



“Until you walk in my shoes”: understanding the relationship between rural and remote allied health practitioners and university programs

Anita Barbara, Charles Sturt University

An introduction of ‘tired feet’

This paper is a personal reflection upon some aspects of being a university fieldwork coordinator in occupational therapy for the past six years. Although mostly a professionally challenging and fulfilling role, no one is surprised that it is a role that can ‘tire’ people easily in their desire to try and meet the combined needs of; individual students, universities as a whole, health service providers and professional bodies. Mention the word fieldwork and the ‘too hard’ basket seems to appear.¹ It is rarely formally articulated, but universities can tend to feel the ‘field’ may not be providing them with enough support and the ‘field’ has similar views about universities.

Most occupational therapy academic fieldwork coordinators are likely to agree that there is growing difficulties in providing learners with adequate fieldwork experiences.² As a university fieldwork coordinator, it is not unusual to have the sensation you are nothing more than a glorified telemarketer in your efforts to locate enough placements for students. Similarly, allied health workers can feel bombarded and pressured as they field phone calls from multiple universities requesting consideration of fieldwork placements. At worst, this system leads to students participating in placements that have reduced learning outcomes. Students may be ‘allocated’ or ‘assigned’ placements that are not consistent with their own or their program’s learning goals and may experience placements that are poorly organised and planned. This approach to fieldwork ensures that in most circumstances students are at least exposed to enough practice to reassure accrediting bodies, but this can occur in the absence of a positive teaching and learning experience for both the student and the practitioner.

It is not due to a genuine lack of good will from both parties that this situation of some concern has arisen. Both the health and human service sector and tertiary education will always experience the issues of being predominately publicly funded where demand will continue to grow. Practicing clinicians and allied health university educators experience daily demands on their time, energy and expertise which can limit the enthusiasm people have to then work collaboratively regarding fieldwork education. As outlined below, there are further aspects to the present state of fieldwork education which are also contributing to the present relationship between universities and allied health rural and remote practitioners in particular.

The ‘shakey’ bridges of the present

In occupational therapy, as with most other allied health professions, there has been an explosion of university courses in the past ten years. There are currently 20 occupational therapy programs across Australia and New Zealand with a combined total intake in excess of 1100 in 2004.³ Despite great efforts by universities for collegiality and communication, it is acknowledged there is still a lack of transparency in programs regarding issues such as payment, preferred fieldwork models and how the programs value aspects such rural and remote practice. Fieldwork educators have good reason to be confused by differing university curriculum, fieldwork schedules, fieldwork goals and objectives and student expectations.

At present, in occupational therapy alone, there are a number of ways or means by which universities attempt to reward and encourage the support of clinicians and sites for fieldwork placements. Some of these approaches will be outlined with particular reference to their impact for rural and remote practitioners. Different approaches to fieldwork support include: no payment for supervision in any manner, a ‘student unit’ or ‘preferred provider’ model, paying ‘in kind’ through professional development and access to resources and a comprehensive direct payment system. Although the ability to formally thank supervisors and acknowledging their contribution to student education is a great thing, I don’t feel that all payment options are the answer to improving the relationship between universities and field educators.

Both the comprehensive and preferred provider arrangements have some issues for rural and remote allied health. With only two Australian universities presently genuinely providing occupational therapy programs in regional settings (Charles Sturt University and James Cook University) there is some concern that smaller rural centres may not offer enough ‘value for money’ for universities who would be looking at centres that could support greater number of students, that are accessible for the university and where there is some assurance of the services or clients that





students would access to. A system of comprehensive direct payment can slowly move towards a preferred provider arrangement as universities decrease the number of services they have to work with and target services where they feel they are getting the most value for money, especially in an administrative sense. Some rural and remote fieldwork placements sites that offer unique and often changing learning experiences could slowly be dropped or forgotten as universities seek to simplify their communications and target who is actually receiving their payments.

