



# Centre for Rural Health **BULLETIN**

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## A new aged care rural training facility in new Norfolk

A new multidisciplinary training facility, situated at 'Corumbene Care' in New Norfolk, Tasmania has been established. The education and research centre, funded through the Commonwealth's RHMT workforce program, is one of seven demonstration sites recently announced across Australia.

The presence of a teaching facility in an aged care setting will help improve health outcomes for the elderly population and encourage healthcare workforce recruitment and retention in the sector. It is broadly recognised that investing in, and supporting high quality rural health training, is an effective way to address gaps in the rural health workforce both now and in the future. Students from a rural background and those who undertake extended training in a rural health care facility are more likely to take up rural practice when they graduate from their course.

Students from the University of Tasmania (UTAS) and interstate universities across nursing and allied health disciplines will be able to undertake their Professional Experience Placements (PEP) at the teaching facility. Placements will incorporate

an interprofessional collaborative care model with a focus on improving health outcomes in the elderly.

Corumbene Care provides aged care services and outreach programs in New Norfolk and surrounding areas including Derwent Valley, Central Highlands and Southern Midlands. The region supports a growing and increasingly ageing population with poorer access to health services.

The approach we have taken with the project is to look at aged care as inclusive of care provided at home and in the community, as well as residential care. The plan is to develop and deliver on an integrated, multidisciplinary and community-based model of aged care, and to also contribute to community-based activities for older persons (to be delivered at the 'Corumbene Health Hub'). We believe that this approach will increase opportunities to engage with and expand opportunities for allied health professionals as well as nursing students to experience 'aged care' placements in a different way. In the longer term, this will make employment in the sector more attractive to graduates. Students will be supported to

gain experience in a variety of learning environments in which professional care and support is provided to older persons to thrive and transition through various life stages.



*Above: Helping to support current and future aged care health workforce are (from left) Centre for Rural Health Director Tony Barnett, Richard Colbeck, Suzie Bower and Corumbene Care CEO Alison Standen.*

*Below: The Corumbene Health Hub*

### **Further Information**

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# News and Activities

## Conversation and Connection - Speech Pathology Students

In early October, four speech pathology students, Georgia, Brenda, Kallista, and Jackie, from the University of Tasmania, visited Corumbene over four days. This was the first time the students had spent time in an aged care community, providing wonderful opportunities to practice building relationships with community members and facilitating connection. The students participated in group activities, including the 'Use it or Lose it' group, Poker, and craft activities in the Kentish lounge. During one-on-one time with Corumbene residents, the students engaged in conversation, reminiscence, and life story work, gathering some wonderful stories about family, growing up in the Derwent Valley, picking fruit and hops from a young age, travel, working years, and diverse hobbies and interests – like trout fishing, scuba diving, prospecting, and painting. It was amazing to learn so much about the local history, including the strong community spirit, the flood in 1960, and the Black Tuesday fire in 1967. We heard stories of skiing on Mount Field, visiting the falls after heavy rain, and going to school at St Brigid's and Glenora. During these conversations, the students were able to collect feedback from residents. One resident stated, "It's beautiful. A home away from home!". The residents shared some wonderful ideas for new projects and activity

groups, like art classes and looking at therapeutic use of music. The Federal Government has invested \$1.5 million to develop a multidisciplinary aged care teaching hub at Corumbene through the University of Tasmania, Centre for Rural Health. The hub will allow more students to visit Corumbene in coming years, helping to build capacity for new services and care initiatives. We see this as a win-win for residents, students, and the organisation. The speech pathology students were positive about the experience and how much they learnt, valuing the wisdom shared and kindness shown. On behalf of the speech pathology program at the University of Tasmania we would like to thank the Corumbene community, in particular the residents, for making us feel so welcome! We will treasure the friendships formed and memories shared – we hope to see you again soon!

### Further Information

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Pictured above: Georgia, Brenda, Kallista, and Jackie

## New Norfolk Symposium and Workshops

On the 18th and 19th of August this year, the Centre for Rural Health held a Research Symposium and Workshops at the Rowing Club in New Norfolk. Over the two days, staff and students came together from UTAS and Corumbene Aged Care to present current research projects and participate in two productive workshops brainstorming ideas on how to increase student placements and new research projects.

With our new collaboration with 'Corumbene Care' progressing well, the New Norfolk community warmly welcomed us at its many beautiful and comfortable accommodation locations, and the volunteers at the Rowing Club provided a wonderful venue with delicious catering and outstanding service.

