

WESTERN
OUR NEW NORMAL



Engagement During COVID: SoM Response for Going Rural

Presenters: Wendy Truelove and Nathan Rollinson

Chair: Bob Burnell

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OVERVIEW

Why “RuralUP” Medicine?

Then (pre-COVID)

Now & into the future



We both work out of the Bathurst Rural Clinical School, attached to the hospital out here.

Our work basically revolves around:

- Attracting rural students into medicine
- Supporting them during their studies
- And providing opportunities for Metro students to explore rural health.

This is all done through the RuralUP program.

The overall goal of what we do is to address the gap in health care between metropolitan and rural areas.

And.... we were doing great. Then, COVID hit, which has created massive challenges for a program like ours, because essentially, we focus on supporting Medical Students to actually “Go Rural.”

So for this presentation,

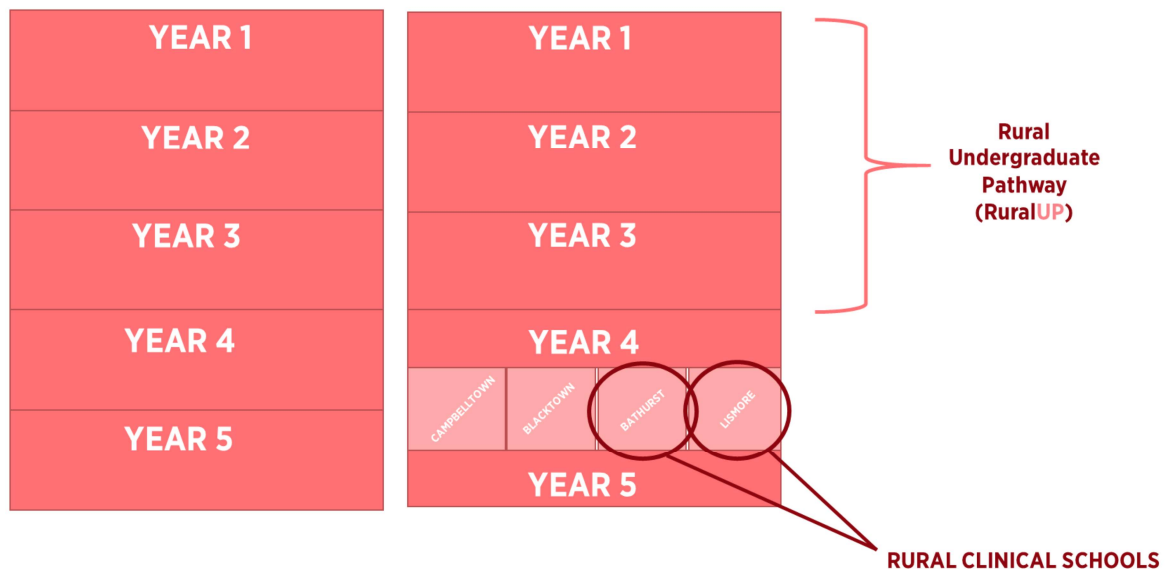
- we'll provide some context, which is the course structure and the reason why we have a Rural Program in Medicine.
- we'll share what we used to do, and how we used to do it.
- we'll outline, what we are doing now to adapt to the challenges arising from the COVID-19 pandemic, backed with some early student

feedback.

Finally we'll talk about what exciting things we have in the pipeline for the future. The hope for us is that by sharing our experiences, we can help others with ideas for engaging with their own students.

And, just as importantly, we'd like to learn from others working in this same space. So, feel free to get in contact with us at any time, to discuss things in more detail.

DOCTOR OF MEDICINE



So for some context here is a quick look at the Doctor of Medicine course.

