



RIPPER – Medical, Nursing and Pharmacy Students Working and Learning Together



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RIPPER

- Rural Inter-Professional Program Emergency Retreat
- Based on previous rural interprofessional programs run by the University Department of Rural Health (IRPP) and Emergency Trauma Weekends run by the Launceston Clinical School
- A weekend experience not a placement!

Interdisciplinary Working Team

- Academics from 4 Schools/Departments from across the state:
 - Jess Whelan, Lecturer in Rural Health, UDRH
 - Judy Spencer, Lecturer and Rural Workforce Theme Leader, UDRH and School of Nursing and Midwifery
 - Helen Howarth, Lecturer in Rural Pharmacy, UDRH
 - Kim Rooney, Ass Prof. and Head Launceston Clinical School and Oncology Physician
 - Amanda Reilly, Lecturer, School of Nursing and Midwifery (RIPPER 1)
 - Kylie Scott, Administration, UDRH (RIPPER 1)
 - Bedeliah Mallett, Administration, UDRH (RIPPER 2)

Outline of the Session

- IPE
- Planning
- RIPPER 1 and RIPPER 2
- Challenges, Outcomes and Conclusions

The Definition

- **Inter-professional Education:**
- ‘...an intervention during which members of more than one health and/or social care profession *learn interactively* together for the explicit purpose of *improving interprofessional collaboration* and/or the *health/wellbeing of patients/clients*. Interactive learning requires *active* learner participation, and *active* exchange between learners from different professions’.
- (Zwarenstein, Reeves, Barr, Hammick, Koppel & Atkins 2002, p3)

Expectations of Interprofessional Education

- To modify reciprocal attitudes
- To establish common values, knowledge and skills
- To build teams
- To solve problems
- To respond to community needs
- To change practice
- To change professions
 - WHO (1988) Learning Together to Work Together for Health, Geneva:
World Health Organisation from Interprofessional Collaboration ed.
Audrey Leathard, Brunner Routledge, Hove, 2003

Australian Experience

- Agreement but not \$ commitment, support or planning
- Mainly rural and small scale
- Conclusion: ‘what is needed is a national multisector recognition that IPE and IPP are essential prerequisites for optimising effectiveness of increasingly scarce healthcare and human resources’
 - Smith T, Stone N, Bull R, Chesters J, Waller S, Playford D, Fuller J, for the Interprofessional Education Network (RIPEN) Australian Rural Health Education Network’s position on interprofessional education and practice in health care. 2007. Rural and Remote Health 7:866
- IPE Interprofessional Education, IPP Interprofessional Practice

Reasons for Promoting Interprofessional Education:

- A large body of literature supports the benefit of interprofessional education endeavours as a means to encourage effective interprofessional practice;
- Effective interprofessional teamwork is a solution for improving health care delivery and maximising patient outcomes; and
- There are a number of isolated Australian examples of successful interprofessional educational activities but little evidence of sustainability and the embedding of IPE into the entire curriculum.

RIPPER Objectives

- To facilitate positive and effective interprofessional rural learning experiences for undergraduate health science students
- To enhance collaboration and communication between academics, rural practitioners and students
- To facilitate rural health evaluation and research activities to underpin interprofessional education

Challenges with Development and Implementation

- Different curricula
- Different timetables
- Different campuses
- Different Schools

But:

- Same Faculty
- Same University!

- **The Participants, the Setting and the Program**

Recruitment

- Promotion was aimed at final year students from Medicine, Nursing and Pharmacy
 - RIPPER 1 Final year Medicine and Nursing. Pharmacy was a mixture of fourth, third and second year
 - RIPPER 2 Final year Medicine, Nursing and Pharmacy. Only 6 Pharmacy students

The Participants

- Medicine, Nursing and Pharmacy Students
 - 30 - RIPPER 1
 - 29 - RIPPER 2
- Supported by 15 local Health Professionals and University Academics in each discipline
- RSL Club, Scottsdale, North East Tasmania in September 2006 with the help of the Scottsdale Community

Transport and Accommodation

- Medicine and Nursing, located in Launceston, used bus and private transport and encouraged to travel together
- Pharmacy students used private transport and lifts from Hobart (RIPPER 1 bus from Hobart)
- Students stayed together in their professional groups
- Pharmacy students stayed in the UDRH Scottsdale Teaching Site

