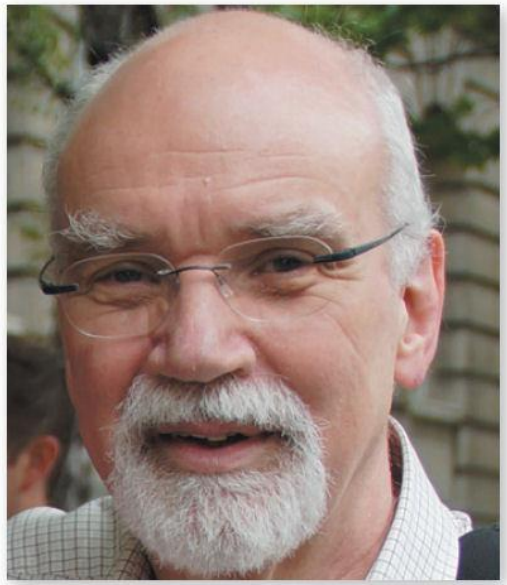


Dr Branko Sijnja

General Practitioner

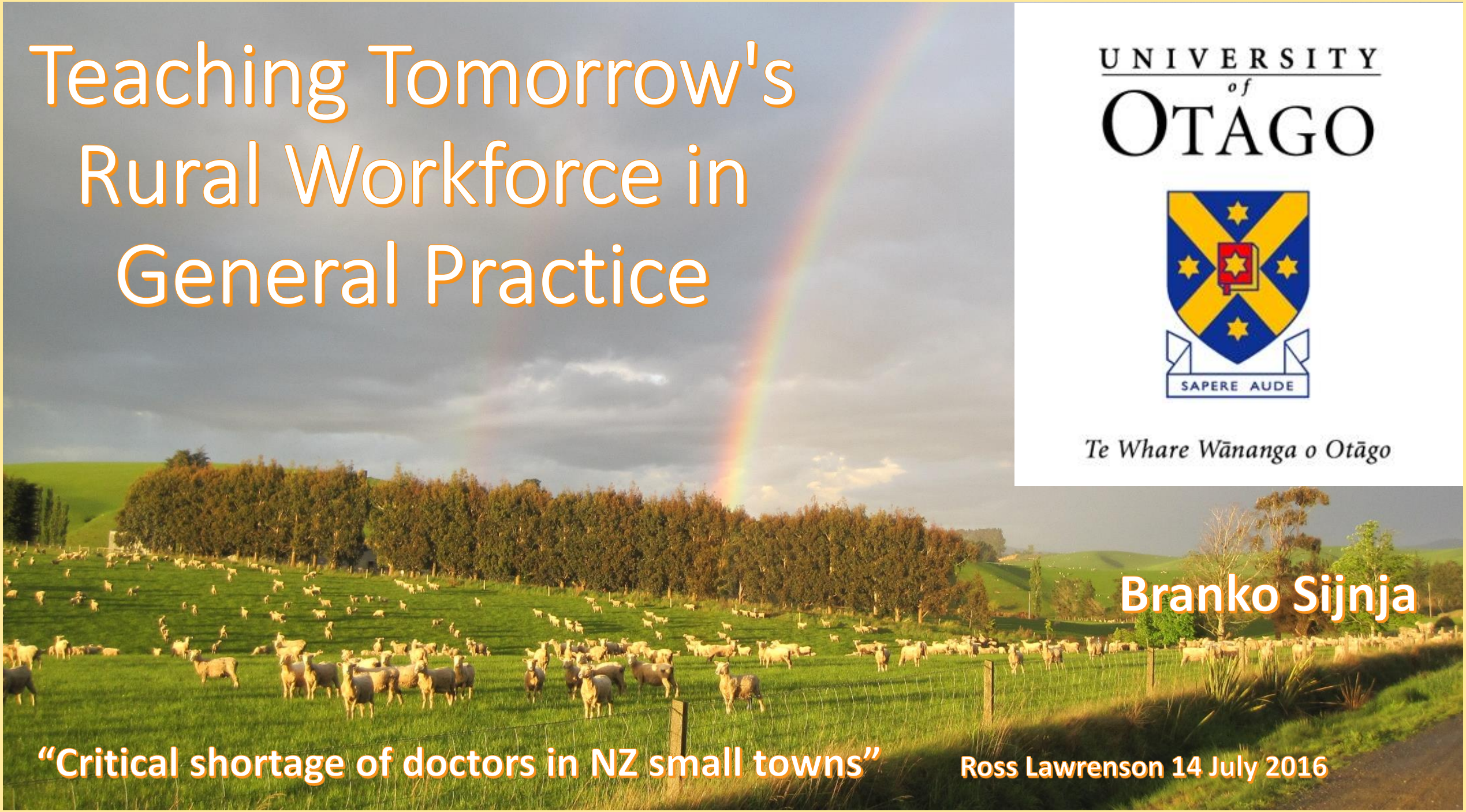
Director, Clutha Community Health Company, Balclutha

Saturday, August 13, 2016

(Plenary)

15:00 - 15:20 Teaching Tomorrow's Rural Workforce in General Practice

Teaching Tomorrow's Rural Workforce in General Practice



UNIVERSITY of OTAGO

SAPERE AUDE

Te Whare Wānanga o Otāgo

Branko Sijnja

"Critical shortage of doctors in NZ small towns" Ross Lawrenson 14 July 2016

Stocktake
Rural Medicine in Dunedin School of Medicine

- Community Contact Week all 3rd years - 1 week
- 4th Years - 5 weeks in Dept of General Practice and Rural Health
  - ❑ 8 – 10 sessions each over 3 weeks during that time in urban general practice
- 5th Years - 5 weeks attached to rural general practice
  - ❑ 1 week follow up
- Trainee Interns – 6th years - 2 ½ weeks General Practice attachment

Rural Medicine in Christchurch School of Medicine

- One of the centres for Community Contact Week.
- 4th yrs 8 weeks GP modules in urban GP
- Nil in 5th year
- TIs do 4 weeks in rural GP

Rural Medicine in Wellington School of Medicine

- Community Contact week
- 4th years - 5 weeks in the GP module
  - 3 days are spent in GP Full day Placement and
  - 4 days in Intensive Week GP
- 5th years - 2 consecutive weeks of a lecture based module
- Trainee Interns 6 weeks at a GP practice