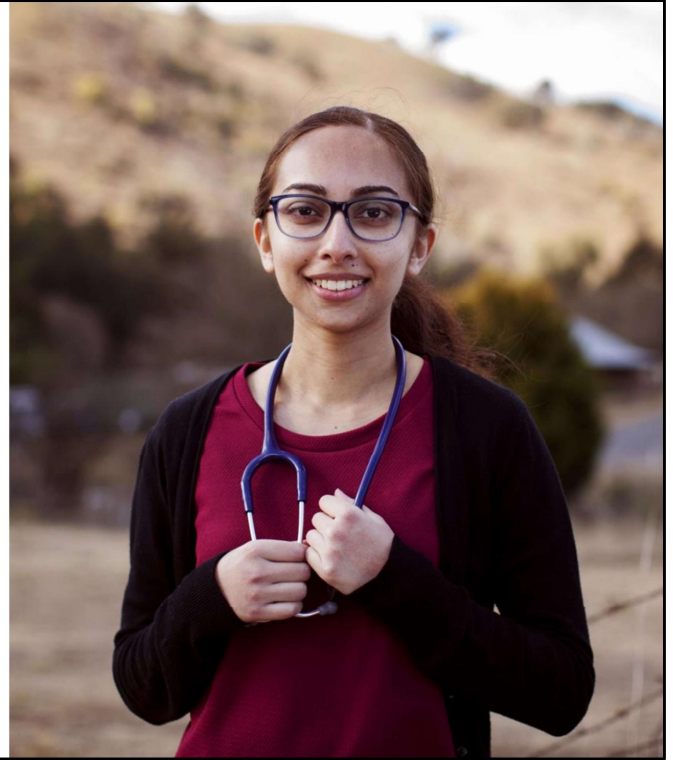
- Its a five year Undergrad MD program.
- The first three and a half years are spent in Western Sydney. Teaching is mostly done at Campbelltown campus, the Macarthur Clinical School, and Campbelltown and Blacktown hospitals.
- Half way through Year 4, students do a 12 month clinical placement at either Campbelltown, Blacktown or at our one of our Rural clinical schools in Bathurst & Lismore.
- Then, once the clinical placements are done, they finish up back in Campbelltown for final exams and graduation.

The Rural Undergraduate Pathway, or RuralUP program however, supports students in Years 1 -3 of the course, which as you can see, leads them directly into their all important final Clinical placements.

“We’ve had hard evidence for a long time that people who train in an area tend to stay there.

“The more time students spend in rural areas, the more likely they are to stay.”

Professor Strasser OAM



There's lots of available evidence which suggests that there is a definite link between rural experience and rural practice.

OUR RESPONSE

Targeted rural student recruitment

Rural Entry Admission Scheme (REAS)

Aboriginal and Torres Strait Islander

Application pathway

Metro students going rural



We responded to this evidence in a number of ways,

In my (Nathan) role as an Engagement Officer, I promote medicine and health courses to students in rural NSW, through targeted programs which involve:

- Working directly with rural schools, careers advisers and teachers, to identify students.
- Also, taking Western students into rural schools to talk about their experiences and to deliver various health initiatives.
- I attend regional careers expos all across NSW.
- and we also set up displays and activities at a whole variety rural community events

In addition to those things, **The Rural Entry Admission Scheme (REAS)** is another important initiative we have to attract applicants with a rural background. Because, as we just mentioned - if you are from 'the bush', you are more likely to return to work in 'the bush' sometime in the future.

Along with that, We also have a fantastic **Aboriginal and Torres Strait Islander Application Pathway**, which is specifically designed to attract well rounded, highly capable applicants with a strong cultural connection.

And now, through the MD curriculum and the RuralUP program, we're widening our

reach and working really hard to inform ALL students about rural training opportunities, especially the Rural Health careers and lifestyle opportunities that are available if they decide to “RuralUP” their learning.

And the thing that we have found to be really valuable here, is that we do this from **Day 1, Year 1** of the course, as we've had great success with 'early exposure' for our students, which really helps to embed a rural context for their whole medical curriculum.

Importantly, Through providing these Opportunities for First-Hand rural experiences in the early parts of their course, it aims to encourage the students to Nominate to attend one of the Rural Clinical Schools for their 12 month clinical rotations that we mentioned earlier, ultimately with the hope they'll have a great experience during their time and want to return a rural community to Practice in the Future.

