



The Role of University Clinics in Treating for Teaching

Producing work-ready graduates using real-world problems

Current Literature

- Increasing available workplace learning opportunities
- Telehealth for under-served rural and remote areas
- Multidisciplinary education opportunities
- Matching curriculum requirements with patient needs
- Community receptiveness/patient satisfaction
- Dental hygiene, speech therapy, podiatry, physiotherapy, OT, Audiology, optometry, veterinary, psychology, human movement and exercise phys., diabetes monitoring, post-surgical consult, radiology, social work
- Benefits and challenges to use of university clinics
- Socioeconomic impact
- Provision of health care for industrial sites and prisons
- Use in education
- Policy, privacy and ethics
- Technology user knowledge
- 3D tele-immersion interactive education models
- Paediatric services







Patients, University and Students

- ❑ Reduces travel stress
- ❑ Reduces transport and accommodation costs
- ❑ Keeps patients in their own local environments
- ❑ Increases timely access to specialist services

- ❑ Income stream for the university
- ❑ Increases the volume of casemix for students where case volume is low
- ❑ Provides real-world experience
- ❑ Substitutes for expensive placement time
- ❑ Sustained connection to the university



Potential Partners

- Industry
- Correctional Facilities
- Aged care
- Rural and Remote Areas/LHDs
- Defence
- Humanitarian Aid

□ <http://www.missouribaptistsullivan.org/portals/0/Art-Images/Sullivan-Telehealth-Exam.jpg>



Rural health is just different!

There is no single, recognised course for rural practitioners.

Transdisciplinary skill requirements in a health system which values specialisation.

Stop trying to fit traditional scopes of practice into roles which aren't meeting modern service needs.

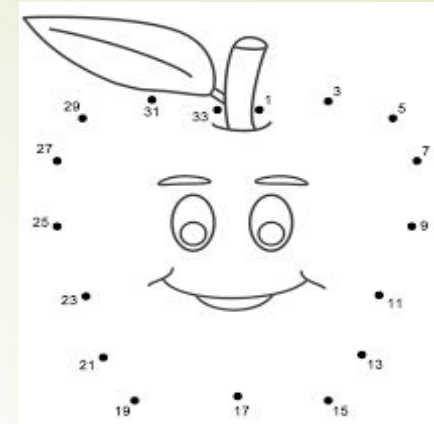
Industry wants and needs multi-skilled practitioners.

Tertiary sector accused of not meeting industry needs.

There are lots of health professionals working in many contexts of remote practice.

A university clinic meets community needs and provides real-world education.

This is a job for a RURAL university!




Why we need this research

Inland areas of Australia experience significant challenges including a high incidence of acute and chronic health concerns, increasing demand for health services, chronic workforce shortages and ageing of the existing rural health workforce

[DoHA 2008, Australian Institute of Health and Welfare 2007, DEEWR (Department of Education, Employment and Workplace Relations) 2010].

But wait! There's more!





Remote Health is an emerging discipline with distinct sociological, historical and practice characteristics. Its practice in Australia is characterised by geographical, professional and, often, social isolation of practitioners; a strong multidisciplinary approach; overlapping and changing roles of team members; a relatively high degree of GP substitution; and practitioners requiring public health, emergency and extended clinical skills. These skills and remote health systems need to be suited to working in a cross-cultural context; serving small, dispersed and often highly mobile populations; serving populations with relatively high health needs; and a physical environment of climatic extremes; and a communications environment of rapid technological change. (Wakerman, 2004, p. 213)



Are We Listening?

“Ladies/Gentlemen, Is there such a thing called "Remote Paramedicine"? Can a new subject or at least a syllabus be developed or do we just have to translate what we already know to a specific environment with limited resources?”

“A Grad Dip Remote Para would be sensational.”

“Treating patients that are delivered in 15minutes to 1 hour to an ED, differs greatly in management to patients you must stabilise for hours, perhaps days via telemedicine. There is huge knowledge gap and a course similar to the UK offshore medic course would be beneficial.”

