



# 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.

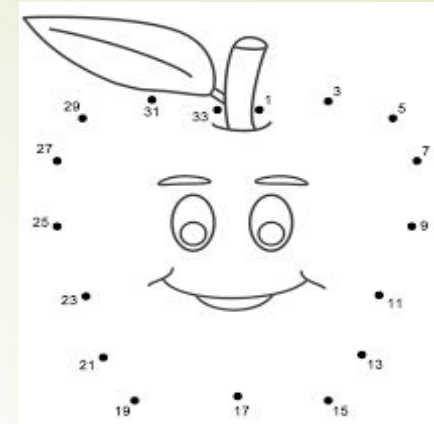
Industry wants and needs multi-skilled practitioners.

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.”

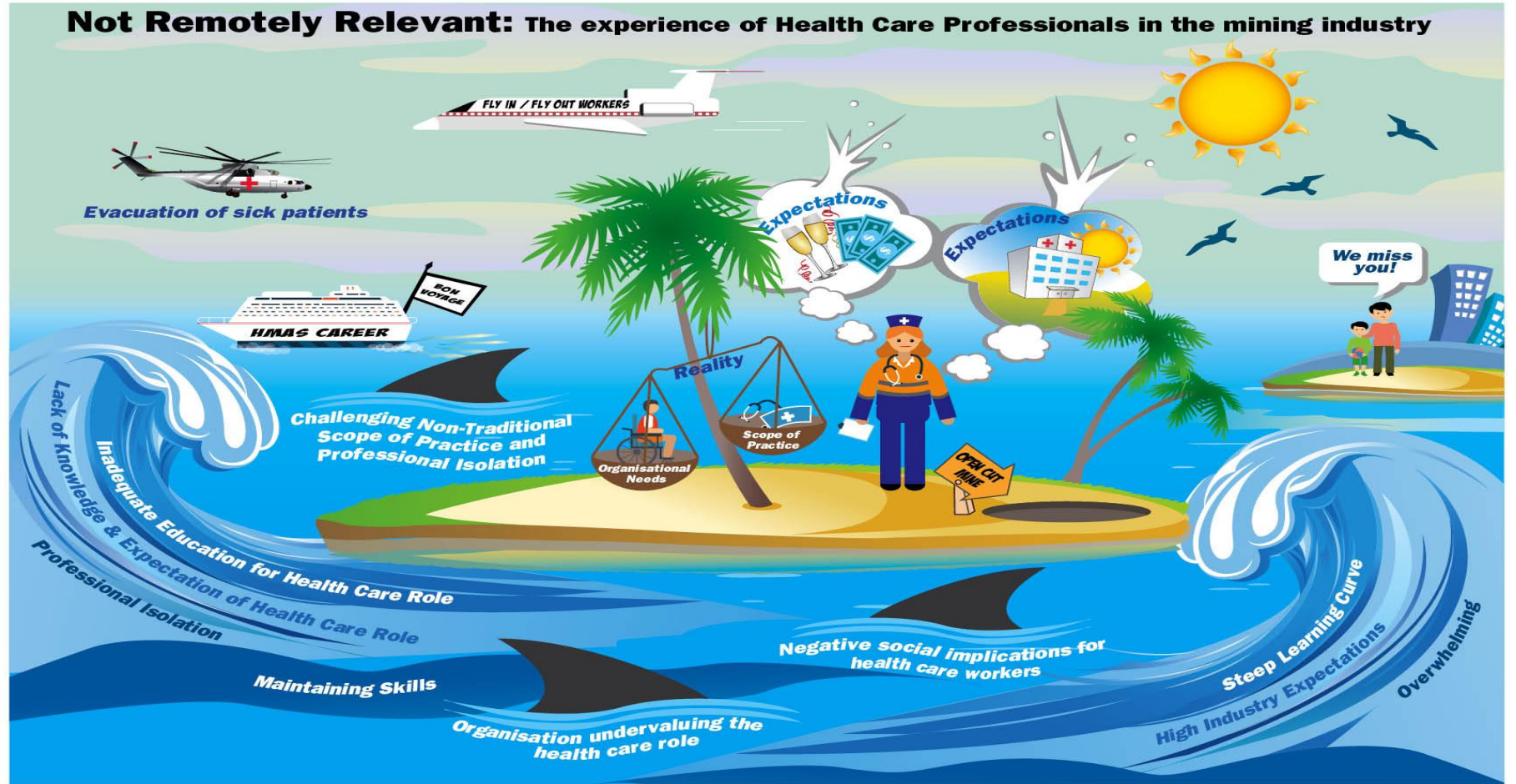
(LinkedIn)

“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.