Rural Medicine in Auckland School of Medicine

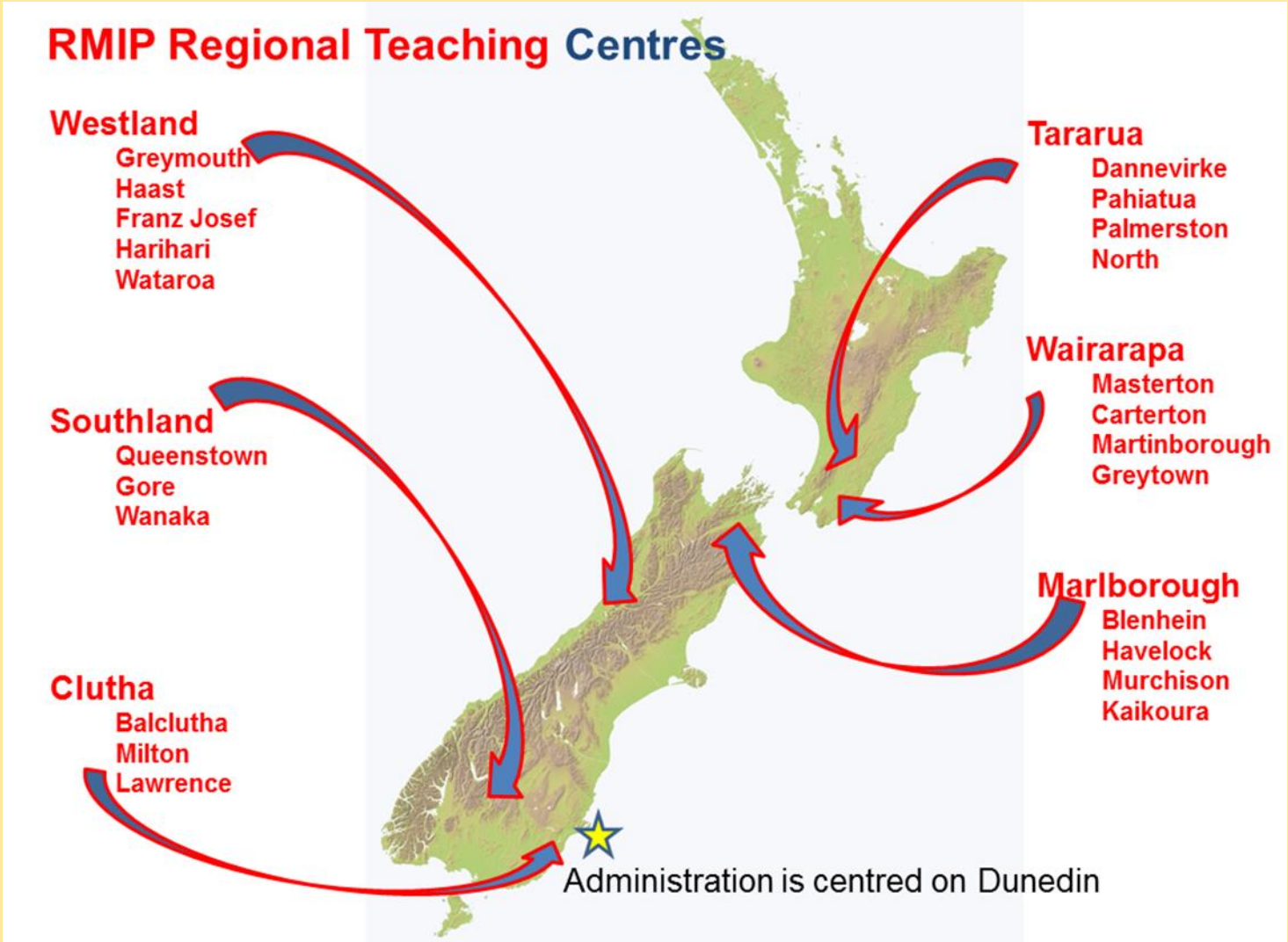
- Fifth year
  - Pukawakawa programme – Whangarei based – 7 weeks in Rural settings Integrated care and General Practice. 24 students
  - University of Auckland 2 weeks General Practice
  - Whakatane – Rural Health Interprofessional Immersion Project 2012 – 5 week blocks in Whakatane an Opotiki with Physio, Nursing, Pharmacy and Medicine students

UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo
NEW ZEALAND

Rural Medical Immersion Programme

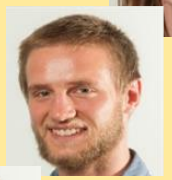
Three Clinical Schools

Six Regional Teaching Centres



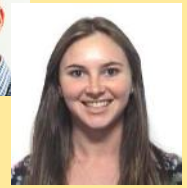
UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo

RMIP 2016







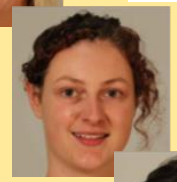
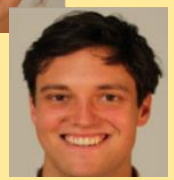
WEST COAST

SOUTHLAND

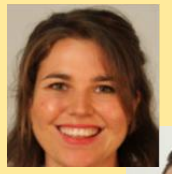
CLUTHA

TARARUA

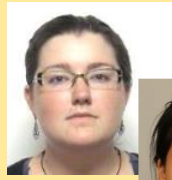


WAIRARAPA

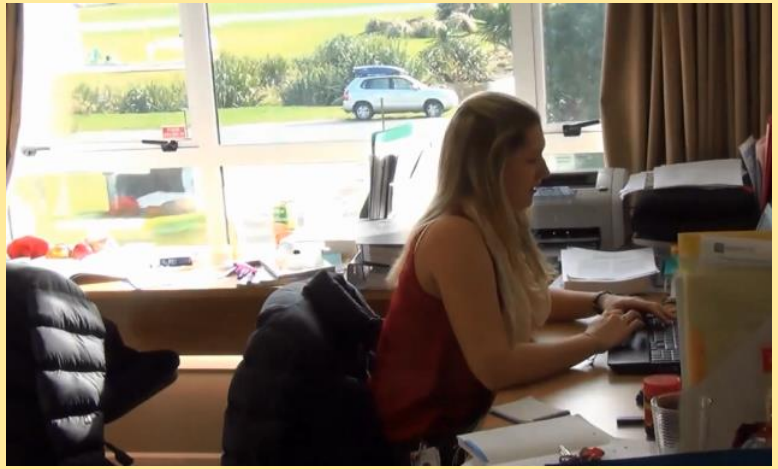




MARLBOROUGH

UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo

Student Facility



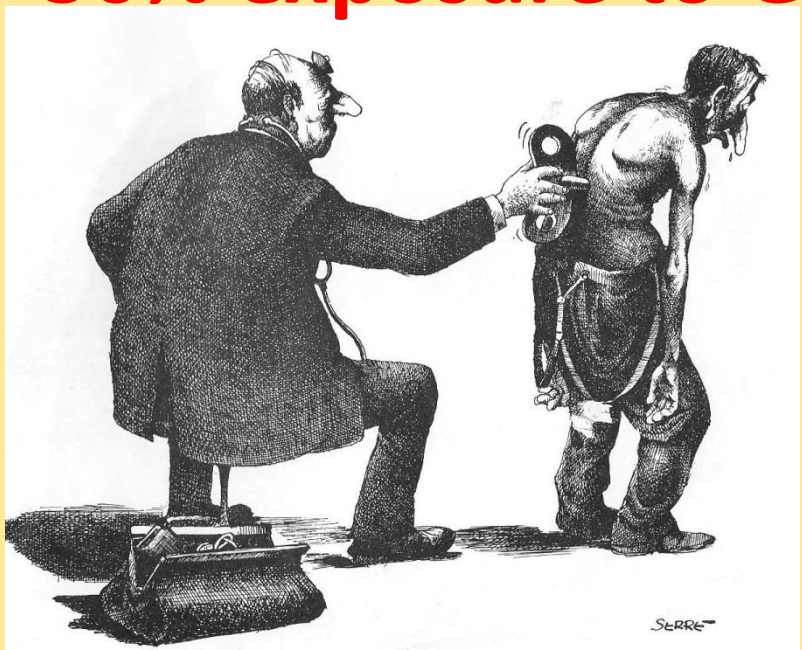
Opportunities in all Centres

- Hospital/Clinic
  - Base Hospital
  - Local Hospital
  - Psych Med Team
- General Practice
  - Local
  - More remote practices
- Other
  - Pharmacist
  - Midwife
  - Primary Care Nurse

