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Perceptions of rural practice among metropolitan medical students undertaking a rural health module

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Abstract

Objective: The study objective was to ascertain metropolitan medical students' perceptions of rural practice.
Design: Qualitative research based on analysis of a temporal series of focus groups with medical students participating in a rural health module.
Setting: Two rotations of a compulsory rural health module comprising an orientation, a rural health placement and a placement project in a regional centre or small town in North West Victoria.
Participants: 69 final year medical students who took part in the rural health module focus groups during 2013.
Results: Students demonstrated low initial expectations regarding rural practice. They had negative expectations about living and working in rural practice, particularly fear of clinical isolation and living in small towns. During the module students appreciated being part of a community and the rewards of rural practice. Initially students were very negative about the possibility of future rural practice but after the module students were more open to the idea of a rural career.
Conclusions: This research demonstrates two important findings. First, many students based in a metropolitan clinical school have preconceived negative ideas about a rural practice and a rural health career before they experience a rural environment. Second, this group of metropolitan based medical students had many misconceptions about rural health which were addressed by participating in the rural health module. We conclude that all Australian medical students should continue to be exposed to rural practice.

Keywords: Rural health and career choice.

Article

Introduction

Rural Australia has a medical workforce shortage[1,2] which the Rural Clinical School (RCS) program has gone some way to addressing[3]. The RCS program influences students to consider a rural medical career[4]. Whilst there is evidence that a rural background for medical students is a predictor of future rural practice[5-8], it has recently emerged that longitudinal rural placements for medical students are a more important factor than rural origin in predicting future rural practice[9]. The challenges of rural medical practice differ from those of urban practice[10]. It remains important that Australian doctors have an awareness of these issues to help them care for

rural patients. For metropolitan based medical students who are not from a rural background, there are few opportunities to experience rural healthcare and explore the possibility of a rural career.

Medical, nursing and allied health students' attitudes towards rural health issues are an important factor in decisions regarding future rural practice[11-13]. For postgraduate training in rural areas to be a popular choice, students need a balanced, informed view of a rural career. In this paper we examine perceptions of rural practice among medical students based in metropolitan clinical schools as they undertook a three week rural health module.

Methods

In 2013 two rotations of a compulsory rural health module (RHM) for medical students, were evaluated. Students were asked to participate in three focus groups. To begin the (RHM), final year medical students drove two and half hours north of Melbourne to an agricultural college to participate in the orientation. At the beginning of this orientation the first focus group was conducted. At the conclusion of the two day orientation, students were again asked to participate in a second focus group. Students then went on a rural health placement, usually in pairs, to a regional centre or small town. At the completion of the placement, students came back to one of the University of Melbourne campuses to give a presentation from their placement. Students were again asked to participate in a final focus group. All focus group facilitators used a similar set of questions but adapted, re-ordered and probed for more detail where appropriate, as is consistent with semi-structured approaches[14].

Two researchers independently read the focus group transcripts and categorised the data. Themes were identified which reflected the common ideas of the participants. Transcripts were then re-read by both researchers independently to thematically code all the data[15]. The two researchers then collaborated to thematically describe the findings.

Results

There were a total of six series of three focus groups, with the same students in the same focus groups. A total of 69 students participated in the focus groups and 50 students completed the entire series of focus groups.

During the focus groups, it became apparent that the students had particularly negative expectations of rural practice and rural life but after the placement identified positive aspects of working in rural practice. Some also indicated that they would prefer to work in a regional centre more than a small town because of greater access to hospital and other health services, more support and lifestyle options. Embedded in perceptions of rural practice is the fear of isolation which was lessened throughout the RHM.

These perceptions were incorporated into questions and decisions about working in rural health. The focus groups were able to explore these perceptions in detail. From analysis of these transcripts, three key themes were identified (1) negative expectations of living and working in rural practice, (2) positive aspects learned about rural practice, and (3) deciding to work in rural practice.

Negative expectations of living and working in rural practice

Fear of clinical isolation

Students expressed a fear of excessive clinical responsibility which they thought was heightened in rural practice. Students associated rural medical practice with the solo General Practitioner (GP), doing everything for their community isolated from medical specialists. Students talked about the "typical horror stories" of

being "an Intern and you are in charge of the ED at night by yourself" which was described as "scary", isolating and "stressful". As one respondent stated: "I have heard from my friends, sometimes they are the only one on-call at night if they are in a rural area as an intern. So that would probably be one of the things I would be scared of." Another indicated:

> "But where I don't feel ready, is in the personal, like sphere of being able to go and work somewhere with no social support, be completely stressed, be the only person responsible, have no time off. Like that is more intimidating to me than having to manage emergency situations by myself."

A success of the RHM was mitigation of this fear. After the placement, fear of isolation and responsibility associated with rural practice was lessened. Many students were surprised at the level of teamwork and support in the small hospitals.

