



University rural clinical placements—who gets them and what makes successful?

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The National Rural Health Network

What is the NRHN?

The National Rural Health Network (NRHN), established in 1995, is the national representative body for 19 university rural health clubs (RHCs) around Australia, with student members from medical, nursing and allied health courses.

Where is the NRHN?

All members of RHCs are also members of the NRHN. As such, the NRHN represents around 5,000 students who all share a common interest in and have a passion for rural and remote health. The NRHN is funded by the Commonwealth Department of Health and Ageing (DoHA) and auspiced by the Australian Rural and Remote Workforce Agencies Group (ARRWAG).

Mission of the NRHN

The NRHN's vision is to be a peak body, harnessing the passion of health students through representation, networking, professional development and initiatives, to increase the health workforce and health outcomes for rural and remote Australians. The ultimate goal is to contribute to a sustainable health workforce for rural and remote Australians.

The NRHN attempts to achieve its goals at two levels. Communication and networking at a national level, facilitated by representatives from each of the rural health clubs, allows position statements to be created on different issues, liaison with other health organisations, input to policy and national projects. These include production of a Mental Health Survival Guide and participation in Croc Fest. An important component of NRHN operations are local RHC activities such as rural high school visits that promote health courses as possible career options, speaker and information nights, skills workshops, rural trips, social events and advocacy.

Multidisciplinary nature of the NRHN

One strength of the NRHN is its multidisciplinary focus that encourages interaction between disciplines and across RHCs. The NRHN strongly believes that a multidisciplinary approach to health care, incorporating all health disciplines, is important in order to achieve better health outcomes—and to survive as future health professionals!

The NRHN council represents RHC members at a national level. In addition to the Executive Council positions, there are several representative roles including three portfolios—medical, nursing and allied health. Of the 5000 NRHN members, over 1000 are allied health students—while this may seem a large number, the variety of allied health disciplines has made it difficult to represent views of individual disciplines effectively. The NRHN is currently attempting to increase the profile of allied health in the NRHN and for two students to share this portfolio. Some current initiatives include funding for allied health students to attend conferences of national significance and production of a guide for clubs to recruit and retain allied health students.

Placement issues affecting students

The importance of rural clinical placements

One of the 2006 objectives for the NRHN is to investigate placement issues affecting student decisions regarding work in rural and remote areas. Although work is continuing on the production of a placement flip guide to assist students in undertaking rural placements, this objective largely arose from a pilot study undertaken by the NRHN in 2004 (Turner





& Lane, 2005). It is this study, and its relevance to allied health students, that we would like to discuss today, as well as some student feedback received earlier this year.

Over the last few years, clinical placements in rural areas have begun to be considered a vital component of health science student curriculum, and a correspondingly important part of government policy. Although the original impetus came from shortages in the rural medical workforce, shortages in rural nursing and allied health professionals have also been recognised. Research demonstrates that rural clinical placements can have a positive impact and increase the rural workforce in many health disciplines.

NRHN placement survey

The NRHN has consistently identified the positive impact of rural clinical placements in encouraging students to consider a future career in rural health. The NRHN strongly endorses the need for supported and quality placements for all health disciplines. Feedback from students, however, has indicated that there is a disparity in accessibility, opportunity and quality of experiences between different disciplines.

The NRHN therefore undertook a survey in 2004 as a pilot project to examine the rural clinical placement experiences of Australian medical, nursing and allied health students.

Rationale for placement survey

The aim of the study was to ascertain a 'snapshot' of health science students' experiences on rural placements, and to examine how the different disciplines compared to each other on the key issues of organisation, support, accommodation, IT facilities, transport and mentoring.

Method

The NRHN administered the distribution of a survey to examine 'barriers for university rural clinical placements.' The self administered questionnaire consisted of nine groups of questions. Questions related to whether a placement had been undertaken or not, placement description and purpose, transport availability and cost, accommodation and facilities, academic and clinical support and a summary of their overall impression of the placement. The majority of questions were dichotomous, while others required a scaled response (eg. level of support given by university, poor through to excellent).

