SIMULATION: Michele Michael, Sarah Boyd and Sandi Elliot from the GGTUDRT work with Dr Mary Leigh Moore and "patient" at the workshop hosted by the Flinders Rural Clinical School in Mount Gambier on Wednesday. Picture: KYRA SYKES

Training style shared

Green Triangle program captures overseas attention

THE Greater Green Triangle University Department of Rural Health's (GGTUDRH) distributed simulation program is being showcased across the Tasman.

The department is a partnership between Flinders and Deakin universities and the Commonwealth Department of Health and Ageing.

University of Otago's Christchurch Simulation Centre director Dr Mary Leigh Moore visited Mount Gambier this week to see how live simulated patients had been successfully used in regional training programs for medical, nursing and allied health students.

The program has proven to be a popular success with professional entry students and health professionals in the Green Triangle.

Project simulation educators have delivered more than 2200 simulation educational training hours in more than 145 workshops in the South East and Western Victoria over the past year.

Project manager Sandi Elliott said the connection came about when Dr Moore contacted Health Workforce Australia (HWA) as part of a process for planning simulation services.

Discussions then took place which resulted in an agreement that Dr Moore would visit Mount Gambier and members of the simulation team would later travel to New Zealand to continue the exchange of ideas between the universities.

Flinders University funded the exchange.

While in Mount Gambier, Dr Moore participated in a "train the trainer" workshop which involved an introduction to simulation using live "patients" instead of manikins.

Dr Moore also saw how staff and educators from small rural health facilities were given the training and resources required to use simulated patients in scenario-based training in their own workplaces.

This workshop involved training simulated patients in specific roles and applying mock injury make-up to make scenarios more realistic and engage students in their learning.

"It is very exciting that a local program is able to collaborate with the Otago University in New Zealand in relation to their simulated patient programs." Ms Elliott said.

"It has been a great learning experience to see the simulated patient program in action," she said.

Researchers bust rural cardiovascular health myth

RESEARCH by the Greater Green Triangle University Department of Rural Health (GGTUDRH) has found social and economic factors have a powerful influence on cardiovascular outcomes, regardless of where people live.

The findings cast doubt on long-held views that unhealthy behaviours of rural people contribute to their high rates of cardiovascular disease.

The study found families with low incomes and living in areas of poor infrastructure and with relatively poor access to health services had higher rates of cardiovascular disease.

Findings of the "Comparison of Australian rural and metropolitan cardiovascular risk and mortality: the Greater Green Triangle and North West Adelaide Population Surveys" have been published in the British Medical Journal this month and could have profound policy implications.

GGTUDRH director and contributing researcher Professor James Dunbar said there were significant health inequalities between rural and metropolitan residents of Australia and death rates were 10pc higher among people living outside major cities.

Professor Dunbar said the geographical disparities were well known, but for a full understanding of complex relationships between causes and effects, attention also had to be paid to socio-economic status.

"Our study demonstrates that rurality does not automatically equate to worse cardiovascular risk or outcomes," Professor Dunbar said.

"The myth that rural people exercise less, drink more alcohol, are fatter and less healthy and therefore contribute to their poorer health outcomes has been perpetuated because, until now, statistics have not been categorised by socio-economic status."

The study compared measures of physical and biomedical risk between the rural population of the Greater Green Triangle in Western Victoria and the South East and an urban population in north-west Adelaide.

It included physical waist, hip and blood pressure measurements, and blood tests for cholesterol and blood sugar levels.

"This gives us much more accurate information compared with the more common approach of using self-report information," Professor Dunbar said.

The study found that despite the geographical differences of the two populations, measures of cardiovascular risk as well as rates of death from cardiovascular disease were remarkably similar.

"It is not, then, a simplistic rural versus metropolitan problem," Professor Dunbar said.

"High cholesterol, smoking and high blood pressure explain 75pc of heart attacks and strokes.

"These risk factors apply to everyone but there tends to be higher levels in those in low socio-economic circumstances.

"Rural people are generally older, poorer and less educated and therefore over-represented in cardiovascular disease figures."

Professor Dunbar said Australia had been slow in implementing solutions to health inequalities.

"No longer can governments dismiss the health disparity as being inherently or solely attributable to location," he said.

"The solution to health inequity, wherever it exists, is for governments and communities to work together to ensure greater investment in areas lacking in infrastructure, services and access."