TALKING POINT: ENHANCING INTERPROFESSIONAL EDUCATION AND HAVING FUN! IMPLEMENTING RURAL CRITICAL CARE EDUCATION USING EDUCATION EVENINGS

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Introduction
Providing education in rural areas can be a challenging process. Staff employed at rural sites are often faced with accommodation and transport costs which can limit staff attending education events offered off site. In addition, health services are sometimes constrained in providing study leave for staff to attend courses and education events. Anecdotal evidence suggests that nursing staff would prefer to participate in education in work time and do not believe they should be expected to attend education activities in their own time.

This paper will outline the development of rural critical care education evenings within the northern sector of Hunter New England Local Health District (HNELHD). The aim of holding the events was to provide education to staff in their local area, that was critically care orientated and of interest to smaller sites to build capacity and collaboration within this area. The education events have been held over a period of four years and evaluations have so far been very positive.

Background
Staff working in rural sites often feel isolated from education (Jukbala, Henly & Lindeka, 2008) and lack opportunities for professional development and education, in contrast to their metropolitan colleagues (Curren, Fleet & Kirby 2006; McCoy, 2009). The Acute Care Unit at Tamworth provides critical care services for a wide area within Hunter New England Local Health District (HNELHD). In-service provided on the unit was restricted to a short time frame and workloads and the clinical context at any one time limited the number of staff able to attend.

The Clinical Nurse Educators in collaboration with unit staff identified various shared learning needs. A range of strategies were explored to identify how the provision of education could be improved for critical care staff as well as staff in rural sites in close proximity to Tamworth to enhance collaboration and provide networking opportunities. The idea of the education evenings evolved and a pilot event was held in 2010 at a local hotel. This venue was chosen to provide an atmosphere of informal learning and social interaction.

Organising the Evenings
Staff within the Acute Care Unit at Tamworth are encouraged to suggest and discuss topics for the evening program with the Clinical Nurse Educators. Feedback from each event is also utilised to develop future educational evenings. Four education evenings are held each year with invited speakers from both within and outside the Local Health District. Staff travel from Armidale, Guyra, Boggabri and Quirindi to attend the events. The cost of the evening is kept to a minimum to cover the cost of food, lucky door prizes and gifts for the presenters. At the beginning of the evening there is time for socialising, welcome cheese and antipasto platters and a food break after the 2nd speaker. Food has been identified as an important aspect of education events and has the potential to increase attendance (Segovis et al 2007). This social time provides staff with the opportunity to network with interprofessional colleagues from within the hospital and with staff from other hospitals, affording a valuable team building environment.

Lucky door prizes are also awarded and all speakers are provided with a gift, certificate of appreciation and thank you letter. The attendees are presented with a copy of the educational program which provides an area for writing personal reflective learning outcomes to meet continuing professional development points (2.5 hrs). Attendance at events ranges from thirty to seventy and on two occasions venue capacity was reached and staff were informed they were unable to attend. In addition, these events have provided a forum for the Critical Care Clinical Nurse Consultants to provide an update and insight into their role and current critical care initiatives within the Ministry of Health.

The Evenings
The broad varieties of topics have been of benefit in addressing current practice issues, with most presentations using a case study approach. Topics have included case studies, a coroners evening where the local coroner was invited and a staff member who had experienced the coroners court provided personal reflections and insight into their experiences. The most recent evening was a trauma case presentation that followed the journey of six patients from the scene of an accident through the emergency department to the Intensive Care Unit. This evening included the contribution of a paramedic who provided great insight into the paramedic role as well as the personal challenges of being on scene. The presentations were followed by a panel discussion that allowed questions from the audience. Other teaching strategies used have included debates, case studies and mini lectures.

The evenings have encouraged interprofessional sharing, with speakers from different disciplines including nursing, medicine and radiography and staff from a range of disciplines attending, including doctors, nurses, physiotherapists, radiographers and pharmacists. The final education evening for the year provides a Christmas theme with some light entertainment (of a medical nature). We are fortunate to have several musicians within our team who provide great laughs. Last year some “spicks and specks” and original medical lyrics performed by staff were a particular highlight of the event. Due to the large number of attendees and limited venue capacity a DVD was developed for staff that were unable to attend.
**Discussion and Evaluation from the Evenings**

Prior to completion of each session delegates are asked to complete an evaluation form which includes a number of questions to rate the overall clinical relevance of the topic, the venue and suggestions for topics during future evenings. The overall response to the education events has been overwhelmingly positive and extremely positive in relation to; venue, food informative topics and the informal nature of the evenings. Staff were asked where topics covered were relevant to their work areas and feedback suggested that the topics were relevant to both smaller hospitals and specific critical care areas.

The authors are always seeking thoughts and ideas about how the evening could be improved to further meet the needs of staff. Ongoing evaluation has identified the need for more education evenings. There have been many suggestions regarding future topics and these are used in planning future education evenings to meet staff needs in the critical care areas and rural sites. Suggestions for future topics have included the following: Total Parenteral Nutrition, diabetes, MET calls, pulmonary emboli, and management of head injuries, cervical spine immobilisation, liver failure, pancreatitis, septic shock, difficult airways / ventilation, paediatrics, acute coronary syndrome and pacing.

Overall staff feedback has been very positive about this initiative. Staff have commented that they look forward to the evenings, enjoy the case study approach, the informal structure of the evening and the informative speakers. Some examples of the comments made in the evaluations are outlined below.

- Very good, great to have a paramedic, he was great and very useful to have this point of view.
- Really enjoyed the pre-hospital information (trauma evening).
- Nice to attend education session that is held locally, well done!
- Most enjoyable, good humour.
- Very enjoyable evening, great speakers.
- Excellent venue, catering and lecturers. All very informative and entertaining.
- It was a sensational evening and entertaining.
- Loves these nights, case studies are always great.
- Well organised like the informal approach to the evening.
- These are very open forums for discussion, no thoughts on improvements.

**Conclusion**

The education evenings have provided a platform for increasing knowledge and skills in an informal atmosphere. Further, the inter-professional nature of the evening has provided networking opportunities with other staff and disciplines in a social context. The staff often comment on how it is beneficial to have presenters from other disciplines; “we see how it all fits together better”, “what they are going through”. The attendance at the education evenings exceeded our expectations and we continue to be surprised by the support for these evenings.

It is evident that staff enjoy the evenings, not only for the educational experiences but the social, networking and teambuilding opportunities they provide. The cost of attending the evenings is minimal which may also be a contributing factor to the large interest in the evenings. Other area health services may be encouraged by our experience to look at education evenings to promote ongoing education of staff within their local area. The authors are happy to share their thoughts about the evening with any staff who may consider education evenings to further build interprofessional capacity and collaboration.

Our experience challenges the assumption that clinicians are only prepared to attend in-service sessions offered in work time and suggests that at least in rural/ regional areas informal sessions out of work time are a valued way of providing education and collegial sharing.

**References**