

FRAME - Rural Clinical School Evaluation

141 respondents, denominator and process for data collection unknown

58% female

Mean age 26.7 years (SD 4.5)

University of Tasmania highest number participants (20.6%)

Monash University (19.9%)

University of Queensland (15.6%)

University of New South Wales (11.3%)

Flinders University (9.2%)

University of Melbourne (Undergraduate) (8.5%)

University of Melbourne (Graduate) (8.5%)

Australian National University (6.4%)

Mean year of medical school 4.6th year (SD 1.2)

66% members of Rural Health Club

65% have Commonwealth Supported (HECS) Place

20% Bonded Medical Place

44% have a scholarship

25% Medical Rural Bonded Scholarship

24% other type listed Page 3

48% report Government assistance (Austudy)

43% supported by parents

Future plans

State most like to practice in

1st Preference

38% Victoria

19% NSW and

19%

Queensland

2nd Preference

22% NSW

18% Victoria

3rd Preference

16% WA

13% Victoria

Geographical location New classification

1st Preference

44% Capitol city

38% Inner

regional city

25,000+

14% small town

<24,999

2.9% small rural

<10,000

2nd Preference

48% Inner

regional city

25,000+

24% small town

<24,999

18% Capitol city

6.2% small rural

<10,000

4.6% very

remote

3rd Preference

7.1% Inner

regional city

25,000+

55% small town

<24,999

16% Capitol city

16% small rural

<10,000

4.7% very

remote

46% decided on area of medicine pursuing

Of these;

25% Surgery

17% General Practice

16% Paediatrics & child health

Of those not decided

1st Option

18% surgery

17% General

Practice

15% adult

medicine

14% Paediatrics

& child health

2nd Option

16% Emergency

Medicine

14% General

Practice

11% Obstetrics

& Gynaecology

3rd Option

19% Emergency

Medicine

18% General

Practice

10% Obstetrics

& Gynaecology

10% Paediatrics

& child health

10% Surgery

78% interested in medical teaching

37% interested in research

Decisions about RCS

Average time spent at RCS 16.5 months (SD 8.1)

32% required to spend time at RCS

36% allocated by faculty involuntarily

29% other reasons page 14

79% RCS enrolment was first choice

Average ranked 5.9 6th ranked if it was not there first choice

Large range of number of choices most common choice was 3rd (22%) then 4th (12.8%)

Importance of factor in deciding on attending RCS

Very important

37% patient access
 31% Cost of accommodation at rural campus
 24% academic reputation
 22% cost accommodation city campus

Not at all important

42% cultural religious issues
 34% availability of paid part time employment
 25% scholarship support

Little difference between not at all important and very important for extracurricular activities, social opportunities and transportation costs

More reported very important compared to not at all important for spouses needs and my friends

More reported not at all important compared to very important for children's needs and other family needs

Influence (positive or negative) of attending RCS

Positive

influence
 78% patient access
 67% cost accommodation rural campus
 61% academic reputation
 38% my friends

Negative

influence
 None the highest
 Most negative
 25% my friends
 Social opportunities
 Transportation costs

Neutral

43%
 extracurricular activities
 42% social opportunities
 44% cultural religious issues
 41%
 transportation costs
 43% availability of paid part time employment
 35% cost accommodation city campus

Spouse/partner needs, children's needs, other family needs and scholarship support rated most as not applicable

Feedback on RCS experience

95% agreed/strongly agreed they were able to develop knowledge base

91% agreed/strongly agreed they were able to develop procedural skills

80% agreed/strongly agreed they were able to develop written/oral case presentation skills

84% agreed/strongly agreed they were able to develop physical examination skills

91% would recommend RCS to other medical students

Reasons why themed *page 18*

Overall there were 122 comments, 58 of these were positive, 49 were positive about teaching, 47 were positive about patient contact, 20 were positive about resources and 21 were negative comments

91% agreed/strongly agreed environment was conducive to learning

72% agreed/strongly agreed educational experience met expectations

82% agreed/strongly agreed they saw a sufficient number of patients

67% agreed/strongly agreed they were well prepared for examinations

76% agreed/strongly agreed they were able to achieve their learning goals

85% agreed/strongly agreed they were able to participate actively in patient care

67% agreed/strongly agreed they had access to postgraduate trainees to assist in learning

77% agreed/strongly agreed had access to adequate IT to assist in learning

63% agreed/strongly agreed they felt important part of clinical team

76% agreed/strongly agreed given time over they would go to RCS again

44% agreed/strongly agreed they would spend more time at the RCS if they could

61% agreed/strongly agreed their clinical school experience increased their interest in rural training and rural practice

