

# Going bush: engaging academia in preparing rural-ready health science graduates

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## Abstract

Building health teams for the bush starts before people begin their professional careers. Remote and rural-ready university graduates able to work in teams in these regions is an essential part of addressing health disadvantage in remote and rural areas. But metro based health programs often don't adequately incorporate rural, remote, or Indigenous health in their teaching, and in universities many health professions continue to be taught in silos. Perhaps this isn't unexpected when many academics have had limited experience in rural, remote or Indigenous health and schools teaching the health professions frequently don't collaborate within universities, let alone across different university settings.

"Country Week for Academic staff" was a program designed to address this. This program was an intensive three and a half day experience for academic staff from different health professions, and different universities. Its aim was to increase awareness and knowledge of rural, remote and Indigenous health and, with this as a base, begin formative work to embed this inter-professionally in health science programs. Country Week for Academic staff was designed and facilitated by the Combined Universities Centre for Rural Health (CUCRH), the only University Department of Rural Health in Western Australia and a unique collaboration of all Western Australian universities.

Country Week for Academic staff was immersive, experiential and community focused. Engagement of a remote community began a significant time before the event and a program developed that included presentations and discussion with local human service providers, and opportunities to talk with people from across the community. Culturally, the program was led by an Aboriginal elder of the region who is a CUCRH staff member. Academics stayed in tents at a remote pastoral station.

Evaluation of Country Week for Academic staff demonstrated that this was a powerful, and sometimes emotional experience for those who participated. Participants learned of the complexity of rural, remote and Indigenous health and remote communities, and valued highly the opportunity to meet and learn from local Aboriginal people and each other.

This presentation will describe this program and report the results of a follow-up evaluation three months post program (early 2009) that was not completed before this abstract was submitted, including changes in remote, rural and Indigenous health teaching, students undertaking placements in the bush, and ongoing collaboration of participants. This presentation will discuss the lessons learned from this program, the impact on participants, and the impact of this as a strategy for improving rural, remote and Indigenous teaching for health science students.

## Introduction

Comprehensive and well resourced primary health care is necessary to address disparities in urban/rural and Indigenous/non-Indigenous health profiles (Forum, 1999; Marshall & Craft, 2000). This

raises important questions around training health science graduates well enough to meet the health needs of people in living rural and remote Western Australian communities and considering curriculum content and development across undergraduate course in the health sciences. Building health teams for the bush starts before people begin their professional careers. Remote and rural-ready university graduates able to work in teams in these regions is an essential part of addressing health disadvantage in remote and rural areas. But metro based health programs often do not adequately incorporate rural, remote, or Indigenous health in their teaching, and in universities many health professions continue to be taught in silos. Perhaps this isn't unexpected when many academics have had limited experience in rural, remote or Indigenous health and schools teaching the health professions frequently don't collaborate within universities, let alone across different university settings.

Primary health care challenges health providers to work in partnerships to strengthen and empower individual skill development and community action, to create positive and supportive environments, and to develop public policies that focus on building healthy communities. It shifts the responsibility of health care to individuals themselves and their needs; thereby strengthening their capacity to shape their own lives. It is founded on principles of collaboration, equity, empowerment, community participation, access and self-reliance (WHO, 1978).

One of the key tenets of primary health care is that all people who work in health are 'suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community'(WHO, 1978). This is particularly so for rural and remote primary health care where the urban/rural health differential worsens the further away you move from urban areas (AIHW, 1998). The health of Aboriginal people, who represent a greater proportion of the population in remote areas, requires particular attention which raises an important question: are we training health science graduates well enough to meet the health needs of people in living rural and remote Western Australian communities?

Evidence from Australia and the United States suggests that undergraduate students who participate, under supervision, in interprofessional education in various health care settings are well equipped to learn the principles of effective teamwork (McNair, Brown, Stone, & Sims, 2001; Olive, Goodrow, & Virgin, 1998). However, barriers prevent health science students gaining experience in multidisciplinary learning, not least the current propensity for a 'siloes' approach to teaching, where students learn in their own rather than across disciplines. Other constraints include timetabling issues, crowded curriculum, and staff resistance (Thistlewaite & Nisbet, 2007). Such constraints are compounded in Western Australia with major mainstream health courses being taught at five separate universities.

