

# Integrated rural placements maximise medical student learning A good news story!

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# JCU program background

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Undergraduate MBBS program – 6 years

Focus on rural, remote, Indigenous and tropical health

20 weeks of program spent in rural settings

Exit exam held in Year 5

Year 6 designed as 'student intern' year

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# Integrated rural corrective

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Corrective term – definition and aim

- Medicine
- Surgery
- General Practice
- Mental Health
- Paediatrics
- Obstetrics and gynaecology

Pilot of Integrated rural corrective term - 2014

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# Sites – north Queensland



# Student evaluation 1

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Uniformly positive responses around the rural teaching and the skills they gained.

Procedural skills improvement:

- Cannulation
  - Venesection
  - Setting fractures
  - Suturing
  - Injecting local anaesthetic
  - Bag and mask ventilation
  - Laryngeal mask insertion
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# Student evaluation 2

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Increased competency across identified disciplines (based on Year 5 curriculum):

- **Medicine** – e.g. *differential formulation, antibiotic choices*
  - **Surgery** - *particularly pre and post op management, preparing patients for evacuation*
  - **General Practice** – e.g. *liaising with allied health staff for holistic management of chronic conditions*
  - **Mental Health** – e.g. *management of delirium in the elderly*
  - **Paediatrics** – *differential diagnosis of febrile child, management of asthma, newborn check, assessing developmental status and delay*
  - **Obstetrics and gynaecology** – *management of prolonged labour, addressing menstruation issues*
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# Student evaluation 3

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## Better communication with patients and other team members:

- Improved ability in “*building rapport with patients with different backgrounds, cultural identities and social circumstances*”
  - gaining the ability to “*develop a patient specific management plan taking social and geographical factors into account*”
  - *the ability and confidence to take a history, focussed and relevant examination, do full workup and formulate a management plan and then present it to the Reg or consultant was definitely improved due to the Integrated Rural Corrective*
  - *Another example is the confidence I have of performing phone calls to specialists regarding the management of patients, either for ortho/trauma or for renal patients*
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# Student evaluation 4

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Students valued the experience and the effort that rural staff put into their education:

*Staff tend to invest more time into your training, for example one of the midwives invited me to an obstetric course that was been run at the hospital*

*The idea to send me to a rural location for the corrective was definitely the best thing to have come out of the corrective. The doctors tend to throw you into the deep end and very quickly you learn to swim. I've said this several times and it still does not lose its potency, 'I learn in one week on rural placement that I learn in 8 weeks in [major teaching] Hospital'*

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# Preceptor evaluation 1

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All preceptors noticed that students responded well – *lifted their game* – they appeared to **thrive** in the rural setting.

**Tailored approach** possible to fit the individual's needs – e.g. tutorials by a junior doctor around verbal communication for one student whose speech was rapid and unintelligible resulted in great improvement in her communication skills by the end of the corrective term.

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# Preceptor evaluation 2

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Preceptors' views:

The scrutiny in a supported environment meant *placing [student] where she could flourish.*

*This student was part of a team and had to contribute. The SMOs in charge of teaching and mentoring the student took their job seriously and cared that she would improve. She could not hide in the rural hospital environment. Being part of a team meant that she had responsibility to make sure the team functioned well in their management of the patients. She had to contribute by clerking the patients and contributing to the shared wisdom of the health care team.*

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# Academic Adviser evaluation 1

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Marked change in demeanour and attitude noted:

- Pre-corrective meeting – downcast and sense of failure
- Mid-corrective phone discussion – improved communication
- Post-corrective meeting
  - Excitement noted
  - Change from passive learners to active participants

All stated the corrective *“was the best thing I have ever done”* or was *“the best thing for my learning”*.

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# Academic Adviser evaluation 2

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Integrated corrective remediation beneficial for:

- Increasing student confidence
  - Increasing student clinical competence
  - Increased procedural skills
  - Continuous patient interaction
  - Improved, timely and focussed history taking
  - Ability to become part of a team
  - 1:1 expert supervision and teaching
  - Increased pro-active behaviour from the student
  - Asking questions when they don't understand
  - Readiness for internship in terms of clinical skills and confidence
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# Lesson learned

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- A few teething problems
  - Valuable experience for students
  - Need to be monitor impact of additional workload on rural supervisors and staff of rural hospitals
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# Conclusion

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- Rural clinical placements provide excellent learning environments for students
  - Rural clinical placements allow students to synthesise information and generalise their knowledge and skills to different patients with a variety of age, cultural, socio-economic and occupational backgrounds
  - Rural placements are appropriate for and perhaps even exceptional placements for students requiring remediation and preparation for internship
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# Recommendation

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That Medical Schools use integrated rural and remote placements to assist weak students who require remediation of clinical skills.

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