

# Participant and educator feedback informs delivery of an interprofessional inflammatory arthritis education program using telemedicine in rural communities in Ontario

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## BACKGROUND

- Telemedicine-based approaches to healthcare service delivery are known to improve access to care.
- It was recognized that people with inflammatory arthritis living in rural areas had limited access to patient education and could benefit from the Prescription for Education (RxEd) program, an interprofessional education program.

### Prescription for Education (RxEd) Program

**What is it?** • One day education session, facilitated by an interprofessional team.

**Program format**

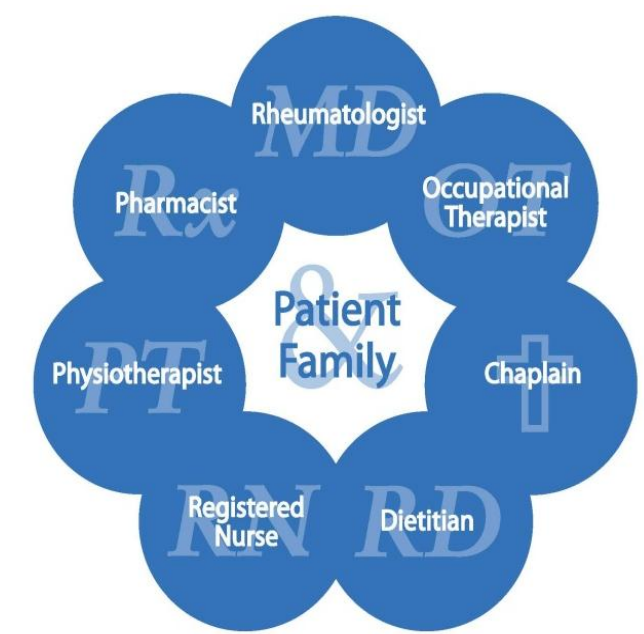
- Didactic, panel & small group discussions, case studies.
- Adult learning best practices.
- Integrated self-management strategies.

**Evidence**

- Wait-listed controlled study showed RxEd improved health-related outcomes. (Kennedy et al, J Rheum 2011; 38(10):2247-2257)
  - Arthritis self-efficacy.
  - Arthritis knowledge.
  - Coping efficacy.
  - Illness intrusiveness (daily impact).

**Telemedicine delivery**

- Program extended to six remote sites in Ontario, Canada.
- Program adapted/modified to be delivered via interactive videoconferencing through two workshops:
  - Telemedicine Best Practices and Adult Education Principles.
  - Improved Public Speaking.



## OBJECTIVES

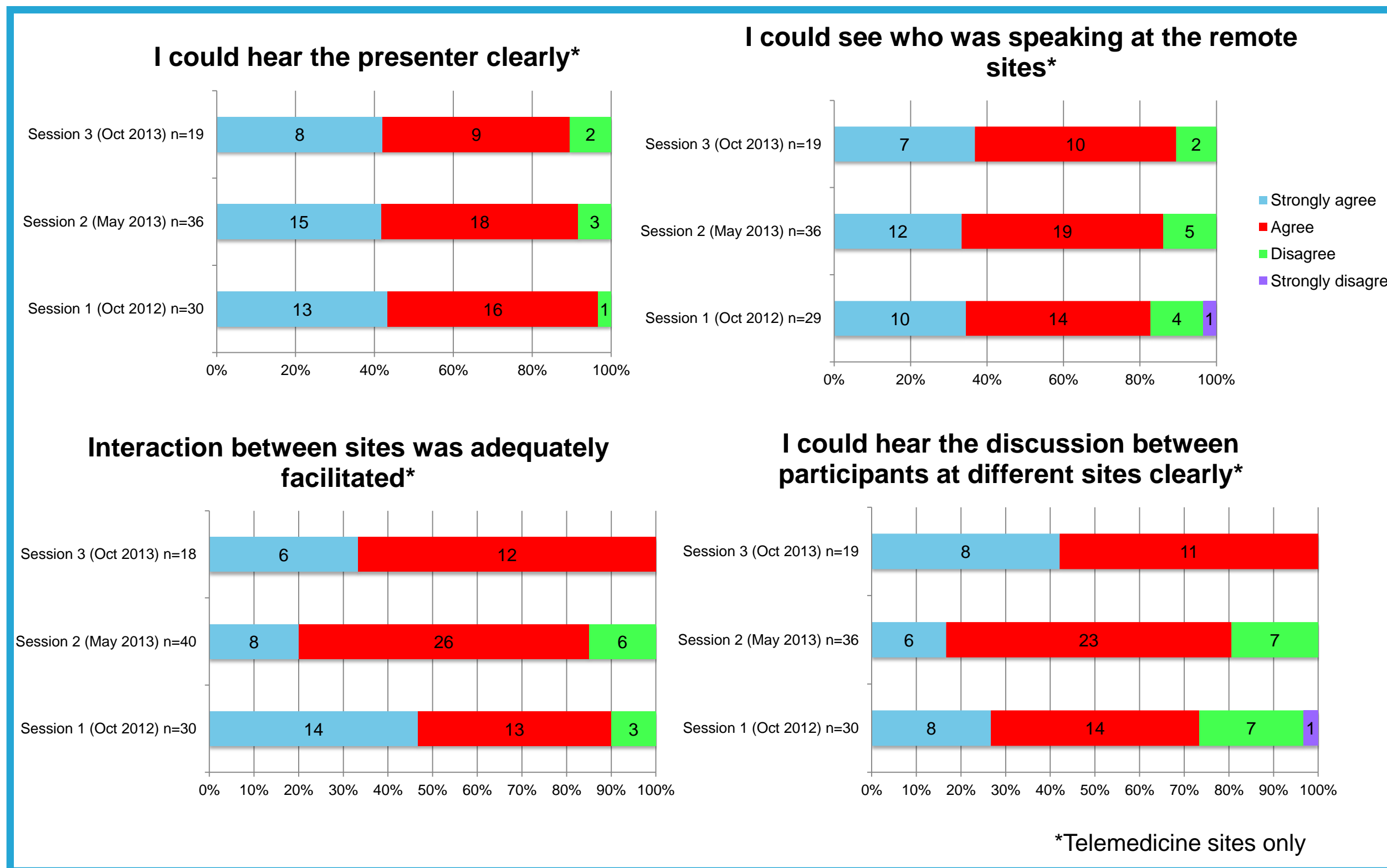
- To evaluate the feasibility of using telemedicine (TM) to deliver the RxEd program.
  - To explore the process of delivering an interprofessional program via TM.
  - To explore participants' perceptions of the RxEd program delivered using TM technology.

