

AN EDUCATION
AND CAREER WITH
**adventure,
skills and
impact**

Enabling successful transition to rural dental practice through curriculum design and practices

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Aims and Background

Aim:

To outline how aligning curriculum design and clinical experiences enables and encourages transition to graduate careers in rural, remote and regional areas.

Background:

- Established 2008 - one of only three dental schools in Australia located outside a capital city; only Dental School in Northern Australia
- Broad-based 'comprehensive' program that includes all aspects of general dental practice
- Focuses on issues of concern to populations in Northern Australia
 - particularly relating to tropical, rural, remote and Indigenous practice
 - workforce maldistribution and shortages

Methods



Iterative process – annual review of data gathered from student surveys

1. Student feedback on subjects (SFS)
2. BDS Exit Survey - career intentions and graduate destinations
3. Tracking graduate careers of first three 'pioneering' cohorts



Transitioning from:



Adapting to:

Drover



(Photo Courtesy of Drs Heitkonig & de Souza, CWHHS)

Transitioning from:



Adapting to:



(Photo Courtesy of Dr Anna McBean, Central Australia)

Enabling rural transition

- Early exposure to ‘hands on’ learning experiences
 - simulation, schools, community settings & JCU dental clinic.
 - Strong foundation in sciences with application to regional profile and general practice
 - (e.g. complex patients with co-morbidities; RhD; oral cancer)
 - Embedded rural, remote and Indigenous health focus in epidemiology, health promotion, preventive dentistry, cultural safety, research opportunities ...
 - Competency hurdles – prosthodontics, restorative, surgery, dental & medical emergencies, radiography, therapeutics ...
 - Begin treating patients from Year 3; extensive clinical hours
 - Final capstone year with 40 weeks clinical experience
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Rural ECOH project



Lift the Lip: Train the Trainer

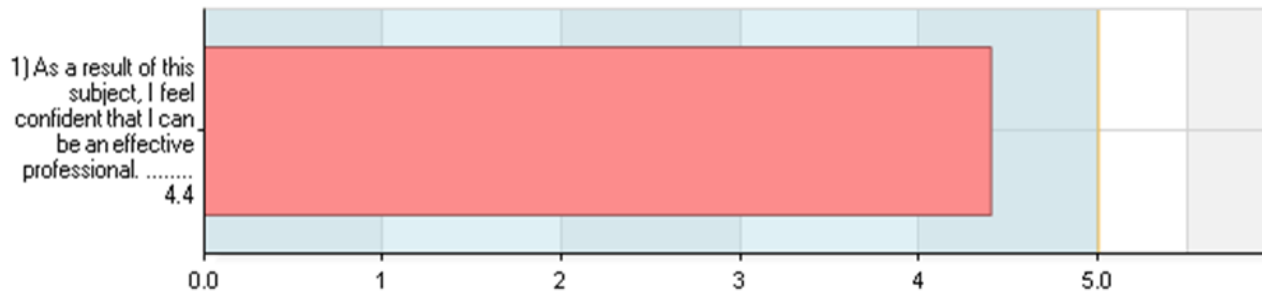


Capstone year

- Extensive clinical experience (2200 – 2400 hours)
 - Long regional, rural / remote clinical rotations that produce clinically competent ‘work ready’ graduates
 - who can adapt to challenging environments
 - who are reflective practitioners
 - with a sense of professionalism, ethical and social responsibility,
 - who are sensitive to the needs of the wider community.
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Y5 Subjects surveys

As a result of this (final Year 5) subject, I feel confident that I can be an effective professional. ((57% AGREE / 43% STRONGLY AGREE))