Positive aspects learned about rural practice

Part of the community

Many students had grown up in large cities and reported little previous exposure to rural communities. Many students were eager to use their placements to learn more about what living in a rural community is like: "... so basically learning about the lifestyle, being in the country and as also learning about the challenges..."

A prominent theme arising in discussions about the student placements was that rural health practitioners appeared to be very much 'part of the community'. Rural doctors were seen as being treated with some reverence by locals and enjoyed high social status. As one student explained, "It kind of feels like we are doing medicine 50 years ago. Where the doctors were more kind of paternalistic and the patients would say, 'Yes Doctor whatever you say.'" Another noted:

> "And the role that you play as the Doctor in a small town, you are given a very trusted and noble position in the township and you really have to maintain your standards both inside and outside your workplace. You can't just go into the pub and down I don't know how much…"

Rewards of rural practice

Students also observed that rural medical practice brought with it certain intrinsic rewards associated with having the autonomy to devise innovative service delivery models and see the impact they had upon the local community. For example, one student noted the local GP at their placement had an arrangement with the local high school whereby any student could leave class to attend the clinic and be given a priority appointment. Another student noted:

> "I think [what] would be really rewarding is the opportunities to really [be involved in] primary prevention, secondary prevention as a GP in a rural area. You are not just dealing with the chronic disease and the emerging disease, you have really got your chance to put changes in early on and you can sort of look at a whole community and see where the changes need to be made. I guess over ten years of a career you are going to see the effects of the changes that you have instigated and it would be really rewarding I would imagine."

Students indicated these intrinsic rewards were harder to come by in metropolitan settings where you are simply one cog in an "enormous machine":

> "Working in tertiary centres and whatever you just get consumed by it and you just become just another … in the chain, referrals, someone comes to you, like you can be cutting out cancers or whatever and you just get lost whereas you go into a rural centre like that it is a completely different environment. That is probably the biggest thing you kind of feel relevant and that is intrinsically motivating."

Deciding to work in rural practice

While most students did not state they did not want a rural career, it was implied by the talk of many students. For example, assumptions that a rural career is not preferred were common: "I don't think anyone, unless they came from a rural setting, is interested in working in a rural..." A few were more open to a rural career: "I feel like as a doctor it would be quite professionally rewarding to work rurally." Decisions to work in a rural setting were mostly about lifestyle and medical speciality, rather than their RHM placement:

> "In Ruralsville, [name of town changed for anonymity], for example, it was really difficult to find good take-aways (Laughter). Well I don't really cook at night so it would be easier for me and also in terms of like recreational activities and that sort of stuff, there is none in Ruralsville whatsoever. So if I was to actually work in [Ruralsville], it would be quite difficult for me to survive like for 12 months."

Many viewed working in a rural setting as "a temporary thing, none of us see it as a destination where we want to be." One stated, "I think there is a difference between considering rural as a short stint versus a long term thing". Another stated, "I know this is particularly cynical but I think working for two years in remote WA will give you a lot to really set you up with a nest egg for the rest of your life" because "rural practitioners might have to carry more burden of treatment and diagnosis that would normally be undertaken by specialists in a metropolitan centre." They were also aware that there was a good income in rural medicine, "Doctors can go rural to 'plump up their bank accounts a bit'."

Students were unanimous that it was important to "experience" rural practice to understand it: "It was really good to see it first hand, like just even living there is different." Students generally indicated this was true of all areas of medicine, "There is always a sense of uncertainty when you start on a new rotation... We can study from books, we can go to lectures, but until you experience it, it is not the same."

Conclusion

This research identified two important findings. First, many students based in a metropolitan clinical school have preconceived negative ideas about a rural health career before they experience a rural environment. Second, this group of metropolitan based medical students had many misconceptions about rural practice. We have demonstrated that this short, three week RHM did bring about a change in knowledge of, and attitudes to, rural health issues[16]. Previous research found that urban students' perceptions of rural health were more likely than rural students to report their views were a result of adverse media reports[12]. Our findings support all medical students being exposed to a rural health experience to counter such adverse reports.

The Mason report of Australian Government Health Workforce Programs recommends that the target that all Australian Commonwealth supported medical students spend at least four weeks of their training in a rural placement be abolished in favour of longer placements[17]. Many students who currently undergo short term exposure to rural health may, in the future, not do rural placements at all as currently only 25% of Commonwealth supported medical students are required to spend at least one year of their training in a regional/rural environment. We are concerned that student ignorance of rural practice issues may worsen in the future.

A limitation of this study is that only 50 students took part in all the focus groups and their views are not representative of the total of over 2850 students who have completed the RHM. Further, we cannot suggest that the perceptions of our cohort of students towards rural practice match those of students from other metropolitan medical schools.

This study highlights the importance of rural health exposure for all medical students. We believe that exposing students to rural health issues early in their student experience may assist in reducing the negativity some metropolitan based students have regarding rural practice. We also applaud current initiatives which seek to promote vertical integration of junior doctor training in rural and regional areas to further encourage students to consider a rural based medical career.

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