What ‘makes’ a placement

Louise Lawler¹, Shannon Nott¹
¹Orange Base Hospital

One of the most effective strategies for recruiting health professionals to rural and remote practice is through early positive experience. To this end most students of the health sciences now have an array of placements and clinical experiences that can be undertaken in rural and remote settings throughout Australia. Just being in the setting, however, does not always ensure the experience is positive for the student of the host agency.

In order to ascertain just what ‘makes’ a positive placement experience from the student’s perspective, one thousand and forty health science and medical students were surveyed to determine what were the important clinical and social aspects of a placement that made it positively memorable enough that they would be keen to pursue postgraduate positions in rural and/or remote positions.

The aim of the study was to garner the issues, activities and ingredients that students felt made for a positive learning and social interchange as well as highlighting aspects of placements that they considered detracted from the overall experience. Armed with this information the study proposed to develop a guide for rural and remote host health facilities outlining tangible strategies that can be adopted to ensure positive experiences from all students’ placements, thereby enabling the attraction of enthusiastic and positive postgraduate practitioners in greater number.

The survey was disseminated via the National Rural Health Students Network national database to senior undergraduate and postgraduate students of nursing, allied and Aboriginal health and medicine. The response rate was above twenty five per cent.

Utilising both qualitative and quantitative data analysis methodology, results indicate interesting issues regarding different types of placements, clinical, experiential, selectives and electives, extending to the nomenclature describing placements in different disciplines. There seems to be widely understood descriptions of different placements types among nursing and allied health students and much more varied understandings among medical students, which dictate the expectations of the placement. Generally allied health students appear more focused on clinical experiences and less concerned about social aspects of placements. There is, however, general consensus regarding the types of activities that makes placements positive or detract from them.

The conclusions present a set of guidelines for conducting remote and rural clinical placements that are more in tune with students’ expectations and more likely to provide a very positive experience, which will hopefully result in greater numbers of students selecting rural and remote practice post graduation.