Tasmanian Teaching Sites



<http://www.ruralhealth.utas.edu.au/rhts/>

The Program

- Saturday
 - Introduction and Questionnaire
 - Grouped students exposed to each of three emergency case based scenarios with a rural healthcare focus
 - Quiz Night
- Sunday
 - Hospital Tour
 - Students developed algorithms of management and strategies for prevention and care based Saturday's experiences
 - Academics and local Health Professionals simultaneously discussed the current program
 - Conclusion and Evaluation

Using

- Educational principles of adult learning, experiential learning and reflective practice;
 - Common learning objectives with discipline specific outcomes; and
- Interactive high and low fidelity simulation for interprofessional education and practice in the rural health care context.
- Students worked in small interdisciplinary teams and rotated through 3 interactive, rural emergency health care scenarios:
 - ▪ Confusion/Polypharmacy
 - ▪ Oncology/Sepsis
 - ▪ Acute Coronary Syndrome (using simulated mannequin);
- Students were required to attend to the immediate management of the patient, then develop algorithms of care; while being
- Supported and mentored by cross disciplinary academics and health professionals.

The Scenarios

- Confused Patient
- Oncology/Sepsis
- Acute Coronary Syndrome

- Student groups moved between each scenario
- University Academics and Local Health Professionals in each discipline were present at each station

The Confused Patient

- Immediate management of the emergency
 - Planning
 - Role Play
 - Discussion/Debrief
 - Repetition using best practice
 - Discussion/Reflection
- Total Time 90 minutes

Confusion Learning Scenario

- **'Ripper' Smith** (85 y.o.) presents to your healthcare facility disorientated, aggressive and confused. She was brought in by her **son and daughter-in-law, Charlie and Shirley**, who are worried about her. She is a well known local character who lives alone, quite determinedly so, but will go to her doctor and the specialist in the city. Shirley also brings in tablets and an unlabeled bottle containing a different tablet. Her daughter-in-law says her medical history includes hypertension, angina and arthritis.
- **Nurse (Jodie Kidd), Local Pharmacist (Ben Pillinger)** who is at the hospital doing a medication management review at the time, **GP (Dr White), Mrs Smith, Son (Charlie), Daughter-in-law (Shirley)**

- **Saturday Night**

The Whelan Challenge - Trivia Quiz Night

Health and the Body

- **(19) Of the approximately 29,000 amputations performed during the US Civil War, how many ended in death?**
 - (a) 7,000
 - (b) 11,000
 - (c) 15,000
 - (d) 19,000

- **(20) The first anaesthetic to be used in the Southern Hemisphere was administered in which city?**
 - (a) Sydney
 - (b) Auckland
 - (c) Launceston
 - (d) Cape Town

- **Bonus- What was the doctor's name?**
 - (Jess Whelan, RIPPER Co-ordinator)

- **The Next Day**

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- **Challenges, Outcomes and Conclusions**

Challenges as a Facilitator

- Recruiting students
- Writing scenarios
- Getting Pharmacy students involved in the suggested scenarios
- Organisation, logistics and cost
- Sustainability – optional/mandatory

Challenges – The Program

- Nursing and Medical students more comfortable with experiential and reflective case based learning compared to Pharmacy students;
- Difficulties including Pharmacy in clinical based emergency skills and role play;
- Greater focus required on understanding the resources available and how to use them quickly in emergency case scenarios;
- Communication and cultural issues of students (i.e. English as Second Language) was a potential barrier to involvement and experiential learning; and
- Students were recruited from the final year of their undergraduate but it was difficult to recruit sufficient Pharmacy students.

Outcomes

- RIPPER was shown to be an effective model for interprofessional learning and practice;
- There was a shift in students' perceptions about learning and working together and being part of a team;
- Enhanced partnerships between the University and the rural community;
- Successful inclusion of Pharmacy provided a template by which other health professions can be included;
- The importance of rigorous evaluation.

Conclusions demonstrated:

- Team work and collaboration between students, academics, local health professionals and the community;
- A transferable program in a variety of contexts; and
- The challenge of interprofessional working and learning being part of the undergraduate curriculum in our University.

- **Thank you and any questions?**