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Implementing longitudinal community-based health education using a sustainable change model

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Abstract
The University of Wollongong Graduate School of Medicine provides a 4 year graduate entry medical programme aimed at producing competent graduates with a vocation to serve in rural regional and remote Australia. This innovative programme includes a longitudinal integrated clinical placement for a full academic year in the third phase of the course. All students will live, learn and work in a rural regional or remote community and engage with all health services including primary care, hospitals and extended services. This initiative aims to extend the concept of community based health education and continuity of care as a core curriculum process.

Keywords
sustainable, education, model, health, change, community, longitudinal, implementing

Disciplines
Medicine and Health Sciences

2F2 Implementing longitudinal community-based health education using a sustainable change model

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Background: The University of Wollongong Graduate School of Medicine provides a 4 year graduate entry medical programme aimed at producing competent graduates with a vocation to serve in rural regional and remote Australia. This innovative programme includes a longitudinal integrated clinical placement for a full academic year in the third phase of the course. All students will live, learn and work in a rural regional or remote community and engage with all health services including primary care, hospitals and extended services. This initiative aims to extend the concept of community based health education and continuity of care as a core curriculum process.

Summary of work: This paper develops a model originally described by Roberto et al. (2004) in a business context for planning lasting change in medical education. The model, describing 4 core processes and enabling conditions for sustainable change, has been applied to the context of community based medical education.

Conclusions: The model has proved useful in designing and implementing community based medical education in rural and regional Australia.

Take-home messages: Change must be sustainable. Change management models are useful in designing, implementing and sustaining innovations in medical education, and may prove useful in extending thinking.

2F3 Social accountability through Distributed Community Engaged Learning: Canada's Northern Ontario School of Medicine

Roger Strasser*, Joel Lanphear (Northern Ontario School of Medicine, 935 Ramsey Lake Road, Sudbury P3E 6J7, Canada)

Background: Recognizing that medical graduates who have grown up in rural areas are more likely to practice in the rural setting, the Government of Ontario, Canada established a new medical school with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario.

Summary of work: The Northern Ontario School of Medicine (NOSM) actively recruits students who come from Northern Ontario or similar social and cultural backgrounds. The holistic cohesive curriculum is grounded in Northern Ontario and relies heavily on electronic communications to support Distributed Community Engaged Learning. In the classroom and in clinical settings, students explore cases from the perspective of doctors in Northern Ontario.

Summary of results: The first entering class of 56 medical students began their studies in September 2005 and graduated in May/June 2009. 80–90% of each class come from Northern Ontario, and has a mean grade point average (GPA) of approximately 3.7 on a four-point scale, comparable with other Canadian medical schools.

Conclusions: NOSM graduates are skilled physicians who may undertake postgraduate training anywhere, but have a special affinity for and comfort with pursuing their medical careers in Northern Ontario.

Take-home messages: NOSM is a successful distributed community based medical school.

2F4 Engaging new faculty in a distant community

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Background: Dalhousie University, Canada is distributing its undergraduate medical program effective September 2010. Implementing the curriculum requires an understanding of our resource pool, as faculty will be drawn from multiple academic settings, geographical sites and health professions.

Summary of work: A questionnaire was designed to identify individuals, their areas of interest in curriculum, gaps in knowledge and barriers to participation. The culture of the target