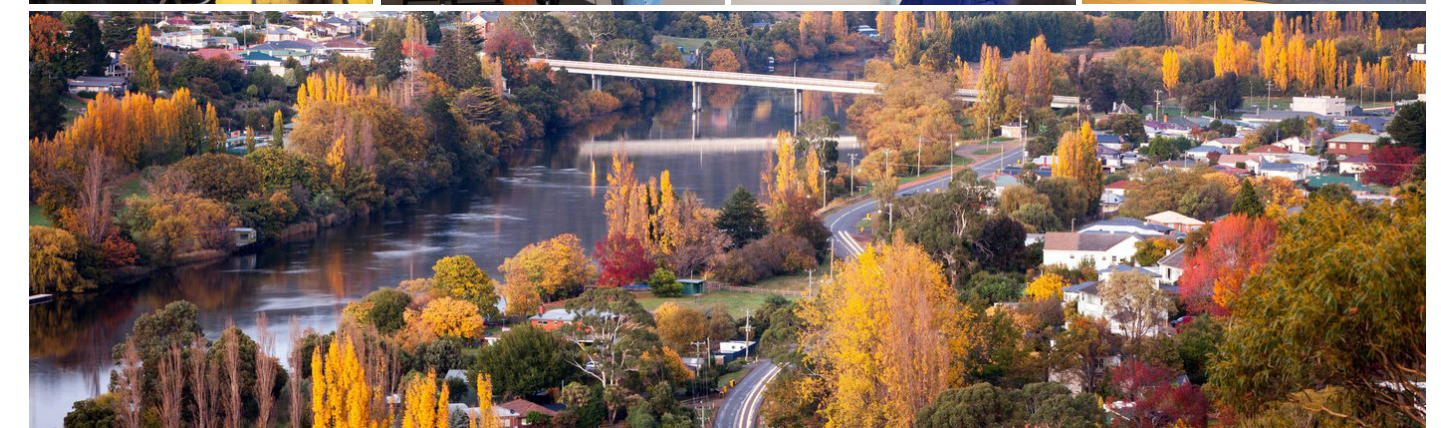
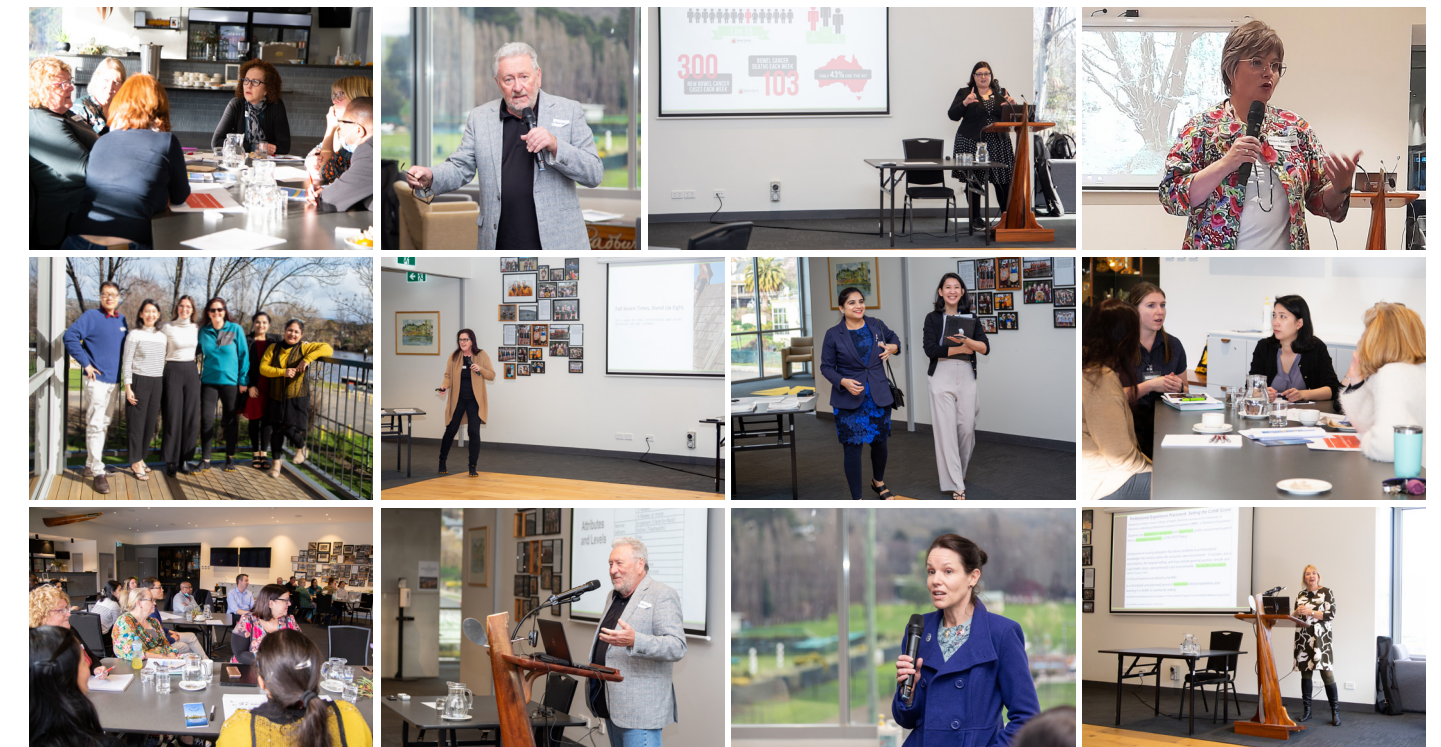
The presentations included research on rural origin student enrolments, placement impacts during COVID, GRIT, rural workforce challenges, and remote augmented reality technology to name just a few. The workshops were well attended and groups worked well together to fill reams of paper with great ideas. It was also beneficial in building networking relationships with our new friends in New Norfolk and 'Corumbene Care'.

We look forward to doing it all again next year with an invitation already extended to us to again hold it at the Rowing Club in New Norfolk.



### Further information

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# News and Activities

## WELCOME NEW STAFF

### Helen Courtney-Pratt



Helen is a Registered Nurse and joined the CRH in September 2022 as a Senior Lecturer in the Rural Health Multidisciplinary Training Program. She is located at Corumbene Aged Care Facility in New Norfolk. Helen has extensive research experience focusing on dementia and undergraduate student experience, together with teaching and learning expertise in undergraduate nursing and dementia care. She has also worked in projects to support culture change, engaging directly with the aged care workforce to support practice development and translational research.

Most recently employed at the Wicking Dementia Research and Education Centre, her focus has been on engaging with people who live with the impact of dementia, and community development for dementia prevention and education. Helen has also held positions at the University of Newcastle (AUS) as Director of Clinical Education, Latrobe University facilitating roll out of training for the Australian National Aged Care Classification (AN-ACC), and as an independent consultant to University of Technology Sydney to review clinical placement systems and short courses for Prostate Cancer.

Past experience means Helen is excited to bring together her interests in undergraduate clinical placement and aged care as part of a brand-new team focused on increasing the diversity, number, and quality of undergraduate placements in rural aged care, whilst supporting aged care providers and community to embrace the possibility of research and partnership with the University of Tasmania CRH. In order to balance work life challenges, Helen also enjoys tennis, bush walking and book reading - recently discovering the joys of audio books from the library on trips to and from work.

Helen looks forward to meeting others engaged with the wider CRH, and a horizon of possibilities.

#### Further Information

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### Ryan Soto



Ryan lives and works in the Derwent Valley running his own physiotherapy clinic. He is passionate about helping people with chronic health conditions. Ryan began working for the Centre for Rural Health this August in lovely New Norfolk at Corumbene Care.

Ryan has his Masters in Physiotherapy and began his physio career working in regional/rural Victoria providing physiotherapy to aged care facilities as well as the community. Additionally, he has worked in the Melbourne University

### Myles Clarkson Fletcher



Myles is a registered nurse and credentialled diabetes educator who joined the aged care team based at Corumbene, New Norfolk, in December. He was previously the diabetes educator lead for Diabetes Tasmania and has worked in both the paediatric and adult diabetes teams at the Royal Hobart Hospital (RHH).

