IN-SERVICE TRAINING FOR REMOTE PRIMARY HEALTH CARE WORKERS IN AUSTRALIA: A NOVEL AND USEFUL MODE OF EDUCATION DELIVERY

Brien Holden Vision Institute

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Introduction

- Access to eye care practitioners is infrequent and limited for Aboriginal Australians living in remote areas.[1]
- Primary health care workers (PHCWs) are the first and central point of contact for people in remote communities for all health concerns, including eye health.
- The influence of PHCWs on eye health outcomes cannot be understated; they play a key role in screening for vision problems, patient education, continuity of care, and encouraging adherence to ophthalmological treatment pathways.[2, 3]
- Integrating eye care within primary health care (PHC) is therefore strongly recommended as a sustainable approach to improved vision outcomes for remotely located Indigenous communities.[4, 5]
- Improved local capacity for primary eye care in remote clinics is important when visiting eye care practitioners are infrequent.
- A sound basic knowledge of common eye conditions and eye care referral and management pathways is therefore important for PHCWs in remote communities.

"[Eye training] is very relevant to my practice, as eye complaints are very common."

Remote Medical Practitioner

Aim

- To provide eye related in-service training to PHCWs of remote health clinics in Aboriginal communities of Australia.
- To gauge the perceived usefulness and relevance of the training for PHCWs, in terms of improved confidence in providing primary eye care.

Methods

- A needs analysis was performed to determine the preferred topics, format and mode of delivery of eye related in-service sessions.
- Using a train-the-trainer approach, Brien Holden Vision Institute staff prepared locum optometrists to deliver in-service training to PHCWs on outreach service delivery trips.
- Each in-service training module kit included the following materials:
  - Participant handbook
  - Participant worksheets (where relevant)
  - Teacher's guide
  - Visual teaching aid (PowerPoint presentation and hard copy flip-chart)
  - Teaching/activity resources
  - Evaluation questionnaires (trainees and trainer)
- Training resources were left in the clinic following each session.
- Post-training confidence surveys were completed immediately after the training (by the trainees and trainer) and three months thereafter (trainees only).

Figure 1: Module materials for the 'cataract' in-service kit

Results

- The topics chosen for development from the needs analysis were:
  - Cataracts
  - Differential diagnosis of red eye
  - How to measure & record vision
  - Eye injuries
  - Diabetic eye disease
  - Eye emergencies
- The preferred length for an in-service was one-to-two hours in the afternoon; a short one hour session during the lunch break was the least preferred option (forced choice).
- A total of 233 participants from 32 remote communities received an in-service training session.
- Surveys administered immediately after each session indicated that confidence levels, willingness and inclination to apply skills and knowledge to practice had increased as a result of the training, and the training was considered to be useful.

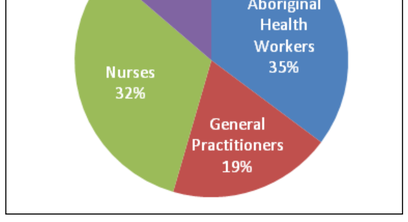

Figure 2: Proportion of trainees according to professional roles

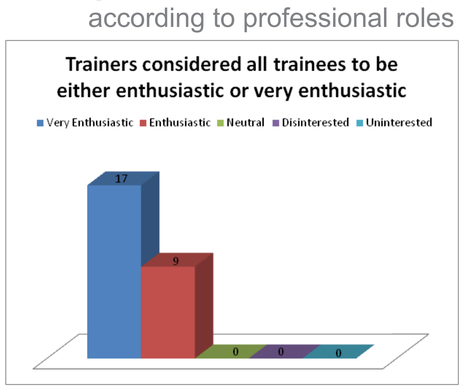

Figure 3: Trainer responses from 26 post-session surveys

- Trainees were asked to rank their agreement to several statements from 1 (strongly disagree) to 5 (strongly agree), as demonstrated in figure 4.

Figure 4: Responses of 23 trainees immediately following cataract in-service sessions

94% of trainees indicated that they would appreciate further training on other eye topics.

100% of trainees indicated they would recommend the training to others.

- Despite several follow-up attempts, only 11 responses were obtained for the three-month post-training survey.
- Seven trainers returned surveys for 26 sessions. They all appreciated having a teacher's guide and prepared materials to direct the session, and the handbook to leave with the clinic as an enduring resource.
- Trainers considered their trainees enthusiastic and the training itself to be of great benefit to the clinics they were visiting. Hence, trainers were very willing to be involved in future training opportunities in conjunction with outreach optometry services.

Discussion

- The major challenges faced when delivering in-service training alongside service delivery were:
  - time and other constraints for clinic staff and the visiting optometrist
  - the multi-disciplinary training settings
  - turnover of local staff
- These were overcome by:
  - providing training opportunistically during quiet periods, in scheduled in-service slots and on extended visits
  - using a case study interactive approach that enabled all to contribute and ask questions according to their scope, level of practice and knowledge
  - continuing to train the new staff with the same materials that were confirmed as the most important for such roles
- The survey results all suggest that the training should positively influence future clinical practice and/or decision making relating to those particular eye conditions.
- Improved confidence in primary eye care skills and knowledge may enable better case management of eye problems at the community level, with appropriate and timely referrals, therefore facilitating more effective and efficient visiting eye clinics. This embedding of eye care within PHC is promoted as the required approach to strengthen eye care services in remote locations.

"Good to have eye conditions explained and ask questions at the same time. Took away the fear of doing damage and appreciating what can and can't be done."

Rural Nurse

Conclusions

- In-services by visiting optometrists, delivered in conjunction with outreach eye clinics, is a practical and portable mode of training delivery for remote PHCWs whose access to training is otherwise limited.
- This style of training delivery may hold relevance for other remote community health centres & health professions, where services are provided on a visiting basis.
- Visiting allied health professionals can contribute meaningfully to the quality of ongoing care for communities, in their absence, by offering frequent and ongoing in-service training for PHCWs.

"The opportunity to teach local medical staff was the highlight of my trip."

Locum Optometrist

References

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