Social Accountability in Health Professional Education

An Australian Rural and Remote Perspective

Paul Worley

EDUCATING FOR PRACTICE: IMPROVING HEALTH BY LINKING EDUCATION TO PRACTICE USING INTERPROFESSIONAL EDUCATION (IPE)

Institute of Medicine
Washington, DC August 2012
Figure 2. Interprofessional teamwork and IOM core competencies

- Utilize Informatics
- Provide Patient-Centered Care
- Employ Evidence-Based Practice
- Apply Quality Improvement

Australian Productivity Commission, 2005
NO DOCTOR
NO HOSPITAL
ONE CEMETERY
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

Source: Office for National Statistics
Unlikely heroes?

Joyce, Stoelwinder, McNeil and Piterman, MJA 2007
Australian Medical Schools
1970
Australian Medical Schools 1975
Australian Medical Schools
2005
Ruralisation of medical schools 1997

- University Departments of Rural Health
  - Increase rural intellectual capital
  - Increase rural Inter-professional training
  - Facilitate rural research
Ruralisation of medical schools 2001

• Nine new Rural Clinical Schools – the Revolution
  – Based on UNSW and Flinders models
  – 25% of students to undertake at least one clinical year in a single regional or rural community
  – 300 new training positions to find in 18 months
Ruralisation of medical schools

• **JCU School of Medicine Vision Statement**

"To pursue excellence and provide leadership in medical education and research. In particular, programs will be responsive to the health needs of the communities of northern Australia and the School will be a leader in the focus areas of rural and remote health, indigenous health and tropical medicine for Australia and for the wider Asia-Pacific region."
A quiet transformation

- Recruitment and retention grants
- Locum and CME grants
- Rural selection targets
- Rural Clinical Schools
- University Departments of Rural Health
- Australian College of Rural and Remote Medicine
- Rural and Regional Medical Schools
- Bonded medical places and scholarships
A disruptive technology

(Worley, Silagy, Prideaux et al., 2000, Med Ed)
Academic Health Science Centre
Academic Health Science Centre

FMC, Adelaide
School Organization
Structural Reform

36 Separate Departments

6 Interprofessional Clusters
Flinders Interprofessional Cluster Model

• Clinical Effectiveness
  – Physiotherapy
  – Occupational Therapy
  – Orthopaedic Surgery
  – Rheumatology
  – Aged Care
  – Rehabilitation
  – Disability studies
Participation Outcomes

• Strengths based community based approaches to selection of students
  – Indigenous Entry Scheme
    • Increased from less than one to between five and ten per year
  – Rural Community Scheme
    • Increased from ~ 10% to represent the proportion of rural population ~25%
Workforce Outcomes

• Seven times more likely to choose regional, rural or remote practice

• Twice as likely to choose Primary Care

• Graduates in all major specialties and all locations of practice

Worley et al 2009, MJA
Figure 1.1 Monthly prevalence estimates of illness in the community. Roles of physicians, hospital, and university medical centres providing medical care to patients 16 years and older.

Source: (White et al., 1961)
Rural Capital

• Health services directly account for 10% of economic activity in a small county – 13,000 people, single hospital

• 20% of economic activity with secondary impacts

Rural and Remote Health


ORIGINAL RESEARCH

Economic importance of the health-care sector in a rural economy

GA Doelsen1, V Schott1.
1Department of Agricultural Economics, Oklahoma State University, Stillwater, Oklahoma, USA
2State Department of Health, Oklahoma City, Oklahoma, USA

Submitted: 2 July 2002; Revised: 13 February 2003; Published: 10 June 2003

Doelsen GA, Schott V.
Economic importance of the health-care sector in a rural economy
Rural and Remote Health 3 (online), 2003.

Available from: http://rrh.deakin.edu.au
Rural Capital

• New economic activity across Northern Ontario that is more than double the School's budget

• Optimism about the future among community participants which they attribute to NOSM.

Centre for Rural and Northern Health Research. Exploring the socioeconomic impact of the Northern Ontario School of Medicine [Final report]. Thunder Bay & Sudbury, ON: Lakehead University and Laurentian University; 2009.
The Harvard Medical School-Cambridge Integrated Clerkship

Results: PPOS

PPOS--3 year comparison CIC vs controls

Control n=40
CIC n=27

P=0.239

P=0.011
Examination Performance Y2-Y3

Error Bars show 95.0% CI

Dots show Means

Improvement in Scores 1998 - 2003

FMC
n=317

PRCC
n=54

Darwin
n=84

Location

0.00

0.83

5.12

2.70
Consultation times

The mean time for the three kinds of consultations were:

- no student present: 13 mins 42 sec
- Precepting consultation: 13 mins 18 sec
- Parallel consultations: 12 mins 45 sec
Impact on clinical practice

- ‘Turning Point’ where the student attachment is of daily benefit to the practice
- ‘Break Even Point’ for the attachment