Although definitive evidence is currently elusive that inter-professional undergraduate education improves collaboration in practice (Barr, Hammick, Koppel, & Reeves, 1999), Stone (2006) suggests training health graduates to work together in an interprofessional learning environment is important for improved interprofessional practice and health outcomes. More recent research suggests that success rests on appropriate institutional support for planning and implementing an interprofessional education program (Oandasan & Reeves, 2005) and effective evaluation of programs (Boix Mansilla & Dawes Duraising, 2007; Stone, 2006)

## **'Country Week'**

In response to the challenges of rural, remote and Indigenous health, CUCRH initiated an innovative program in 2001 to offer students an interdisciplinary learning experience in a rural or remote setting. The rationale behind this decision was to teach and inspire would-be health professionals to work in

rural and remote practice. Country Week is an annual, one-week intensive interdisciplinary program for undergraduate students from a variety of health disciplines at WA universities.

Country Week is underpinned by the principles of experiential education or learning through action. Students are immersed in an environment that allows them to improve their knowledge and understanding of rural/remote health issues and Aboriginal health by applying primary health care principles in context. Students are assigned to study different population groups within the community that include the elderly, Aboriginal people, pastoralists and health professionals. They work in interdisciplinary teams and are required to develop a health profile for their population group. During the week service providers from health, social services, local council, community development, and justice share their knowledge and skills of issues affecting the health of their community. In order to increase awareness and deepen students' understanding of Aboriginal health, cultural training is provided by Aboriginal elders from the region.

Post-program evaluation suggests that Country Week is a powerful learning experience and both engages and challenges students in issues related to rural, remote and Aboriginal health within a primary health care context. Many students are visiting a remote area for the first time and almost none have had experience working or interacting with Aboriginal people often bringing pre-conceived ideas that reflect negative stereotypes. A significant finding is that students strongly value the opportunity to meet members of the Aboriginal community and learn about Aboriginal health first-hand.

## Country Week for academic staff

Responding to requests from academic staff, and building on the success of the Country Week program for students, the Teaching and Learning Team designed and implemented a similar program for academics in collaboration with key stakeholders in a remote Western Australian community and regional Aboriginal Medical Services. The rationale behind the program was to inspire academic staff to raise the profile of rural and Indigenous health on undergraduate curricula across the health sciences. Given their potential access collectively as educators to thousands of students we envisaged this as an opportunity to encourage students into rural and remote practice as graduate health professionals. Country Week for Academic Staff was an intensive three and a half day experience for academic staff from different health disciplines and different universities located in a remote Western Australian location. It was immersive, experiential, and community focused.

The program's overarching aims were to increase awareness and knowledge of rural, remote and Indigenous health and begin formative work to embed this inter-professionally in health science programs. More specifically, learning objectives included increasing participants' knowledge of rural, remote and Indigenous health; gaining a deeper understanding of what working in an Indigenous health setting in a culturally proficient way means; developing greater awareness of the challenges and rewards of rural and remote health practice through contact with practitioners and community members and visits to rural and Indigenous health services; designing a resource to underpin rural learning for undergraduate students and undertaking formative work to develop strategies to increase rural/remote and Indigenous health content in teaching in an inter-professional context

## Context and preparation

Design and preparation began several months before the program was implemented and involved CUCRH staff visiting the proposed site at Mt Magnet 570 kilometres northeast of Perth. A significant part of the preparation contacting key stakeholders in the local community inviting them to participate in the program and offer their perspectives of living and working in a remote setting. Health professionals from the local nursing post and ambulance services, community allied health practitioners, the local shire council and the community development officer, Indigenous groups, pastoralists, Indigenous staff from the regional Aboriginal Medical Service all agreed to be involved. Accommodation and transport was also organised and information sent to academics who had submitted application forms to attend the Country Week as part of their professional development.