Myles moved with his young family to Tasmania in 2016 to take up a scholarship role with Diabetes Tasmania. Among other things, the role allowed him to be involved in a series of annual projects funded by Primary Health Tasmania, aimed at improving the quality of diabetes care of older people. This included ongoing consultation with aged care facilities, delivery of targeted education, and co-design of resources for residential care staff to help improve the quality and consistency of diabetes management in this sector.

Myles also helped expand the primary care clinical services team at Diabetes Tasmania to include a diabetes social worker and a nurse practitioner. The service provides one-to-one multidisciplinary diabetes consultations for adults across the state in collaboration with their GP. The diabetes social worker role is novel in the primary care setting, and the pilot project of the role development was presented as a poster at the Australasian Diabetes Congress in 2022.

Every year Myles has provided clinical support for camps for children and young people with type 1 diabetes. He has also led the internship program to support more nurses achieve credentialling as diabetes educator over the last few years.

Myles is looking forward to being part of the multidisciplinary team at Corumbene and contributing to the quality of student experiences of aged care. He is hopeful that the research opportunities and the expertise the team bring will also have a positive effect for staff and residents, and clients in the community.

#### Further Information

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Department of Rural Health alongside a regional health service, where he was successful in developing student placement capacity, improving the health services workflow, and increasing the workforce.

Ryan was born and raised in San Diego California. He has been in Australia for 12 years and in Tasmania for 3. He is always keen to be on a bicycle doing anything from mountain biking to a fun ride with his daughter to the park.

#### Further Information

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## Rural Pharmacy Liason Officer Update

The Rural Pharmacy Liaison Officer (RPLO) Program aims to support pharmacists and pharmacy students in rural and remote areas, and to deliver local programs that support clinical placements, promote intra-professional collaboration and rural pharmacy as a career choice.

The RPLO program is situated within the Centre for Rural Health and contributes to the overall objective of improving access to appropriate healthcare services for rural and remote communities.

Recently, activities conducted to achieve these aims include participation in several events across Launceston and Burnie to promote pharmacy as a course of choice at UTAS to year 11 and 12 students. These events consisted of the Newstead College Masterclass, Cradle Coast workshop, and the Health and Medicine workshop. It is our expectation that through these events more students will be aware of the role of pharmacists in the community, decide to study pharmacy, and go on to practise in a rural setting after graduating.

To support current pharmacy students, there have been several visits to placement sites in rural areas to provide educational support around research methodology, as well as professional support on case studies involving medication therapy problems. The students completed their placements with commendation from placement supervisors.



Pharmacists in rural areas are being supported by providing them with information regarding the benefit of the switch from the old PHARIA system to the Modified Monash Model, and how they can access funding for continuous professional development activities and staff recruitment. The switch from the PHARIA system to the Modified Monash Model has enabled more community pharmacies to benefit from several supports provided by the Commonwealth Government, and pharmacists in rural areas are being encouraged to utilise this opportunity.

There is a current drive to increase the number of placement sites in these locations to ensure that there is a continuous availability for pharmacy students in rural Tasmania. As such, there have been many visits to community pharmacies in Burnie, Wynyard, Yolla and Railton to discuss the potential and benefits of using these practices as placement sites in 2023 and future internship training sites for pharmacy graduates.



#### Further Information

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# News and Activities

## Breast Cancer Awareness Pink Morning Tea

A cancer diagnosis is life changing, but finding a space to chat about it with friends can make all the difference.

As part of Breast Cancer Awareness Month, women from all walks of life gathered for a pink morning tea at the Launceston Conference Centre.

Breast cancer is the second most commonly diagnosed cancer in the country, and is the one of the most common cancer-related causes of death in Tasmania.

For Breast Cancer Network Australia volunteer and organiser Mandy Forteath, the support group is a way for people to find connection and strength.

Ms Forteath said when she was first diagnosed 18 years ago she felt there was little support available. She has since dedicated her time to providing a space for survivors to share their stories.

Her dedication to providing support for breast cancer survivors in 2018 earned her an Order of the Medal of Australia.

“They all feel a need to talk to someone who’s heard those words: ‘I’m sorry that you’ve got breast cancer,’” she said. “Nobody knows what it’s like to have any illness until you’ve had it yourself.”

The difficulty accessing cancer treatment in rural areas continues to disproportionately affect Tasmanians, guest speaker and oncology social worker Dr Carrie Lethborg said.

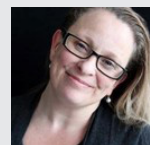
Dr Lethborg said rural women faced higher levels of stress, higher costs, and greater risk of social isolation when they received a cancer diagnosis away from major cancer centres. While treatment for breast cancer had improved, Dr Lethborg said support networks were vital to a patient’s recovery on a psychological and social level.

“We now have more people living with breast cancer, advanced breast cancer, but just because they might be doing better medically doesn’t mean that there aren’t still lots of stresses around that,” Dr Lethborg said. “It’s important for us to support each other through the everyday of living with this disease.”

For breast cancer survivor Donna Reid, the morning tea provides a space to connect.

“We’re all different ages here, we all have different types of cancer, we’re all from different backgrounds,” Ms Reid said. “The message I would say is: as soon as you start to develop breasts, start checking.”

The Launceston Town Hall was lit up pink on October 28 to 30 as part of Breast Cancer Network Australia’s awareness campaign.



### Further Information

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CRH staff member and oncology social worker Dr Carrie Lethborg and Breast Cancer support group volunteer Mandy Forteath OAM at the breast cancer support group pink morning tea, South Launceston. Picture by Phillip Biggs

## Rockhampton BCNA forum

In October, Dr Lethborg and the Breast Cancer Network Australia (BCNA) team also held a forum in Rockhampton. This area covers a vast rural area in central Queensland right across to Gladstone and Yeppoon, much of which was managing flooding at the time of the visit. According to the local breast care nurses, people with cancer in this community encounter a range of barriers to health care including:

- Low literacy levels
- High financial stress
- Lack of mental health services
- Lack of lymphoedema services
- Lack of exercise specialists
- Reconstruction challenges
- No headwear or wig libraries (the only one is in MacKay)
- Huge confusion about BRACA testing

The area has a strong community of traditional owners, the Darumbal people, and we were fortunate to have a local elder welcome us to Country and shared with us some of the rich history of the area.

