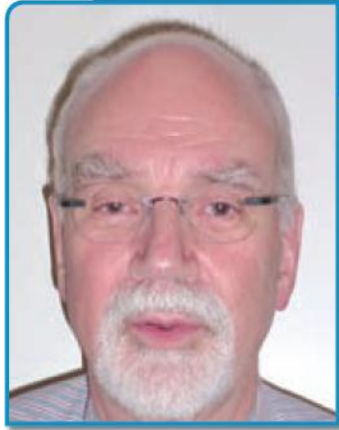




Dr Branko Sijnja

Otago University Medical School
Balclutha

Rural Immersion Medical Programme Summit - Concurrent Workshop

Saturday, 22 June 2013

Start 4:30pm

Duration: 60mins

Van Gogh



 **Rotorua GP CME 2013** 

General Practice Conference & Medical Exhibition

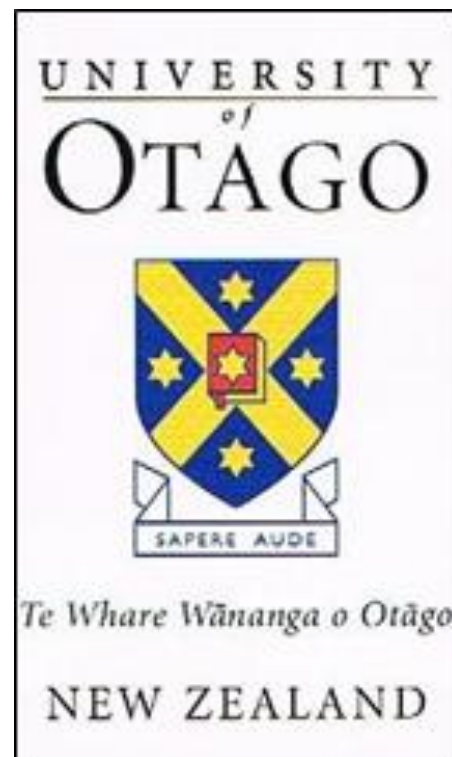
20-23 June 2013 | Energy Events Centre | Rotorua

Rural Undergraduate Programme Summit

Manaia PHO

Whangarei

23/24 February 2013



Early Community Contact

Community Contact Weeks

Otago – Christchurch – Wellington – Auckland

“For many of these students it was an eye opener onto the joys of rural health care”

Colette Bolger, Lee Thompson & others. William Parkyn

Wellsford Multidisciplinary Health Education project

“developing teaching opportunities in primary care, especially inter-disciplinary and multi-disciplinary teaching in a rural setting, central to which is team work.” **Tim Malloy**

A scenic landscape featuring a calm lake reflecting snow-capped mountains under a clear blue sky. A lone tree stands on the left shore, and a large tree's branches frame the top right corner. The foreground is a grassy field.

COMMUNITY CONTACT WEEK

Third year - Medicine

Terms requirement
Week in late August
Three Schools

Aim: to examine health care in a community setting.

The students build a profile of the community using

- Existing documents
handbook/tutorial/websites
- Interviews
- Direct observations

CCW - Physical structure

- **90+ students administered in each of three centres (Dunedin, Christchurch and Wellington)**
- **ChCh and Dunedin students sent in small groups to communities ranging from 700 – 12000 people**
- **Wellington - on the whole larger populations 8,000 +**

Goals of the ECC Programme

- develop and practise their skills in communication;
- **relevant context for the learning in the basic medical sciences**
- the impact of illness on patients, families and the community;
- **identify health care resources outside the hospital and observe the roles and functioning of support groups in the community;**
- value of disease prevention and health promotion, and the influences of lifestyle on health
- self-directed learning on issues that arise from the programme.

Student Experience

- **Amazing week**
- **Good learning experience**
- **Great introduction to rural communities**
- **Students more likely to return to rural areas**
- **Easily best part of the ELM programme**



Student Quote

- *“An invaluable experience for the third year curriculum. An eye-opener especially to an urban kid like me who had never really experienced rural New Zealand. It was awesome.”*



Wellsford Multidisciplinary Health Education project



- **Team working and Collaborative Practice
In Rural Primary Health Care**
- **Doctors, Nurses, Pharmacy, Physiotherapy,
Occupational Therapy and More working and
Learning together with their community !**
- **Three blocks of four week attachments with multiple
disciplines involved (different combinations on each
occasion) and from five to seven students at a time .**

Aims of the Interprofessional Collaborative Practice Placement

To provide an environment where students are able to:

- Learn from, with and about one another.
- Develop and modify attitudes and perceptions of interprofessional collaboration and teamwork.
- Acquire the knowledge and skills required for interprofessional collaboration.
- Contribute to improvements in the health and wellbeing of individuals and groups within the local community

**Nursing, physiotherapy, pharmacy, medical,
occupational therapy students had fun!**

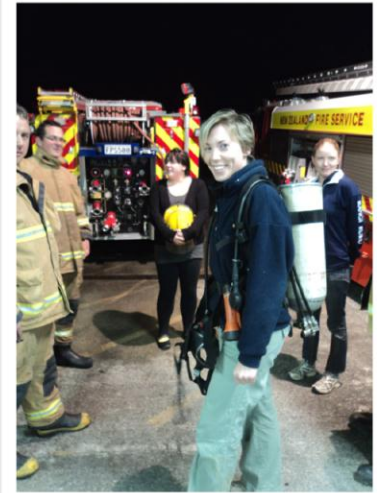


Interprofessional Placement Student Feedback 2011/12



“ The opportunity to live and learn together with other students was amazing, I now understand what the other disciplines do and offer”

(Student, 2011)



5th year Programmes

- **5th Year Rotation Programme - Dunedin School of Medicine**

“It is possible for positive effects on students’ attitudes towards rural health resulting from a short undergraduate attachment in a rural health setting to be detectable up to at least 8 years post-graduation

Jim Ross and ex student

- **Pukawakawa**

- *“Staff and students reported high levels of satisfaction with the program and students performed at an academic level similar to their standard-program counterparts”.*

Win Bennett and Student

- **RMIP – University of Otago**

“Guided and mentored by experienced rural general practitioners, rural hospital generalists, rural nurses, midwives, physiotherapists, pharmacists, local and visiting tertiary hospital specialists, mental health teams and Māori health faculty and providers, RMIP students cover the full 5th year curriculum in their own rural learning and living environment.”.

Branko Sijnja and Students William Parkyn, Kerry Short and Kate Campbell



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Year 5 Rural Attachment Dunedin School of Medicine

Martyn Williamson, Jim Ross

Rationale for 5th year rural run

- 1) Recognition of Medical School's responsibility to its local communities – increased community - based teaching, including rural.
- 2) Service benefit via stimulation and resources for local practitioners resulting from link to the DSM.
- 3) Educational benefit from untapped clinical experiences for students (increasing numbers).

