Effective rural placements: a national study of experiences amongst multidisciplinary health students

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Introduction

There is a large body of research demonstrating that positive rural experiences for students from a non-rural background can significantly increase intentions to practise rurally following graduation.¹ Significantly, emerging research suggests that rural placements can even be a stronger predictor of rural career choice than rural background.² As such, rural clinical placements for tertiary students are an important part of the broad range of strategies to improve access to healthcare professionals for Australians living in regional, rural and remote communities.³ However it is not the case that any rural placement is a good or positive rural placement and a poor experience can result in turning students away from rural practice.⁴ To be successful, rural placements need to be accessible, well-coordinated and well supported.⁵

In recent years there has been increasing anecdotal feedback from National Rural Health Student Network (NRHSN) members that health students receive varied levels of support for rural clinical placements.

The NRHSN has therefore undertaken a survey of its membership to compare attitudes and experiences regarding rural placements between medicine, nursing and allied health students and gain insights into:

- why students choose to undertake rural placements, or not
- the support that is provided to students on these placements, and how this varies
- and ultimately the effect that these placements have on future practice intentions.

Methods

- Online survey
- Sent to NRHSN database—10,000+ members
- Survey questions
  - demographics
  - degree details
  - attitudes and barriers to rural placements
  - details of most recent rural placement
- 897 responses
  - 542 medicine students
  - 355 non-medicine students
  - 565 had undertaken a rural placement
Results

1. >90% of students desired rural placements
2. 83% reported rural placements as having advantages over metropolitan placements
3. 55% felt academically advantaged by undertaking a rural placement, while only 10% felt academically disadvantaged
4. Lack of social, financial and organisational support were the most common reasons why students chose not to undertake rural placements
5. Non-medicine students received significantly less support for rural placements in all domains when compared with medicine students, including those domains listed in point 4
6. 62% of students said that their rural placement had increased their rural practice intent
7. The impact of a placement on future rural practice intent depended on the experiences had whilst on placement, rather than on the level of support provided

Conclusions

• A poorly supported rural placement can still lead to a positive impact on future rural practice intent if the personal and professional experiences had while on placement are positive.

• Conversely, a well-supported placement could have a negative impact on rural intention if the experiences had while on placement are poor.

• Not all placements receive equal support, and this inequality is likely deterring some students from undertaking rural placements: you cannot have a positive experience if the experience is never sought in the first place.

Recommendations

We recommend:

1. Provision of appropriate levels of financial and other supports across health disciplines to ensure uptake of rural placements
2. Ensuring that positive personal and professional experiences are had while on rural placements, as this has the greatest impact on future rural practice intent
3. Progressing further research in this area and reviewing targeting of resources across health disciplines

References


About the NRHSN

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 10,000 members who belong to 28 university Rural Health Clubs from all states and territories.

It is Australia’s only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

Presenter

William Moorhead is Chair of the National Rural Health Student Network and a final year medical student at the University of Queensland. Before starting his medical degree in 2015, he completed a Bachelor of Pharmacy. William’s passion for rural health stems from the wonderful care he received growing up in Bundaberg, and on his family’s travels across Australia. He aspires to be a rural medical generalist, influencing positive change in rural communities. To that end, he has written a submission to change the treatment guidelines on type 2 diabetes care for the Kimberley. William has taken part in the John Flynn Placement Program at Bargara, Queensland. He has also visited Atherton, Stanthorpe, Warwick and many other places as part of his medical studies and Rural Health Club activities.