We provided up to date information about breast cancer and its treatment from an oncologist, local service information from breast care nurses, and Dr Lethborg provided information about the psychological impact of breast cancer on the person diagnosed and those close to them, and ways this impact can be managed. Importantly, consumers also presented about their experiences and lessons learnt from living with breast cancer. Finally, attendees were treated to gold medal winning Australian champion sprinter Raelene Boyle AM MBE presenting about her own experience of breast cancer.

Overall, 41 women and 1 man with breast cancer and 9 support people attended the day, with a number travelling over 4 hours to attend. A majority had early breast cancer (38%), and a quarter had metastatic disease. The ages of attendees ranged from 36 to 79 years, and the range of time since diagnosis was from 3 months to 8 years. Feedback from participants showed 80% were extremely satisfied with the event.



## CHAC Biggest Morning Tea

In May this year, I attended the ‘Biggest Morning Tea’ at Circular Head Aboriginal Corporation (CHAC). It was fantastic – Kelly Burke (Co-ordinator of the Aboriginal Community Cancer Support Program) is shown here with her hair net on in full work mode. She did a great job of bringing in lots of people from the community together and raised an impressive amount of \$. The woman in the second shot is Gypsy who did the art work on the Program pamphlets. There were two workers there from the Cancer Council of Tasmania that I have worked with before – so this was a good time to talk about other projects as well. I also managed to snaffle a bub under the guise of letting his mum finish her cuppa – a good day all round :0)



### Further Information

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Above: Kelly Burke - Co-ordinator Aboriginal Community Cancer Support program



Above: Gypsy



# News and Activities

## Lessons from an advanced Prostate cancer diagnosis

In March this year, I was diagnosed with Grade 4 metastasized prostate cancer, a highly aggressive cancer which had spread from my prostate into my skeletal system via lymph nodes. The diagnosis was a complete shock as I had no symptoms and was in perfect health. A routine visit to the GP for my annual men's health check and subsequent PSA level reading was all it took to realise that I was about to embark on a one-way journey. A journey of which I had little control and one from which there is no exit.

The diagnosis came as a shock like no other, everything except the immediate becomes irrelevant. I had now become dependent on a health system that I had spent my career trying to improve. Experiencing the health system from a patient's perspective exposed the very best and worst of a system severely under pressure, the impacts of which are exacerbated by the prevailing COVID-19 pandemic. Stretched and time poor specialists, health disciplines that worked in isolation, backlogs for scans and clinical procedures, inhabited my world. All this in the large regional setting of Launceston made me wonder how an individual with my diagnosis would fare in a small rural setting. As I write this, I have learnt that the two Oncologists based on the Northwest coast have recently resigned forcing cancer patients to access services in Launceston. These experiences only serve to reinforce the importance of the work of organisations such as the Centre for Rural Health in advocating for improved health services in rural and regional areas.

Since my diagnosis I have had plenty of time to reflect while undergoing a variety of treatments. It became very evident that the world of the cancer patient is alien to the one that I had previously inhabited. It is a world where only hard clinical conversations seem to exist, with little time for displays of empathy and compassion. Information is delivered in bite size chunks with those fortunate to have a reasonable level of health literacy able to navigate the dizzy array of services available to them and to digest the information provided. In the early days of my diagnosis, I yearned for a health system where medical advice was delivered in a way that was cognisant of the patients intellectual and emotional needs. An integrated system where science and compassion co-existed in every step of the diagnosis and treatment stages. It seemed to me that this is the foundation needed for a health system that offers the best prospects of optimum human health.

I emphasise "treatment" because recommended treatments for stage 4 prostate cancer include ADT (Antigen Deprivation Therapy), which in effect is a thinly disguised term for chemical castration, and chemotherapy. The side effects from both these treatments are cruel and inhumane. The impacts on quality of life are considered by many cancer patients to be as bad or worse than the cancer itself. There is a huge gap in the treatment process around informing, preparing, and supporting patients who undergo the various treatment options about the potential side effects. Psychosocial support for patients undergoing these treatments is paramount with rates of depression



and suicide amongst cancer patients significantly higher than that of the general population.

I am fortunate to have had the experience as a researcher in rural health. This experience has been invaluable to me in navigating the myriads of systems. More important has been the ever-present family and friends who supported me through every stage of my diagnosis. What I have learned about family, friendship and the kindness of strangers has been restorative — it has rekindled my faith in humanity and renewed my enthusiasm for life. I have learnt there are no guarantees, I am hoping to live, but I may not, cancer has taught me never to take a single day or even one breath for granted.

I conclude with one key message to the cohort of males over 50, have your health check annually and request a PSA blood test, don't wait for symptoms as they may not present. It may just save your life.

### Further Information

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support for students in more rural and remote areas of Tasmania involved the development of partnerships with a diverse range of stakeholders at a local and State level. The CRH now has student accommodation facilities located at 19 rural and remote locations across the state.

He has also been an active researcher in the areas of food security, suicide prevention and working with more vulnerable communities such as First Nations, migrant and refugee populations, and rural LGBTIQ+ groups.

Stuart leaves the CRH at the end of this year having established an exemplary legacy of rural community engagement in Tasmania for others to draw upon.

Tony Barnett  
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Stuart started with the CRH (then named the UTAS UDRH) in 2001 as a Senior Project Officer to provide leadership and support in project management and community engagement. Over more than two decades of deep engagement with community and promoting the rural health agenda.

A good example of this was 'Tasmanian Rural Health Week'. This event, developed by Stuart and implemented in collaboration with the Tasmanian Government, ran successfully for many years. The program profiled initiatives aimed at raising awareness and visibility of health issues and how these could be addressed by local, placed-based programs. The week culminated in a state-wide awards ceremony that celebrated individual and community contribution to health promotion.

Stuart was also part of the team that worked on the expansion of rural health student accommodation across Tasmania in the early years of the CRH. The establishment of facilities and

## Lifeline Tasmania awarded for regional suicide postvention research through UTAS Centre for Rural Health

Lifeline Tasmania has won a LiFE award from the Tasmanian Suicide Prevention Community Network for its work in addressing the need for more suicide support services in Northern Tasmania. The award for Innovative Practice was given for research that Lifeline commissioned through the University of Tasmania's Centre for Rural Health, and highlighted the need for 'postvention' support for people who were bereaved by suicide in northern regional areas. Lifeline Tasmania deputy chief executive Clare Pearson said that 'postvention' support after suicide was often overlooked, and had not been implemented in Northern Tasmania.