Preparatory week

- Focus on self directed learning
- Learning needs
- Production of learning profile to take to rural centre
- Simulated MVA
- SECO clinics (Safe and Effective Clinical Outcomes)
- Clinical skills sessions and tutorials

5 weeks at rural centre

- Clinical experience in varied settings e.g. GP, rural hospital, patient homes, ambulance, with varied rural health professionals
- Audioconferences
- Online discussion board
- Generate further learning needs for final week

Review week

- Tutorials based on learning needs, utilising specialist resource as appropriate e.g. dermatology, radiology, cardiology, musculoskeletal and so on
- Assessments
 - GP feedback, OSCE, MCQ or SAQ, SECO clinic

Student feedback

- One of the most valued attachments
- Enthusiastic students return at review week
- Some will consider general Practice or Rural Hospital Medicine for the first time
- Opportunities to see lots of patients, do some procedures, feel part of a team

Research

- Pre course survey of 2000/2001 cohort:
 - 1% likely to enter rural practice 13% likely to enter rural practice
 - 70% DSM students positive attitude to rural health immediately post course
- NZMJ 2003: 116:537. Williamson, Gormley, Bills, Farry.

2000/2001 cohort re-surveyed in 2009

- 56% respondents indicate a positive attitude to rural health, significantly different from UOW/UOC
- No statistically significant difference in numbers working in rural health
- Rural origin still a significant factor
- Rural and Remote Health 2012. Williamson, Wilson, McKechnie, Ross.



Pūkawakawa

Northland District Health Board and
Auckland University

5th Year

Regional Rural Programme

Pūkawakawa



NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau



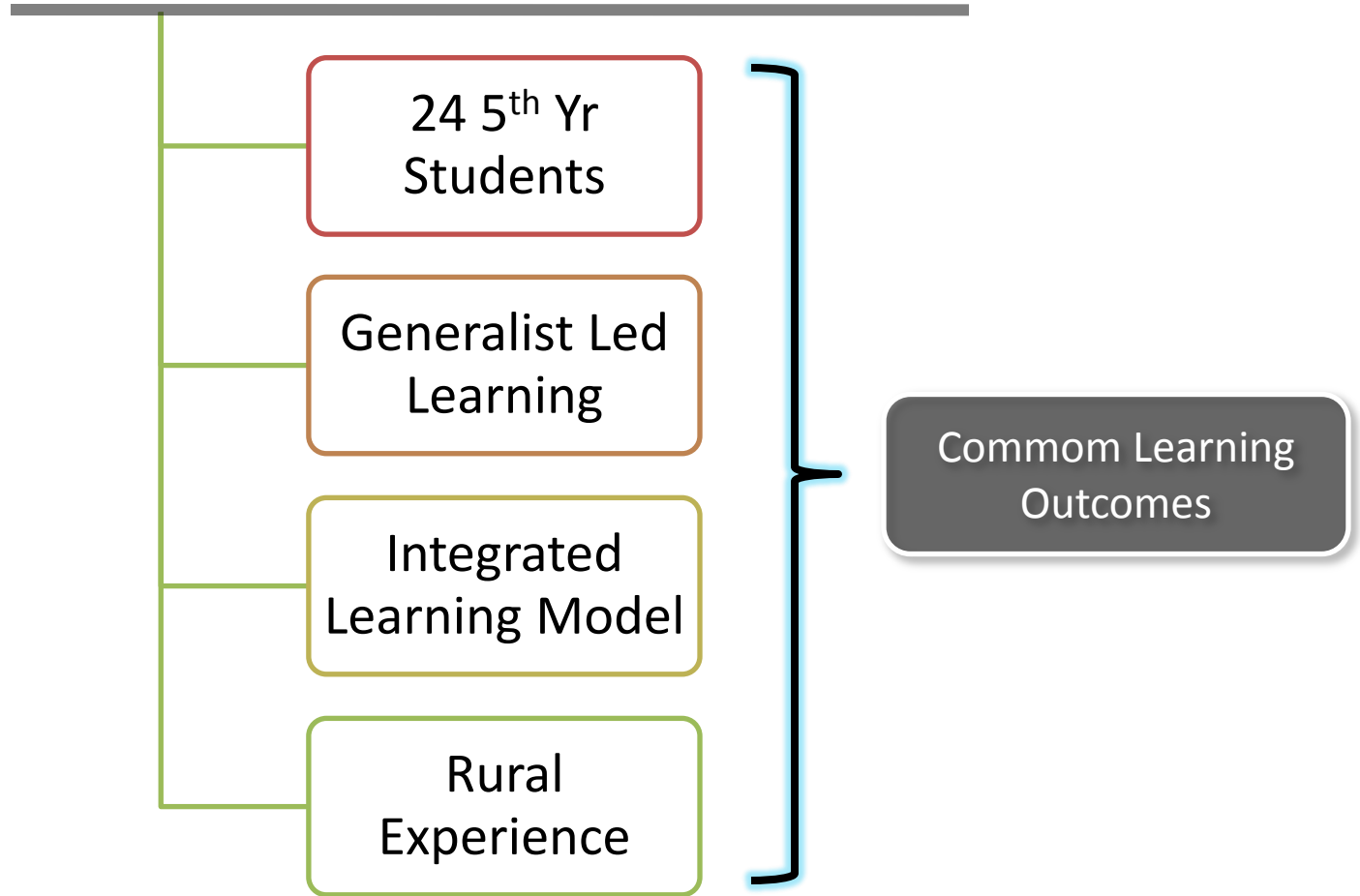
Drivers

- Response to Rural Doctor shortage
 - “Providing appropriate pathways and rural experience for ROMPE students considered of high importance”
- Partnership with Northland DHB

Philosophy

- Rural health but also:
 - Integrated learning and clinical integration
 - Hauora Maori –learning from Maori and about Maori
 - “of equal importance was the opportunity that students would have to meet and relate to Maori patients”
 - Community – experiencing role in health
 - “...focus to integrated community based delivery of health services”

A Different Pathway





Normal 5th Year

Obs & Gynae	6 weeks
Pediatrics	6 weeks
Specialty Surgery	4 weeks
Specialty Medicine	6 weeks
Geriatrics	2 weeks
General Practice	2 weeks
Selective	4 weeks

Campus Learning – 4 weeks
Population Health Week
Holiday – 3 weeks

Pūkawakawa

Women & Children's Health	8 weeks
Secondary Care Surgery, ENT & Ophthal. – 4 weeks Medicine (includes 1 week in ED) – 4 weeks Geriatrics – 2 weeks	10 weeks
Integrated Care & General Practice	7 weeks
Selective	4 weeks

Campus Learning – 4 weeks
Population Health Week
Holiday – 3 weeks
TI Procedural Skills Week



Where?