A further complicating factor in the relationship between universities and rural and remote health service delivery is the continuing importance of formal contractual agreements between organisations. Ten years ago, for example, Charles Sturt University had a standard working agreement that was signed by nearly all of the sites that agreed to participate in the education of health students. Today, many health and human service providers, including specific area health services and hospitals, have their own version of a contract or agreement. The result is an increasing reliance on legal input and a growing concern that universities and health service providers are at some form of risk by being in agreement with some many differing contracts. I fear a desire to lessen this risk could result in pressure for a decrease in the number of sites with whom universities have a relationship.

A glooming picture? Not entirely. I feel the answer to a continued strong relationship between universities and rural and remote allied health is a strategic harnessing of the good will that exists on both sides to work towards the quality education of our future colleagues. I think rural and remote practitioners need to become more proactive and directive in how and they can contribute to student education without it being a burden on their service. Negative impressions are created when clinicians as role models convey a stressed or pessimistic message about their work environment or a university program.¹ Rural and remote practitioners need to develop and design fieldwork education that suits their needs and to offer this to universities as a positive and attractive proposition. By doing this, it gives them a sense of control and a positive approach to potential students, and they see the planned learning experience as something in which they interest and goal.

The 'Warren' example

The following example is of an occupational therapy fieldwork placement conducted in 2004 which demonstrates some of the benefits of a service leading the way in fieldwork education design. Although there are many interesting aspects to this placement in regard to the actual service that was delivered, this presentation will focus on the process by which the placement was initiated and managed. It is provided as a demonstration of a proactive and 'service centred' approach to fieldwork education.

In 2004 the community occupational therapy paediatric service from Dubbo Community Health in western NSW, approached Charles Sturt University about a placement idea for fourth year occupational therapy students. The concept was for two students to be based at Warren, a small rural town approximately 100 kilometres from Dubbo and to be involved in a range of activities addressing paediatric service delivery. From the initial phone call, the service was clear with regards to; what were the goals of the placement, what the placement would involve, what support would be provided to the students from Dubbo Community Health Service and what support and involvement they required from Charles Sturt University.

The placement design came about following a thorough needs assessment by the visiting occupational therapy service to Warren. Traditionally Warren had received an occupational therapy service of one or 2 days per month, characterised by inconsistencies in the staff member providing the service and a service focused on assessment and consultation. The service was accruing a long waiting list and also felt that many referrals were not appropriate leading to unnecessary occupational therapy assessment. Consultation with health workers and education providers led to the design of the services the students would provide at the towns multi-purpose health centre, pre-school, central school and catholic school. The services had an emphasis on health promotion, early intervention and identification and education and resource development.

An organised timeline was established before the placement with the students spending an initial three weeks at Dubbo Community Health Centre which included an accompanied orientation visit to Warren, eight weeks at Warren delivering services and a final week at Dubbo Community Health for completing program evaluation and documentation. Supervision was highly organised and included three visits to Warren by the supervising occupational therapist from Warren, weekly telehealth and phone contact from Dubbo and fortnightly phone support from Charles Sturt University. Accommodation in Warren was arranged by boarding with a local health worker and the students were able to access hospital accommodation in Dubbo for their orientation period and also for weekends.





The placement was perceived by all involved as a great success. The two students completed a range of outcomes measures relevant to their services and also completed formal quality documentation on all their activities which was a wonderful legacy for the Dubbo Community Health Service. To assess this placement in regards to its educational merits however, the following summary by the students is an insight into the significance of the placement:

This placement was such a valuable one in experiencing a totally new environment, new community, new culture etc. So many skills learnt in this three-month period both as an occupational therapist but also in dealing with the realities of life. The placement provided so many new challenges whilst at work, such as working with large groups of children, time management, independence, an isolated supervision framework, group and individual therapy etc. It also provided us with new experiences about the real world such as funding restrictions, aboriginal culture, being recognised and fitting into a small community, isolation from family and friends etc.