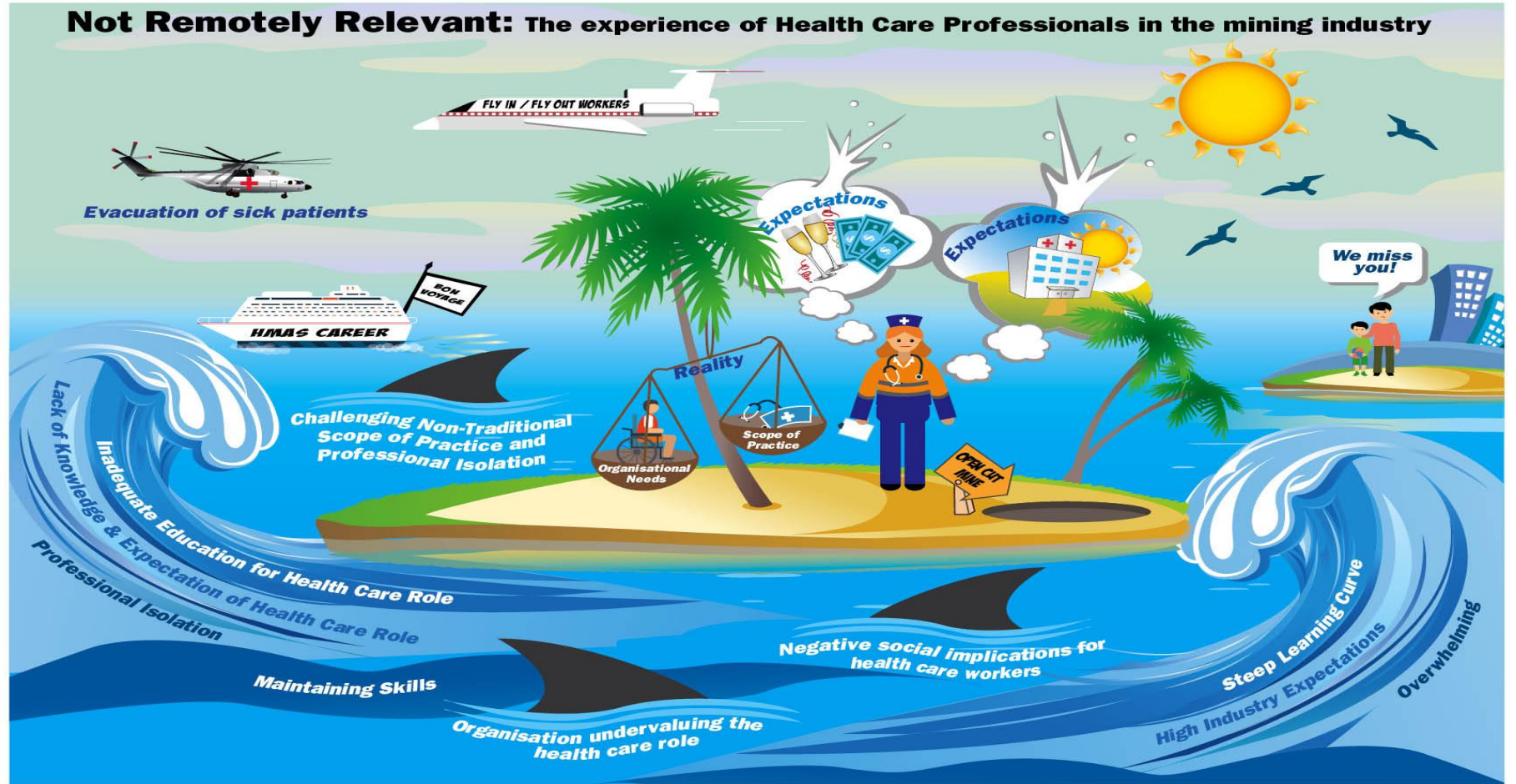
(LinkedIn)

“In my opinion current training/ curriculum do not provide the necessary skills to work in truly remote environments where you may need to care for a variety of illness/ injury/ situations for extended periods of time with little/ no support.

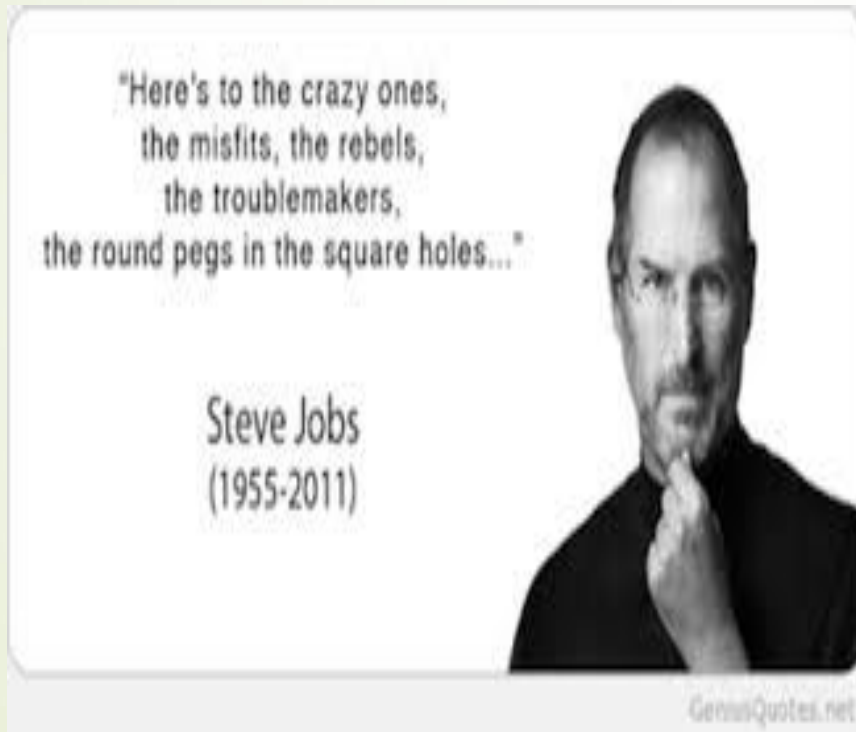
Skills need to include advanced diagnosis and treatment, extended care, primary care, aero medical evacuation, crisis and emergency management, occupational hygiene and health, tropical/ exotic disease diagnosis and treatment, aspects of tactical medicine, rescue, training, OHS, cultural and community awareness, advanced pharmacology, telemedicine and so on.”