Whangarei 'hub'

Peripheral 'spokes':
Kaitaia, Rawene &
Dargaville

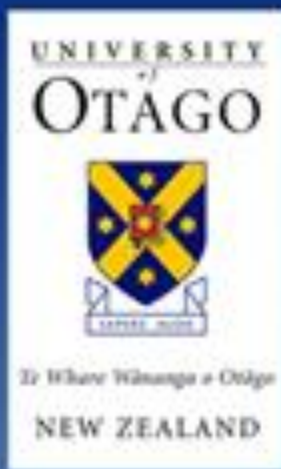


Process outcomes

- Rewarding experience
- Learning from Maori
- Community involvement
- Integrated learning

Issues and challenges

- Busy clinicians
- Small size creates vulnerability
- Quality control



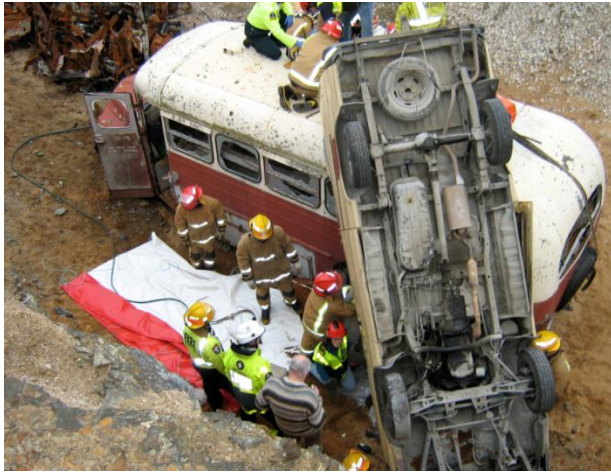
Rural Medical Immersion Programme

Branko Sijnja - Director

AIMS

To provide a faculty wide innovative, patient centred, rural community based and educationally sound full year rural medical curriculum with teaching centres in rural Clutha, Southland, Westland, Marlborough, Wairarapa and Tararua.

Patient contact gaining skills





.... residentials



Dunedin 2 weeks
Christchurch 1 week
Wellington 1 week

.... Maori studies



Rehua Marae Christchurch

..... theatre experience

Mobile Surgical Services provide a mobile theatre, 'the bus', to rural communities. RMIP students get involved here with the surgeons and anaesthetists.



22 meters long, travels the length of NZ

.....mobile theatre time



..... group learning

MSS Supports a network that connects the centres



... they played ... The students are immersed in the communities and learn to be comfortable living in small communities



– ‘Striker’ Tom of the Clutha Team



Ashton on Remarkables



Lance in Dannevirke



Rhys John, Murchison River



James Heaton – Mt Earnslaw

... they experienced ... community

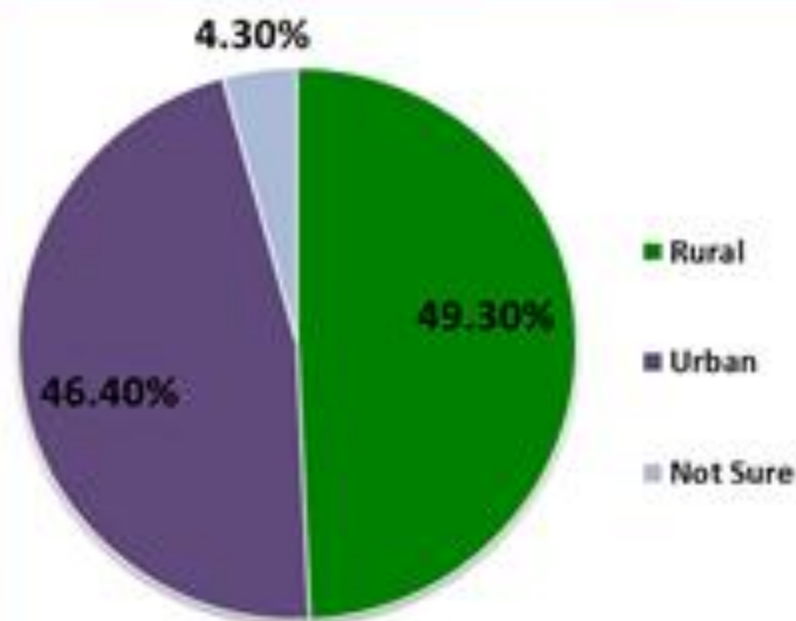


Who fits in best?

- **Enthusiastic**
- **Self directed learner**
- **Good team worker**
- **Flexible**
- **Good communicator**
- **Not afraid of hard work**

Demographics – Rural Origin

Students who identify as Rural



- 88% of RURAL
 - quite likely/very likely to work in rural localities in ten years
- 75% of URBAN
 - students said the same

*72 of 76 who completed the year
Kate Margetts*

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

Final Year

Multidisciplinary Programmes

Multidisciplinary Immersion Programme Gisborne/Tairawhiti – University of Otago - Wellington

“... a new fully interprofessional programme for senior students from six health disciplines – dentistry, dietetics, medicine, nursing, pharmacy, and physiotherapy... ...the Tairawhiti IPE programme continues to provide a clinically based programme in a high needs rural area, with specific hauora Maori, rural health and chronic condition management learning objectives”.

Sue Pullon, Patrick McHugh and Student

Multidisciplinary Immersion Programme Whakatane - University of Auckland.

“... developing a rural undergraduate curriculum. It is hoped that the programme will help attract a range of health care professionals in the future to live and work in what has been a traditionally underserved community

Ross Lawrenson and Student

The Tairawhiti IPE project

- Rural Education Summit

February 2013

A/Prof Sue Pullon
Christine Wilson, Dr Patrick McHugh, Liz Mackenzie
Dept of Primary Health Care & General Practice
University of Otago Wellington

A range of broad objectives

- **Rural health objectives** – meet rural health needs; increase rural training opportunities, enhance workforce; better equip for comprehensive generalist practice
- **Interdisciplinary objectives** – greater understanding between health disciplines, patient-centred collaborative practice and effective teamwork
- **Hauora Maori objectives** – better addressing health needs; working and researching within Maori models of health care
- **Chronic conditions management** – team-based care, self management and expert patients

The disciplines

- **Dental** – UoO –final year BSDS - rural placement
- **Medicine** – UOW – final year (trainee intern) MBChB students – regional general practice placement
- **Nursing** – EIT – final year BN students (HB and Gis campus students) - community placement
- **Pharmacy** – UoO – final year BPharm – community and hospital placement
- **Physiotherapy** – UoO – final year BPhysio - community placement
- **Feb 2013; Dietetics** – UoO – final year before registration – Masters Human Nutrition – community placement

