Realising
Remote
Possibilities



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## **Conference Proceedings Book**





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Case studies are one of the methods used to evaluate the service. Patients show dramatic reduction in emergency department usage, improved adherence to lifestyle goals and satisfaction with care provision. Despite being a new service, the NNS has impacted significantly on patients enrolled in the service, their families, and the health service. Fully meeting the needs of the region will required increasing the number of people who can be cared for by the NNS.

An Indigenous Health Worker led model of care to improve hearing in North West children

Kerri O'Connor and Shannon AhSam

Institution: North West Hospital Health Service

Abstract Status: General Paper

The Deadly Kids Deadly Future Model of Care prescribed by Deadly Ears, Children's Health Queensland Hospital Health Service underpins the NWHHS Indigenous Health Worker led Hearing Health Program. Our service provides hearing screening for all Indigenous children from preparatory to grade six across the North West region including very remote areas such as Burketown, Camooweal, Dajarra, Doomadgee, Mornington Island and Urandangi.

The screening comprises otoscopy, audiometry to detect any hearing deficits and tympanometry to test the condition of the middle ear and mobility of the eardrum. Children attend an initial screen, if this shows an issue, the child is screened in three (3) months. If further issues remain, a follow-up is attended again six (6) months from the initial screen. If the child continues to have a hearing deficit a referral to Deadly Ears is completed for audiology and Ear Nose and Throat (ENT) investigations. If at any stage through the screening program the child is found to have a perforated tympanic membrane, the child is immediately referred to the General Practitioner for further investigation and treatment.

Outcomes include significant increase in the number of early referrals for Deadly Ears ear, nose and throat assessments and interventions. Results to date show an increase in the number of children with mild hearing loss and a decrease in those with a severe hearing loss. In 2016, 881 occasions of service were completed, rising to 1674 in 2017. This increase reflects the positive impact of this program for the North West Communities.

Transitioning 'fit-for-purpose' dental graduates into regional and remote practice through curriculum design and clinical placements

Felicity Croker

Institution: James Cook University

Abstract Status: General Paper

**Background:** The Bachelor of Dental Surgery (BDS) at James Cook University (JCU) is a socially accountable program designed to address the population health needs and workforce shortages of rural, remote and tropical Australia.

Aims of Study/Project: This presentation will focus on how aligning curriculum design and clinical experiences enables successful transition to graduate careers in remote and regional areas.

Methods: An ongoing cycle of review involving evaluation data gathered from students, graduates and clinical partners has informed development of the innovative curriculum design of the BDS. This pioneering dental program embeds the rural and remote focus and assures clinical competency involves responding appropriately to domestic violence and medical emergencies. Final year students complete extended clinical placements in rural and remote communities; this is essential if graduates are to feel comfortable and competent to join the remote health workforce.

**Results:** Ongoing feedback is informing program design and delivery to optimise engagement and preparedness for practice. With student input, learning opportunities and clinical experiences can prepare 'fit for purpose' graduates whose distinctive profile and capabilities enable them for transition to the rural and remote workforce.

Conclusion/ Recommendations: Graduate destination data reveals the significant contribution JCU dental graduates have made to the rural and remote oral health workforce since 2013. However, given the challenge of funding remote student placements, further research is required to evaluate the impact of the current policy and budgetary environment on the viability of the curriculum. This may reduce the capacity to continue contributing work-ready graduates to the future rural and remote health workforce.