(Worley et al, RRH 2001)
Maslow’s Heirachy of needs

- **Physiological**: breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: security of body, of employment, of resources, of morality, of the family, of health, of property
- **Love/Belonging**: friendship, family, sexual intimacy
- **Esteem**: self-esteem, confidence, achievement, respect of others, respect by others
- **Self-actualization**: morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Precepting hierarchy

High order needs: Pleasure with fulfillment

- Growth in Others
- Giving back
- Self-esteem, teaching confidence
- Professional recognition

Basic needs: Anxiety with deficiency

- Belonging to medical profession
- Peer relationships,
- Safety
- Patient care, GP time,
- Fundamental needs
- Infrastructure; integration into core business,

Lucie Walters
Critical success factors

- passionate leadership of rural medical and community leaders
- interprofessional National Rural Health Alliance
- seed funding to encourage rural health as an academic discipline
- rigorous research and consultation that underpinned each step of the innovation pathway
- clear thinking of the peak national medical council
- empowering students to be agents of change
- political campaign to invest in rural health education as a form of rural social capital

Worley and Murray, 2011
THEnet’s Evaluation Framework for Socially Accountable Health Professional Education

Version 1.0

Monograph I
12 THEEnet Schools

- Ateneo de Zamboanga University School of Medicine – Philippines
- Comprehensive Community Physician Training Program – Venezuela
- Faculty of Health Sciences, Walter Sisulu Univeristy – South Africa
- Flinders University School of Medicine – Australia
- James Cook University Faculty of Medicine, Health and Molecular Science - Australia
- Latin American Medical School – Cuba
- Northern Ontario School of Medicine – Canada
- University of the Philippines Leyte School of Health Sciences – Philippines
- Gezira University Faculty of Medicine – Sudan
- Ghent University Faculty of Medicine and Health Sciences – Belgium
- Patan Academy of Health Sciences – Nepal
- University of New Mexico Health Sciences Centre - USA
1. Health and social needs of targeted communities guide education, research and service programs

2. Social accountability is demonstrated in action through a "whole school" approach

3. Students recruited from the communities with the greatest health care needs

4. Programs are located within or in close proximity to the communities they serve

5. Health professions education is embedded in the health system and takes place in the community and clinics instead of predominantly in university and hospital settings

6. Curriculum integrates basic and clinical sciences with population health and social sciences; and early clinical contact increases the relevance and value of theoretical learning

7. Pedagogic methods are student-centered, problem and service-based and supported by information technology

8. Community-based practitioners are recruited and trained as teachers and mentors

9. Health system actors are partners to produce locally relevant competencies

10. Faculty and programs emphasize and model commitment to public service
IPE - are we there yet?

Do we have the right goals and measures?

Do we have the right people at the table?

Are we thinking too long term?
Institute of Healthcare Improvement

Triple Aim

- Improved patient health
  - But disability free years not correlated with peace, hope, love, happiness
- Improved population health
  - But means can hide inequity
- Decreased cost
  - USA – yes
  - Zimbabwe - no
Figure 2. Interprofessional teamwork and IOM core competencies

- Utilize Informatics
- Provide Patient-Centered Care
- Employ Evidence-Based Practice
- Apply Quality Improvement

Assessment drives Learning

Is the focus on IPE or IPA?
Entrustable Professional Activities

EPAs are “a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached.” Olle ten Cate

“Tomorrow you will be allowed to…”

EPAs operationalize the competencies.
Figure 1: Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003.
Social Determinants

Interprofessional care
Social Determinants

Inter - professional care

Inter - sectoral care
Leading Health Professional Education
Resisting Change !
A group of Flinders University students have arrived in Mount Gambier to learn first-hand about the challenges and joys of working in regional areas.

The seven students will live, work and study in the region for six months through the Mount Gambier-based Flinders University Rural Clinical School's IMMERSE (Integrated Multidisciplinary Model of Education in a Rural Setting) program.

The students are from diverse medical backgrounds — speech pathology, dietetics, nursing and paramedics — and will undertake practical work with health professionals in the region as part of the program.

IMMERSE was launched as a pilot-program in Mount Gambier in 2010 to help attract medical students to the regional and rural workforce.

Although long-term results were expected, the initiative’s success was quickly proven with two of the three inaugural students successfully employed in regional areas, according to program administrator Julie Forgan.

Two of the students in this year’s program left the South East to study at Flinders University in Adelaide, but returned for the IMMERSE program in the hope of gaining employment in the region next year.

Dietetics student Hayley Blazeka from Mount Gambier and paramedic student Jessica Ballantyne from Mount Burr said they wanted to return to work in the region.

But city girl Clare Westphalen, who studies nursing, also said she was keen to make the switch to country life.

“There’s more opportunities to diversify your skills in a regional area,” she said.

“There’s more responsibilities and challenges for a nurse.”

GETTING READY: Flinders University medical students Clare Westphalen, Hayley Blazeka and Jessica Ballantyne are part of a group of seven students from Adelaide that are learning about the challenges of working in a regional area. Picture ANELIA BLACKIE