UOW postgraduate experience



Wilderness medicine course

Interprofessional education the norm

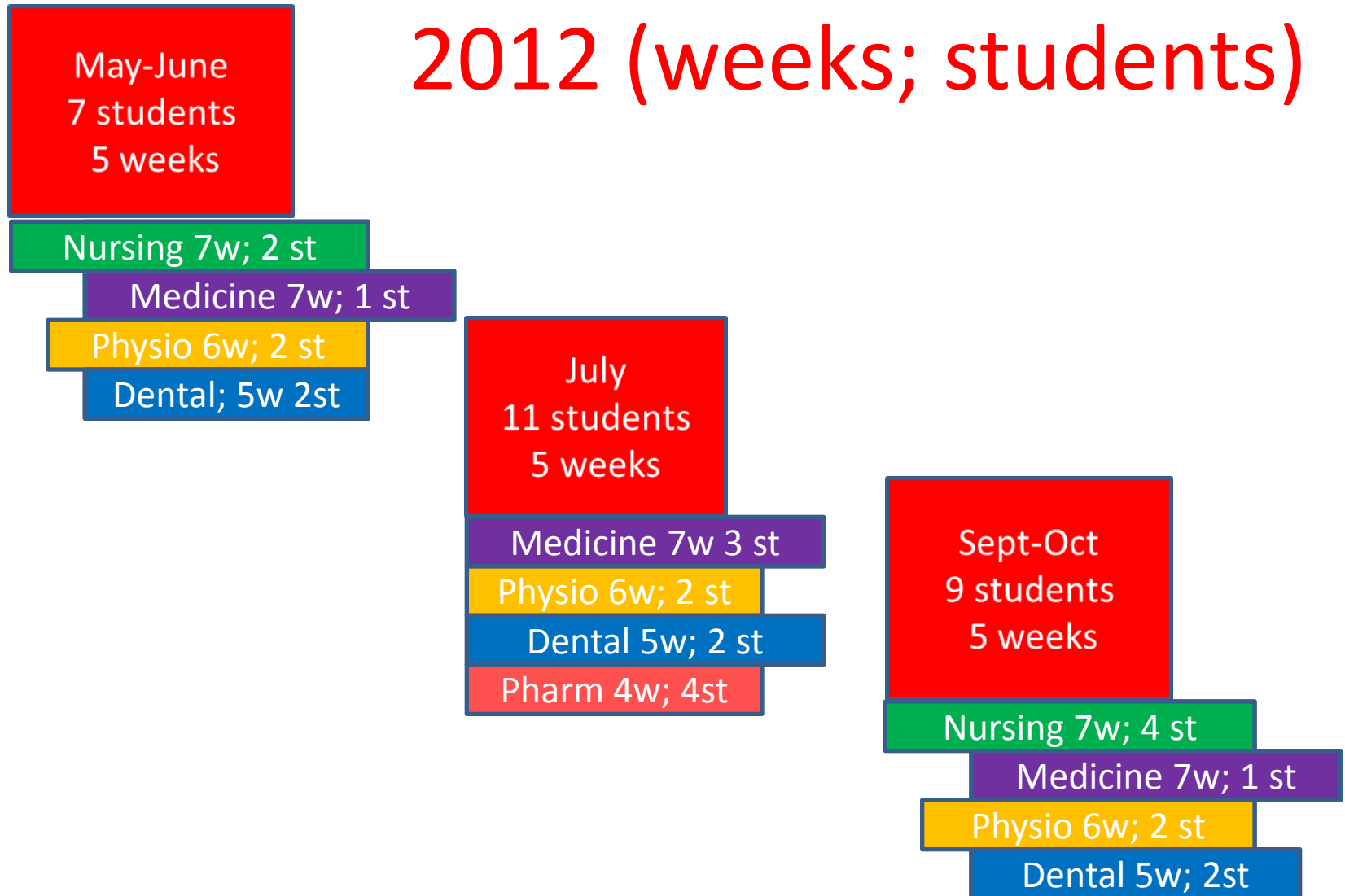
- Interprofessional teaching teams
- Students - experienced health professionals
- Nurses, doctors, pharmacists, podiatrists, physiotherapists...

In Tairawhiti...students

- Must meet their usual competencies ...with a clinical preceptor doing clinical work – 1 to 1; 1 to 2
- Spend time spent together working towards common goals, objectives
- E-learning (Moodle)
- Monday am, Friday pm
- The 3 group assessments
 - Rapid community appraisal
 - Combined Case work
 - Community education project



2012 (weeks; students)



IPE teaching and teachers – early learnings

- Planning involves an interprofessional team
- Teachers need training; support; resources
- Learning outcomes need to include collaboration between professions
- Activities need to challenge stereotypes
- Teachers must model respectful behaviour and language
- Teachers must represent a range of disciplines
- Teachers must adopt an interdisciplinary identity

Thistlewaite & Nisbet (2007)

McNair, R., Stone, N., Sims, J & Curtis, C. (2005)

Early results from students

- Local hospitality and collegiality wonderful
- Immersion, awareness and appreciation of tikanga Maori powerful and positive
- Much enjoyment in learning and living together; good staff-student relationships
- The IPE components are well appreciated
- Some concerns about nature of own discipline clinical experience

IPE – Tairawhiti – block 3

- Third yr student nurse – transition to practice placement
- 9 final yr students
 - Dentistry - 2
 - Medical -1
 - Nursing - 4
 - Physiotherapy – 2



⦿ Hauora Maori Week

- Noho Marae
- Tolaga Bay rapid appraisal
 - People

⦿ Chronic Conditions week

- Rural health nurses

⦿ Interprofessional education week

- Making the MDT work
- Kaumatua programme
- Spending time with other disciplines – improve with students from that discipline
- Wheelchair basketball/rugby

⦿ Rural Health Week

- Gaining trust from a community
- Understanding barriers to wellness – more than location

⦿ Community Project Week

- Giving back to the community

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Ti Whare Wānanga o Ōtago



The University of Auckland
NEW ZEALAND

Whakatane Rural Health Inter-professional Immersion Project RHIIP

Ross Lawrenson

Waikato Clinical School
University of Auckland



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Where are we at?