"We were getting the suicide bereavement groups up and running, and had planned to do them throughout the state, but found that we particularly were encountering barriers to getting those groups established in the north of the state," Ms Pearson said. "It was clear that we needed to understand more about what was going on. So we were able to commission - through funding from primary health Tasmania - the Centre for Rural Health to conduct this research."

CRH project manager and PhD candidate Laura Grattidge said a key part of their research was in identifying the need for better access to peer support and community services in the north.

"Unfortunately, in our rural areas one of the things that catches people the most is the stigma around not wanting to access help, or be seen to access help because of those traditions around being stoic," Ms Grattidge said. "[Rural areas] need flexible funding arrangements and programs that are adaptable. There's no one size fits all approach, full stop, let alone in rural areas where they just don't have access to the services or supports that a lot of urban areas do."



Centre for Rural Health project manager Laura Grattidge and her team provided research for Lifeline Tasmania into postvention suicide programs. Photo: Paul Scambler

Senior Lecturer in rural health and CRH lead Dr Heather Bridgman said that Lifeline initially approached the centre two years ago in an effort to support rural Tasmanians in bereavement support after a suicide.

Ms Bridgman said the number one finding from their research was a greater need for peer support, and creating stronger community health networks.

"There's a lot of stuff that goes on in smaller areas where it's reliant on people and not systems," Dr Bridgman said. "Thinking of the rural and regional context - there's a huge ripple effect after completed suicide in a small town, and everyone is impacted in some way". "So what is exciting for me is when we do a piece of research and then a service actually implements our recommendations based on the findings".

If you or someone you know is in crisis and needs help, call Lifeline on 13 11 14.



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# Graduate Research

## GRADUATE RESEARCH

Our Higher Degree by Research (HDR) candidates at CRH progress steadily with their research. They have shared their research with local and international conferences, published their research in academic journals and proudly walked on the stage at the graduation ceremony to receive their academic degrees.

### New PhD Candidates

We welcomed a new PhD candidate: Nicola Gadd. Nicola's project is entitled "Educational Intervention to Improve Bowel Cancer Awareness and Screening in a Rural Community". Nicola is being supervised by Drs Kehinde Obamiro, Simone Lee (CRH), and Dr Matt Sharman.

### Graduation

Congratulations to Dr Melissa Kirschbaum and Dr Sangeeta Khadka who have graduated in the winter graduation ceremonies in August 2022.

Melissa's supervisors were A/Prof Tony Barnett and Dr Merylin Cross. Dr Kirschbaum's PhD topic entitled "An Exploration of Over-the-Counter Codeine Misuse in Regional Tasmania".

Sangeeta's supervisors were A/Prof Len Crocombe (former CRH staff), A/Prof Lyn Goldberg, Prof Anna King (Wicking) and



Dr Sangeeta Khadka with her daughter. Photo supplied by Dr Khadka.

### Publications

Our HDR candidates have been productive in publishing their research in quality academic journals. Vandana Bhagat, Dung Bui, Nicola Gadd, Tamara Reynish, Sarah Schimschal and Anika Wilson co-authored with their supervisors

Dr Silvana Bettiol (School of Medicine). Dr Khadka's PhD topic entitled "Identification of the Oral Microbiome in People with Dementia in Residential Aged Care".

We wish Drs Kirschbaum and Khadka all the best for their future endeavours!



Dr Melissa Kirschbaum with her supervisor Tony Barnett. Photo supplied by Dr Kirschbaum.



### Further Information

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# Projects, Grants & Research

## Co-designing Community Out-of-hours Palliative Care Services

In order to provide responsive, individualised and personalised care, there is now greater engagement with patients, families and carers in designing health services. Out-of-hours care is an essential component of community palliative care. However, little is known about how patients, families and carers have been involved in the planning and design of these services. Christine Low, a palliative care nurse and PhD candidate with the CRH, undertook a search and review of research literature that reported on how out-of-hours palliative care services are provided in the community, and the extent to which the principles of co-design had been reported and applied to inform the planning and design.

Seven databases were used for the search which yielded a total of 77 research papers. As anticipated, the majority of community out-of-hours services such as home care, were provided by primary care services. However, the review found little evidence that patients, families or carers were involved in the planning of development of out-of-hours services. Whilst challenging, incorporating patient and carers preferences and priorities in the planning and design of out-of-hours palliative care service may enable service providers to deliver care that is more patient-centred. By adopting some of the principles of co-design, we can help improve how out-of-hours care can be planned and delivered.

Low, C.S., Namasivayam, P. and Barnett, T. (2022). Co-designing community out-of-hours palliative care services: a systematic literature search and review, *Palliative Medicine* pp. 1-21. doi:10.1177/02692163221132089



### Further Information

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## The Mental Health Service Preferences of Youth in Tasmania, Australia

Edwin Paul Mseke, under the supervision of Associate Professor Tony Barnett and Dr Belinda Jessup, has recently submitted his thesis for examination. His thesis explored youth preferences for mental health service access in regional, rural, and remote Tasmania through a series of literature reviews (including scoping and systematic reviews) and a choice-based quantitative study termed a discrete choice experiment.

Overall, the study found evidence of travel time/distance decay in healthcare service access, occurring as early as 16.1km. Typically, rural and remote residents travel further for specialist healthcare services. With many rural and remote areas lacking mental health services, a systematic review was conducted to identify whether non-metropolitan youth preferred to receive mental health services in person or via telehealth. The review found that rural and remote youth prefer to receive mental health services in person, with telehealth seen as an important adjunct to, not a replacement for, in-person services.

A discrete choice experiment was conducted to further understand what factors may influence rural youth to access mental health services. After recruiting youth via Facebook to complete an online survey, 214 responses were obtained from across Tasmania. The results showed youth placed greater importance on the type of professional providing mental health services, costs and waiting time, while the mode of transport was ranked lowest. A higher preference was recorded for a psychologist, no waiting time, and face-to-face rather than online (telehealth) service delivery. A higher preference was also noticed for mental health services that were free and a 15 to 30 minute travel time. Youth preferred to travel to mental health services by private car or motorbike and were most motivated to access services when they were very concerned about their mental health status. Some socio-demographic characteristics and background information were associated with factors youth considered important when accessing mental health services.

Collectively, the study findings illustrate a need to increase physical accessibility to mental health services in non-metropolitan areas. This not only includes increasing the number of services in rural communities, but also the mental healthcare workforce, including psychologists to support these services. Continue to improve public transport infrastructure to more isolated rural and remote communities is also needed to increase youth access to mental health services.