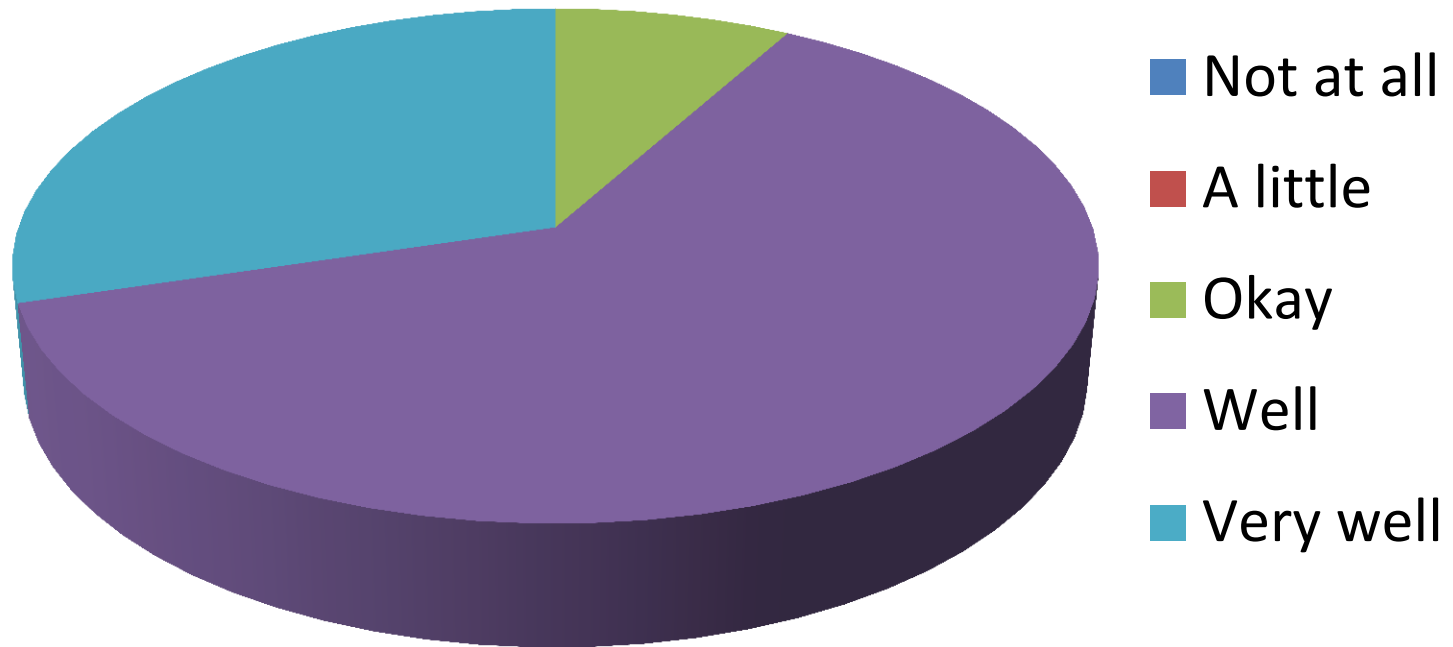


This (final Year 5) subject helped develop my ability to plan and deliver professional services. (64% AGREE / 36% STRONGLY AGREE)



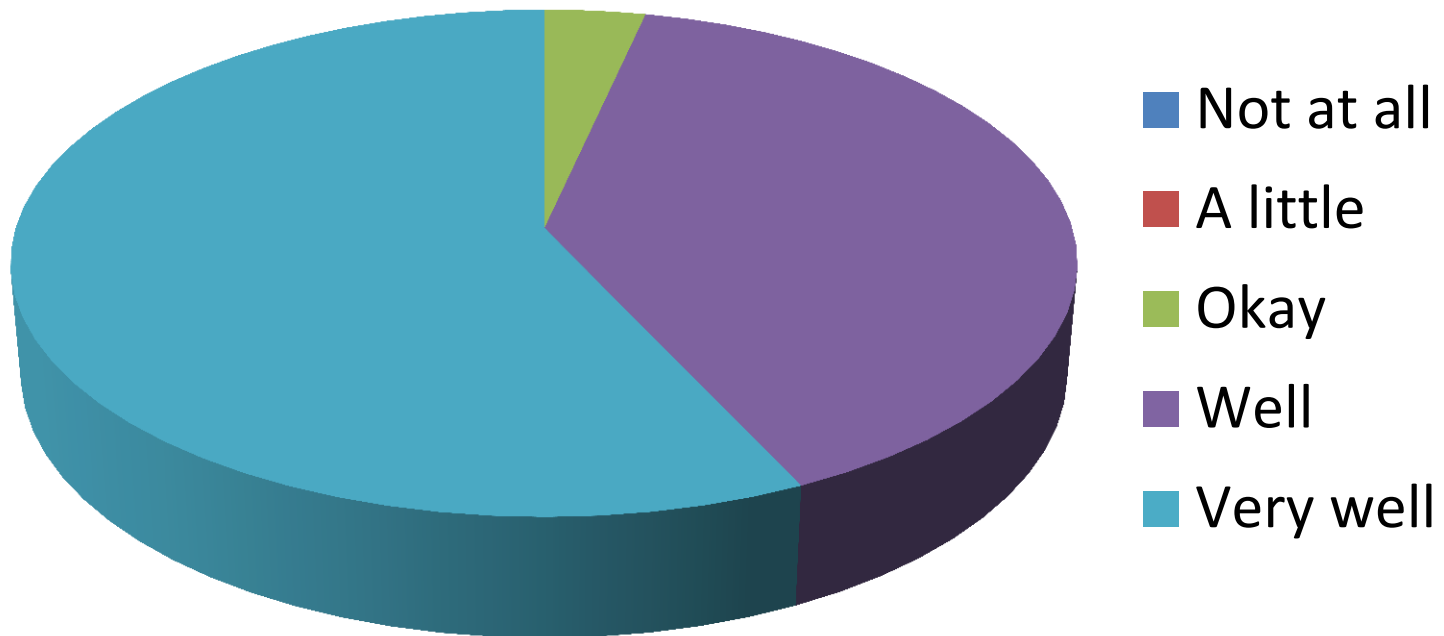
Exit Survey: *How well did the 5 year BDS course prepare you for being a dentist?*