We aim to achieve:

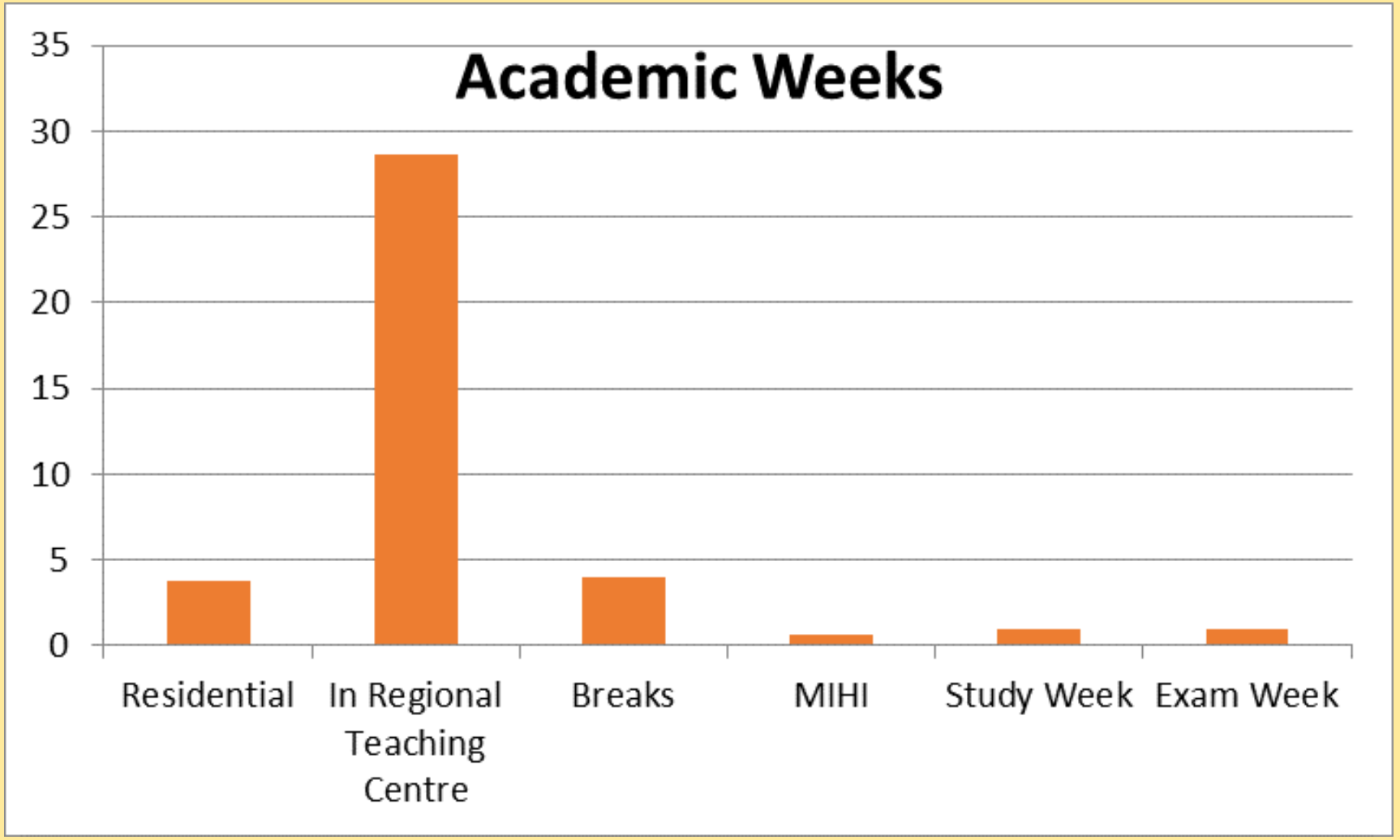
UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo

50% exposure to General Practice

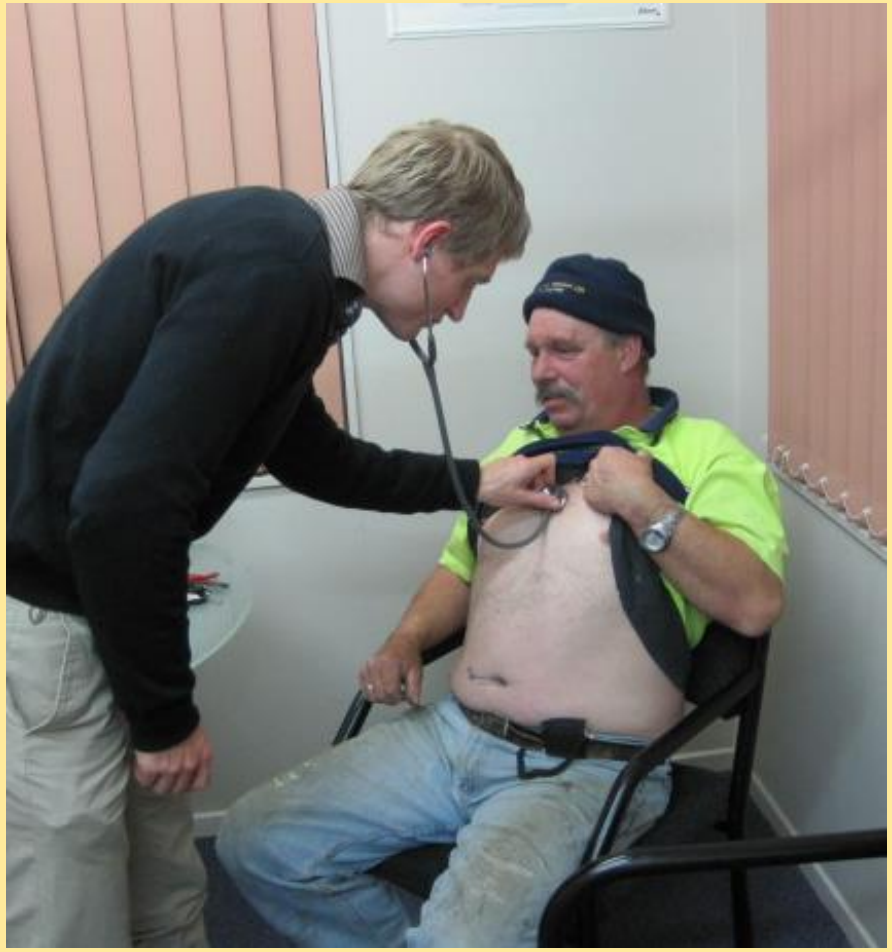


And 50% exposure to Rural Hospital Experience

Profile of the programme



The Experience



"Being engaged with communities, being challenged, getting a real taste of what being a doctor was all about. I had some doubts about actually doing medicine up until my 5th year, and the RMIP course consolidated that this was in fact something I wanted to do"

Ex RMIP Student

Patient Contact

GOOD EXPOSURE TO PATIENT CONTACT IN BOTH HOSPITAL AND GENERAL PRACTICE

- **One on One patient contact**
- **Hands on Experience**

"The patient interaction, continuity of care that is involved in rural practice" ex RMIP student