(LinkedIn)

Not Remotely Relevant: The experience of Health Care Professionals in the mining industry



Round Peg or Square Peg?



Collaboration

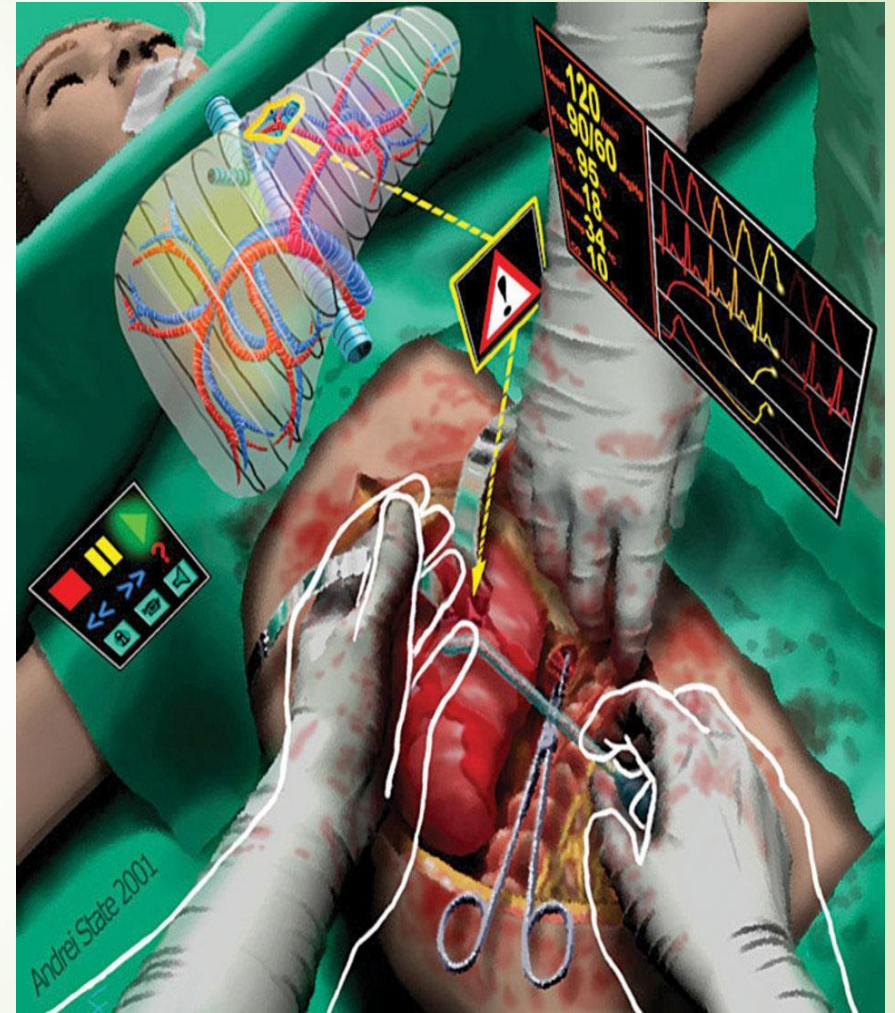
- Any tertiary clinical area – physiotherapy, paramedicine, nursing, community health, pharmacy, dentistry and more.
- Industry partnerships
- Local Health Districts
- WNSW Telehealth Strategy (currently within this strategy there is no tertiary involvement)



Proposal

- Create a small primary health care project to deliver to industrial medics/rural nurses to gauge initial receptiveness with a view to supporting the implementation of a Rural Emergency & Primary Health Care Practitioner Curriculum. This course will use the telehealth facility to teach remote practice through real-world services which can facilitate interdisciplinary learning and use a wide variety of sites to increase the concentration of experiential learning.
- The initial project may take the form of an interactive information session or a simulation.

- https://www.google.com.au/search?q=3D+teleimmersion+models&tbm=isch&tbo=u&source=univ&sa=X&ved=0ahUKEwiChq26o__RAhUEbrwKHQv_BOYQsAQIHA&biw=1920&bih=983#imgrc=690d6rqPJ3JqM



Stop beating about the bush!

Come on CSU!

Pick up the phone!