Ability to Apply Knowledge



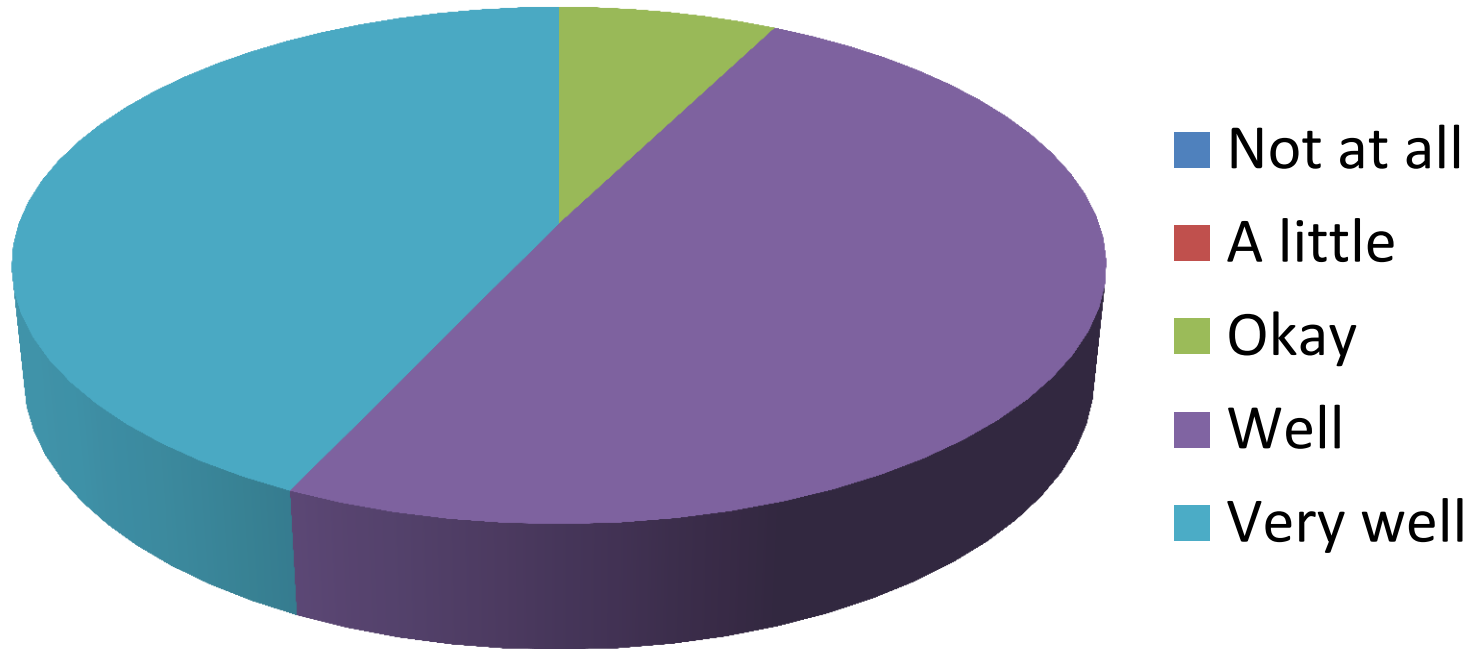
Exit Survey: *How well did the 5 year BDS course prepare you for being a dentist?*