So with all that being said, it really means that at its core, rural health workforce development, is the driving force behind the RuralUP program and all its associated initiatives.

PRE-COVID



Some of the experiences we've offered in the past include:

- **A Rural Tour:** bringing students to Bathurst, to show them the accommodation, the hospital, and what the town has to offer.
- Involvement in **Schools & Community Engagement:** Activities such as primary School and High School visits to drive health career aspirations for rural students.
- A **Teddy Bear Hospital** designed to break down barriers between rural kids and health professionals, and learn a little bit about medicine, but doing it in a fun and interesting way.
- We also have a fantastic **Free Community Health Check program**, staffed by students, rolled out at various local and regional events, this helps develop clinical skills in a non-clinical setting, and helps students grow their interpersonal skills through mixing with community members of all types.
- We have a great **Farm Safety Day** - which happens on a real working farm.
- And we have our flagship events, the **Rural Experiences** (or "REXs").
They're interdisciplinary activities involving student paramedics, nurses, midwives and other health professionals, along with our own medical students.

And over a weekend, the students:

- work together to respond to rural-themed emergency scenarios;
- as well as practice clinical skills like plastering, suturing, intubation and more.



In the past, to fill the **16 places we have at Bathurst** and the **18 at Lismore**, we had to **allocate** students to these locations.
But, what we've been doing is working! Because this year, for the first time ever, both schools were **oversubscribed**.
Which is great validation for everyone involved.

