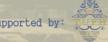
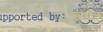
"Enhancing Interprofessional **Collaboration and Learning for** Strengthening Primary Health Care"

TUFH THE NETWORK: **TOWARD UNITY** 2021 FOR HEALTH

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TUFH 2021 ABSTRACTS

Title	DISTRIBUTED CLINICAL LEARNING THROUGH SERVICE - AN IDEAL RESPONSE TO COVID19?
Type	Oral Presentation High-Quality Learning and Collaborations in the Health Workforce
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Co-Authors	JULIA BLITZ, THERESE FISH, LUNE SMITH, SUSAN VAN SCHALKWYK, KOBUS VILJOEN
Country	SOUTH AFRICA
Abstract N ^o	TUFH649
Content	Background: A new clinical rotation was developed to enable pre-final year medical students at Stellenbosch University to return to the clinical training platform in the context of COVID19. The Integrated Distributed Engagement to Advance Learning (IDEAL) rotation placed 253 students for 12 weeks in health facilities outside the tertiary academic teaching hospital. The module focused on clinical learning through service, with on-site supervision by local clinicians. Methods: A number of educational innovations characterised IDEAL's development, including co-creating with students, responding to service needs, distributing training, introducing learning facilitators and wellbeing supporters, using mobile apps, and disciplinary integration. An evaluation was conducted using mixed methods, based on principles of the Educational Design Research (EDR) approach. Data was generated from a modified Manchester Clinical Placement Inventory, activity tracking in mobile apps, a stakeholder survey, and interviews. Results: Students were distributed across a range of facilities in 18 different health sub-districts, both urban and rural. All were expected to achieve the same integrated outcomes. Learning was self-regulated, based on participation in clinical service and online logging of patients seen. Local supervisors supported students in providing health care. Students were guided in their learning journey by 45 learning facilitators and 27 well-being supporters. Feedback from students, facilitators and clinicians has been very promising, showing significant learning and engagement. Conclusions: We successfully implemented this rotation within a very short time-frame, because of our previous research, experience, and health service partnerships, with just-in-time learning and responsive adaptation.

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