

From a regional nurse educator perspective, students and new graduates are often underprepared for rural practice and so dedicated training that can equip them with the necessary skills to practice, or at least an exposure, to the key issues of rural practice (for example: resourcing, lack of career pathways, inequitable access to further training, isolated practice and the value of technology to 'shorten the distance' to treatment) must be considered in curricula. Even understanding the differences between rural and remote practice is necessary to develop the skills of a holistic practitioner who provides care to a complex population, as discussed by *Wakerman*: "skills... need to be suited to working in a cross-cultural context; serving small, dispersed and often highly mobile populations; serving populations with relatively high health needs; and a physical environment of climatic extremes." (*Wakerman*, 2005, p. 210)

The benefits are numerous to both metro and rurally based practitioners. Students get to experience rural practice and the diversity this offers, those who opt not to practice in rural areas will still work with rurally based clients and patients so an understanding of their context is valuable and patient centred. We are constantly seeking ways to address the skills shortages in rural areas and so early exposure has been shown in the new graduate space (Healy et al, 2012), as well as student placements (ICTN, 2013; Smith et al, 2018.) to have a positive and substantive impact. To have rural health formally incorporated into an Australian nursing curricula is both warranted and value-adding to a global market.

One other aspect of nursing education is the woefully short periods of practicum in Australian nursing degrees, in comparison to UK (2300 hours with placement minimum of 4 weeks) (NMC, 2015) training. Nurses and other health professionals all recognise that this is utterly inadequate to develop the necessary skills, establish rapport with team members and to observe and undertake practical skills training. When also combined with short placement periods (in some instances only 5 days), students barely have time to find the restrooms before they finish their placement. We are doing them, our care recipients and our services a genuine dis-service and it is the single biggest issue in student training that needs urgent attention.

References:

- Healy, M., Howe, V., Ref, T. N. S., & No, P. (2012). *Study of Victorian Early Graduate Programs for Nurses and Midwives*. Melbourne.
- ICTN & HETI (2013) Final Report: *Models of Excellence: Clinical Training in Regional, Rural and Remote NSW*. Health Workforce Australia, Dept of Health.
- Smith, T., Cross, M., Waller, S., Chambers, H., Farthing, A., Barraclough, F., Anderson, J. (2018). *Ruralization of students' horizons: Insights into Australian health professional students' rural and remote placements*. *Journal of Multidisciplinary Healthcare*, 11, 85–97. <https://doi.org/10.2147/JMDH.S150623>
- Wakerman, J. (2004). *Defining remote health*. *Australian Journal of Rural Health*, 12, 210–214.
- Nurse Midwifery Council, (2015). *Evaluation of the NMC pre-registration standards: Final Report* NMC IFF UK

Thank you for considering my submission, please add me to any mail-outs for future information.

Regards Keryn

Keryn Bolte | Student Placement Manager
Department of Rural Health
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne
P: +61 3 5823 4525
M: +61 437 128 932 | E: Keryn.Bolte@unimelb.edu.au
The Chalet, Docker Street, Wangaratta 3676 (PO Box 386)
<https://www.facebook.com/GoingRuralHealth/>