RURAL UNDERGRADUATE PATHWAY (RURALUP)
westernsydney.edu.au/medicine/rural

POINT TRACKER - 77/100

CONGRATULATIONS, YOU HAVE THE REQUIRED POINTS FOR A SILVER CERTIFICATE

CALENDAR

PATHWAY ACTIVITIES

ALL ABOUT YOU -

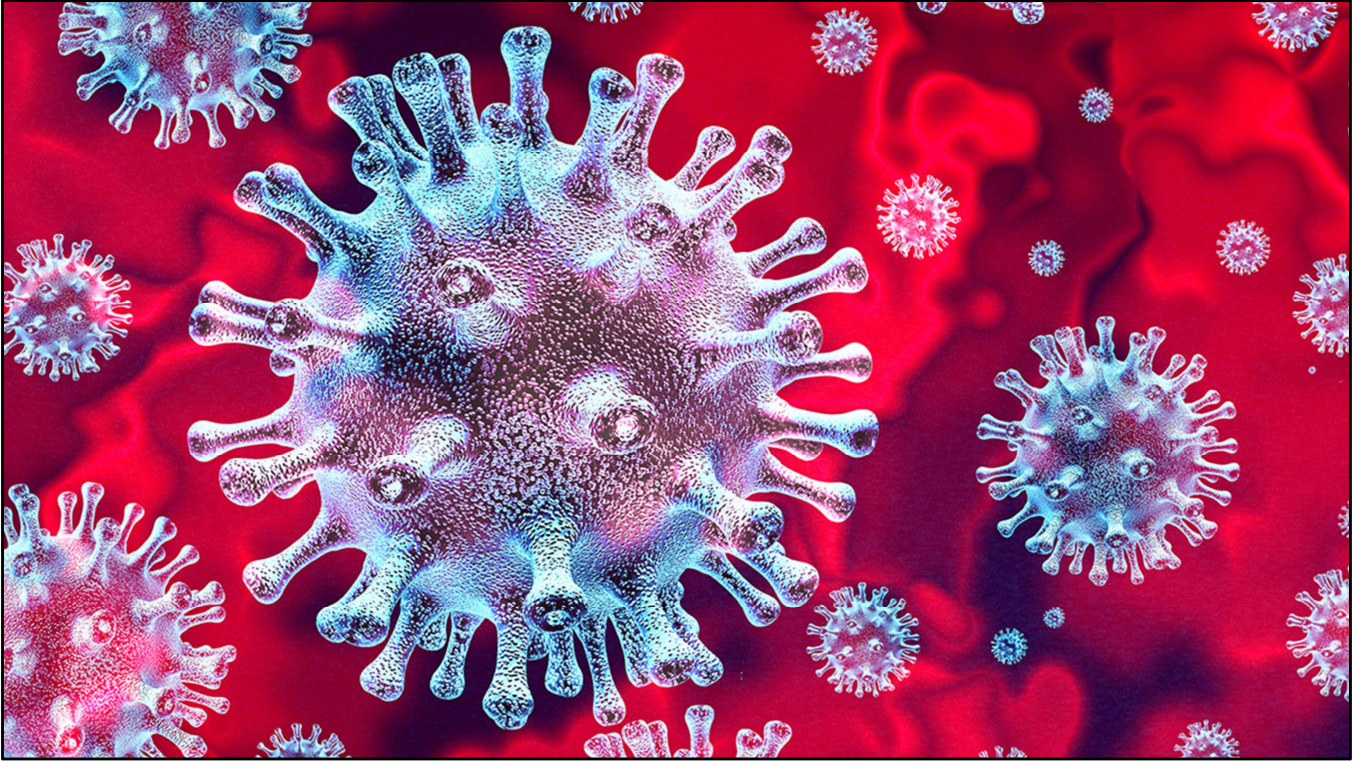
FACE-TO-FACE ACTIVITIES 2020 -

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In 2020, we brought all of the rural activities for students together and made a few additions.

- We created an online RuralUP Tracker so students could access a whole range of rural medicine related information and events in one place.
- We collected information about the students so we could target our activities.
- We listed all of the great events Nathan coordinates in a single calendar so we could let more students know about them and get involved.
- We added links to great events like conferences etc.
- To encourage students to engage in these activities we allocated points, so students can see their progress as they complete them (the points available were weighted according to the effort involved in each activity).
- An added incentive of Certificates was introduced for students who reached certain targets.

It was very exciting!



Then COVID.

COVID has meant all the events Nathan runs have been cancelled.

To keep the momentum of students' interest in rural medicine, we have had to reimagine how students can "go rural" and we've come up with some great ideas.

PATHWAY ACTIVITIES

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RURAL UNDERGRADUATE PATHWAY (RURALUP)

'VIRTUALLY RURAL' ACTIVITIES

LIVE ONLINE EVENTS IN JULY 2020

20 July, 9:00am - 3:00pm
Rural Innovations Changing Healthcare Forum (RICH) (2 points per session)
 The theme is Health by Design - Rural Communities leading by example - showcasing rural community based health management strategies which improve mental, physical and social wellbeing.
 • [Details and Registration](#)

RURALUP CONVERSATIONS

#VirtuallyRural: Alicia Hiers, Graduate from Medicine 2019 and Unaccredited Surgical Registrar (Royal Darwin Hospital) (2 points)
 Alicia talks about the consequences of rural placements, importance of culturally appropriate practice, safety in rural general surgery, and how she has approached her career progression.
 • [Alicia Hiers](#)

#VirtuallyRural: Sarah Turner, Pediatric Physiotherapist (3 points)
 Sarah shares her experience and advice from her time in Broken Hill which was to be six months, but ended up being two years.
 • [Sarah Turner](#)

#VirtuallyRural: Fay Ballan, Graduate from Medicine, 2002 (3 points)
 Fay was in the very first intake of students in Medicine at Western. She talks about the Medicine course in its early days, tells about her experience on the John Flynn Placement Program in the Kimberley, her time with Carflight and many other experiences in rural medicine.
 • [Fay Ballan](#)

#VirtuallyRural: Kiri Storer, Intern at Dalby Base Hospital (3 points)
 Kiri speaks of her training in rural hospitals and about the rural lifestyle in the place she has lived.
 • [Kiri Storer](#)

