



RESEARCH LETTER

Problems in implementing interprofessional education in rural areas: an exploratory study

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ETHICS APPROVAL

This study was conducted with the approval of the Hokkaido University Faculty of Medicine ethics committee (No. 18-034).

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FULL ARTICLE:

Dear Editor

It is increasingly important for health professionals to promote interprofessional education (IPE) in rural clinical settings¹. Health professionals and students can create positive IPE experiences in rural learning environments, and evidence of positive outcomes is accumulating^{1,2}. IPE means that students can learn in the same place and in cooperation with people from multiple professions. However, we observed that an incorrect educational style was

adopted, although the title of the educational course included 'interprofessional education'. In the course, individual professionals from different disciplines (eg nurses, medical social workers and pharmacists) working in vertically segmented organizations were invited to a lecture hall of an urban university to talk about their work experiences from their perspectives to medical students. We replaced this incorrect strategy with more appropriate educational practices in rural areas.

Interprofessional rapport-building is important to promote IPE in rural areas³, highlighting the importance of the following exploratory study. The present research strongly supports the message that shared space, adequate time and balance of disciplines are important elements to sustain IPE and retain health professionals in rural areas³. Although the study was conducted outside Australia, our results were similar.

The research settings were mountainous rural areas in Japan with poor traffic access, each of which had a population less than 11 000 inhabitants and was located at a distance of more than 80 km (1.5 hours' travel time by car) from a major urban city with a population of approximately two million people. Semi-structured interviews were conducted with 29 physicians, nurses (including public health nurses), physical therapists, occupational therapists, registered dietitians, medical social workers and medical office workers. Their ages ranged from 26 to 61 years, averaging 38 years, and their years of experience ranged from 0.1 to 22 years, averaging 10 years. The authors contacted each interviewee by email or telephone to obtain appointments. Each interview took place in a pre-arranged private room within the participants'

institutions. Each interview lasted approximately 60 minutes, and the questions focused on issues concerning the implementation of IPE in rural areas. The recorded content was transcribed verbatim, encoded, divided into meaningful categories and aggregated.

Participants gave mostly positive responses to IPE; however, we identified the following four problem categories: lack of network development, lack of long-term local government plans, difficulties in making time for learning, and hierarchies among health professionals (Table 1).

The study showed that health professionals in rural areas support interprofessional collaboration and IPE, which may contribute to retaining health professionals in rural clinical settings. Doctors in rural areas actively cooperate to promote community-based medical education, despite heavy educational burdens⁴. The present research showed similar trends among other health professionals in rural areas. This study agrees with previous research⁵ promoting IPE in rural areas, as it provides future health professionals many learning opportunities and contributes to their personal development. This article presents international data that contribute to global perspectives on IPE.

Table 1: Four problems in interprofessional development identified by study

Category	Explanation and example
Lack of network development	Limited opportunities to consult social workers and other health professionals due to location. <i>There is only one consultation service facility in this wide-ranging region. The farther these facilities are, the more difficult it becomes to consult them.</i>
Lack of long-term local government plans	Solving local problems on an ad hoc basis, no support system with sustainable IPE. <i>It's important to firmly establish future plans. Health professionals bear the load if an administrative support system cannot be created by the local government. There should be a vision.</i>
Difficulties in making time for learning	Busy work schedule restricting participation in professional development. <i>I'd like to study and learn, but I'm exhausted from my daily work, and unless I have the mental space for it, I don't really feel like going to educational seminars.</i>
Hierarchies among health professionals	Traditional and conservative leaders with doctors at the center of a healthcare team. <i>The doctor is first, the nurse second, and the care worker is third. I always feel the hierarchy of the professionals whenever we have conferences with interprofessional collaboration.</i>

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