Implementing innovative strategies for providing healthcare practitioners' education in remote and very remote Queensland

Healthcare practitioners in remote areas frequently need specific educational support that cannot be readily accessed by the same methods as their metropolitan based colleagues (National Rural Health Alliance Inc.[NRHAI], 2016). Geographical, social and professional isolation characterises remote area healthcare practice (Lenthall et al., 2017). Research has identified barriers and challenges for educators to be able to provide specific education for optimal workplace support in remote areas (Kulig, Kilpatrick, Moffitt, & Zimmer 2015; Lea & Cruickshank, 2015; Lenthall et al., 2017; MacLeod et al., 2017; NRHAI, 2016).

The population that healthcare practitioners provide service to within the north west of Queensland is quite small and it is challenged by low levels of education with high levels of chronic disease and mortality (NRHAI, 2016). The education that we offer, to the students and staff, needs to be both individualized to the practice area, as well as specific to the unique and often transient and culturally diverse populations that we serve; two examples of this are RMDPP (recognising and managing the deteriorating paediatric patient) and imminent birth. We aim to design and deliver creative, innovative, flexible and evidenced-based healthcare education to staff to promote a well-educated stable workforce. The trials to delivering education to healthcare practitioners for rural and remote settings is quite well documented, however, the evidence for effective strategies is limited.

The challenges for providing educational support for our staff includes but is not limited to: complex, culturally diverse and isolated settings, novice practitioners, roles that require an expanded scope of practice, high staff turnover, lack of resources and vast distances. The health service encompasses essentially 10 remote and very remote communities and covers an area of over 300,000 square kilometres.

This presentation will focus on our current and future strategies to provide direct and indirect educational support in RMDPP and Imminent Birth for our unique remote and very remote area staff. Our nursing and midwifery educational team is aiming to foster a positive and rewarding culture of lifelong learning using multimodal and blended (face-to-face and online) methods and hope that you will join us to hear about our unique clinical educational experiences.

References:

- Kulig, J., Kilpatrick, K., Moffitt, P., & Zimmer, L. (2015). Recruitment and retention in rural nursing: It's still an issue! Nursing Leadership, 28(2), 40-50. Retrieved from https://www.academia.edu/32460876/Recruitment_and_Retention_in_Rural_Nursing_Its_Still_an_Issu
 e
- Lea, J., & Cruickshank, M. (2015). Supporting new graduate nurses making the transition to rural nursing practice: views from experienced rural nurses. *Journal of Clinical Nursing*, 24(19-20), 2826–2834. http://dx.doi.10.1111/jocn.12890
- Lenthall, S., Wakerman, J., Dollard, M., Dunn, S., Knight, S., Opie, T., ... MacLeod, M. (2017). Reducing occupational stress among registered nurses in very remote Australia: A participatory action research approach. *Collegian*, Advance online publication. http://dx.doi.org/10.1016/j.colegn.2017.04.007
- MacLeod, M., Stewart, N., Kulig, J., Anguish, P., Andrews, M., Banner, D., ...Zimmer, L. (2017). Nurses who work in rural and remote communities in Canada: a national survey. *Human Resources for Health*, 15(34),1-11. https://doi.org/10.1186/s12960-017-0209-0
- National Rural Health Alliance Inc. [NRHAI]. (2016). Continuing professional development: maintaining a skilled rural and remote health workforce. Retrieved from http://ruralhealth.org.au/