Residentials

Dunedin 2 weeks February
Christchurch 1 week June
Wellington 1 week August

Good Environment For Student Teaching

In General Practices

Renwick Medical Centre

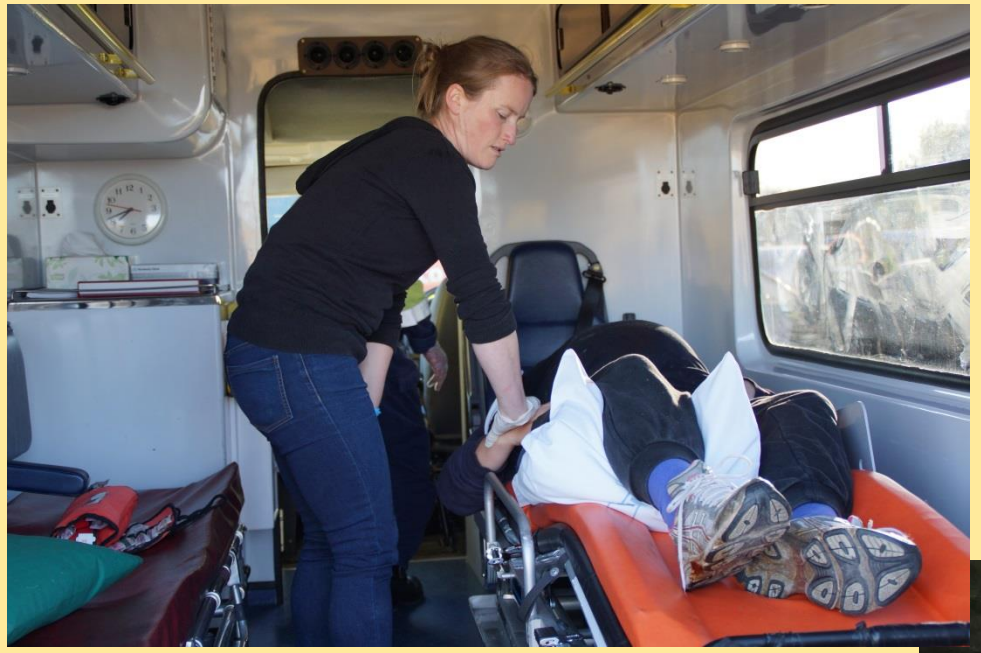
Wanaka Medical Centre

Amuri Community Health Centre Rotherham

Clutha Health First

ROADSIDE TO BEDSIDE CARE

Follow patients from home to the rural hospital



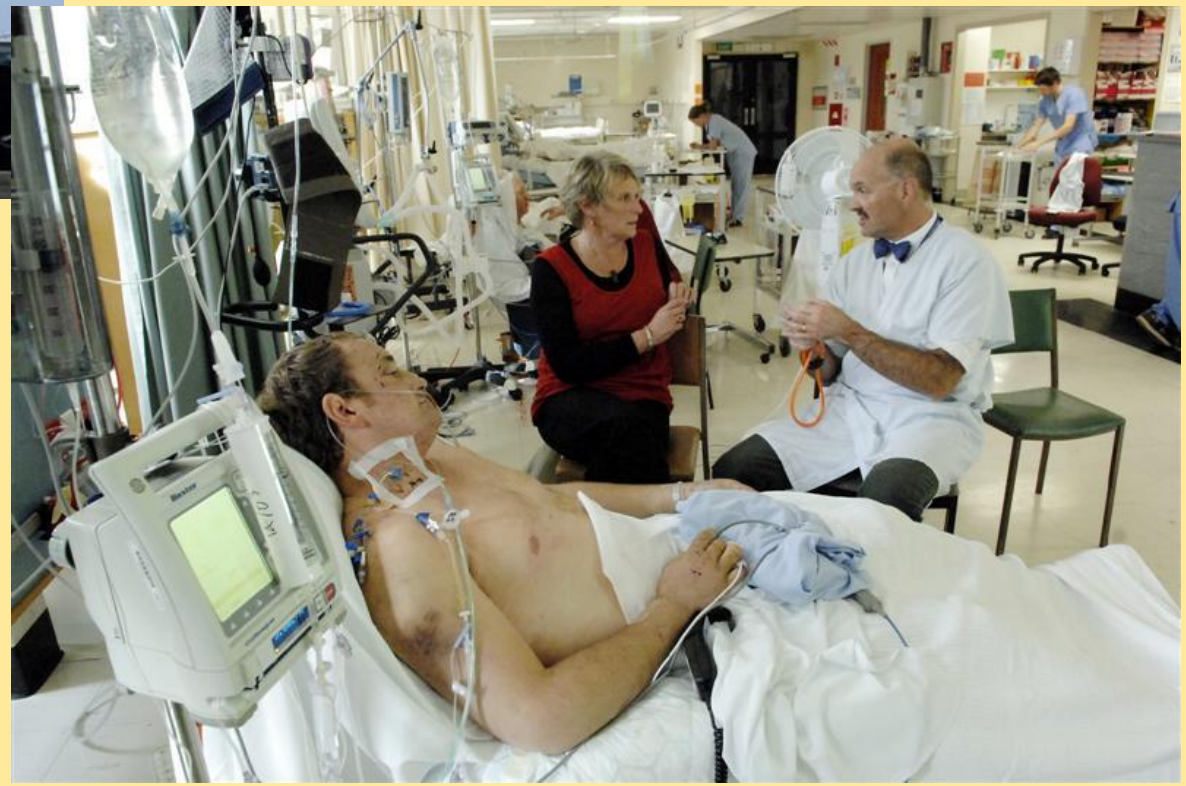
and follow patients if referred to urban hospital

"Working with awesome GPs and developing confidence in my abilities. Friendly consultants in rural hospital" ex RMIP Student

Follow Patient Into Tertiary Hospital

Via helicopter

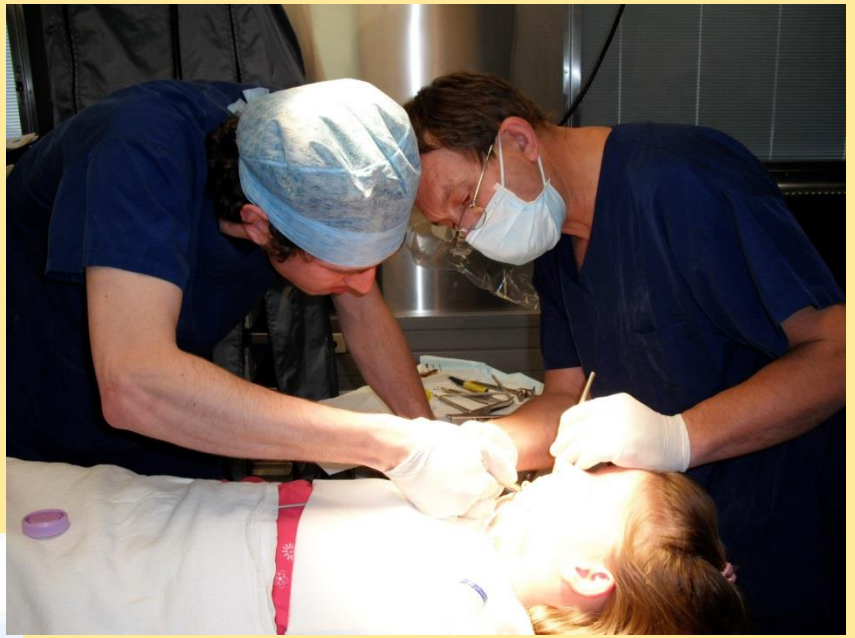
Into ICU



Experience The Mobile Surgical Bus In Smaller Centres

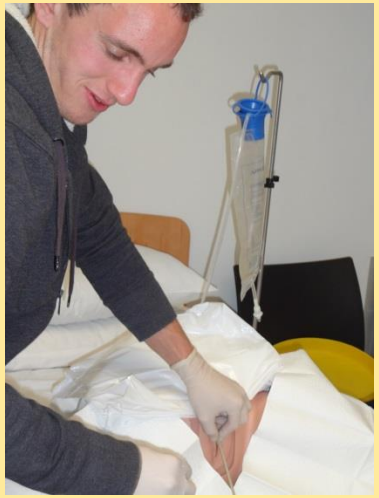
UNIVERSITY of OTAGO
SAPERE AUDE
Te Whare Wānanga o Otāgo

