

INDIGENOUS IMMERSION

For students:

- Early cultural immersion
- Clinical immersion

For staff:

- Cultural awareness briefing
- Community cultural exposure



The community is empowered to act as cultural educators

LONGITUDINAL INTEGRATED PLACEMENT:

- Compulsory for all students in senior clinical training
- Each student hosted by GP/AMS but also clinical activities in hospitals and other community settings
- 11 sites across NSW – 1 regional (1/3), 10 rural (2/3)
- Community research project compulsory part of curriculum



DISCUSSION POINTS:

- Does this approach work? How?
- How has the community responded?
- What are the challenges?
- What are the outcomes – educationally, workforce?

INNOVATIONS IN MEDICAL EDUCATION – RURAL CLINICAL SCHOOLS.

STUDENTS AS AGENTS OF SOCIAL CHANGE – COMMUNITY ENGAGEMENT & IPL

ASSOCIATE PROFESSOR SHANE BULLOCK,
MONASH RURAL HEALTH



Pilot Study

Student Cohort

Volunteer first-year Monash graduate-entry medical students (Year A students)
Federation University Nursing Students (mainly first and second year)

Task 1

Conducted simple supervised health checks on local power station employees

- blood pressure
- vital signs
- blood glucose and cholesterol testing

Task 2

Plan to return towards the end of the year to deliver general health promotion education to these employees

Preliminary Outcomes

Student confidence and competence in these procedural skills enhanced

Student communication skills enhanced

Students from different professions appreciate the role of the other profession better and health team dynamics enhanced

Students feel like that they are making a contribution to improve the health of the local community

Power station workers feel that they are contributing to training of health professionals for the region

Power station workers feel their health literacy enhanced

Aboriginal Themes in ARCS

- Kym Thomas
- Roxy Miller
- Emma Richards
- Jonathan Newbury
- Port Augusta & Port Lincoln
- Adelaide Rural Clinical School
- University of Adelaide
- jonathan.newbury@adelaide.edu.au
- 0418 818 469



Kym Thomas, Nukunu / Ngadjuri

“...outskirts of...as fringe dwellers.....assimilation policy”, “sandhill savages”

“refrigeration mechanic railways aged 16” “a union rep during downsizing”

“transforming the skills qualification and life experience” to “employment in the university sector”

Creating opportunities for Indigenous Students in Medicine and Health Sciences,
rural schools,
ADL boarding schools,
ADL schools

Thomas Kym “You don't know what you don't know”, Medical Journal of Australia.
2016; 205 (11): 513-5.

Roxy Miller

- Aboriginal Maternal Infant Care workers
- Improving ante-natal care for mothers of Aboriginal babies

B M,Miller Roxy....., et al. Aboriginal Families Study: **a population-based study keeping community and policy goals in mind right from the start**. International Journal for Equity in Health. 2013;12:41.

Stressful events, social health issues and psychological distress in Aboriginal women having a baby in South Australia: implications for antenatal care.

Use of **Cannabis in pregnancy and birth outcomes** in a South Australian Aboriginal birth cohort:



Emma Richards

- Barngala, housing, women's business, PLACC, 24/7 accommodation Families SA, PLAHS & PLACC governance
- AHCSA, Introduction to research course (Whyalla UDRH & JCU)
- LINKIN (Port Lincoln) NHMRC
 - social determinants of population health
- Ripple Effect, Adolescent Wellbeing mental health
 - Identity of Self
 - Culture
 - Education for Workforce
- HEADSS

Richards E, Newbury W, Newbury J. The Ripple Effect. Australian Doctor. 2016 8 April 2016.