Survey forms were emailed to the rural health clubs represented in the NRHN in May 2004. Forms that were submitted in hard copy at the 7th National Undergraduate Rural Health Conference (NURHC) by 30th August 2004 were accepted for final analysis. All surveys submitted were de-identified and participation was entirely voluntary. Data was collated, analysed and presented using Microsoft Excel.

Results

The NRHN collected a total of 385 surveys, representing approximately 8% of its member base. Six surveys had to be discarded as they were incomplete. The remaining 379 surveys were separated into discipline; medicine (26%), nursing (28%), pharmacy (11%), and allied health (35%). Allied health represented 12 distinct disciplines, which were combined for the purpose of the study, though all disciplines were represented in the survey responses. 270 respondents were female and 103 were male. The age of respondents ranged from 18 to 52 years (x 23.8, median 22, mode 20). All 15 health disciplines making up the NRHN were represented, and data was recorded for 16 out of 18 rural health clubs represented across Australia.

On the whole, it was found that medical students received a larger degree of support in comparison with other disciplines. This is exemplified by the cost surrounding accommodation for students. 92% of medical students had their accommodation costs covered, in contrast approximately 61%, 60%, 56% of pharmacy, nursing and allied health students respectively had their accommodation costs covered. The data also highlights the inconsistency between travel costs across the disciplines with approximately 75% of medical and pharmacy students receiving travel reimbursement while only 28% of nursing and allied health students enjoyed the same privilege.

Barriers to undertaking rural placements

The survey also identified three quarters of students who had not taken a rural placement, although there was an opportunity to do so, were unable to do so due to specific barriers. These included; the rural placement not being offered (28%), the unavailability of supported rural placements (13%) and the financial costs involved in taking a rural placement (34%). These barriers are particularly high for nursing and allied health students but substantially less so for medical students. Pharmacy students reported no such barriers to their placements. The lack of opportunity to do a





rural placement was the largest barrier for students to complete a rural health practicum. It should be emphasised that financial pressure was the primary reason nursing students were unable to undertake a rural placement.

Possible reasons for this were being unable to maintain employment while on placement, and needing to make additional arrangements for family to come and/or be looked after if they stayed at home. These financial issues may also contribute to the psychological burdens associated with organising placements, in addition to potentially more complex clinical situations, and the isolation of unfamiliar surroundings. All these costs are considerable, especially when contrasted to taking local clinical placements for which these barriers are largely absent.

'Other' reasons that contributed to a student's inability to complete a rural placement included, "being unable to work during placement", "not practical with children". Additional themes were, the lack of awareness/information about rural placement opportunities and increased effort and time that was required to organise such rural placements.

Comparing placement opportunities between health disciplines

When examining Allied health disciplines it was interesting to note the discrepancies between disciplines regarding rural placements. Whilst all physiotherapy, podiatry, occupational therapy and social work students in their final year had completed a rural placement, none of the students in any years of public health, applied science, nuclear medicine, laboratory medicine or psychology had undertaken a rural placement.

The survey results are consistent with other research noting the need for improved resources for and facilitation of rural placements for health science students (Jones et al., 2003; Neill & Taylor, 2002). In addition, this survey identified the inequalities in support levels provided to students of non-medical disciplines compared with that given to medical students. Barriers to adequate rural clinical teaching differ between disciplines, with curriculum exposure and mentor support being a key issue for allied health students and financial assistance important for nursing students. Increased funding from government or other sources is required to enable adequate university support to be given, and to reduce the burdens associated with rural placements.

Of those students who had undertaken a rural placement, the great majority reported enjoying their time and also considering future rural practice. This indicates that providing positive and supported rural clinical placements is a critical issue. The combination of rural clinical exposure coupled with positive experiences underpins several current strategies aimed at rural workforce recruitment and retention, with the higher expense associated with rural clinical placements being supported by the higher likelihood of practicing in rural areas after graduation (Brown & Birnbaum, 2005; Wilkinson et al., 2003).

NRHN submission to DEST Inquiry

The placement survey illustrated some of the barriers to students undertaking placements as well as some possible solutions.

