Rural and metropolitan placements rated equally well by Australian university paramedic students

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Aims: This research assessed rural and metropolitan placements from the emergency paramedic student’s perspective to identify how placement location impacts on student learning and the placement experience.

Methods: Second-year undergraduate university paramedic students (n=128, 61 male, 67 female; about 80% response rate) volunteered to complete a paper-based questionnaire on their previous six placements. The questionnaire comprised 38 five-point Likert scale questions from 1 (strongly disagree) to 5 (strongly agree), with optional free responses. Questions covered specific areas of learning, affective support and personal logistics during placements.

Relevance: Student perceptions provide important feedback to universities and placement providers on the efficiency and effectiveness of placements. Responding to feedback is paramount in the current climate where placement availability and resource and time management for providers and students are becoming increasingly restricted.

Results: Students reported liking rural and metropolitan placements equally well (Mrural = 4.1, SEM = 0.04; Mmetro = 4.2, SEM = 0.05), with no findings for age, gender, placement order, distance to placement or time to travel to placement and liking the placement. This is despite average travelling distances of 25.8 km (SEM 2.69) to metro and 195.8 km (SEM 9.75) to rural placements, requiring average travelling times of 29 min (SEM 1.46) and 2 hours 10 minutes (SEM 4.47) for metro and rural respectively. Reported maximums were 180 km and 3 hours for metro and 600 km and 7 hours for rural. Minimums were 1 km and 1 min for both locations.

Placements allowed developing anatomy and physiology knowledge (Mrural = 3.6, SEM = 0.10; Mmetro = 3.5, SEM = 0.2), clinical skills (Mrural = 3.65, SEM = 0.1; Mmetro = 3.53, SEM 0.18), rapport-building skills with patients (Mrural = 4.34, SEM = 0.09; Mmetro = 4.47, SEM 0.15), and information on equipment (Mrural = 4.46, SEM = 0.59; Mmetro = 4.50, SEM 0.13). Students reported feeling welcome at both rural and metro placements (Mrural = 4.342; Mmetro = 4.395).

Locating suitable accommodation and travel while on placement revealed near-symmetric bimodal distributions for each variable, with rural less (n.s.).

Conclusions: From the paramedic students’ perspectives, rural placements are performing as well as metropolitan placements and students are prepared to travel for the rural placement experience. Both rural and metropolitan placements would rate higher if more suitable accommodation were available and rural placements should rate higher if they addressed consolidation of clinical skills.