MUMUS
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Rural Survey

September 2015

www.mumus.org

Contact: rural@mumus.org

Executive Summary

Aim

The aim of this survey was to identify the factors influencing students' decisions to study in a particular area, be that metropolitan or rural.

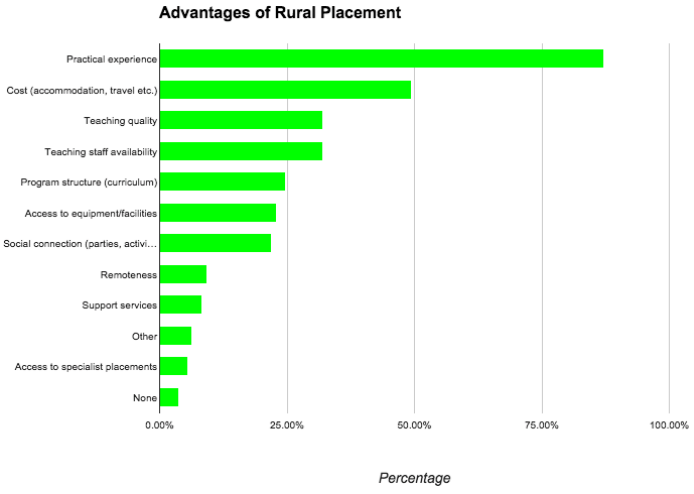
Results

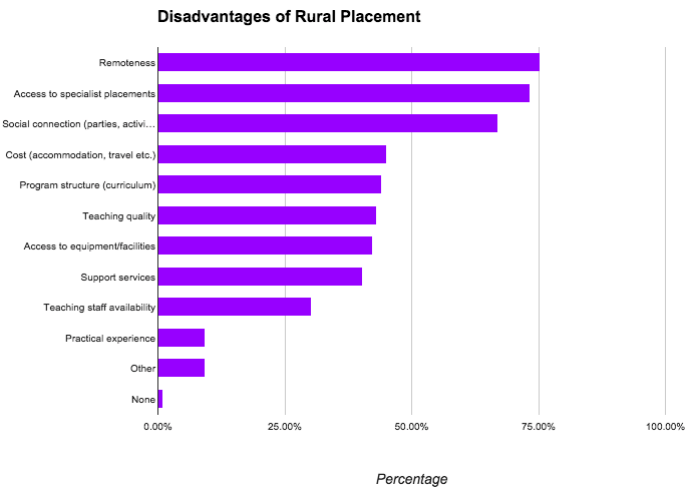
Approximately a seven percent response rate was achieved from all MBBS students at Monash University. Most responses were received from Year 4C students (37%) followed by Year 3B (25%), Year 2 (20.4%), Year 5D (10.2%), Year 1 (7.4%) and Year A (0%). Most students were metropolitan and had some rural experience (80%).

Only 35% of students felt adequately prepared for making a placement decision and among the most useful tools were student discussions, guidebooks and word-of-mouth. It appears that while there are many important factors students consider important to clinical placement, the most important are exposure to core course material and highly knowledgeable teaching staff.

Most students indicated that they had some change in their attitude to rural placement during their course. The most significant factors which influenced this change were clinical experience (50%) and other student impressions (33%).

Presented here are the advantages/disadvantages of rural placement. The difference in the proportion of responses may be due to a larger cohort of metropolitan respondents.





The main advantage of rural placement was considered to be practical experience (87%). Whereas the main disadvantages are remoteness, lack of access to specialist placements and loss of social connections.

When students were asked if they would consider rural placement approximately three quarters indicated that they would. However, when asked whether they would choose to study solely in a rural location only one quarter agreed.

To the right are the most common reasons why people would choose to only study in one location: rural or metropolitan.