- Facilities developed at Whakatane
- Rural GP practices recruited in Whakatane and Opitiki for medical students
- Pharmacy students from the University of Auckland
- Physio students recruited from AUT
- Nursing students from Wairiki and Auckland

Curriculum

- For medical students – is part of community/general practice run
- Have to meet the requirements of the GP run
- Will involve structured sessions on rural health care, Māori health and session on inter-professional education
- Will involve assessment of a patient with chronic condition (who will also be assessed by a physio, pharmacy and nursing student)
- Opportunity for reflection on inter-professional learning

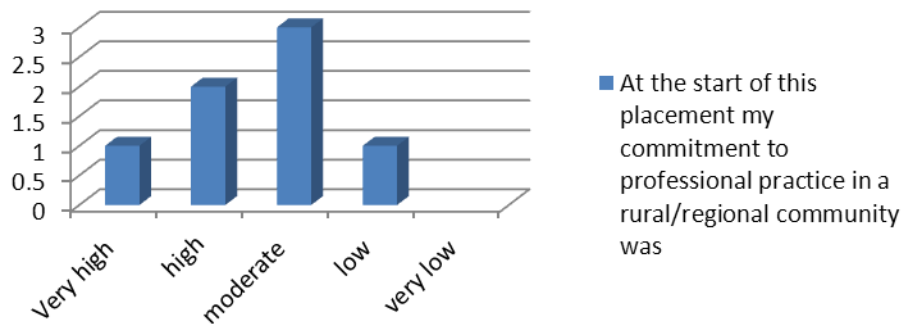
Community development

- Social support/environment
- Accommodation – free at Whakatane Hospital
- External activities
- Engage the community

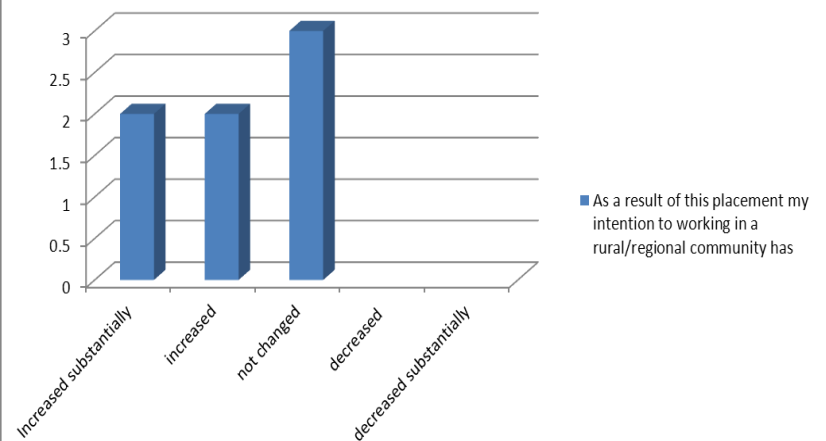


Increased intention to work rurally

At the start of this placement my commitment to professional practice in a rural/regional community was

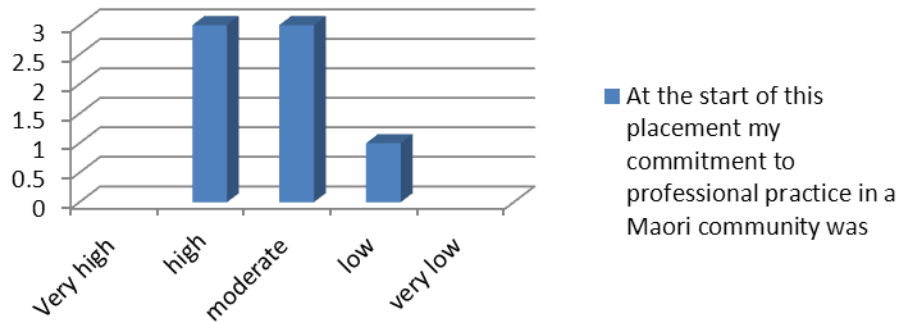


As a result of this placement my intention to working in a rural/regional community has

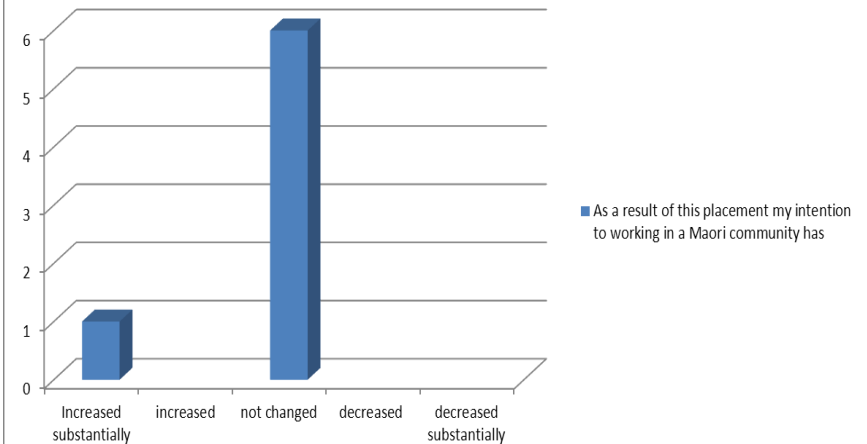


Increased intention to work with Maori...

At the start of this placement my commitment to professional practice in a Maori community was



As a result of this placement my intention to working in a Maori community has



Summary

- Have run one program so far
- Gaining momentum
- Major problem is the demand of the different curricula
- Focus on evaluation
- Challenge of building a sustainable program for when the funding runs out
- Welcome feedback

And finally from the class of 2012...

- “Thanks for everything...the opportunity....the education... your home” cheers =)



TI Rural Attachments

- **TI rural attachments Auckland**

“Thirty two Trainee Interns placed in various practices round the Midland, Rotorua/Bay of Plenty regions over 2010. We have fantastic GP teachers who give our students a wonderful experience in general practice

Fraser Hodgson (Ross Lawrenson)/ John Kennelly and Student

- **TI rural attachments Otago**

Jim Ross/Lesley Gray and Student



The University of Auckland
NEW ZEALAND

Rural Trainee Intern Placements in the Midland Region

Ross Lawrenson and Fraser Hodgson

Waikato Clinical School
University of Auckland



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AND HEALTH SCIENCES

Midland sites for Trainee Interns

- Waikato – 30 TIs
- Rotorua – 12 TIs
- BOP - 12 TIs
- Waikato provides the administration for these students for their General Practice runs
- We also look after GP for 40 5th year students



WAIKATO CLINICAL SCHOOL Te
Kura Rata o Waikato

General practice run

- Was 3 weeks urban and 3 weeks rural
- Rural 6 week option offered in 2010
- Now generally the norm
- Students have day 1 as orientation
- Identify 3 goals for their placement
- Reflective practice
- Dermatology quiz
- Presentation to GP lead and peers

Findings from 2009 study

- Students experienced significantly less travel time
- Reported enthusiasm for the modes of teaching and use of technology.
- Small increase in tutor time
- Minimal expense
- Educational opportunities similar but not identical to small group teaching

Rural and Remote Health 10:1268
(Online), published :11 March 2010
The experience of final year medical students undertaking a general practice run with a distance education component, by S. Lillis, V. Gibbons, R. Lawrenson

Rural health experience for Trainee Interns

John Kennelly

Felicity Goodyear-Smith (HOD), Bruce Arroll, Raina Elley, Tana Fishman, Fraser Hodgson, Chris Wong

