

Education and training for rural health

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We invited Dr Pat Farry to comment on the Rural Medical Immersion Program at the University of Otago, providing his perspective on rural medical education as the driving force behind the establishment of this programme.

The rural medical immersion program

Following the success of the Dunedin School of Medicine's seven week Rural Rotational Program the Rural Medical Immersion Program (RMIP) commenced at Otago University in the 2007 academic year. The program involves fifth year medical students spending the academic year training with health care professionals in rural New Zealand. The pilot was enabled by sponsorship through the Minister of Health's discretionary budget in late December 2006.

The funding provision recognised the work force issues in the rural setting and also the current lack of provision in undergraduate medical training in New Zealand for rural medicine. The funding was provided to deliver a nationally innovative, patient centred, rural community based and educationally sound, full year rural medical curriculum based in rural Southland and the South Island West Coast.

The aims of the RMIP are:

1. To utilise real life experiential learning integrating primary, secondary and tertiary care.
2. To encourage interested students to pursue a career in rural medical practice
3. To enhance links between rural general practice, rural hospitals and urban tertiary teaching hospitals
4. To enhance the development of distance education technologies in undergraduate medical education
5. To provide rural academic career opportunities and hence encourage both recruitment and retention of rural doctors
6. To utilise the large range of rural community clinical learning experiences which are not available to students in tertiary teaching hospitals.

The group of six students in the 2007 pilot year was made up of three from the Dunedin School of Medicine (DSM) and three from the Christchurch School of Medicine (CSM). There were three students on the West Coast at Greymouth (two from CSM and one from DSM; all female) and three students at Queenstown (two from DSM and one from CSM).

The 2008 program is funded by the University of Otago and has an intake of twelve students, four from each of the DSM, CSM and Wellington School of Medicine (WSM). Two additional teaching centres have been established at Dannevirke and Balclutha for 2008 and two more centres are to be established for 2009 bringing the total number of RMIP students

to twenty per year. Each teaching centre has a Regional Coordinator and teachers including GPs, rural hospital doctors, visiting specialists, nurses, midwives, physiotherapists and pharmacists.

The subjects learned are the same as the urban based curriculum but many patients seen serve as revision of fourth year subjects as well. Patients are seen in a large variety of situations and students are encouraged to follow their patients through their different treatments. Teaching takes place in GP clinics, rural or provincial hospitals, visiting specialist clinics, birthing units, physiotherapy clinics and ambulance.

The RMIP is based on real life experiential learning. The curriculum changes from vertical silo learning in specialty topics to parallel learning which may vary from topic to topic in the same day. A student may attend a patient with chest pain in the morning, a patient from a motor vehicle accident in the afternoon and attend a birth in the evening. Core case reports are recorded on a web based patient centred case reporter and this allows for marking at a distance by both a specialist in that topic and a rural GP academic from an independent medical school. There are audio and video conference tutorials and libraries of books and DVDs including recorded tutorials from the medical schools.

One week long residential workshops are held at each of the three medical schools during the year to fill some of the gaps in tertiary teaching particularly in bioethics, pharmacology, child development, Maori health, pathology and microbiology.

The students are provided with accommodation and travel costs, laptop computer with cellular wireless internet access to library and medical databases and their computers have an electronic logbook which records conditions seen and learned and skills performed.

All six students of the 2007 pilot passed their final fifth year examinations well and an external evaluation report by Prof Paul Worley and Dr Lucy Walters from Flinders University declared the programme "an outstanding success".

Now that we have a Faculty wide Rural Medical Immersion Program for Otago University and a seven week Rural Rotational Program at DSM it only remains to facilitate the development of further rotational programs for CSM and WSM so that all of our Otago medical students have sufficient exposure to rural medicine. After this is achieved we should be looking to interprofessional education and training.