#VirtuallyRural: Devansh Shah & Anoush Mahendravarmen, Placement in Broome (3 points)
 Students Devansh & Anoush talk about their four week placement at Broome Aboriginal Medical Service.
 • [Devansh Shah & Anoush Mahendravarmen](#)

#VirtuallyRural: Kate Feasey, RFDG (3 points)
 RFDG Health Communications Manager for the Royal Flying Doctor Service, Kate Feasey, talks about her job, the people she has met, the work RFDG does and offers advice to students considering a rural placement.
 • [Kate Feasey](#)

#VirtuallyRural: Jean-Baptiste Philibert (3 points)
 Second Year (2020) Western Sydney University Medicine student, Jean-Baptiste Philibert speaks about his John Flynn Placement at Tennant Creek in 2019.
 • [Jean-Baptiste Philibert](#)

#VirtuallyRural: Sophie Payne (2 points)
 Fourth Year (2020) Western Sydney University Medicine student, Sophie Payne speaks about work experience she undertook in the Kimberley.
 • [Sophie Payne](#)

CONFERENCES RECORDED

15th National Rural Health Conference 2019 (3 points per presentation)
 Recordings of the Keynote and Concurrent Sessions are available on the website.
 • [Keynote Speakers](#)
 • [Concurrent Speakers](#)

Rural Medicine Australia 2019, Australian College of Rural and Remote Medicine (2 points)
 • [The great debate](#)

PODCASTS

Destination Medicine Podcasts (2 points per Podcast)
 This series consists of 30 interviews with practitioners working all over rural Australia. Each interview is around 15 minutes.
 • [Destination Medicine Podcasts](#)

Coronavirus and Cattle Stations (3 points per segment)
 An episode from a Podcast series compiled by Jane Sato, a woman living on a cattle station in the Kimberley, WA. Note the date of the Podcast, as this information reflects the advice at the time.
 • [Episode 19 Coronavirus & Cattle Stations, 19 March 2020](#)
 Segment 1: Royal Flying Doctor Service, 04:30 - 16:40
 Segment 2: Indigenous Communities, 22:30 - 39:40
 Segment 3: Social Distancing, 40:00 - 48:00
 Segment 4: Mental Health, 48:00 - 56:00

TELEVISION AND VIDEOS

The ABC Science Show (2 points)
 A tribute to Australian doctor Catherine Harwin who dedicated her life to helping young African women damaged by traumatic births. Students can earn points from viewing this program.
 • [The ABC Science Show, aired 2 May 2020](#)

Four Corners: Health Hazard (3 points)
 An episode of Four Corners which addresses "how your postcode can determine the quality of the care you get".
 • [Health Hazard](#)

Life as a Rural Doctor in NSW, Rural Doctors Network (2 points for the videos longer than 3 minutes)
 • [Life as a Rural Doctor in NSW, RDN Media](#)

POINT TRACKER
 This section tracks the number of students who collect the following points. For more information, see the [RuralUP Tracker](#).

#Virtually Rural Points:

Rural Experience Points:

SILVER

In our RuralUP Tracker, we added a new section that we called #Virtually Rural It includes:

- links to live on-line conferences that students can participate in
- links to recorded conferences
- links to Podcasts about rural medicine
- links to television programs and videos

But the section that has generated the most interest from students are interviews we've been recording on Zoom.

Some of the interviews are with rural practitioners we identified with assistance from the Rural Doctors Network. RDN was very supportive and forthcoming and we have had a valuable exchange of ideas and contacts.



We also interviewed past and present students. These conversations have been particularly well-received.

The interviews are a very simple format – recorded on Zoom and edited in the Windows app “Video Editor” to overlay photos.


Through interviewing this group, we hoped to replicate (at least to some degree), the valuable peer-to-peer learning that occurred when we brought students together. You know, those side conversations that take place during workshops, on the bus, waiting for a talk to start?

As staff, we can say something, but it will resonate differently if it comes from a fellow student or recent graduate.

