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CONFERENCE ABSTRACT

Preparing the future workforce to address the health needs of small rural Australian towns through non-traditional allied health student placements

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Introduction: The health care needs of underserved rural and remote communities are often not addressed due to a lack of clinicians. In some rural communities' preschool and primary school children are showing signs of mental health disorders including emotional, social and behavioural problems. These children often have lower levels of literacy compared to state levels.

Short description of practice change implemented: Occupational therapy (OT) and speech pathology (SP) students from various Australian universities are placed in preschool and primary schools throughout the year. Each of the students are given a case load of up to 20 children. The students provide ongoing support and feedback to teachers and parents. The practice changes are: 1) provision of continuous early intervention and therapy 2) traditionally these children would not have had access to allied health (AH) services 3) low intensity supervision 4) student immersion into disadvantaged rural populations 5) interprofessional placement 6) placement is outside of the traditional acute care setting 7) students are encouraged to consider where changes in policy and practice are appropriate

Aim and theory of change: The primary aim of the placements are for students to experience:

an authentic rural placement in a primary care environment with diverse patient populations.

a real-life application of knowledge in a real community context, that cannot be replicated in a hospital or university setting.

a student led, continuous, interprofessional, low intensity supervised placement.

The diffusion of innovation theory is applied.

Targeted population and stakeholders: Schools in small rural towns with a higher rate than the state average of Indigenous people, families experiencing poverty, and higher rates of trauma and domestic violence.

Stakeholder are clinical supervisors, teachers, parents and principles.

Timeline: The program has been in place for 18 months across 12 schools.

Highlights (innovation, Impact and outcomes): The innovation aspects are 1) Continuous service provision 2) meeting rural healthcare needs 3) low intensity supervision 4) rural community immersion 6) non-traditional settings 7) students implementing policy and practice changes

These non-traditional placements lead to students reporting:

increased autonomy and confidence to work unsupported in a rural environment

increased social accountability and a positive attitude towards working with disadvantaged rural populations

feeling workforce ready

Sustainability: The model delivers allied health services to rural communities. The stakeholders have expressed a commitment for the program to continue as they recognise improved health outcomes.

Transferability: The model could be rolled out to other small rural towns and applied in other disciplines and services. The model is already applied in residential aged care demonstrating the transferability of the model.

Conclusions: Students get to experience a real-life application of knowledge in a real community context, that cannot be replicated in a hospital or university setting.

Discussions:

Low intensity supervision.

Workforce readiness.

At-risk populations' needs.

Lessons learned

These placements can provide an opportunity to increase students' capability to work in rural settings and provide a solution to addressing:

the lack of AH services in small rural communities and

a low supply of rural AH clinicians.

Keywords: rural health; student led services; allied health; early intervention; workforce readiness