

Integrated rural placements maximise medical student learning

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Preparing medical graduates with the ability to work in a variety of settings, particularly rural communities, is a key feature of the MBBS program at James Cook University in Townsville. This program provides all students with 20 weeks of rural practice across their course comprised of four weeks in second year, eight weeks in fourth year and eight weeks in sixth year. In addition, some students in the sixth year are provided with the opportunity for an extended rural placement of 20 weeks.

A new venture in 2014 provided several students, with identified weaknesses after the final fifth year exams, with a rural integrated corrective. These students with identified clinical weaknesses were provided with the opportunity to undertake an integrated clinical corrective of eight weeks in a rural site during their sixth year. This meant that these students were completing 16 weeks or one-third of their placements in a rural site during their final year.

This presentation will report on an evaluation of the integrated rural corrective program undertaken in November 2014 which revealed enhanced skills and confidence among these students. "I learn more in one week on rural placement than I learn in eight weeks in [Regional] Hospital" said one student. Students commented positively on the variety of experience and the welcoming attitude of the multidisciplinary team at the rural sites in North Queensland to which they were allocated.

Staff involved in supervising these students also commented on changes in the students' confidence and competence as a result of this additional time in the rural context. One limiting factor in providing the integrated clinical corrective at a rural site is the pressure on rural placements and workload for the rural clinicians providing this additional support. The College of Medicine and Dentistry acknowledges the additional work required to support students with identified weaknesses in these settings. Whilst student numbers undertaking the rural clinical corrective in their final year was small, it is undeniable that transformation in clinical skills and confidence in these poorly performing students occurred as a consequence of the rural clinical context. This provides further evidence for rural clinical settings providing high quality learning opportunities for "at risk of failure" medical students and in preparing them for internship.