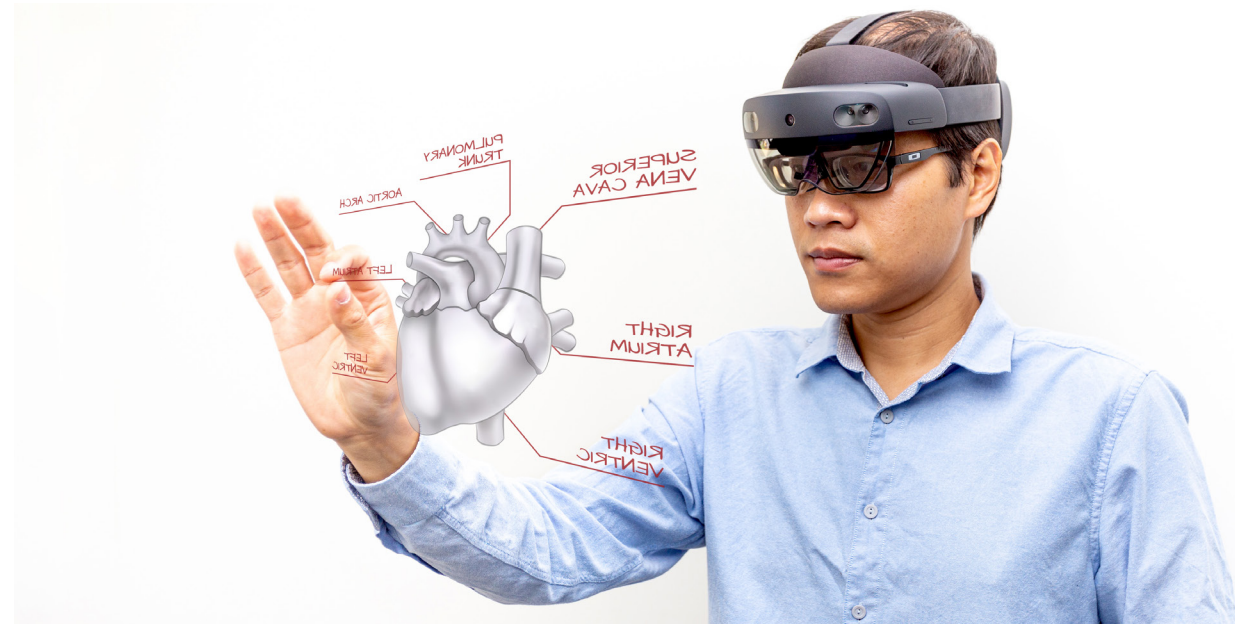
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# Projects, Grants and Research

## Using Augmented Reality Technology to Provide Situational Tele-mentorship



Workers in many rural and remote areas of Australia can feel isolated and have fewer opportunities for professional support and development. Tele-mentorship may help. Tele-mentoring uses a technological communication device to provide instruction from an expert to a less-experienced practitioner at a different geographic location in real-time. Augmented reality (AR) devices may enhance the efficacy of tele-mentoring by creating a more immersive experience and allow additional audio and visual prompts or aids to be used in the mentoring process.

Dung, a PhD candidate with the CRH, evaluated the use of an AR device to provide situational tele-mentorship for managing complex clinical scenarios in a high-fidelity clinical skills training laboratory. Dung's quasi-experimental study involved a mentor guiding a mentee who was required to respond to four different clinical scenarios (Acute Coronary Syndrome, Acute Myocardial Infarction, Pneumonia Severe Reaction to Antibiotics and Hypoglycaemic Emergency). Mentors used a laptop to provide remote guidance to mentees who wore a HoloLens (an AR headwear device). Whilst it took time to become familiar with the device, both mentors and mentees

were positive about using the AR setup. Participants were satisfied with the fidelity of the simulation, their immersion with each scenario and the effectiveness of the tele mentoring process.

The learning from this study was then applied in the real world. Through a grant provided by the CSIRO-Aus4Innovaton program, medical specialists in Hanoi (Vietnam) and junior doctors in surrounding provincial (rural) areas were trained up by the UTAS CRH/HIT lab team in use of the AR device to deliver care to patients. In a successful rollout of the project, a total of 94 clinical consultations were undertaken by doctors working in rural areas to their patients under the remote guidance of specialist consultants. A home grown training solution applied internationally.



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## Promoting Success on the Royal Australian and New Zealand College of Ophthalmologists Advanced Examination (RACE): An Update

The Centre for Rural Health has recently completed a collaborative project with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) to explore recent trainee experiences of the RANZCO Advanced Clinical Examination (RACE), and identify barriers and enablers to examination success. The project was borne out of growing concern from RANZCO regarding the declining pass rates of ophthalmology trainees on the RACE, which is the final examination hurdle for trainees on the vocational training program. Failure on RACE has the potential to create bottlenecks in workforce growth for ophthalmology which must be avoided given the anticipated shortage of ophthalmologists predicted towards the end of this decade.

After speaking with trainees who had sat RACE in the past five years, and supervisors who support trainees to prepare RACE, the study found substantial variation in the perceived appropriateness of examination design and difficulty across semesters. There was general agreement across all participants that examination failure was notably more common on the written component of the RACE and that examination failure did not necessarily reflect clinical competence. The study noted varied reasons for trainee failure on the RACE which included: trainee factors such as misguided preparation, inadequate preparation effort and examination (performance) anxiety; and examination factors including subspecialist focus, ambiguous questions and lack of transparent marking criteria. Trainees who achieved success on the RACE were more likely to have: studied for twelve months or more; had access to a study group; attended the Dunedin Ophthalmology Clinical Course and other courses and mock examinations; developed written examination technique through practising past examination papers; and received feedback from supervisors and/or current RACE examiners regarding their written answer attempts to past examination questions. Supervisors described that they could recognise trainees at risk of RACE failure based on the quality of their written answer attempts to past examination questions and their confidence presenting cases in clinics.

Overall, the study found that RACE success can be promoted by ensuring ophthalmology trainees engage in key preparation strategies and have equitable access to quality education, training and feedback from supervisors and examiners with recent RACE knowledge. RANZCO needs to invest in improving examination design and delivery, together with educating trainees and supervisors on RACE, effective preparation strategies and examination technique.