28% agreed/strongly agreed they would prefer a rural internship basic training after their clinical school experience

73% agreed/strongly agreed they would consider rural practice after their clinical school experience

93% owned/had a non university car whilst at RCS

38% had access to free subsidized non university accommodation in metro medical school

35% had access to free subsidized non RCS accommodation in RCS placement

69% report a role model contributed positively in CS experience

57% in rural setting

Importance of the experience themed *page 24*

There were 80 comments, 60 were positive, 17 were neutral and 3 were negative

84% agreed/strongly agreed clinical supervisors gave adequate help and advice

90% agreed/strongly agreed clinical supervisors were approachable

87% agreed/strongly agreed clinical supervisors were enthusiastic

67% agreed/strongly agreed clinical supervisors assisted in identifying learning needs

90% agreed/strongly agreed clinical supervisors treated student with respect

87% agreed/strongly agreed clinical supervisors facilitated a learning environment

86% agreed/strongly agreed clinical supervisors ave sufficient autonomy in clinical setting

71% agreed/strongly agreed clinical supervisors gave constructive feedback

81% agreed/strongly agreed clinical supervisors were excellent role models

73% agreed/strongly agreed clinical supervisors provided student with access to people with a wide range of health problems

76% agreed/strongly agreed clinical supervisors provided student with appropriate clinical responsibilities

70% agreed/strongly agreed clinical supervisors provided opportunities for continuity of patient care

81% agreed/strongly agreed clinical supervisors facilitated development of decision making about patient management

81% agreed/strongly agreed clinical supervisors provided appropriate supervision of clinical decisions

84% agreed/strongly agreed clinical supervisors overall in clinical school provided excellent clinical education

61% reported they had other rural experience than RCS

Details listed page 28

Average 8.3 weeks (SD 7.8) additional time spent in rural compulsory and elective training

86% agreed/strongly agreed that working in a rural area provides more opportunity to practice a variety of skills

87% agreed/strongly agreed there are good opportunities for employment in rural areas

45% agreed/strongly agreed there are good opportunities for career advancement in rural areas

65% agreed/strongly agreed staff are more supportive of each other in rural areas

73% agreed/strongly agreed professional isolation is a problem when working in a rural area

73% agreed/strongly agreed rural practice provides greater opportunity for clinical practice autonomy

88% agreed/strongly agreed there are things that the student enjoys doing in a rural area

50% agreed/strongly agreed rural areas have good social opportunities

34% agreed/strongly agreed that rural areas have insufficient recreational facilities

79% agreed/strongly agreed that people in rural areas are very friendly

36% agreed/strongly agreed that working in a rural area means being isolated from friends

24% agreed/strongly agreed that rural practice will be too isolated

5% agreed/strongly agreed that rural practice is too hard

58% intend to sub specialise

78% would like to practice rurally if the specialty post graduate training
and jobs were available in rural areas

Students Background

27% born in QLD

21% TAS

19% NSW

Other countries and year arrived listed page 33

On average 1995 was the year of arrival

17% speak another language other than English at home
types of languages spoken listed on page 34

39% consider themselves from a rural background

95% are Australian citizens

None are ATSI

57% lived longest in capitol city

15% I regional city 25,000-100,000

10% in major urban centre >100,000

6.4% small town 10,000-24,999

9.3% small rural community <10,000

2.1% remote area

Name of high school, name of town and postcode listed page 36

36% completed high school and lived outside major capitol city

Lived in these cities on average 11.9 years (SD 5.5)

32% attended high school outside major capitol city

Attended on average 6.2 years (SD 2.4)

Other University degrees , their year of completion and name of University are listed for upto 3 degrees on page 45

On average these degrees were completed in 2002, 2003 and 2004

54% were single

24% in a relationship but not living with a partner

Partner occupations listed page 50

9.4% have dependants

33% have 1

58% have 2

8.3% have 4

67% report no other dependants for whom they are financially contributing

22% report one other dependant

11% report 3 other dependants

Detailed feedback on RCS experience

Themed responses

Q43. What was the best thing about your rural clinical school experience? Page 53

Q44. What was the worst thing about your rural clinical school experience? Page 56

Q45. What would you suggest could be done to improve the rural clinical school experience in the future? Page 60

Q46. Compared with your peers at other metro Clinical Schools, your Clinical School experience was.....? Page 63

Q47. What would encourage you to choose a rural hospital for some/most of your post medical school training? Page 67

Q48. What things would encourage you to consider further rural practice? Page 70

Q49. Do you have any further comments concerning your decision to select RCS? Page 73

Q50. Do you have any additional comments concerning your rural clinical school experience (e.g. educational experience, supervision etc)? Page 75