

Evaluation of the Transition of Allied Health Professionals to Rural and Remote Practice project

Rupesh Goel
Coordinator PHCRED SGRHS
Kuda Muyambi
Research Assistant/Evaluation CRHaCD



overview

- Project funded by DoHA
- Project objective- development of web based resource to support new allied health professionals moving to rural and remote practice
- 4 phases
 - a. Needs assessment using stakeholder analysis (survey and interviews) and literature review
 - b. Development of web based resources and posting onto the world wide web
 - c. **Piloting and evaluation of web based resources**
 - d. Revision and launching of web based resource



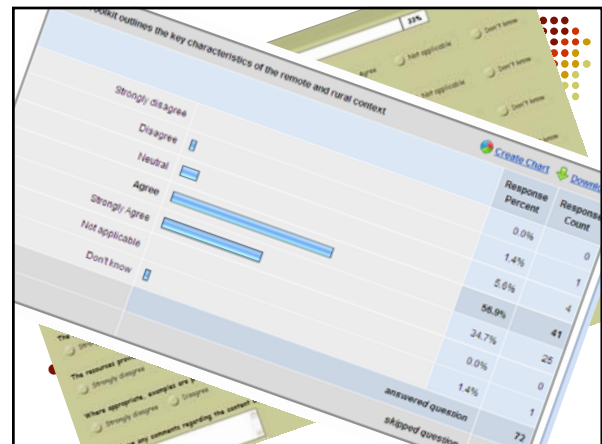
evaluation objectives

- establishing consistency of developed resources with:
 - a. terms of the contract signed between client and funding agency
 - b. the findings of the literature review, and
 - c. stakeholder consultation.
- content, aesthetics and ease of navigation
- future improvements
- ongoing monitoring and evaluation framework



evaluation form and data collection methods

- Formative evaluation
- Clarificative
- Mixed methods
 - a. Online survey - *Survey Monkey*
 - b. Semi-structured interviews
 - c. Document review

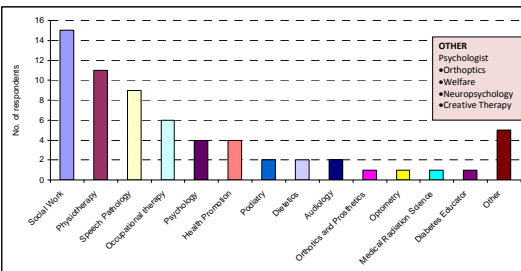


data analysis

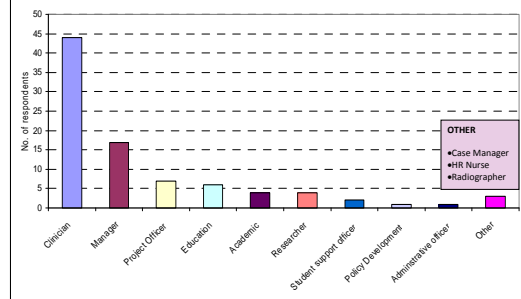
- Quantitative data –
 - Descriptive statistics
 - MS Excel software
- Qualitative data –
 - reading/re-reading and identification of segments,
 - clustering into categories and themes



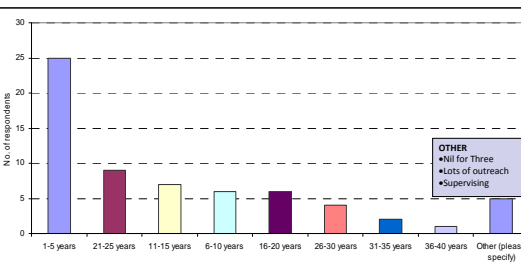
professions



professional roles



duration of rural and remote work experience



qualitative feedback

- 4 interviews out of possible 5 held
- predominantly clinicians who had moved on to managerial and academic roles
- 14-26 years working experience
- average of 16 years in rural and remote practice
- South Australia, New South Wales and the Northern Territory.



key issues in rural and remote practice



- lack of professional, managerial and team support
- inadequate resources
- adverse physical environment characterised by huge distances, climate differences, poor communication and limited recreational facilities.
- broad and general caseload (“birth to death”) yet the professionals lacked the skills sets to perform this role.
- management and administration functions
- isolation and lack of peer contact
- limited opportunities for professional development
- limited access to professional education
- *respondents confirmed that these issues were reflected in the toolkit*

features



Most liked

- clinicians’ stories
- skills and competencies
- rural and remote context and orientation, development and support
- Links to resources, other web sites and support organisations

content



- Positively rated
“Excellent tool, particularly for new staff and students”
“Congratulations. This is a terrific resource. I can’t wait to see it ready for use”
- met the needs of both new and experienced allied health professionals including students, supervisors and managers
- Changes were suggested to include
 - Graphics, interactive media and audio;
 - more readable font size & colour scheme;
 - Information on other disciplines
 - pdf files for offline reading

future content



- more detailed contact details for government department, professional bodies and related organisations
- information about working with Aboriginal people and other language groups
- profession specific information with associated links
- links to professional groups, registration boards for all GPs and allied health professions in each state

conclusion



- web based resource positively received by its potential users
- respondents very positive about the *Toolkit content, design, utility and navigation elements*
- the content of the resources covered most of the areas identified by the preliminary stakeholder consultation and literature review.
- the resource has potential to benefit new and experienced allied health professionals, student, supervisors and managers

acknowledgements



- Dr Elizabeth Hoon
- Associate Professor Gary Misan
- Professor Guy Robinson
- Project Staff

thank you