"The relevance of how 'hands on' the year was probably was more evident when we became TI's and felt more confident" ex RMIP student



mobile health

Gaining Experience



Immersion in a Community

"getting involved in the community, I played for one of the local sports teams & socialised with them"

ex RMIP Student

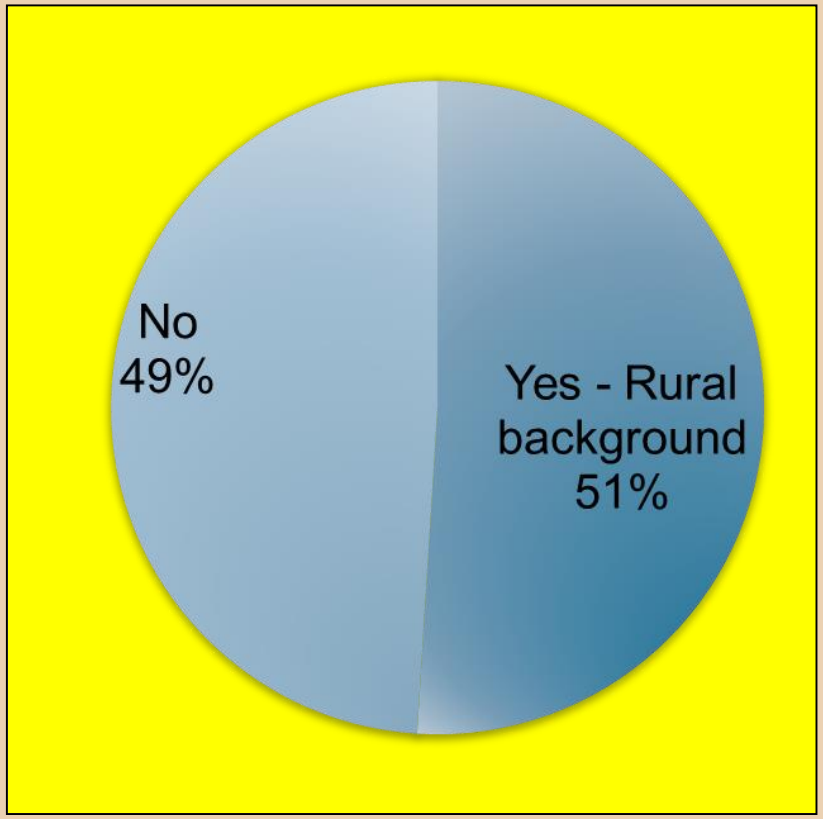
2015 Survey

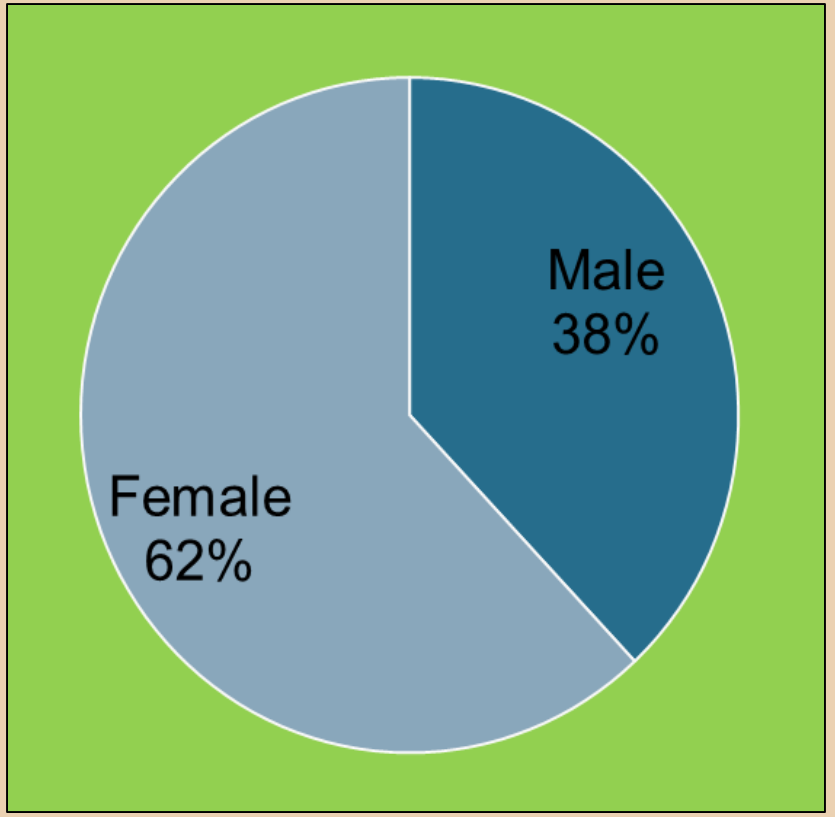
- Population of 100 Doctors ex RMIP 2007-2012

- 73% response rate

- Olivia Hill and Dan Allbon

Who are our students?

