  (total of 213 visits)
Total of 234 referrals to primary, district and community based services
Chart Title

- SPCA
- Casualty
- Dentist
- APD (NGO)
- Thutuzela rape centre (NGO)
- Psychologist
- Hospice/CCW
- Special school
- Optometrist
- Social Work
- Dietetics
- Speech therapy
- Occupational therapy
- Physiotherapy
- Specialist at hospital
- Clinic Dr or student intern
- Transfer of clinic file to service learning centre
• Increase in students and sessions, SW valuable contribution
• Referrals from state institutions and Hospice
• Start up of student run Rehab services at the container
• Treatment home visits for high risk patients (MBChB, PT and SW)
• Development of community empowerment programmes
• Long term plans for Avian Park being predominate placement area for students
• Development of self assessment tools for student learning
• Hospice opening doors
• Training up of CHW to run project

Innovations
• Orientation of students
• Different role players have different ideas for the project – needs a director and researcher
• Not enough student facilitation by lecturers for IPE group work at Avian Park. 3 groups doing h/v’s only 1 lecturer (for +- 20 students from various disciplines)
  • Challenges involved with CCW taking leadership – this needs to be fostered and therefore more staff need to be involved
• Better communication between professions on the various health care levels (1°, 2° level and students) via referrals/patient retained records

Challenges
• Identify possible module outcome overlap btw departments to create a possible credit bearing opportunity for IP student work. Where the students treat together, they present together

• Students motivation to prepare (read up on the project) or reflect is sometimes lacking due to other commitments, not driven by other staff members, not credit bearing

Assessment drives learning

• Weather

• Lack of space for preparation and planning team meetings –
Lisinta Strauss, Post basic primary health care student, nursing, Stellenbosch University

• “It was useful working with the different disciplines, I love to interact with them and it helps me understand how I will fit in with reaching the millennium goals and the reengineering system”

Janesse Coertze, Physiotherapy student

• Ons het ... werklik die toepassing van die interdisiplinere verwysingsisteem in werking te sien, asook die uiterse belangrikheid daarvan...Ek het geweldig baie geleer van “People Skills” en het geleer dat wanneer jy ander behandel met respek en waardering toon vir wat hulle doen, jy hegte en waardevolle verhoudings met hulle bou. Die verhoudings maak verwysing van pasiente maklik en verbeter die samewerking van die interdisiplinere span.
• **Physiotherapy student reflection:** “Avian Park was probably the best experience for me personally. Going into someone's home and working in their personal space is not something physiotherapists do often or even get to do. I think the job the carers are providing in Avian Park is amazing and that there’s so much space for the project to grow and become better.”

Ida-Lize Jonck, first year nursing student, Boland Nursing College

• “There are lots of opportunities for me to learn from the other team members. When we do home visits I pay attention to the patient in a bio-psycho-social and spiritual way and try to connect to the patient and give proper care and build trust”
• Natalie Teuchert, Dietetics student: “Building relationships, professionally and personally with the other students at Worcester was a highlight of the six weeks. We were able to learn from each other and work effectively in a team. I also gained experience with home visits. It is effective if all the members of the household are recorded, the ICF framework is used and a plan is put in place where necessary.”

• Lize Stander, Dietetics student: “Ek sou graag meer in ‘n multi-dissiplinêre span wou werk soos op die tuisbesoeke. Verder is al my verwagtinge oorskreì. Ek het meer selfvertroue en is baie gelukkig dat ek goeie vriende kon maak op hierdie blok”
An exploration of the experiences and perceptions of health and allied health care students regarding interprofessional collaboration and education in a rural clinical setting in South Africa

Stellenbosch University

Research
Aim and Objectives

The Aim: To explore the experiences and perceptions of health and allied health care students regarding interprofessional collaboration (IPC) and education in a rural health care context in South Africa during their clinical placement.

The specific objectives included:

The exploration of experiences of students regarding interprofessional collaboration within an interprofessional education (IPE) context in a rural health care setting in South Africa

The establishment of the perceptions of students regarding interprofessional education within the interprofessional education programme in a rural health care context in South Africa
• What were the experiences of students regarding interprofessional collaboration within an interprofessional education context in a rural health care setting in South Africa?

• What were the perceptions of students regarding interprofessional student education in a rural context in South Africa?
N1: “The other interprofessional team members listened to us and we were able to teach them. It was the first time that we all came in contact with each other and we can learn so much from each other. I enjoyed working with all the people and we learnt to adjust to each other, we adjusted to the team.”

M1: “It is definite art to learn to work together with all the different personalities.”

M1: “I like going into the patient's home, you understand your patient better. We learnt a lot about other professions.”

SH1: “It is so nice to get to know everybody. You get to know people at work and then you even get together socially and do extramural activities together.”

Responses related to IPC and IPE
SH2: “... you can work with the patient in his home you do not need to take him to hospital.”

N1: “... following the visit we all went back to the clinic and we discussed the case. We decided together. I learnt there that we can work together in a multi-disciplinary team and I was able to give my input as well.”

N1: “There was collaboration between the team members. IPC worked.”
SH2: “You do not realise how much you need the community care worker (CHW). Before I came to Worcester I did not understand about community care workers (CHWs).”

SH2: “The CHW sort of keep the team together.”

Responses related to IPC and IPE
M1;” For me I learnt, until now, the most from social workers and the social problems that are in the community. So many people do not have ID books, older people living with children who abuse drugs and the social workers trying to get the children out those homes.”

P2;”... we had a speech therapist who presented a talk about what they do in the field... so now we know more what they do. It was nice that it was us students talking to another group of students. It was not a lecturer telling us this is what you can do.”

N2: “...It was nice to help each other and you felt the freedom to ask for help from other team members.”

N1: “The other interprofessional team members listened to us and we were able to teach them. It was the first time that we all came in contact with each other and we can learn so much from each other.”
Interpretation and recommendations – Brief description

IPC and IPE proved to be an extremely valuable learning experience in more than one way.

It contributed to academic development, personal growth and professional development.

One of the most important aspects was that collaboration took place as the hierarchical barriers and prejudices were “resolved” and mutual respect emerged instead.

Participants felt valued and their self-esteem improved.
**Recommendations**

IPC and IPE should be the norm and not the exception.

All faculties should work together and interdepartmental barriers to collaboration should be addressed.

The formal inclusion of Nursing Education Institutions in future IPE and IPC
Future plans

• More student facilitation to enhance IPE opportunity
• Interprofessional assessment looking at graduate attribute development
• Grow the “clinic” to be a function interprofessional machine to improve patient care
• Research community, CHW and student/graduate perceptions and adapt
• Get CHW to lead the project with volunteer post grad nursing
• Build relationships with deep rural areas to enhance student learning
• EXPAND
References and Acknowledgements


- PHOTOGRAPHS: Karin Schermbrucker, Hilgard Muller, Jana Muller

Thank you to:
The community and CHW’s of Avian Park esp. Zelmarie and Elsie, Annalie Theunissen from Boland College, our community partners (state, NGO, NPO), Stellenbosch University, Faculty of Health Sciences and to the most efficient and wonderful Ukwanda team.

References and Acknowledgements
Please feel free to contact us:

Jana Muller
IPEP coordinator
Ukwanda Rural Clinical School, Worcester
janamuller@sun.ac.za
023 346 7812

(we would love to have you as part of our team)

Thank you