

## Traverse the barriers in paediatric emergency care: a model to support rural GPs

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**Introduction:** General practitioners (GPs) are an important group of health professionals looking after sick patients, including sick children. We seek to develop a cost effective model to support rural clinical education and to establish ongoing synergy between rural and regional health centres within our health district, thus helping to build local capability, improve patient outcomes, minimise risks and connect regional and rural sites.

**Aim:** To develop a new effective model to provide the rural health professional with the opportunity to update and refresh clinical skills in paediatric emergency care in their own community setting.

**Method:** Seven members of the GP Outreach team from our health district took turns to travel to targeted rural centres to deliver the education sessions through combining didactic lectures on topics essential to clinical practice, case-based discussions and hands on interactive workshops held on site at a location and time suitable to the attending general practice workforce.

Feedbacks from the attendees were collected at the end of each session. These attending GP were awarded Category II points as part of continuing professional development through Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine.

**Results:** This GP Outreach Project has provided access to on site education and training to 17 rural communities and delivered the Paediatric Emergency Care training model to over 215 doctors (most of the attendees) and nurses.

Formal feedback from the attendees after each session was very positive. Seventy-eight per cent of the attendees were very satisfied (78.07%, C.I: 71.51%, 83.47%) and 23% (C.I: 16.52%, 28.48%) of them were satisfied with the workshops. The objective of recognising sick child was achieved in most attendees (95.18%, C.I:90.96%, 97.49%). The majority of them (81.28%, C.I: 74.98%, 86.29%) strongly agreed that this Program was a valuable learning experience for revision. Some suggestions in content and format were received from the feedback.

**Conclusion:** The GP Outreach project uniquely provides the rural health professional with the opportunity to update and refresh clinical skills in their own community setting.

This standalone model is fully established and transportable, and can be adapted to provide local solutions for varying sites, district and state wide to meet the specific learning needs of rural health clinicians treating children in the ED.