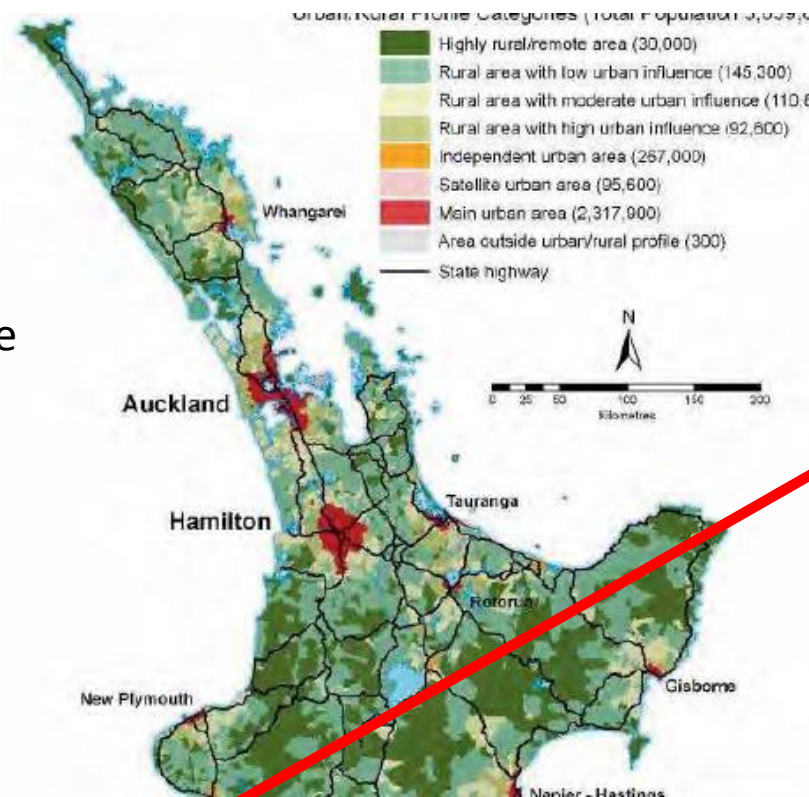
**Department of General Practice and Primary Health
Care**

GP/MBChB – Challenges

1. Provide regional/rural GP experience
 - Pressure on rural practices
2. Delivering re-invigorated curriculum in GP
3. Ensuring high quality GP experience
 - Quality learning and assessment

Rural GP (non-red zone)

University of
Auckland GP
teaching zone



Quality learning

GP's awareness of domains

- Applied Science for Medicine
- Clinical and Communication Skills
- Personal and Professional Skills
- Hauora Māori
- Population Health

Assessment and feedback

- Progress testing
- Clinical supervisor report
- Symposium
 - based on GP clinical case
 - Evidence-based answer to clinical question
 - links to scenarios
- Student Balint group experience
 - Self-reflection
 - Peer group interaction



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Te Whare Wānanga o Ōtago
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Trainee Interns

Ross, Jim, Lesley

University of Otago Christchurch

- 4 weeks in a rural practice
- 2 initial days of preparation (prescribing, investigations, suturing)
- TIs find own placements
- Local coordination of Nelson/Marlborough-based students

Wellington School of Medicine

- 6 weeks in General Practice regional & rural
- Wellington contracts with teaching practices and TIs nominate their 1st & 2nd preferences
- TIs are placed out of Wellington
- Final day of workshops and assessment Wellington or regional hub

Dunedin School of Medicine

- 4 weeks in General Practice, often but not necessarily rural
- TIs are accustomed to finding own placements
- Lack sufficient local placement options

Some feedback from Wellington evaluations in the last 3 years:

- 91-100% % of TIs consider this run was extremely valuable to them
- 79% considered the run was valuable in terms of developing new skills and techniques
- 79% felt challenged and motivated to learn
- 91% felt they had a great deal of opportunity to practice clinical skills
- 94% felt the clinical teachers were very effective in teaching this attachment

PHO

- **“Hosting students in rural communities”**

“How local input and ideas impact in student experiences”

Aniva Lawrence and Paula Davis

Hosting Students in Rural Communities



How Local ideas and
input impact student
experiences

Dr Aniva Lawrence

Paula Davis

Background

- 2006, only one local practice hosting students in mid-north
- Innovation funding secured to have a local person co-ordinating student placements – 4 new teaching practices recruited.
- 2013 – 8 practices participating
- Co-ordinator arranges accommodation options, GP's availability and liaison with University, orientates the student to all the local practices and community

How would you rate your placement overall in Northland?					
	Excellent	Very Good	Good	Dissatisfied	Very Dissatisfied
2009		23%	9%		
2010	45%	25%	4%	4% ^[1]	
^[1] This represents one person only who was frequently offered support but refused.					
2011	57%	40%	5%		
2012	73%	21%	4%		

Costings

- Cost per student \$58
- Low outlay for potentially great gain – total budget for 2013: \$1,300
- Offers part time employment for areas where employment options are limited

Projected Outcomes

- 6 Known Northland DHB House Officers have been previous students in our program
- 2 Local GP Registrars known from our student placements
- 1 GP now working in Whangarei

How much more workforce remains in
Northland!

Research

- **Longitudinal Tracking Projects: promise and outcomes**

“The aim of the project is to evaluate the effect of curriculum and selection policies on the shape of the future health workforce in New Zealand”

Phillipa Poole

Longitudinal Tracking Projects (LTPs)

Promises and outcomes

Phillippa Poole
Department of Medicine



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Te Whare Wānanga o Tāmaki Makaurau

Who should go on an (expensive) rural immersion programme?

Model of categories of students undertaking a rural immersion programme

	Rural background	Urban background
Rural career path	Quadrant 1 28%, n = 13	Quadrant 2 26%, n = 12
Urban career path	Quadrant 3 24%, n = 11	Quadrant 4 22%, n = 10

?true believers
?frustrated

?convertibles
?metro docs

Objectives of LTPs

- Assess long-term outcomes of educational programs and interventions
- Assist workforce planning
- Determine influences on career decisions of medical students
- Inform policy reform
- Conduct research projects that will contribute to the national and international literature

The two LTPs in NZ

- University of Auckland FMHS Tracking Project
 - Medicine, Nursing, Pharmacy, Health Science, Optometry
 - Entry and exit Qs
 - Collected data may be linked to student data
- Medical Student Outcome Database (MSOD) and Longitudinal Tracking Project
 - Sponsors MDANZ, DoHA (Australia), HWNZ, HWA
 - Entry and exit Qs
 - Course of study each year esp. placements
 - Follow up at PGY 1,3,5 8