Read the full report here:

<https://www.utas.edu.au/rural-health/news-all/news-items/promoting-success-on-the-royal-australian-and-new-zealand-college-of-ophthalmologists-advanced-examination-race>



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# Projects, Grants and Research

## The Impact of COVID-19 on Student Placements Facilitated by University Departments of Rural Health (UDRHs)

The Centre for Rural Health is one of 17 University Departments of Rural Health (UDRHs) federally funded under the Rural Health Multidisciplinary Training (RHMT) program to facilitate opportunities for health students to undertake clinical training in rural and remote locations across Australia. The impetus of this clinical training is to foster both recruitment and retention of health professionals into the health workforce in rural and remote Australia, given the strong positive links between quality rural training and subsequent rural practice intention.

The emergence of the COVID-19 pandemic in early 2020 and associated government led restrictions saw unprecedented and widespread impacts on rural clinical training across Australia. To collectively understand these impacts, a collaborative mixed-methods project was developed involving all UDRHs. This project subsequently surveyed health students with scheduled rural or remote placements between February and October 2020. Data showed that whilst most placements were able to continue in some form during the early stages of the pandemic and that students were largely satisfied, students were concerned about their lack of clinical learning and graduating on time with adequate clinical competence.<sup>1,2</sup> Students also described changes in financial security due to the economic

impact of pandemic-related lockdowns which further impacted the ability of some rurally-motivated students to undertake their planned rural or remote placements.<sup>3</sup>

Although this mixed-methods project provided a snapshot of the early impact of the pandemic, COVID-19 has continued to evolve and remains a consideration for rural clinical training across Australia. For students who have completed most of their course during the pandemic and have experienced multiple rural placement impacts, the cumulative effect on the development of clinical competence and rural intention remains unclear. As these students near graduation, UDRHs are again collaborating to undertake a second quantitative study of health students with rural or remote placements in 2022 to further understand:

- Rural clinical training experiences as COVID-19 becomes 'endemic'
- Cumulative impact of rural clinical training experiences over the past few years on the preparedness of students to practice upon graduation and in rural locations
- Perceptions of rural clinical training during a pandemic
- Health and wellbeing of students whilst undertaking rural clinical training during a pandemic

The findings of the second study will further inform UDRHs, universities, health services, the Australian Rural Health Education Network and governments about training considerations for health students during future pandemics or other widespread natural disasters or events.

1. Bourke L, Hellwege B, Jessup B, Heaney S, Sheepway L & Hoang H et al. *The impact of COVID-19 on student placements facilitated by University Departments of Rural Health.* [Internet]. ARHEN; 2021. Available from <https://www.arhen.org.au/the-impact-of-covid-19-on-student-placements-facilitated-by-university-departments-of-rural-health/>

2. Hoang, H, Jessup, B, Obamiro, K, et al. *Impact of COVID-19 on rural and remote student placements in Australia: A national study.* *Aust J Rural Health.* 2022; 30: 197-207. doi:10.1111/ajr.12836

3. Jessup, B, Hoang, H, Podubinski, T, et al. *'I can't go, I can't afford it': Financial concern amongst health students undertaking rural and remote placements during COVID-19.* *Aust J Rural Health.* 2022; 30: 238-251. doi:10.1111/ajr.12855



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## East Coast Scoping Project

Supporting high-quality rural health training is an effective way to address gaps in the rural and remote health workforce now and in the future. Health students who undertake extended training in a rural area, and those from a rural background, are more likely to work in a rural area when they graduate (the 'grow your own' principle).

Tasmania's rural health workforce is central to the performance of the rural healthcare system. Building training pathways and research capacity in regional areas is a key part of building a more sustainable workforce of the future. Opportunities exist to foster stronger engagement between local rural health services and the Centre for Rural Health (CRH) through the co-location of training and research infrastructure within regional communities.

The East Coast of Tasmania is classified MM5 (small rural towns) and MM6 (remote communities). St Helens is a 2-2.5 hour drive from its closest major hospital and specialist medical services at Launceston. These municipalities have a combined population of approximately 10,500 people with a high proportion of ageing residents. It is a region which experiences significant socio-economic disadvantage, exacerbated by isolation, poor transport infrastructure, low housing affordability and low health literacy. It is also a region

that experiences relatively higher levels of morbidity and comorbidity than other Tasmanian rural municipalities, with high levels of chronic disease and poor mental health status. Despite its natural beauty and local attractions, the region experiences difficulties in recruiting and retaining health professionals.

The CRH is undertaking a scoping project to examine the health care gaps and needs across the municipalities of Break O' Day and Glamorgan Spring Bay. The project will explore the potential for an establishment of a multidisciplinary training/research facility on the East Coast. The benefit of establishing a multidisciplinary rural health training facility will extend and expand the opportunities for medical, nursing, dental and allied health students to undertake their Professional Experience Placements (PEP) at health and aged care facilities along the mid to northeast coast, growing local workforce capacity. This project will capitalise on local community expertise and co-design methods to ensure community needs are being address.

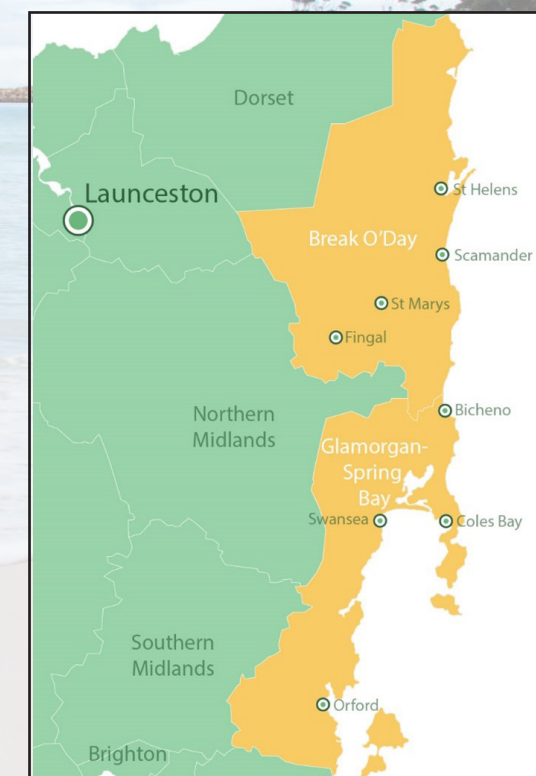


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## Recruitment and Employment of Recent Nursing and Allied Health Graduates Across Tasmania: Opportunities, Barriers and Pathways

Since 2018, the Centre for Rural Health has been undertaking a large mixed-methods project exploring the employment of recent graduate nursing and allied health professionals across Tasmania. The context of the study was to explore the paradox between ongoing rural health workforce shortages despite the increasing number of health professionals being trained in universities across Australia. The study aimed to understand changes in labour market demand for recently graduated health professions and how recent health graduates come to work where they do in Tasmania.

