

ARHEN



**16 members
in all States
and the NT**

***Better health
through a skilled and effective workforce
for rural and remote Australia.***

What does ARHEN do?

ARHEN is the peak body for 16 University Departments of Rural Health (UDRH) located in rural and remote areas in all States and the NT.

Vision

Better health through a skilled and effective health workforce for rural and remote Australia.

Purpose

To lead the rural and remote health agenda in education and research by advocating for UDRHs working in partnership with communities, health organisations and tertiary institutions to increase and enhance the rural and remote health workforce.

Focus

- Advocates to and works with government at the national level to strengthen Australia's rural and remote health workforce
- Builds the capacity and effectiveness of the network of UDRHs.

What do University Departments of Rural Health do?

UDRHs are centres of academic excellence that focus on addressing health workforce shortages which affect some 7 million people who live and work in rural and remote locations around Australia.

Each UDRH supports nursing and allied health students undertake clinical placements in these locations so they experience the many opportunities that exist outside capital cities.

UDRH clinical placements encourage students to return to work rurally when they graduate.

UDRHs are also leaders in multidisciplinary rural health education and research.

They work with local communities to address unmet healthcare needs through innovative approaches such as student-led clinics, school-based services and workshops encouraging younger students to consider healthcare careers.

Many also focus on developing pathways into healthcare for Aboriginal and Torres Strait Islander peoples.

UDRHs are funded by the Federal Government Department of Health, Rural Health Multidisciplinary Training Program.

University Departments of Rural Health – adapting to the COVID-19 challenge

University of Newcastle, Department of Rural Health, Tamworth, NSW

What started out as a COVID-19 barrier has become a new approach to encouraging primary school students in rural NSW to consider a career in healthcare.

The University of Newcastle Department of Rural Health (DRH), in northern NSW, provides clinical placements for allied health students in several rural centres.

The opportunities they get during placement are a vital part of encouraging them to return to work rurally after they graduate.

DRH students usually travel to small, often isolated, schools to deliver workshops about topics like hand hygiene, sugary drinks, motor skills for physical activity and body balance.

When schools closed because of COVID-19, workshops were put on hold, meaning many faced a wait of up to three years before another visit.

However, a rapid change to online delivery, coordinated by placement students and DRH staff, resulted in more workshops than ever being delivered.

One school received nine online sessions in the same time previously required for a single visit - all in a COVID- safe way, of course!

The innovative online approach has now become a permanent part of the DRH program and will also be used by students for broader community health education.

Nutrition and Dietetics student Lily Leighton during a Zoom community engagement session with children from a small rural school.



A client in Derby, WA, taking part in a telehealth occupational therapy session with student James in his home in Newcastle, NSW.

Majarlin Kimberley Centre for Remote Health, Broome, WA

When 3rd year Occupational Therapy student James found out COVID-19 meant his placement wouldn't be so remote after all – but his clients would be – he had doubts about going ahead.

How can I learn about culture and build a rapport with people in WA Aboriginal communities from my bedroom 2000km away, he wondered?

It helped that OT focuses on adapting to changing circumstances - so James persisted, attending Zoom meetings with the Majarlin cultural security officer and student coordinator and asking lots of questions.

The clever COVID approach then linked James from his home in Newcastle, NSW, with clients in an aged care facility in Derby, WA. All quickly learned how to use iPads for reminiscing and collage therapy and to watch presentations originally designed for face-to-face practice.

Over 8 weeks, James was surprised by the success of the telehealth approach:

“Adaptation and discussion between ourselves and the clinical educator meant we were still able to deliver a clinically relevant and diverse service to our clients – much more than I had anticipated was possible.

“This placement has made me feel not only competent but comfortable using telehealth in the future and I'm confident these skills will be useful for the rest of my career.”