Their final statements reflect the importance of this one placement as a model for future planning of rural and remote allied health fieldwork education:

We both really enjoyed this placement and are very proud that positive results and feedback came from people throughout the community of Warren. Our skills as occupational therapists have developed greatly thanks to the opportunities this prac provided and to the supportive supervision. We plan to promote this prac in some way so that enthusiastic students can be allocated this kind of placement next year.

Building bridges for the future

Why did this placement work so well and why is it a simple model for future allied health placements in rural and remote areas? Firstly, this placement met an identified need of a rural health service and community. For a long time the Dubbo Community Health Service has been a valued supporter of occupational therapy fieldwork placements for many universities, but for this placement the design was very much focused on their present needs. The students were viewed as a resource and an opportunity, rather than a burden on time and energy for the therapists. Secondly, the placement worked well due to the organisation and planning by the supervising therapist. Although the preparation for the placement would have taken more time than normal for the therapist, her actual time commitment throughout the placement was dramatically less than what would be required to support two fourth year students completing a more traditional placement.

The placement goals and activities were also consistent with directions in health that allied health professionals are being encouraged to embrace. Fieldwork must move towards a broader base that encompasses primary prevention and health among whole communities that can prepare students for community practice in a changing health and sociopolitical climate.² Community development, health promotion and community capacity building were evident in many of the students' activities. I think such service delivery empowers both the supervising therapist and the student to feel the placement was important. Having students providing direct services with reduced supervision should never be seen as 'free labour' and this was certainly not the perception of the students as expressed in their previous comments. They could easily articulate their learning outcomes from the experience, as well as the outcomes gained for their community.

This approach to fieldwork addresses some of the ongoing concerns about practical or clinical education as outlined earlier in the paper. A rural or remote service could annually plan some activities such as the Warren project in preparation for the anticipated requests for placements by universities. If the planned placement doesn't suit a particular university, at least the service has demonstrated a willingness to participate in student education. Instead of feeling bombarded or at least influenced to take students, services can present a plan that would be attractive to both a university and individual students. This approach may require a greater time commitment to planning and organising student placements, but it would be hoped the outcomes would outweigh this initial increased input.

The Warren placement is by no means a stand alone example of a health service using students to participate in organised projects. Charles Sturt University's School of Community Health and has had recent approaches for many of its allied health students to participate in community capacity building projects with a local area health service and a further site in the Greater Western Area Health Service in NSW (which includes Dubbo and Warren) is negotiating to replicate the Warren project with other sites. A further local hospital has approached Charles Sturt University about occupational therapy students participating in regular rehabilitation groups that target client education and skill development. Many universities would have similar stories of success where it was the health or human service itself that planned a new or innovative educational experience.





Educating our future generations is a well recognised responsibility for all members of the allied health professions.¹ It is suggested by Adamson that we advocate for a cultural shift, where there is a great sense of a shared responsibility between educators and practitioners.¹ I think this can be done without practitioners feeling they are being overly burdened or that they are lessening the service they offer to their clients and communities. Allied Health academics, practitioners and especially students should all feel they are important stake holders in the continued education of our professions. Some of the present issues of allied health fieldwork education could be slightly less of a concern if health services considered a more proactive approach to how they view student placements. Maybe then, the feet of university allied health fieldwork coordinators may not feel so sore after all.

Acknowledgments

With thanks to Natalie Brown (of the former Macquarie Area Health Service), Grant Bourne and Kieran Drumm for the Warren Project details.

References

1. Adamson L. Inspiring future generations of occupational therapist (editorial). *Australian Occupational Therapy Journal* 2005;52:269–70.
2. Fortune T, Farnworth L, McKinstry C. Project-focussed fieldwork: core business of fieldwork fillers? *Australian Occupational Therapy Journal* 2006;53:1–4.
3. Thomas Y, Penman M, Williamson P. Australian and New Zealand fieldwork: charting the territory of future practice. *Australian Occupational Therapy Journal* 2005;52:78–81.