DETAILS OF ACTIVITY

★ This activity is best described as:

★ Date of activity

dd-mmm-yyyy 

★ Supporting detail: URL, date of broadcast, etc.

REFLECTION

★ Briefly summarise your 'virtually rural' activity.

★ What information resonated with you?

★ How has this experience affected your understanding of rural medicine?

★ What effect has this 'virtually rural' experience had on your desire to 'go rural'?

I give permission for Western Sydney University staff to use quotes from my submission to promote the Rural Undergraduate Pathway..

To help ensure students are actively engaging with all of these online activities, we asked them to submit a short reflection on each one.

This is the information we are capturing:

- What resonated with them
- How it has affected their understanding of rural medicine and
- What impact it had on their desire to go rural

The same form is used for all of the online content.

PEER-TO-PEER LEARNING SUPPORTED

“It has motivated me to reach out to Sophie to see how I would be able to organise a trip similar to this for myself. I definitely think that this is an invaluable experience for any medical student.”

“This video was great, as JB is a student in my cohort and I was a little nervous about the JFPP program and hence did not apply for it last year, but listening to him made it seem a lot more accessible and has encouraged me to apply for it this year.”

“The aspect that most resonated with me was hearing Alicia talk about the benefits of taking the rural clinical school option during her degree. She mentioned the greater diversity of skills + procedures that she was able to practice at the Bathurst clinical school.”

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The feedback which shows that this new format is supporting **peer-to-peer learning** at least to some extent.

Here's what some students had to say:
[Quotes]

GENERAL LEARNING SUPPORTED

“It’s a big decision to make when you have friends and family in Sydney. First-hand reflections like this are a useful guide of what to expect.”

“... really interesting, and a good reminder that there are plenty of people whose rural experiences you can learn from ... and it’s just about being brave enough to take the first step, and just helped give me a bit more confidence in my decision to pursue that.”



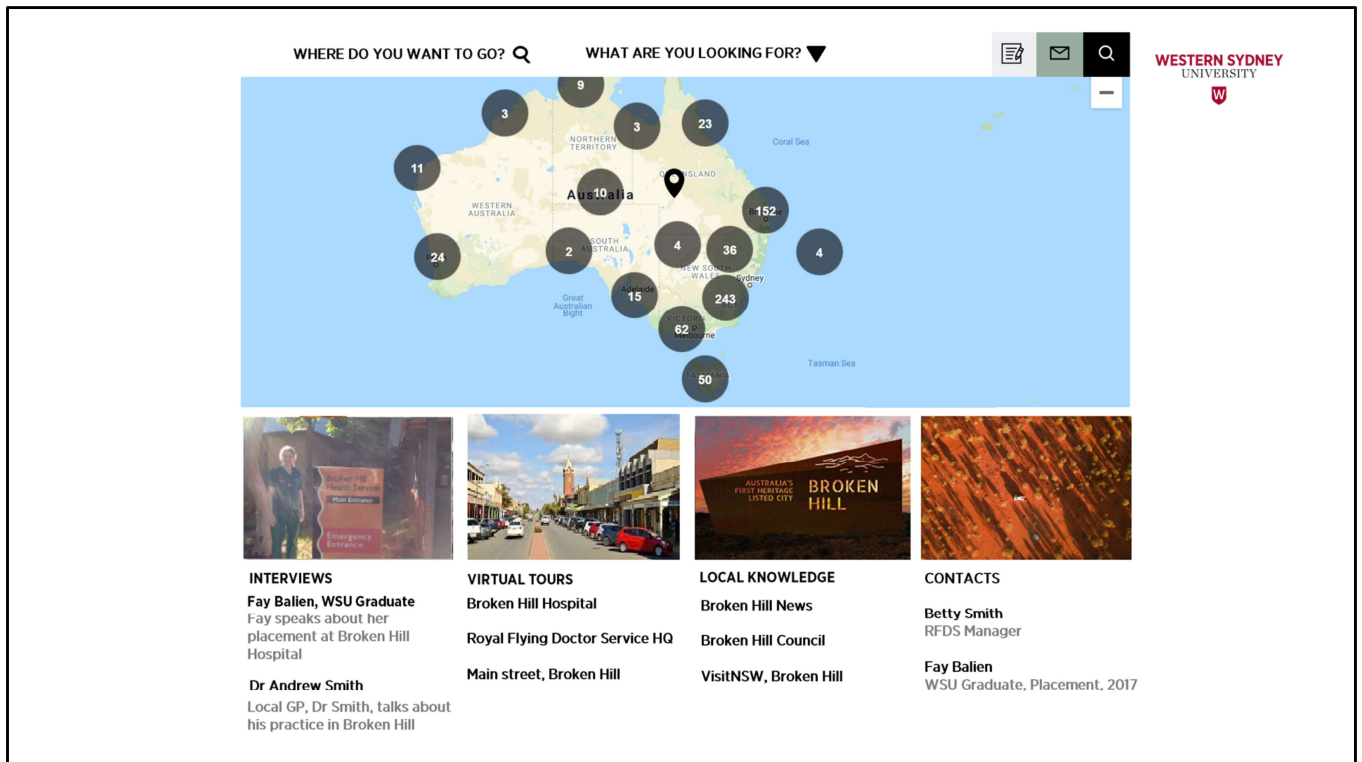
Also, the reflections suggest we are successfully communicating the realities of rural medicine through this new channel.

