Resilient rural clinicians: role models for medical students

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Introduction

The impact of increasing stress on the mental health and wellbeing of physicians has been reported widely in the recent literature. In 2011 the Australian Medical Association released a position statement in which they called on medical schools to “promote good health and the adoption of a healthy lifestyle throughout their medical training and career” adding that some groups of doctors may be at greater risk including “those working in rural and remote areas with inadequate resources and professional support” (1).

Resilience has become a central focus in the argument to prepare medical students for the challenges they will face during medical training and professional practice. Understanding how student resilience can be promoted in the educational environment is important to ensure their academic success and professional development. For the purpose of this research resilience is defined as “a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma” pg 858 (2).

Aims

This study seeks to understand how the administrators of the Flinders University Parallel Rural Community Curriculum (PRCC) role model resilience to medical students on an individual and collective level. The PRCC is a longitudinal integrated clinical training program in which medical students undertake a 40 week rural placement for their first clinical year. The students in this rural program face unique challenges both within the curriculum and by relocating to a rural community. Resilience is reported to be a culturally and contextually sensitive construct and these administrators are considered important in setting the context and the culture of the PRCC. They are required to make rapid judgements about the relative resilience of each student and the cohort, and adjust the support they provide accordingly.

Method

This project is a qualitative research study using a grounded theory approach. Participants have been recruited through purposive sampling of PRCC medical students, administrators and clinical educators. Participants undertook a semi-structured interview and transcripts coded, with emerging concepts compared to define evolving theoretical constructs, until theoretical saturation is reached.

Results

Preliminary analysis has found 6 main themes important in promoting resilience in medical students which are facilitated by the administrator role:

- supportive relationships within the educational environment which are enhanced by the deeper connections made in the rural context
- social capital: support from within the professional and general rural community
- open door policy-empathy, guidance, and boundaries
- organisation: planning and time management; adaptability
- promoting self-care through a balance of study and life beyond medical school
- promoting and role modelling teamwork.
Discussion
Resiliency has been described as an essential attribute for rural medical practice and important for retention of young physicians in the rural workforce. This study identifies the challenges PRCC students’ encounter, some of which are unique to the rural context and the vital role program administrators have been found to play in promoting and modelling resilience to the students entrusted to their care.

References