As an adjunct to this survey, the NRHN made a submission to the recent Department of Employment, Science and Training inquiry regarding the needs and wants of the future rural health workforce. This submission was based on qualitative feedback received from club members and emphasised the importance of placements in encouraging students to become or remain enthusiastic about rural health.

Key issues arising from student feedback

The feedback emphasised several issues:

- ▷ The need for an awareness of issues affecting Indigenous health. Many students indicated they felt their current course included only token learning opportunities in this area. They expressed a need for more practical teaching in cross-cultural health care.
- ▷ The need for an awareness of the nature of rural and remote life and community. Current courses were perceived to be deficient in this area leaving rural health clubs to fill the void and provide information to students, particularly allied health students.

I feel that it's left to the rural health clubs to provide the information to students as it's not covered in the curriculum. This is very limiting and if it's included in the curriculum then not only will more research go into the area, but more interest and ideas from a broader body of students will be attained.





- ▷ Learning in a multidisciplinary environment was highlighted by many NRHN members as an important part of preparation for working as an intern in the hospital environment. There was a specific suggestion for the use of case studies to educate students about the particular role of each discipline in health care.
- ▷ The need for consistency in placements and ensuring that students have opportunities to learn many different aspects of health and specialised skills. “What is addressed depends on which hospital you are attached to. If the hospital is in an area with little exposure or awareness of different cultures, the topic is not addressed”
- ▷ The need to overturn the perception that postgraduate careers are limited for those working in rural areas. “[The available] opportunities need to be promoted to students so that they know what is out there and do not choose metropolitan practice on the misinformed basis that there are no further training/learning opportunities.”
- ▷ Longer placements allow students to “put down roots”, and students’ emotional attachment to rural living comes from experience and the connection to local people that results from time spent in the community.

Key aspects of successful placements

Rural clinical experiences were frequently mentioned as a key method of achieving course competencies, and as a major factor in developing a sustainable rural health workforce.

Students identified several key aspects of successful rural clinical placements:

- ▷ sufficient administrative support to enable the placement to be organised efficiently
- ▷ financial support to compensate for lost income
- ▷ support for clinical mentors (including financial and educational resources, and the need to not overburden mentors with too many students—otherwise the effectiveness and quality of placements decreases)
- ▷ enabling the student to “experience the community” through social networks
- ▷ to have a broad range of clinical placements on offer to enable student choice
- ▷ access to educational resources

The impact of rural placements—can we create this for allied health students?

Students submitted the following testimonials regarding rural clinical experiences.

I could write pages about how my rural placements have influenced me, including my John Flynn Scholarship Scheme placement in RRMA 7 indigenous area. My rural placement in remote Northern Territory allowed me to see so many facets of remote and indigenous Australia. I do not profess to be an expert in these areas now, but I have a greater understanding of problems and health issues affected the broad cross-section of community from metropolitan to remote indigenous Australians. I have a better idea of what I do not know and have the confidence to further seek information and experiences in this area. There is just so much more out there than I had realised!

The time I spent in Goondiwindi has taught me more about medicine than any other clinical experience I have had. To learn from a dedicated and multi-skilled team of doctors was an amazing experience. To be involved in the many varied aspects of medical care enabled me to broaden my learning far beyond what I have been taught in lecture theatres back in the city. I think the reason my time there was so beneficial was because I had talented mentors, access to patients and resources to assist my learning.

Conclusion

The NRHN strongly believes that removing barriers such as financial difficulties, lack of organisational and educational support, travel, accommodation and lack of consideration for family or other commitments will enable a greater number of allied health students to undertake positive rural clinical placements. There is an urgent need to address the disparity in provision of rural placements between different health courses if we are to have a sustainable future rural and remote health workforce.





Universities have a central role in implementing a curriculum that enables rural placements to be undertaken as well as in providing the necessary administrative and organisational support. Placements also have a significant impact on making an effective transition into the rural health workforce. Improving the availability and support level of rural clinical placements is crucial in order to have a positive impact on the health of rural Australians.

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