This is shown in this feedback:
[Quotes]

“After watching this video, my **bonded return of service placement** feels less of a legal obligation and more of a mission with a purpose (to promote equity in healthcare), as well as an opportunity to gain a diverse experience by practising in many environments.”



My favourite:



As for getting students out and about since all Nathan’s events have been cancelled this year, we are working with Rich Media on an online platform to bring “rural” to the students.

It’s obviously not the same as getting out and about, but through this platform we are hoping to:

- demystify rural locations and
- familiarise students with rural practice, etc.

We wanted to retain the spatial aspect of going rural, which is why we chose a map-based interface.

On this platform, we will include:

- Interviews with local practitioners
- Recorded chats with students who have done rural placements
- Links to local information such as weather, population, the Council, tourist information, accommodation providers, and more

The platform will have the capacity for our staff, students and even external partners to contribute information, which will be processed by an administrator.

We foresee content like ‘selfie’ videos from students on placement, mini-tours of clinics

& hospitals, etc.

The aim is to build a sense of community and increase the richness of the online experience.

As well as being a tool for our **current** students, **prospective** students can explore the platform to learn about Western's rural medicine program and encourage them to apply.

This work is in progress and we're excited to see how it develops.



Since we are unable to do our Farm Safety Tours, we're developing a series of Farm Safety videos.

By understanding some common farming practices that can lead to injury or illness, students will more easily establish rapport with patients they encounter. It's especially useful for metro students.

It also helps students to understand how injuries occur and the conditions in which they occur, for example, they're often far from help and in unhygienic conditions, which creates added challenges by the time they reach the hospital.

The format is designed in snippets so that it can be viewed in its entirety, pausing for discussion.

We'll cover livestock handling, chemicals, transport, gun safety and more.

Alternatively, it can be used for a deep dive into one particular aspect of farm safety.

The content is relevant to many health disciplines such as paramedicine and nursing, as well as agriculture, so potentially there are multiple audiences for this resource.



We are taking two approaches to offer at least part of experience of the Rural Experience weekends which we can't presently run.

We are again working with Rich Media to develop some trauma scenarios using 3D photography.

This will be overlaid with:

- Information boxes
- Links to videos
- Pop-up close-ups
- Quizzes and more.

CLINICAL SKILLS WORKSHOPS



For the Clinical Skills session that is usually run as a series of stations in a rural location, we have opted for a simplified format:

- just one skill is covered
- Same session is run throughout the day
- Students are in small groups
- Only one clinician and one professional staff member involved
- Rural setting in western Sydney – eliminates travel

We have piloted this format on one occasion and student feedback has been great.