Table 1: N.B. Proportions less than 2% were not included

Reasons for Choosing Place of Study (Metropolitan vs Rural)	
Reason (Metropolitan Only)	Proportion of times mentioned
Avoiding Isolation/Friends and Family	30.5 %
Specialisation Opportunities/Future Prospects/Interesting Cases	19.0%
Better Access/Exposure to More Relevant (Staff, Patients, Facilities)	14.3%
Better Teaching	10.5%
Support Services/Personal Commitments	9.5%
Financial	9.5%
More Structured	3.8%
Bad Rural Experience	2.9%
Reason (Rural Only)	**Proportion of times mentioned**
Hands-On Experience/Practical Skills	25.0%
Lifestyle/Home/Future Work/Family and Friends	22.7%
Small Groups	13.6%
Better Teaching	11.4%
Common Conditions/Clinical Experience	9.1%
More Structured	6.8%
More Friendly Staff/Support	6.8%
Access to Simulated Facilities	4.5%

Discussion

Before discussing the results, it should be noted that the survey used in this study achieved a low response rate (7%) and may be subject to recall bias.

Important points to consider from this study:

- Some rural experience appears to be beneficial for students. It allows them to have more information to draw upon when making placement decisions.
- There are improvements that can made to better prepare students for submitting placement preferences. It is important to ensure that the information that is available is comprehensive, accurate and objective.
- Although exposure to core material and knowledgeable educators appears most important to students when considering clinical placement, other factors such teaching equipment, structured teaching and specialty exposure are also significant.
- Clinical experience is most influential when it comes to changes in attitudes to rural placement.
- Access to specialised placement, social isolation and remoteness are the most commonly cited disadvantages of rural placement.
- Practical experience is widely considered an advantage of rural placement.
- The costs for students is a subjective factor in considering rural medical training.
- Most students would consider rural clinical placement.

Areas for Improvement

Most students felt that a more detailed preferencing system would be beneficial. In the first stage of preferencing (metro vs rural), asking all students to provide information on their personal commitments and preferences would allow the faculty to better accommodate those students' needs. This may avoid students being 'forced' into a rural rotation. Although the change would require more work, to appraise the information and allocate places appropriately, it would lead to more satisfied students who feel as though their requests have been considered. In the second stage of preferencing (once the rural allocation has been set), specific sites preferences would be preferred. The School of Rural Health has begun to implement this change to the second stage of preferences for 2016.

A majority of the suggestions focussed on the concept of standardised clinical medical training. A standardised course structure involving V/C lectures, 'back-to-base' sessions as well as a universal assessment marking system and core curriculum teaching was proposed by students. There are differences between all sites which cannot be avoided and should indeed be encouraged. However, core teaching material should be delivered to all students equally. The methods available to ensure this occurs, requires further investigation. Effective strategies may include an online lecture series or supporting subject coordinators to visit clinical sites.

As a method to both improve rural student exposure to specialised placements (neurology, psychiatry etc.) and provide additional exposure to rural medicine for metropolitan students, a short rotation block was suggested. A major difficulty with this scheme is supporting the relocated students. The ideal situation would be subsidised accommodation however this may not be cost-effective. Further research is required to investigate the feasibility of such a system.

Further areas of suggested improvement included but were not limited to: cheaper accommodation, additional support services (financial, academic and wellbeing), more practical pre-clinical rural experience and standardisation of the Year A program in Churchill with the program in Clayton.

For further information please read the full analysis or contact Michael Barclay (rural@mumus.org) with any questions.

Aim

The primary aim of this survey was to identify the factors which motivate different demographics of students to study in a particular region. Areas assessed included:

- Placement preference decisions
- Important factors in clinical placement
- Attitudes to rural placement
- Advantages of rural placement
- Disadvantages of rural placement
- Considerations of rural clinical training and the reasons behind those considerations
- Ideas for improvement within the program

The motivation behind this study was to identify why some students elect to study in rural regions and what deters other students.

This builds on the body of research already available which looked at the rural allocation process (Wildfire “Clinical Placements 2014/2015 Review”) and the factors that influence a student’s decision to not study rural (MUMUS “Annual Survey”; refer Appendix A).

