Solution based teaching methods in a problem based curriculum: the role of a mental health nurse in addressing the challenges of curriculum delivery in a regional medical school

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**Introduction**
Establishing regional medical schools with a focus on equipping doctors to work in regional, rural and remote areas plays a key role in attracting a medical workforce to these areas. An interdisciplinary collaborative team effort is the key to clinical success in rural and remote regions where critical workforce shortages exist. These workforce shortages also mean that attracting and retaining medical staff for psychiatry curriculum delivery in regional medical schools is challenging.
Engaging a mental health nurse in delivering the psychiatry curriculum has addressed both of these issues and enabled the successful implementation of an interdisciplinary teaching model into a regional medical school.

**Challenges & Opportunities**
This model has had its challenges, including the paradigm shift for both the students and the traditionally trained medical staff.
However, it has also created opportunities to assist in preparing medical students for the real world of clinical psychiatry through:
- Contributing to the role modelling of functional interdisciplinary teams
- Exposing the students to the important skills of collaboration
- Helping to foster respect for non-medical health professionals
- Providing a bridge between the health service management, clinical staff and the medical school that has facilitated the delivery of an effective clinical psychiatry curriculum.

**Conclusion**
In addition to addressing workforce challenges the success of this teaching model demonstrates the valuable contribution a mental health nurse can make to the interdisciplinary education of our future medical workforce.

**Where to from here?**
Future plans include the development of interdisciplinary clinical learning where students from different clinical schools share training opportunities and learn to work in partnership from their early student days.

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Establishing regional medical schools with a focus on equipping doctors to work in regional, rural and remote areas plays a key role in attracting a medical workforce to these areas.

An interdisciplinary collaborative team effort is the key to clinical success in rural and remote regions where there are critical workforce shortages. These workforce shortages also mean that attracting and retaining medical staff for psychiatry curriculum delivery in regional medical schools is challenging.

Engaging a mental health nurse in delivering the psychiatry curriculum has addressed both of these issues and enabled the successful implementation of an interdisciplinary teaching model into a regional medical school.

This model has its challenges, including the paradigm shift for both the students and the traditionally trained medical staff. However, it has also created opportunities to assist in preparing medical students for the real world of clinical psychiatry through contributing to the role modelling of functional interdisciplinary teams, exposing the students to the important skills of collaboration and helping to foster respect for non-medical health professionals. It has also provided a bridge between the health service management, clinical staff and the medical school that has facilitated the delivery of an effective clinical psychiatry curriculum.

Future plans include the development of interdisciplinary clinical learning so that students from different clinical schools share training opportunities and learn to work in partnership from their early student days.

In addition to addressing workforce challenges the success of this teaching model demonstrates the valuable contribution a mental health nurse can make to the interdisciplinary education of our future medical workforce.