

Preparing health professional students for practice in rural and remote primary health care settings



Robyn Williams

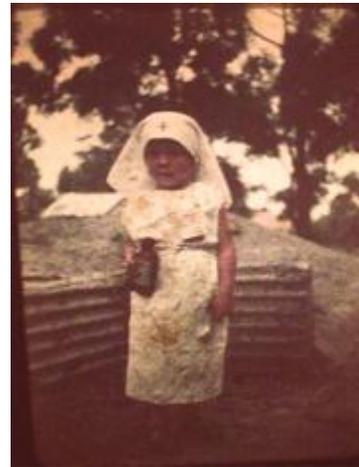
National Rural Health Alliance Conference 2015

A little bit about me...



"I am so glad that I am not as judgmental as those self-righteous, pig-headed do-gooders I have to work with."

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Today's presentation

- How prepared are health students to work in rural and remote settings?
- What type of preparation is necessary for health professionals to be effective and culturally safe practitioners?
- How can health professionals shift from a (mostly) acute care biomedical model of training to a primary health care approach within a robust cultural safety framework?



Overview of PhD proposal

- Preparation of health professionals to work in Indigenous primary health care settings
- 21 health professionals who are (or have been) working in urban, rural and remote locations have been interviewed
- Reflecting on the ‘what and the how’ of their preparation for working in various settings
- Data is being gathered from the participants through sharing stories of personal, educational and practice experiences
- Research will contribute to education and practice about how health professionals can work more effectively and ultimately contributing to better health outcomes for Indigenous peoples.

Working in this space

- Working cross-culturally;
- Ageing work force, recruitment and retention of staff, and provision of appropriate education and training
- Gap between the education and training at undergraduate level and the requirements of the specific work context in rural and remote health settings
- Dis-connect between the theory in the curricula and the practicalities or realities of the health professionals' role.



Robyn Williams & Clifford Plummer
(Naiyu Nambiyu Community Health
System June 2013)

What the literature says...

- Key features of current preparation approaches related to organisational, system and individual practice for health professionals. In particular:
 - Specific health workforce challenges;
 - Working in complex practice areas (such as rural, remote, PHC & Indigenous health) requires an extended 'life skills set':
 - ability to work independently
 - inter-cultural communication
 - reflexive practice
 - the capacity to build trusting health relationships.

What the literature doesn't say...

Little or no critical analyses of education programs/curricula that aim to:

- Address a practitioner's awareness of, and ability to critique the construct of culture within themselves, their profession & the communities in which they work;
- Provide a structure for students to reflect upon, analyse and articulate how they respond to the complex cultural circumstances into which they are immersed as a student and as a graduate in their chosen profession;



But wait there's more...

- Relevance and effectiveness of health professional education in Australia in regards to the preparedness for working in rural and remote health and cross-cultural contexts;
- Impact of previous experience, background and education at undergraduate and postgraduate level;
- Educating and preparing for capability and cultural safety – which can be encapsulated within higher education frameworks and employer requirements.



Embryonic Themes

- Common threads include:
 - Previous experience with other cultures
 - Significant family or childhood events
 - Random catalysts – seeing a picture of ‘Ayers Rock’
 - Family member or friend – comment, conversation, remark
 - Placements are ‘deal breakers’, especially ‘non-clinical’
 - Orientation is essential
 - Inspirational lecturers
 - Having professional and cultural mentors
 - Rural and remote health units, Indigenous health units, cultural safety and PHC frameworks
 - Identity, sense of self, insight
 - Professional support and development

Good preparation for practice: what does that consist of?

- Match between curriculum requirements and (real world) job requirements;
- Serious consideration of appropriate health subjects' place and value in the curriculum;
- Place and space of cultural safety or cultural competence;
- Facilitation of 'flight' rather than 'fear' or 'fight';
- Clear and supported process that facilitates clarification of expectations and challenges between university and work;
- Appropriate and available graduate programs;
- Taught to be not just accountable but also autonomous;
- Being capable of adapting to unfamiliar circumstances and context;
- Clinical placements are often deal breakers.

Students' feedback: the 'good, the bad, the ugly':

- “The unit has given me a very good background on the actual rural and remote health practice and has positively impacted my decision to work in a rural/remote location”
- “I was able to gain a better understanding of the current situation in rural/remote Australia and has stimulated my interest in exploring more of the scene in the future”
- “I have no interest in working outside a city and I felt the lecturer harassed me into attending class when I had more important things to do”
- The unit was a waste of time as I don't intend to be a living outside a metropolitan area”
- “I probably won't be working in the countryside but at least I have a bit of an understanding now about some of the patients that come from rural and remote areas”
- “The lecturer's experience and passion has made me consider a working life beyond the urban border”.

Students: the issues

- Cultural immersion - yet to be independently evaluated and how do you do that for external students?
- Compulsory unit - fear and loathing or leading the horse to water?
- Interdisciplinary students
- Worth placed on the unit
- Perception that the unit is 'soft' and the outrage when they find out it is not
- ~80% of the students are external

Questions for discussion

1. How do we evaluate our own level of preparedness for working in rural and remote health settings prior to coming into the job or after [a certain] period of time?
2. What kind of personal, educational, and professional experiences do you think prepared you for the job you are currently in (or your main line of work)?
3. What might have helped you be better prepared for working in this space?
4. What advice would you give to a 'brand new' health professional considering or just about to work in an rural and remote health setting?

Any Questions...?