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SILVERQ

Simulated Inter-Professional Learning in a Vertically Integrated Environment in Rural & Regional Queensland

UQ Rural Clinical School

Dr Riitta Partanen

Director of Learning



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Create change



SILVERQ Objectives

- Development of clinical reasoning skills
- Increased understanding of own role and the role of other professionals within the healthcare sector
- Increased confidence in own self belief in regard to ‘Work Readiness/ Preparedness’
- Increased understanding of strengths and limitations within own professional role
- Increased ability to communicate and work effectively with other health care professionals
- Enhances the medical, nursing and paramedic curriculums

A blurred background image showing several healthcare professionals in a clinical setting. A man in a white lab coat and stethoscope is looking at a patient lying on a gurney. Two women in blue scrubs are standing nearby, one looking at the patient and the other looking towards the camera. The scene is brightly lit, suggesting a hospital or clinic environment.

SILVERQ

is a **COLLABORATIVE INTERPROFESSIONAL
SIMULATED LEARNING PROGRAM**

- **Medicine**
 - UQRCS – Bundaberg, Hervey Bay, Rockhampton & Toowoomba
- **Nursing**
 - CQU – Bundaberg & Rockhampton
 - USQ – Toowoomba & Hervey Bay
- **Paramedical Science**
 - CQU – Rockhampton

The SILVERQ Program

- “On Call” or “ED” Series
- Mock Ward
- Actors role-play the patients
- Each Scenario
 - 1 patient
 - 2 final year nursing students
 - +/- 1-2 paramedics
 - 1 final year medical student,
 - 1 nurse supervisor
 - 1 medical supervisor
- Four different scenarios
- Duration of each scenario
 - 45 minutes
 - 15 minutes for feedback
- Complimentary E-Learning Package
 - used to prepare for, during and upon reflection



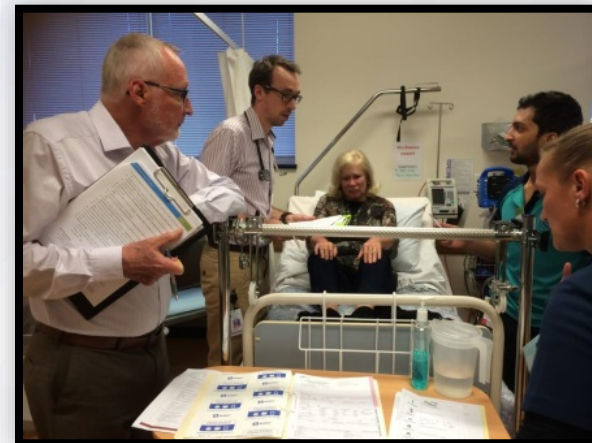
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Create change

How a Scenario works?

- The 2 “nurses” initially assess the unwell patient
- The nurse then calls the “intern” to attend
- The students work together to diagnose and treat the patient
- Students need to correctly order and sign for medications, fluid orders, pathology and x-ray forms etc
- They do the practical procedures on task trainers
- They are given results – pathology, x-rays to interpret
- They can phone the “Registrar” on call for further advice
- At end of scenario – 15 minutes for feedback from the students, the supervisors and the patient

Examples of Scenario Cases



On Call Series	ED Series
Acute Chest pain 5 days post fractured pelvis	Acute Cholecystitis
Acute Chest pain 5 days post fractured pelvis	Post Partum Haemorrhage
Fall causing a # NOF in an elderly patient admitted with CCF	Febrile Convulsion
Post Thyroidectomy bleed	Post Natal Depression
Acute Chest pain post hysterectomy	Acute Asthma

The Success of the program relies on:

- Relevance
- Realistic Scenarios
- Safe learning environment
- Immediate feedback
- The nearly one-on-one supervision
- Actors as patients, providing constructive feedback
- Organisation prior to and on the day
- Passionate UQRCS Clinical Skills and Simulation Academic lead
- Initial funding via Health Workforce Australia





University of Newcastle
Department of Rural Health



SESSION 2

MAKING RURAL RELEVANT AND DIFFERENT

- Success in embedding teaching and learning in primary care



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DEPARTMENT OF
RURAL HEALTH

Students as agents of social change:

Community engagement and longitudinal placements



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Influencing the Curriculum - Interprofessional Learning



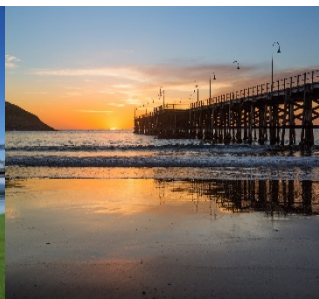
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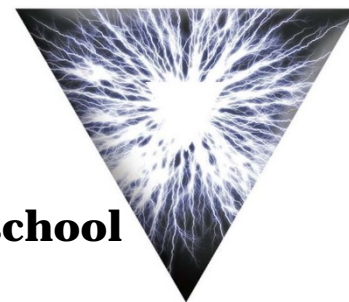
University of Newcastle Department of Rural Health



RURAL CLINICAL SCHOOL

Recruiting the next generation of rural doctors should start in rural school

A/Prof Lizzi Shires



Challenges of the NW Coast

- 65% retention to year 12
- Lowest outside NT
- Historically 29% staying on past year 10 (Australia 45%)
- 25% of all families have neither parent working
- Few have been to Uni
- Significant drift away from coast 18-35
- Rural Clinical School Only 'industry' bringing young people to the NW coast

What prospects do Burnie's young unemployed really have?

THE AUSTRALIAN | AUGUST 16, 2014 12:00AM



Unemployed parents Josh Smith, 21, and Sheryl-Lee, 20, with daughter Nikayla, 3, in Burnie, Tasmania. Picture: Chris Crerar Source: Supplied

Source: The Australian 16 August 2014

Role of medical students as Peer educators



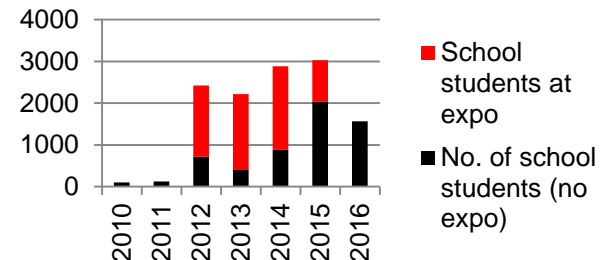
- Role Models
- Health educators
- Peer mentors
- Educators about Uni options

Developing a new model

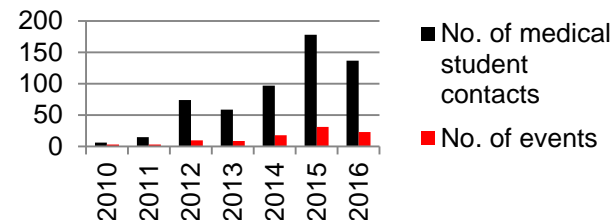
- Greater community exposure
- Greater student exposure
- Start earlier
- Strategic partnerships



School student contact with medical students by year



Events and medical students involved by year



What works best

- **Targeting students** that come to the RCS, have an interest in rural health career and community engagement. Advocate for community
- **In schools:** interactive sessions with small groups within schools for the more general education sessions.
- **Lesson plans and equipment organised**
- **Interactive sessions** much easier to get students involved.



School and Community Feedback

- Positive:
- Asked back
- Over subscribed
- Media interest

So what does that mean?

- Big part of the community
- Community ownership

**What MBBS students
get out of community
engagement activities
with schools:**



- Being valued
- Community intelligence - Giving back
- Fun, enjoy doing things with high school kids
- Leadership and teaching skills
- Communication skills
- Medical skills..

Questions???



Dear Ben

thank you Ben for teaching
us that it is so important
to wash our hands when
we have come inside.
thank you for showing
us the human bits! I
will try to wash my hands
more! I will try to remember
all of the human bits.
I liked it when you
put glow gel on our
hands! thank you
as much as I can
from Alexandra
P.s I am going
to be a Doctor!