Time course of the two LTPs

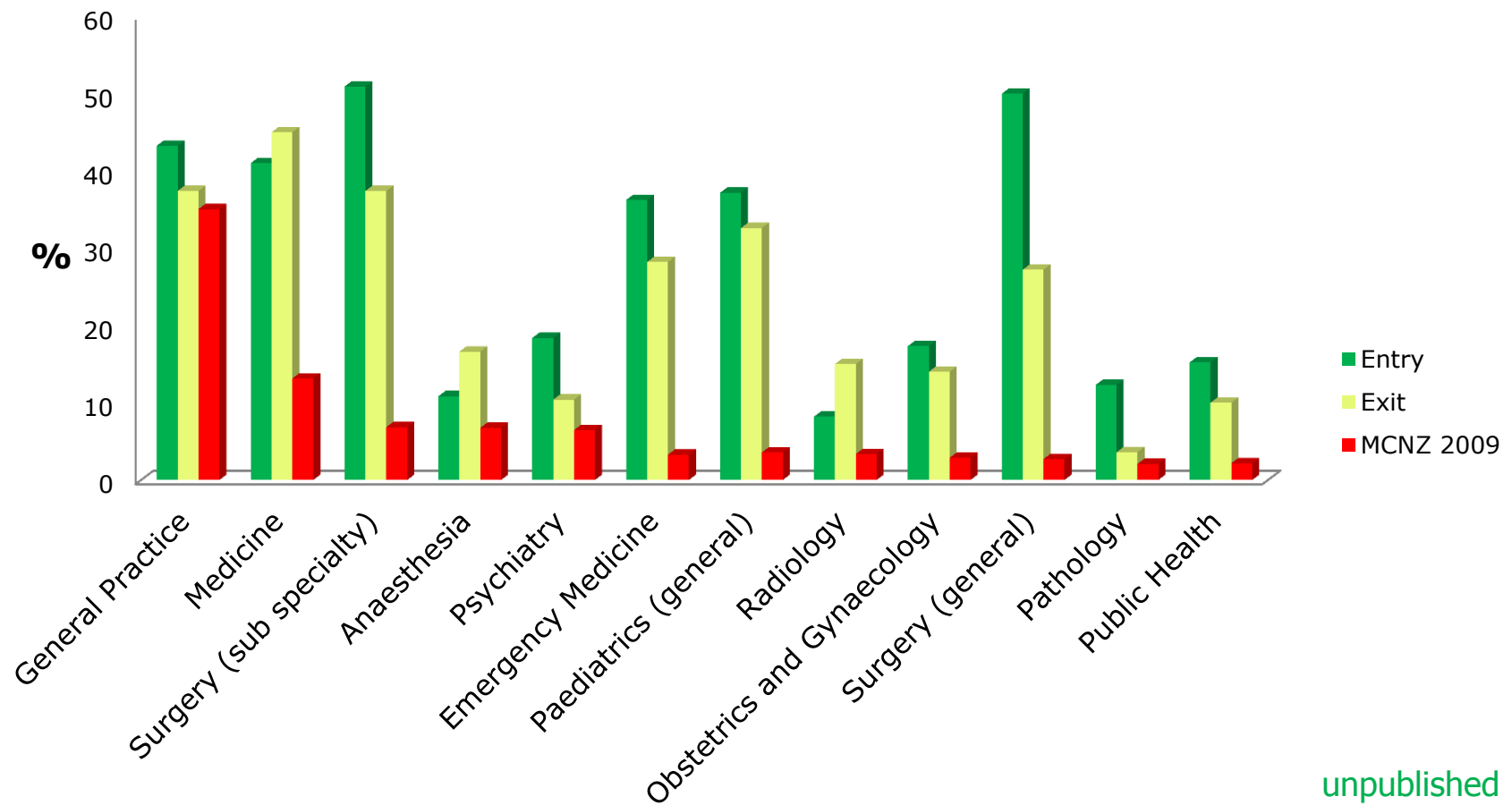
	Auckland	Australia	Otago
2006	FMHS TP	MSOD	
2008			MSOD
2010			
2012		MSOD	
2013			

Progress FMHS LTP

Faculty of Medical and Health Sciences Longitudinal Tracking Projects

- Response rates > 90%
- Paired data for 3 medicine cohorts
- Now same form as MSOD with data feeding to both LTPs

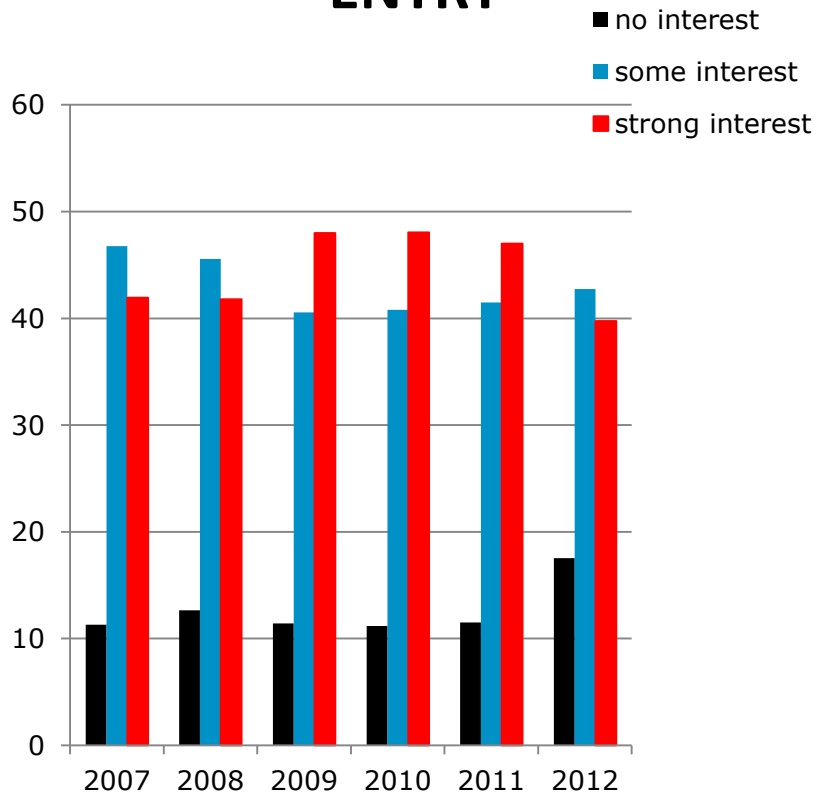
Auckland students' 'strong' interests at entry and exit compared with workforce