## METHODS

- **Participants:** Adults with inflammatory arthritis attending the RxEd program locally (in-person) or at one of six rural sites, and RxEd program educators.
- **Data collection:** Mixed methods approach
  - RxEd program participants completed course evaluations post-program (quantitative) and telephone interviews (qualitative).
  - RxEd Educators completed post-program reflection logs (qualitative perceptions of videoconferencing technology, site interaction, small group learning).
  - A debriefing meeting (RxEd educators, telemedicine coordinators, researchers) was held to discuss data and identify actionable delivery modifications.

## RESULTS

- 150 persons (39 local; 111 rural, across 6 sites) attended one of three RxEd Telemedicine sessions.
- 114 completed the post-program evaluation (29 local; 85 rural).
- Rural participants were satisfied with the quality of the videoconference (% agree/strongly agree): could hear presenter (93%); could see slides (95%); could see who was speaking at rural sites (86%); adequate facilitation of interaction between sites (94%); and could hear discussion between sites (82%).



## Participants Have Their Say...

"... once I saw it was at St. Michael's, and in Toronto, I would have found it difficult to get there. I would [not have been able to] attend just because of the drive. We're seniors and it would be a challenge to drive into Toronto, although I would have liked to attend... So, the fact that it was available in the outlying areas... was excellent for us and we so appreciate having the opportunity to participate..."

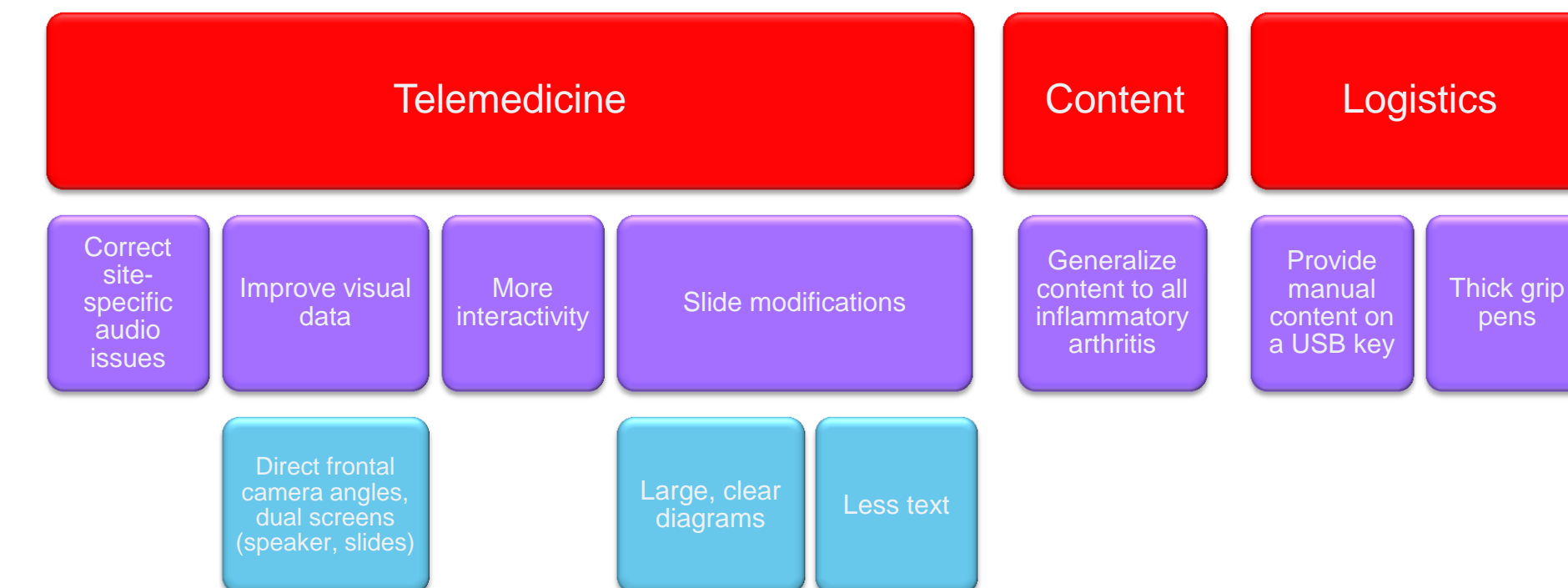
- RxEd participant

"It was so well organized. There was nothing I didn't like about it except, like I said, maybe a little more time for questions. And when the questions were asked, they were answered very well. That was good too."

- RxEd participant



## RxEd Program adaptations and modifications based on participant and educator feedback



## CONCLUSION

- It is feasible to deliver RxEd using TM, and there is value in offering RxEd to remote sites.
- Data and feedback from participants and educators will be used to improve future RxEd sessions.