The study has identified that market demand for recent graduates is low in Tasmania, with few jobs especially in rural areas suitable for recently graduated health professionals. To build rural workforce capacity in the state, there needs to be targeted infrastructure and resourcing to develop graduate suitable positions in rural areas, together with marketing of these positions to recent graduates seeking initial employment.

Recent graduates who do find themselves initially working in Tasmania are often either returning locals, adventure seekers, have completed a clinical placement here, or arrive after being unsuccessful in securing employment in metropolitan mainland cities. Greater awareness amongst health graduates of the employment opportunities in Tasmania and the improved chances of entering the employment market by accepting rural employment needs to be generated amongst health graduates seeking work.

The study has also identified maldistribution of Tasmania's health workforce, with greater per capita number of health professionals in Hobart. Over time, there has also been proportionately greater increases in professions such as carers and allied health professionals, likely in response to the NDIS. Updated 2021 ABS data has recently been received, and it will be of interest to see how the profile and distribution of the Tasmanian health, welfare and care workforce has further changed, especially in consideration of the COVID-19 pandemic and associated restrictions.

Jessup, B, Barnett, T, Cross, M, Obamiro, K, Mallick, S. *Rural employment: A get-go for recent nursing and allied health graduates?* *Aust J Rural Health.* 2021; 29: 688-700. <https://doi.org/10.1111/ajr.12773>

Jessup B, Barnett T, Obamiro K, Cross M, Mseke E. *Review of the Health, Welfare and Care Workforce in Tasmania, Australia: 2011-2016.* *International Journal of Environmental Research and Public Health.* 2021; 18(13):7014. <https://doi.org/10.3390/ijerph18137014>



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# Director's Report

*The Rural Health Multidisciplinary Training (RHMT) program supports a national network of University Departments of Rural Health (UDRH) like the UTAS CRH as well as Rural Clinical Schools (RCSs). An evaluation of the program found that it 'was of clear value to rural communities and health services and had become a strong foundation for rural health workforce training and research'. Building on its success to deliver workforce outcomes, and with significant additional funding provided by the Commonwealth, nationally, the program has undergone a quite rapid expansion. The rural imperative is more widely embraced and the RHMT 'core requirements' and 'parameters' (KPIs) have become more mainstreamed and core to university business.*

Looking back over the last 10 years or so, whilst challenging, this has clearly also been the story in Tasmania.

Since 2011, the total number of students that have been supported in some way to undertake a placement in rural and remote areas of Tasmania (MM3-7) had doubled, from around 300 to now over 600 students. Whilst the bulk of these have been from nursing, the growth in allied health students numbers, especially from universities located on the mainland, has also increased significantly. Even more dramatically over this period, has been the increase in 'placement weeks' (the summative number of weeks these students are on placements). This increased from a little over 600 to around 2,500 weeks. Such growth has been supported by additional 'expansion' funding provided by the Commonwealth and, most importantly, by the willingness of clinicians, hospitals and other health care agencies to accept, nurture and support students, encouraging them to consider a future career in rural health here in Tasmania. A similar growth has also occurred in research. The CRH now supports over 10 PhD candidates, regularly secures external competitive grants to support research and research translation, and annually produces well over 30 outputs aligned to the Commonwealth's rural health research themes (many of these outputs are refereed research papers in Q1 journals).

It has been wonderful that Tasmania is represented by the involvement of CRH staff in projects and initiatives enabled through our membership of the **Australian Rural Health Education Network (ARHEN)**. ARHEN is the peak body for the 17 University Departments of Rural Health and aims to promote the health and wellbeing of people in rural and remote Australia by delivering high-quality health education, research, and advocacy. These projects currently include the 'ARHEN Aboriginal research outputs' study, the 'RHMT Aged Care Grants Community of Interest', and the ongoing research work around the impacts of the covid pandemic on students, their placements, and their career intentions. Such opportunities to collaborate on rural health issues and to undertake research, enable expertise to be pooled at a national level and also for more junior staff and those new to research to be mentored. Most importantly, such approach contributes to the rigour of a study and creates opportunities to translate of findings into policy, practice, and education more widely.

The **Tasmanian Bereavement Care Network (BCN)**, established in 2017 through work undertaken by a team based in the CRH, aims to link and improve support for people working in bereavement care across the state. Network members subscribe to a set of values and principles that underpin the provision of high-quality bereavement care is moving forward under the leadership of Emeritus Professor Madeleine Ball. Monthly lunch time meetings held for members have continued over much of 2022 and are planned to continue in 2023. The network has recently been acknowledged by the Tasmanian Government in its recently released Palliative and End of Life Care Policy Framework 2022-27 and a growth agenda articulated for its work to continue.

In the latter half of this year, we warmly welcomed three new staff members, **Dr Helen Courtney Pratt, Ryan Soto and Myles Clarkson Fletcher** to the CRH team. All three have been appointed to further develop and implement the 'Corumbene' aged care demonstration project based in New Norfolk. We hope that this work will, over time, contribute to building a stronger and more sustainable multidisciplinary workforce in aged care that will position us to better care for an aging population in rural areas.

We also farewell a few staff. **Grant Todd, Dr Melissa Bell and Dr Imo Inyang** leave us and both **Stuart Auckland** and I will retire at the end of this year. Sadly, we note the passing of **Dr Terry Cox** (our lecturer in Aboriginal health who retired in 2021) and **Elvie Jean** – our former RHMT Business Manager. We offer our deepest condolences to their families and friends.

Whilst much has been achieved and many goals have been collectively kicked over the last 12 months, it has been a tough year. My sincere thanks to our students, supporters and partners who have all been so important to the work we do. As we head into the festive season, I would like to thank each member of staff for their hard work, grit and commitment, willingness to jump in and help when needed and, very importantly – their sense of humour. It has been a great pleasure working with you all. I wish you, your family and friends a very happy and safe Christmas and an absolutely fabulous New Year ahead.

**Tony Barnett (Director)**



CRH Merry Christmas Gathering



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