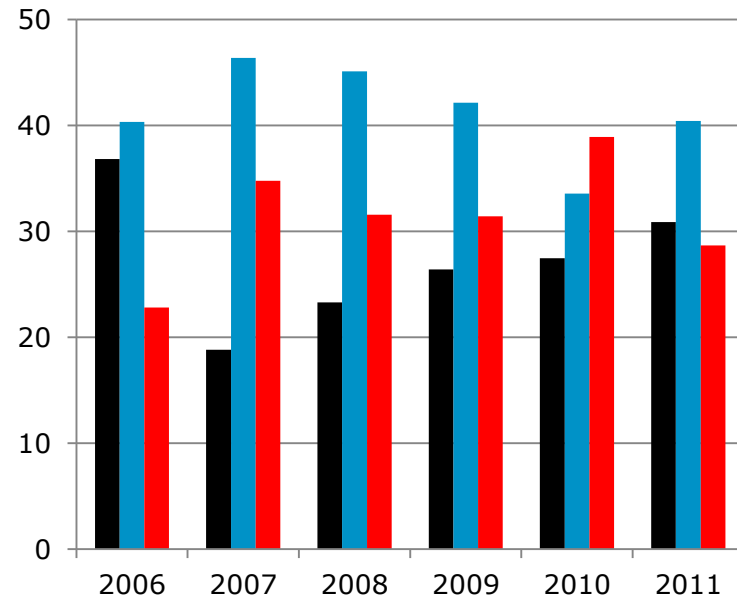
unpublished

Levels of interest in General Practice

ENTRY



EXIT



Challenges LTP

- Current research approach is piecemeal
- 'End of the beginning - Phase 1
- Phase 2: Comprehensive NZ research programme
 - Sponsor
 - Champions
 - Governance structure
 - Data management – huge data sets
 - Funding
 - Research agenda
 - Research fellows
 - Collaborators

Students Clubs

- **Grass Roots - The rural health club at the University of Auckland**

“Grassroots is all about having fun, making some friends, and learning a thing or two along the way about what it takes to be a regional/rural health practitioner”.

Student Rep: Rachel Goodwin

- **The Boot – The rural health club Wellington School of Medicine**

“focussingon providing a huge number of services for university students... ..skills workshops, information evenings, guest speakers and social events with a rural flavour”

Student Rep: Riley Riddell

- **Mataguori Club - The rural health club Dunedin School of Medicine**

“We include Dunedin based students from all health sectors and of all backgrounds, both rural and urban.”

Student Rep: Katelyn Thorn

GRASSROOTS

rural health club.



“GRAZE ANATOMY”



Who are we?

- Grassroots is a rural health club aimed to inspire and excite students to pursue a career in the sweet swell arena that is rural medicine
- And by students we mean med kids, budding pharmacists, nurses....and you certainly DON'T need to be RRAS to join (we have our fair share of JAFAs'!)
- Membership is **FREE!!!** (as are most of our events!!!!)

EVENTS! –Rural Olympics



EVENTS-WHAKATANE AND WAIKATO WEEKENDS



RURAL HEALTH WEEK



Suturing for the Simple, Get Plastered and Careers



Events- Grassroots/AUMSA **Cocktail Party/Knees Up**



Events- Conferences

- Goodfellow Symposium
- Australian Rural Health Conference
- Rural GP Network Conference
- Rural Health Summit



SPORTS!!



RURAL SCHOOLS VISITS

- Northland and Waikato, branching to East Cape 2012.
- Year 9 and 10 students
- CPR, visual illusions, blood pressure, reflexes and anatomy
- Encourage students to look into medicine, as a future career path



Regional Rural Admission **Scheme RRAS**



RURAL HEALTH!

Ultimately we are trying to encourage you towards careers in rural health, which is the awesome because:

- you get to work somewhere beautiful (i.e. NOT Auckland)
- the government pays you more (and pays off your loan)
- you get to live in a sweet community with friendly people
- you will be the first on the scene and always faced with a challenge
- you have better life experiences than everyone else



VS





Wellington's Student Rural Health
Group

A brief history



Origin of Boot is currently unknown, possibly set up by the founders of Matagouri

2010

- The Boot is revived after an unknown period by Petronella Watson

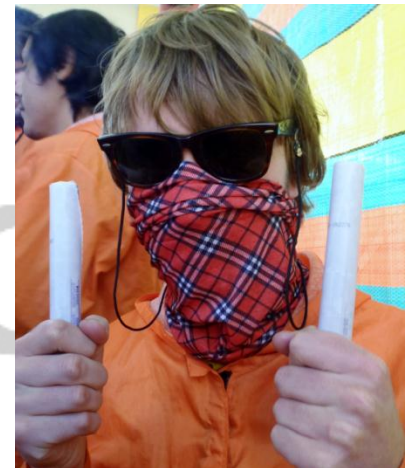


2011

- Annie Silvester from Matagouri takes over

2012

- My turn



2012 Activities

- Tramp
 - Lot's of enthusiasm here
- Wilderness Weekend
 - Mistletoe Bay, 30 students and 10 tutors, 3rd annual
- High School Road Trip
 - Wairarapa and Taranaki

THE BOOT







How it works

- All students welcome to participate, no “membership”
- Use a facebook group as mailing list plus regular spamming of the meddies
- One president to co-ordinate keen beans, arrange sponsorship, and be rural rep on WMSA
- Keen beans determine projects for the year and see them through

How it doesn't work

- TI students are often away
- 5th years find themselves too busy/ on RMIP
- 4th years don't know the club

THE BOOT

2013

- No volunteers to run the club.
- “Tramping Boot” will continue this year thanks to Adam Campbell

THE BOOT



MATAGOURI CLUB
UNDERGRADUATE RURAL HEALTH CLUB



Presentation by Co-president
Katelyn Thorn

Who are we?

- Matagouri is the rural health club for undergraduate students in the health science professional courses in Dunedin.
- Membership is free, and to join one does not have to come from a rural background
- We are here as advocates but also to provide support and a social outlet for students interested in rural health

What do we do?

- Med O Week Event
- Rural Health week
- School trips
- Rural Skills weekend
- Rural hospital and mobile surgery bus visits
- RMIP meet and greet
- Tutorials and mentors
- Trips to conferences
- Rural entry for other Health Science Schools
- Social events





Where to from here?

- This year we want the club to be bigger and better!
- Encourage more students to be involved in rural health
- Ensure the club has a future

Take Home Messages

Rural Clubs

- **The undergraduate rural student clubs are an integral part of the rural programmes and are passionate advocates for rural health providers in primary and secondary health services**
- **They are explicitly supportive of the rural interdisciplinary experience**
- **They suffer from a lack of funding and need a closer relationship with the undergraduate programmes they support in order to survive**

Cost vs Outcomes

- **The rural undergraduate programmes are producing good experiences and outcomes for their students and this is positive for the communities in rural New Zealand.**
- **They may be expensive and new but some indicators are becoming evident that point to the added value gained for the money spent to the rural health sector.**

Outcomes Database

- **Philippa Poole has revealed the volume of outcomes data that is being collected by both universities and there is a clear need for support in analysing and utilising this for the better understanding of rural health education.**

The Way Forward

- **There is strong support for the sharing of ideas and experiences to strengthen the rural programmes while preserving the value of each programme's uniqueness and innovation in the way forward.**
- **It is the desire of delegates that see this happen again and we are happy to facilitate this.**