Clinical Skills



Exit Survey: *How well did the 5 year BDS course prepare you for being a dentist?*

Work Readiness – 1st Week



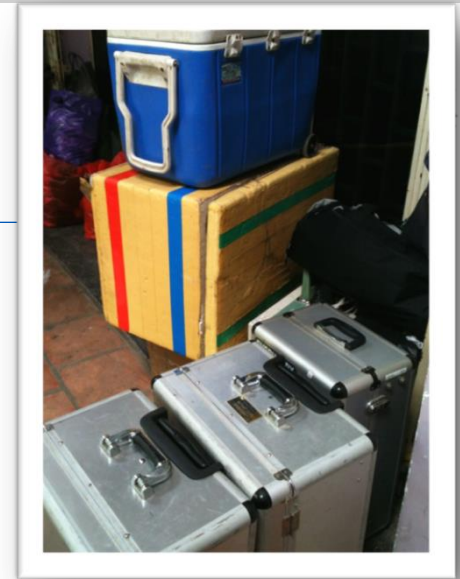
Clinical Placement



Outreach - Transferable skills



Outreach – transferable skills



Results

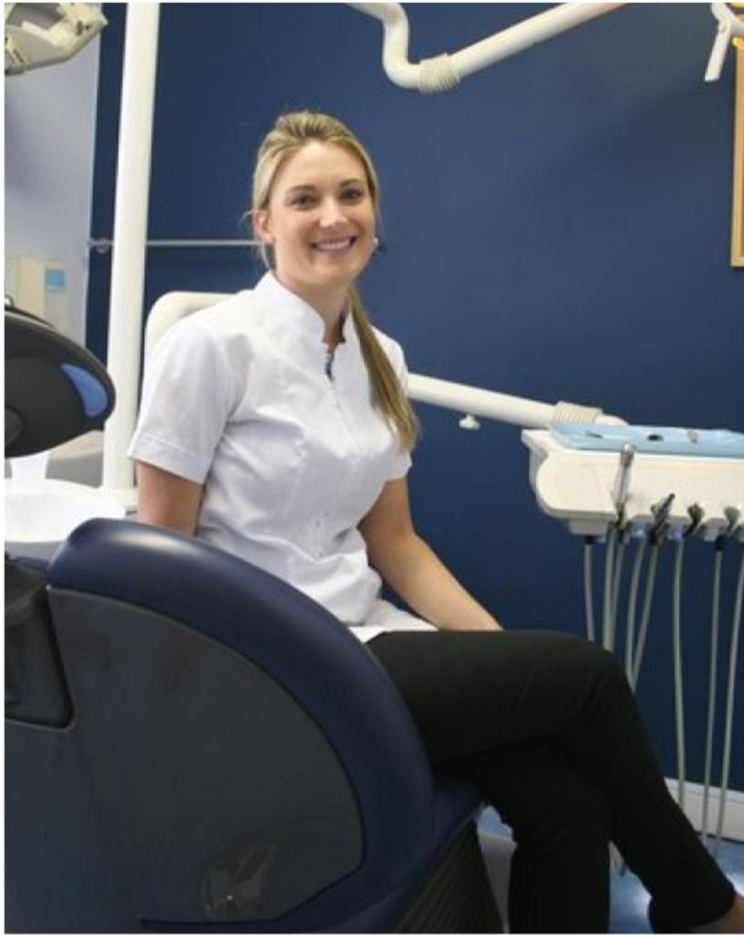
- Student feedback on clinical experiences shared with clinical partners each rotation.
 - Student feedback and annual review has informed changes to how the rural and remote focus is embedded into curriculum across the pre-clinical and clinical years of the BDS.
 - The establishment of a final capstone year is effectively enabling alignment of the Australian Dental Council's *Professional attributes and competencies of the newly graduated dentist* with the distinctive profile of a rural dental practitioner.
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Day 1, Weipa, 2016

- 1st Canadian dental student to 'go remote'



“Loving life in Meredin”



Conclusion / Recommendations

- Ongoing student feedback will inform program design and delivery to optimise engagement with learning opportunities and clinical experiences.
- Further research is required to evaluate whether the current curriculum design can continue to reliably enable transition to the rural workforce given the emerging funding challenges.
- Evaluation is required to assess the impact of reduced clinical support funding on rural and remote clinical placements