The program took place during the mid-semester break in September. A small aircraft was chartered to transport 23 participants from Perth to Mt Magnet and then a coach was hired for the 40km journey to take passengers from the air strip to Wogarno Station. Wogarno is a 152 000 acre working sheep property set in the beauty of the Murchison. Participants stayed in two-person tents on the property, meals were enjoyed at the homestead and communal showers were available at the camping ground. The seven to eight hour return trip to Perth was by coach. The program, including accommodation, food and transport costs was funded mainly by CUCRH with each participant contributing \$400.

## 3-Day program

The overall program was interactive with participants encouraged to ask questions throughout to deepen their understanding of issues related to rural and Indigenous health and why people choose to live in a remote area. Culturally, the program was led by an Aboriginal elder of the region who is a CUCRH staff member. In order to meet learning objectives, participants began on the first night by attending a presentation by CUCRH staff to consider ways of working effectively in Aboriginal settings. During the next 3 days participants had the opportunity to meet, discuss issues and listen to presentations by key stakeholders involved in the program. These involved local nursing and allied health professionals, ambulance officers, Indigenous health service providers, Indigenous community members, pastoralists, shire councillors and community development officers. Topics included community allied health professionals (OTs) presenting their research and practice on working with Indigenous children who are developmentally delayed; staff from the Geraldton Regional Aboriginal Medical Service on its role in the health and welfare of the Indigenous community, including the mobile outreach bus offering health services monthly to remote Indigenous communities in the Midwest; pastoralists discussing the challenges and rewards of living and working on a remote station including educating their children via School of the Air.

A significant aspect of the program was to appreciate the environment and significance of being connected to the land. Participants enjoyed a 'cook-up' with the local Aboriginal community at the Granites, a local beauty spot, where they divided into men's and women's groups to discuss issues related to Aboriginal health with the community; visited a pastoral station and learnt about living and working on a remote station and how isolation impacts on health care and social interaction with nearest neighbour 70 kilometres away; enjoyed the sunset at Wogarno Hill with a glass of champagne and sat under a canopy of stars listening to a local musician singing with his guitar.

On the final morning participants gathered in the shearing shed at Wogarno to consolidate and share their knowledge and experiences in multidisciplinary groups. They began to design a resource to underpin rural learning for undergraduate students and undertake formative work to develop strategies

to increase rural/remote and Indigenous health content in teaching in an inter-professional context. At lunchtime, they had another opportunity to appreciate the isolation by undertaking an eight hour coach journey to Perth.

## Evaluation

Pre and post evaluation questionnaires were completed by all participants. Evaluation completed immediately following the program was very positive and indicated, at least in the short term, the objectives had been met. A report from one of the universities on responses to the program stated that participants 'found the experience to be overwhelming and emotionally challenging at times, but invaluable in terms of recognising the importance of addressing rural, remote and Indigenous health issues within curricula and improving the readiness of graduates for rural and remote health care delivery'. It also recommended that 'the Faculty of Health Sciences strongly endorses future Country Week for Staff initiatives to increase the number of staff who are provided with an opportunity to embrace these critical issues and increase our ability for addressing them within curricula'.

We are currently in the process of conducting a follow up evaluation using qualitative methodology four to six months after the program was completed. This will determine the longer term impact of an intensive, experiential, rural learning program, conducted with university academic staff from three WA universities, on undergraduate rural, remote and Indigenous teaching.

Invitations will be sent to academic staff who attended the Country Week program requesting their ongoing participation in evaluating its effectiveness. Participants will be required to sign a consent form prior to answering a series of open-ended questions. Participants will choose whether to answer questions via email or face-to-face or phone interview. Questions will centre around the impact of the program on participants' teaching and learning practice, barriers and opportunities to implementation of rural and Indigenous health content in curricula, and future plans. Confidentiality will be respected and names will be de-identified.

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