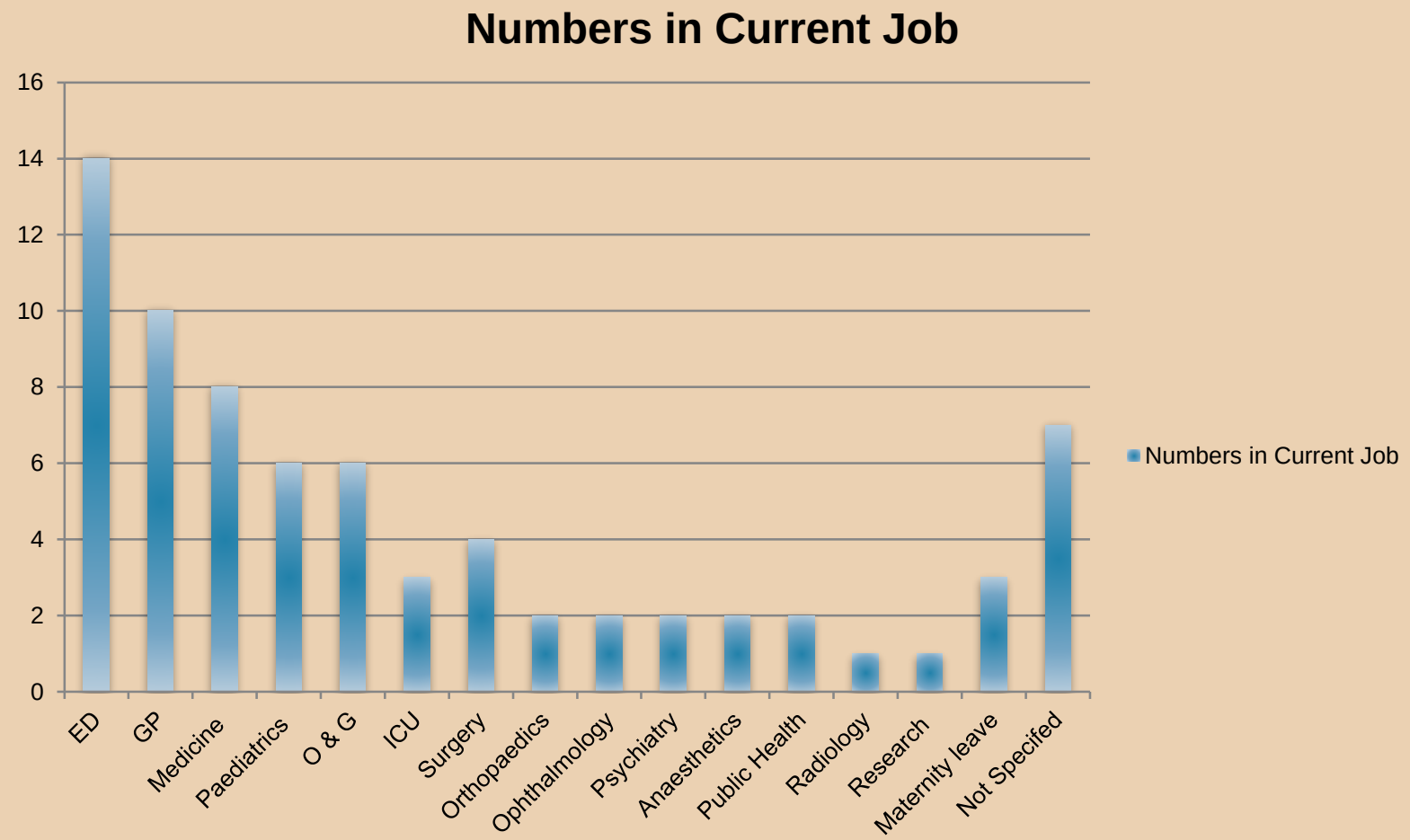




24/78 students were admitted as ROMPE Students = 31%

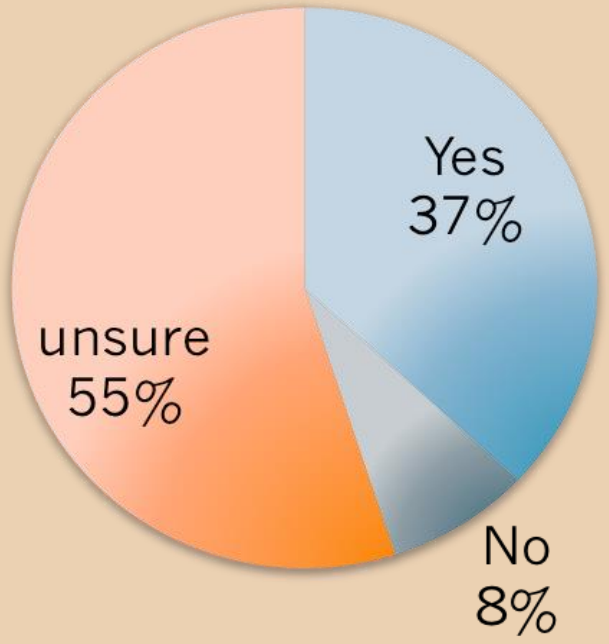
2015 Survey

- A Snapshot of Specialty Position among RMIP to date

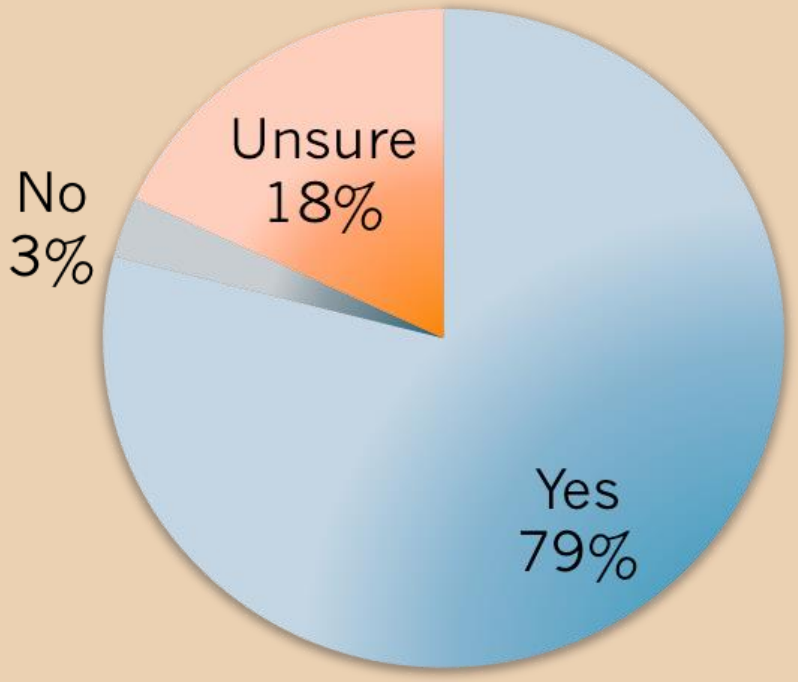


2015 Survey

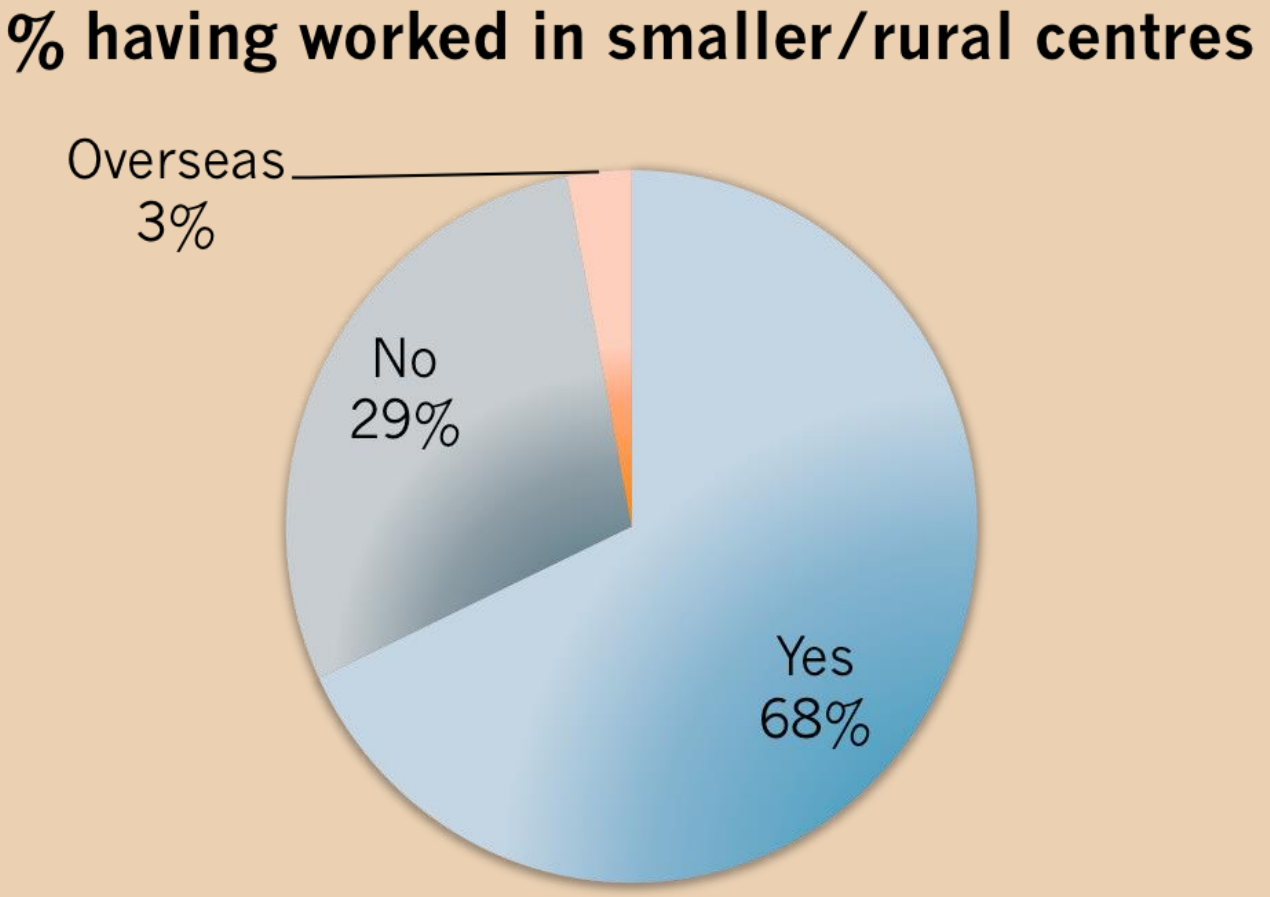
Prior to RMIP Inclination to work rurally