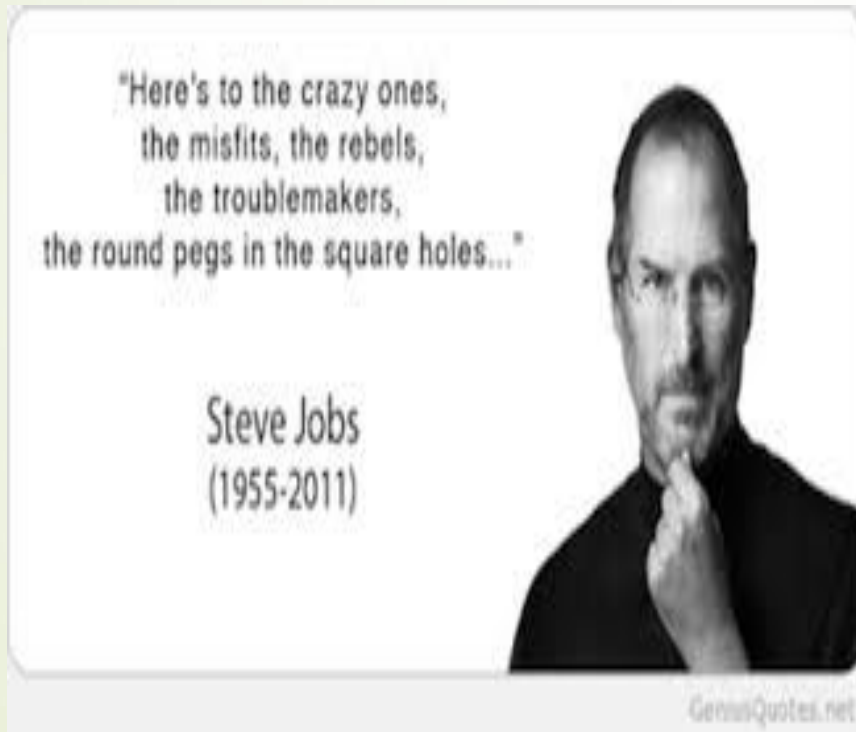
Skills need to include advanced diagnosis and treatment, extended care, primary care, aero medical evacuation, crisis and emergency management, occupational hygiene and health, tropical/ exotic disease diagnosis and treatment, aspects of tactical medicine, rescue, training, OHS, cultural and community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

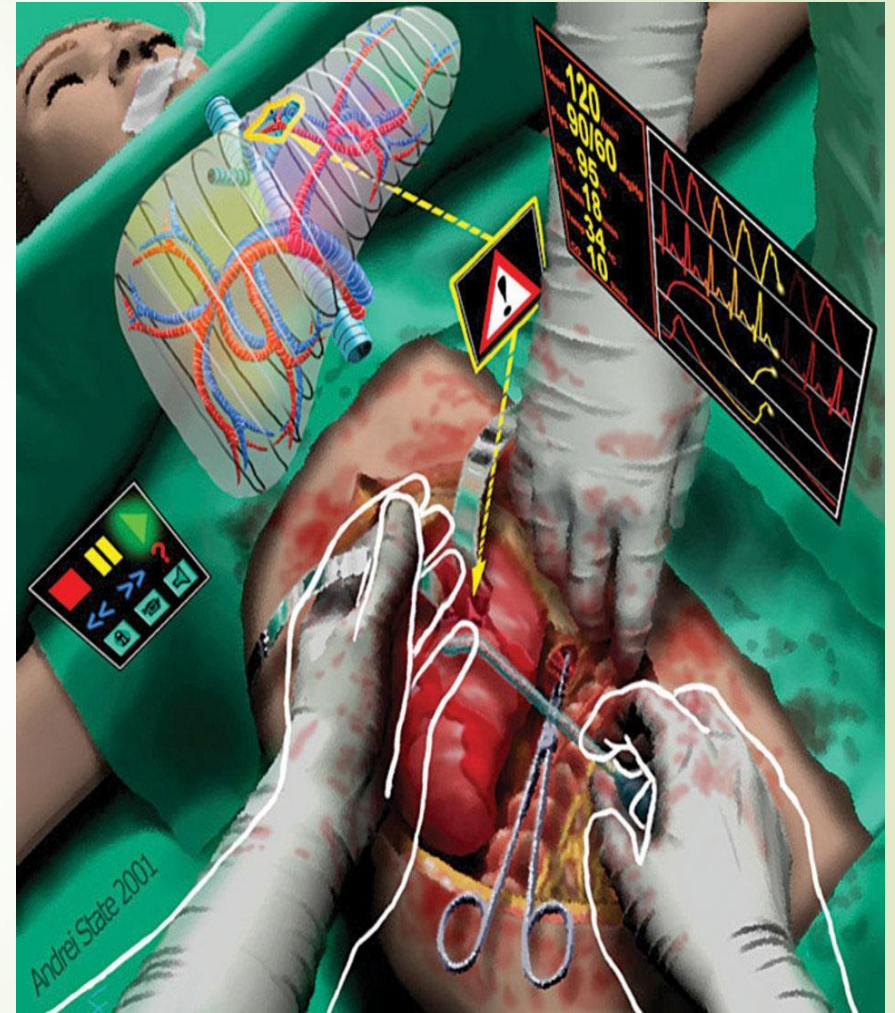
- Any tertiary clinical area – physiotherapy, paramedicine, nursing, community health, pharmacy, dentistry and more.
- Industry partnerships
- Local Health Districts
- WNSW Telehealth Strategy (currently within this strategy there is no tertiary involvement)



# 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=690d6rqPJ3JqyM](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=690d6rqPJ3JqyM)



# Stop beating about the bush!

Come on CSU!

Pick up the phone!