FEEDBACK

Content, format, location & venue: 4.5/5

“Best part” included:

- The **atmosphere**, learning in a setting outside a class room, i.e. a rural setting
- It was refreshing to have an **in-person session** after doing online learning for a while.
- Small group made it more **interactive**.
- The **practical demonstration** – being able to see all the equipment that can be used.

“Part for improvement” was:

- Opportunity to **do it themselves**
- **More time**

Here’s what they had to say: [SLIDE]

The response to the second session, on taking Blood Pressure, was double that of the first.

Plus, a call-out for student volunteers was very successful.

Unfortunately it had to be postponed.

However, we took the feedback on board and refined the format, so we’re ready to go when we get the green light.

LESSONS LEARNED

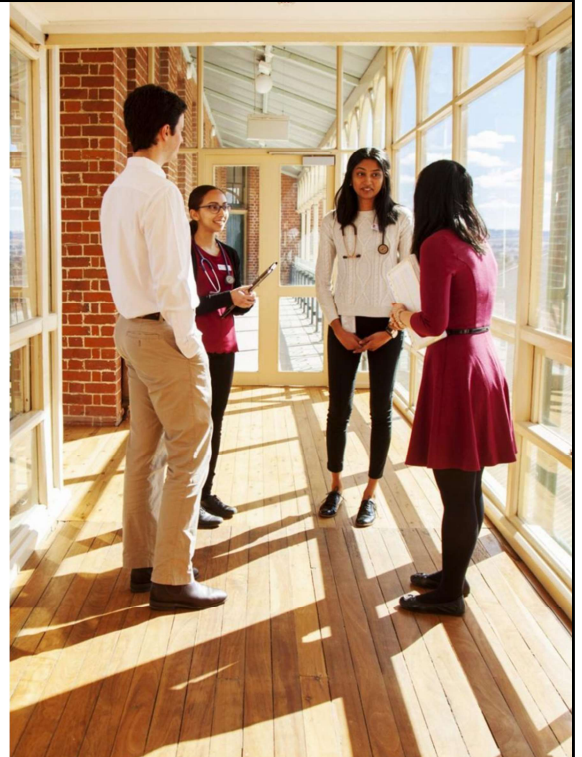
- Technology – simple & sophisticated
- New formats
- Utilise partners

We've learned ways that student engagement and a quality student experience can be retained during the COVID-19 pandemic:

- using technology, both low end (recorded Zoom interviews) and high end (Virtually Rural platform)
- adopting new formats for face-to-face events (smaller sizes, different venues which have achieved engagement comparable to the pre-covid events)
- By strengthening partnerships with professional organisations, through the sharing of contacts and ideas for activities, we've been able to tap into larger networks and bring the professionals TO the students

UNEXPECTED BENEFITS

- Dual purpose content
- Scaleable architecture for organising content
- Transferable model for rural engagement



Some of the unexpected benefits that have been realised include:

- the generation of dual-purpose content that can be used for educating our current students, as well as attracting prospective students
It has also been used in the curriculum in the **Medicine in the Community unit** has allowed students to use RuralUP activities to meet the requirements of the unit. A target of 15 points was set.
- a scaleable framework for organising many different information types that supports multiple contributors
- the creation of a model of engagement that could be adapted to other Schools with an interest in:
 - rural student recruitment and/or
 - expanding students' options for graduate employment, through exposure to opportunities in rural areas

Even without COVID restrictions, there are inherent challenges associated with taking students “rural” such as:

- Costs,
- Time,

- Distance,
- Logistics and more

Our “new normal” is a blend of old and new. Nothing replaces “going rural” but we have offerings for our students until we can get back on the road.

RuralUP Team <W.Truelove@westernsydney.edu.au>

WSU Medicine, RuralUP E-News, End of July 2020

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NATHAN ROLLINSON

N.Rollinson@westernsydney.edu.au

WENDY TRUELOVE

W.Truelove@westernsydney.edu.au