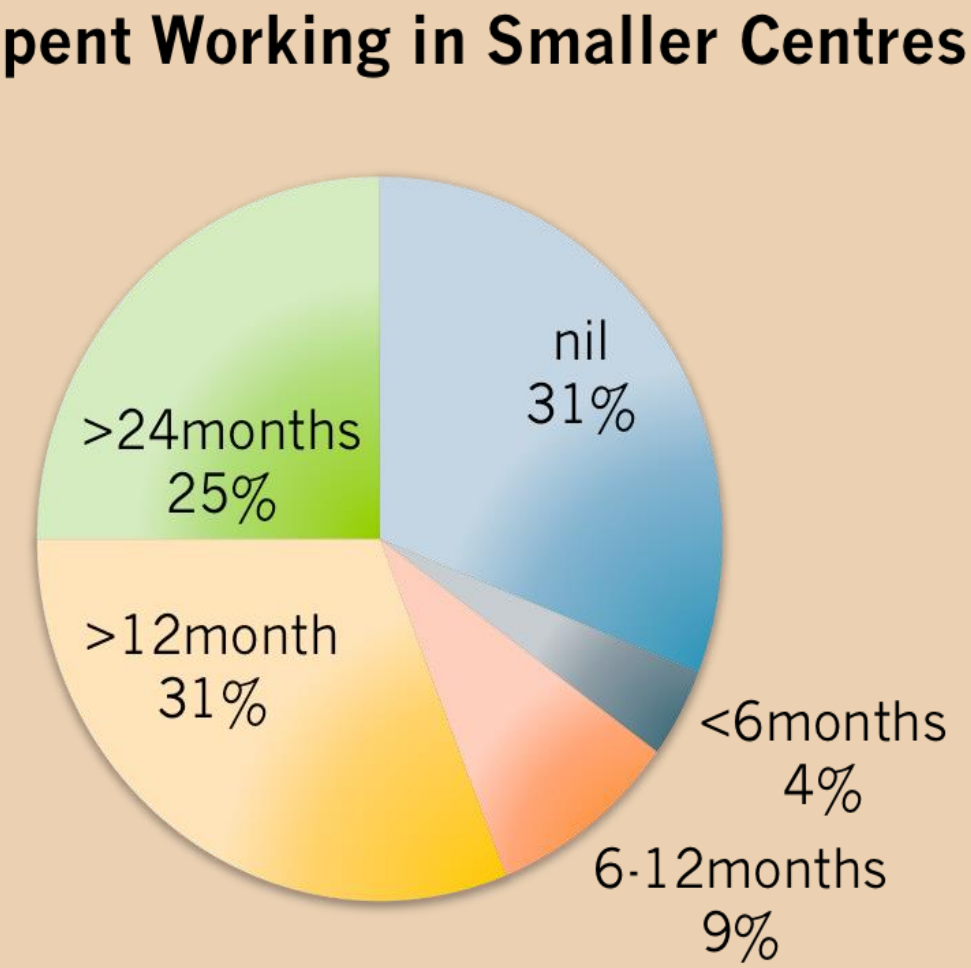
Post RMIP inclincation to work rurally



2015 Survey


% having worked in smaller/rural centres
Overseas
3%
No
29%
Yes
68%

2015 Survey


Time Spent Working in Smaller Centres
nil
31%
<6months
4%
6-12months
9%
>12month
31%
>24months
25%

