Service learning with a twist: the introduction of regional primary health care placements
University Of South Australia Department of Rural Health

Our Mission:
“To be integral to the development and sustainability of healthy and thriving rural communities through facilitating evidence based and targeted learning experiences for the current and future workforce”
The need and the niche

- Attracting and retaining health professionals
- Providing students with an opportunity for a unique placement experience
- Distinctive and positively different
Primary Health Placement: NURS 3045

A Partnership approach to Primary Healthcare and Community Engagement
What is it?

8 week primary health placement based in Whyalla, SA.

Rather than being based at one location, students could gain placement experience through a variety of primary health care settings.
Components of the Primary Health Placement:

1: Community based Primary Health project

2: Rural Health Improvement Profile

3: Exercise Clinics

4: Wound Clinics and Drug rounds

5: Workshops and debrief sessions
1: Community Based Primary Health Project:

Nursing students tasked with one of a variety of projects based, initially, in the Whyalla Aged Care Facilities (approx. 3 days per week)

Projects include:
Falls prevention, Diabetes Management, Designing a Healthy Workplace, Behaviour Management for residents with Dementia and Malnutrition and Weight loss.

Students are responsible for:
• Designing, planning and implementation of the project.
• Planning steps for the ongoing sustainability of the projects.
• Working with multiple stakeholders
• Evaluation and presentation of the projects.
2: Rural Health Improvement Profile:

Working with the Mental Health Team, students are responsible for working with clients to encourage them to take steps to make positive changes to their physical health. (approx. 1 day per fortnight)

**Project includes:**

- Motivational interview techniques to encourage the client to access primary health services. i.e. booking a dentist appointment, getting an eye exam.
- Motivating a client to take up positive behaviours for better physical health: smoking cessation, better diet, more exercise etc.
- Follow-up conversations to see how the client is going with achieving their desired goals.
3: Exercise Clinic:

It is well documented that increasing physical activity has a positive influence on the health and wellbeing of cancer survivors. This pilot project is to work with a group of local cancer survivors through a journey that is a patient-lead program. (approx. 1 day per fortnight)

Project includes:

• Motivational interviewing to encourage cancer survivors to undertake more physical activity.
• Follow up phone-calls/ face to face meetings to see how the patients are tracking with their progress
• Exit interviews to determine the impact of the program.
4: Wound Clinics and Drug rounds:

Students have multiple opportunities over the course of the 8 weeks to sign off on wound management and drug distribution through taking part in wound clinics at the Whyalla Hospital and also when appropriate at the Whyalla Aged Care facility and in the mental health ward. Drug rounds will be undertaken in the mental health ward and if needed, at the Whyalla Aged Care facility.
5: Workshops and Debrief Sessions

During the student’s time in Whyalla, the DRH provide opportunities for further informative sessions including, but not limited to cultural awareness training, Hearing Voices workshop, tour of Pika Wiya Health Service and Davenport, rural preparedness, project management workshop and presentation skills.

Debrief sessions will be held weekly to ensure that students are on track with their projects and getting all of their required competencies signed off.
Practicalities:

Prior to organisations hosting students there is a process of consultation and identification of available supervising staff, desk space (if required), access to resources and any transport requirements.

All students a clinical preceptor (registered nurse) when in the clinical environment.

The DRH has a number of staff who can provide supervision during the student’s placement. Member of staff is identified as the key field supervisor for non-clinical work for the duration of the placement and is the first contact point for student support.
What students said

• Unique – something we wouldn’t get from a typical placement
• Support from DRH tied it all together
• Expectation vs reality
• Identifies range of employment beyond traditional settings
• Enjoyed different settings
• More support required in some of the settings
• Further assistance required in project management skills
What staff said

• Expectation vs reality - students
• Requires a diverse skill set
• Useful contribution to the practice setting
• High level of work demonstrated in end project presentation
• As practitioners we know that rural/regional practice can differ from metro
• Provides students with the opportunity to experience a range of professional employment opportunities
What we have learned

STUDENTS……

• high level of independence
• effective problem solving skills
• be prepared for ‘adventure’ away from the comforts of home
• working with the community’s complex health needs
• flexible and responsive to change
• available for the full 8 weeks of placement
• encouraged to stay in the region
• must complete a pre-placement rural awareness discussion
• receptive to working in communities with significant Aboriginal populations
What we have learned
UNIVERSITIES......

• must be willing to support students throughout the placement
• Significant engagement required with each placement provider
• Have a clear sense of what a new placement ‘looks like’
• Be willing to look beyond traditional placements
• Offer something that can be a point of difference
THANKS!
QUESTIONS?