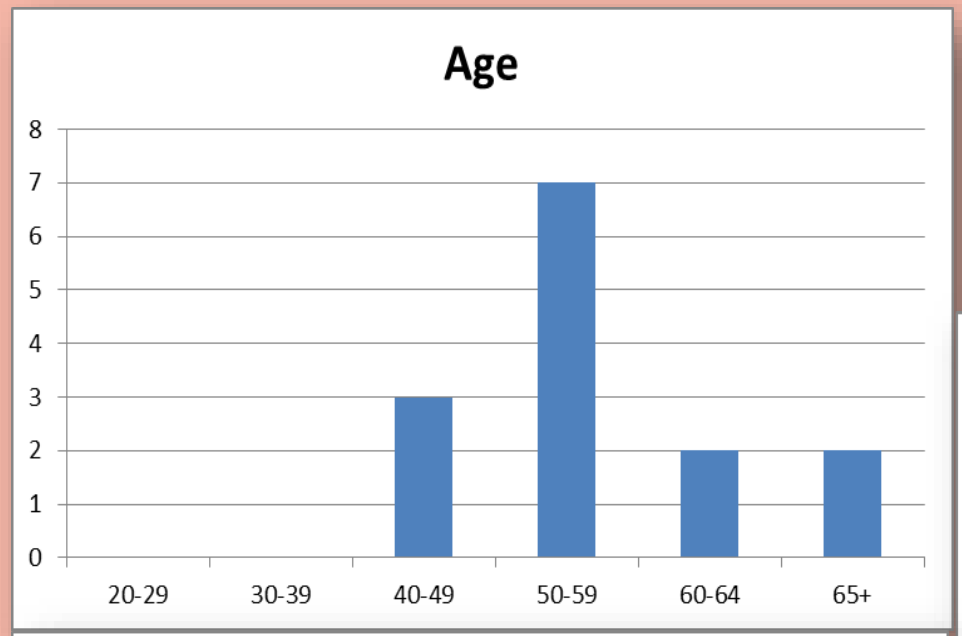
2013 Survey

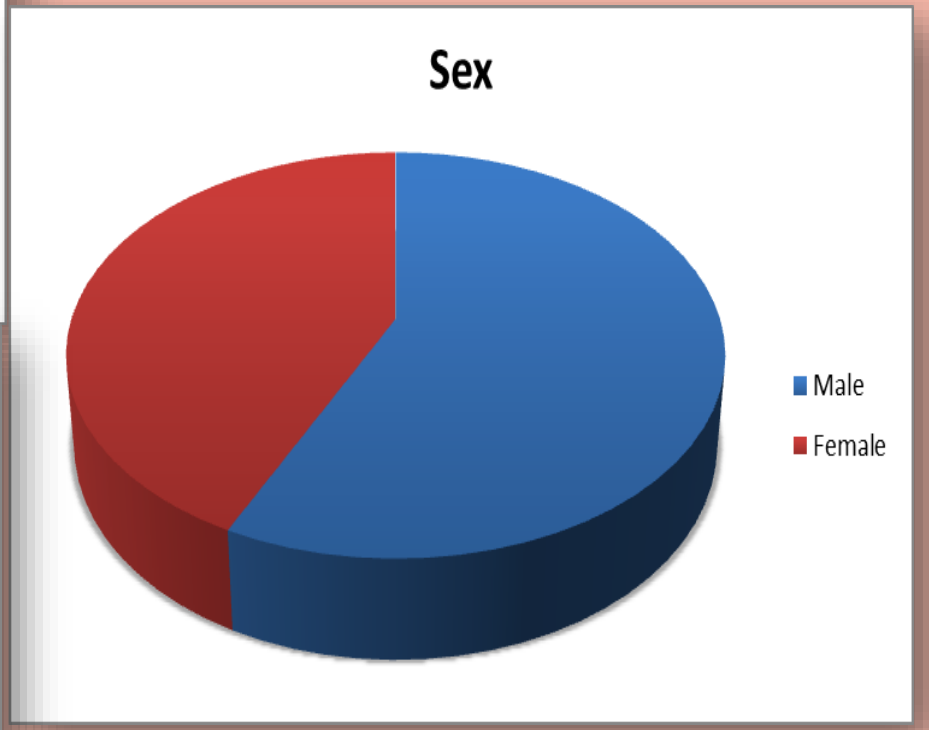
Our Teachers Survey

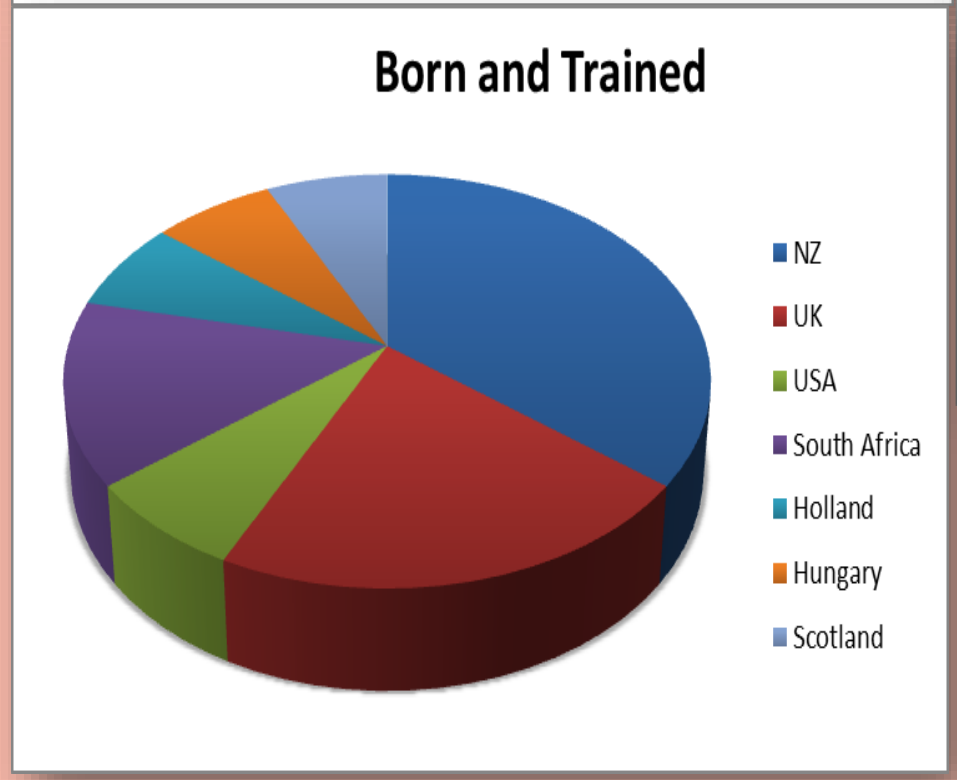
William Parkyn

Visited practices with multiple GPs and interviewed those that have students and those that do not

Our Teachers







Average time in current role = 15.7 years

What teachers enjoy about teaching

- Pass on knowledge or experience
- Interesting or Stimulating
- Enjoyable thing to do
- Nice to work with young people
- Contribute to their future/help them/see development

William Parkyn 2013

Teachers: Advantages of teaching

Learning from teaching

- From the students
- From reading up to teach

Keeps “on toes” Keeping up to date …Communication skills development … Personal satisfaction … People appreciate it …Good for community …Encourage rural doctoring … Good for practice

William Parkyn 2013

Teachers: Enabling factors

- Having time to teach
- Having space or a room for student
- Supportive employer
    - Access to patients
    - Good learning resources
    - Receptionists that prepare patients

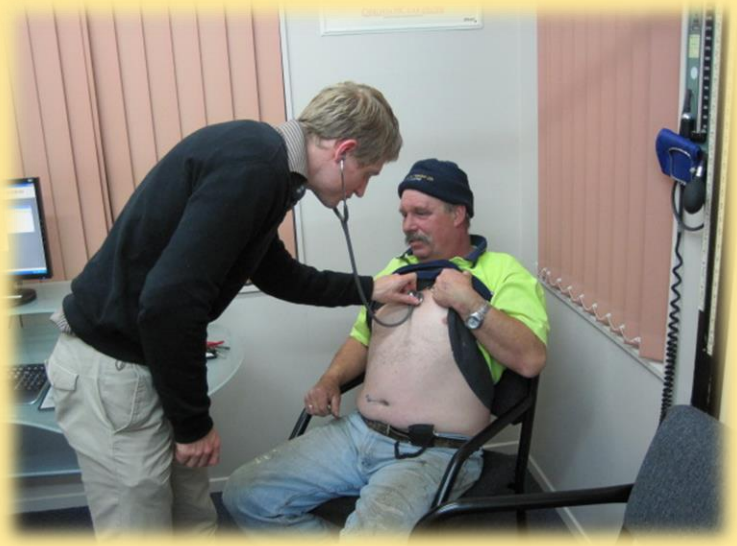
William Parkyn 2013

How do we learn in RMIP?

- Self directed learning
- Experiential learning
- Role modelling
- Tutorial/Sessions
- Residentials

Teaching on the hoof

- While consulting
- In parallel



- Teacher maintains clinical responsibility
- Teacher must feedback and authorise

Immediate feedback

- **Patient present**
- Get student to report on findings and management plan
- Verify
- History
- Examination

- **When patient away**
- Seek student's reflection on how it went.
- Honest, constructive comment
- Complete Mini-CEX

Outcomes Whole of Class

178 students through RMIP to end 2016

- 2 Students withdrew from Medicine
- 1 Failed to be awarded terms
- 1 Sat specials and passed
- 1 Sat specials and failed

- Review of ranking after end of 5th year exams compared with that of 3rd year
- Average over 2007 to 2015 is loss of 1 place

Class of 2016

UNIVERSITY of OTAGO
SAPERE AUDE
Te Whare Wānanga o Otāgo