Method

Students enrolled in a Bachelor of Medicine/Bachelor of Surgery undergraduate or postgraduate degrees from any year level were asked to complete a survey about their perceptions of rural medical school training.

The survey was created and distributed using Google Forms.

The survey was advertised using a variety of social media platforms as well as word-of-mouth.

Results were analysed both by Google Forms and by study personnel.

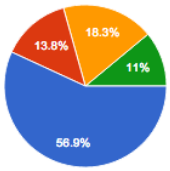
Results

Out of approximately 1500 students, 110 responded to the survey (~7% response rate).

Demographics

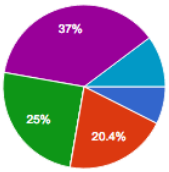
Various demographic information was collected about the participants. The results are summarised in the diagrams below.

What course are you studying?



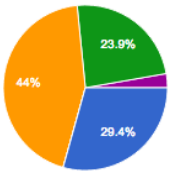
Bachelor of Medicine and Bachelor of Surgery (Honours)	62	56.9%
Bachelor of Medicine and Bachelor of Surgery (Honours) (Extended Rural Cohort)	15	13.8%
Bachelor of Medicine and Bachelor of Surgery (Honours) (Bonded)	20	18.3%
Bachelor of Medicine and Bachelor of Surgery (Honours) (Graduate Entry)	12	11%

What year level are you in?



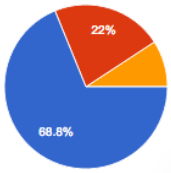
Year 1	8	7.4%
Year 2	22	20.4%
Year A	0	0%
Year 3B	27	25%
Year 4C	40	37%
Year 5D	11	10.2%

Where are you currently placed?



Metropolitan (Years 1 & 2)	32	29.4%
Rural (Year A)	0	0%
Metropolitan (Years 3B - 5D)	48	44%
Rural (Years 3B - 5D)	26	23.9%
Other	3	2.8%

Which of the following best describes you?

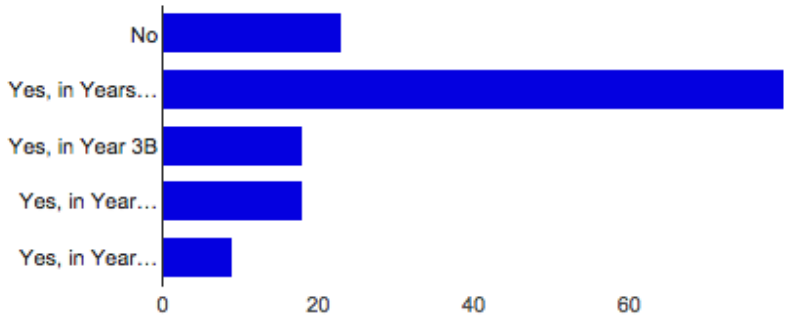


Metropolitan	75	68.8%
Rural	24	22%
International	10	9.2%
I do not wish to answer	0	0%

A majority of respondents were from the general entry scheme (Bachelor of Medicine/Bachelor of Surgery (Honours)) and a significant majority considered themselves to be metropolitan students. The most responses came from Year 4C students (37%) followed by Year 3B (25%), Year 2 (20.4%), Year 5D (10.2%), Year 1 (7.4%) and no responses from Year A students. It is possible that the survey was not adequately advertised to Year A students.

Rural Placement Experience

Have you ever been on a rural placement (including programs such as 'Rural Week')?



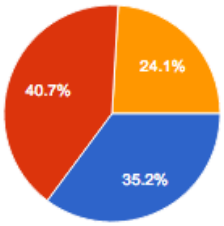
No	**23**	21.1%
Yes, in Years 1, 2 or A	**80**	73.4%
Yes, in Year 3B	**18**	16.5%
Yes, in Year 4C	**18**	16.5%
Yes, in Year 5D	**9**	8.3%

This question aimed to identify the experience students had with rural placement. It was expected that the responses to ‘No’ and ‘Yes, in Years 1, 2 or A’ should sum to 100% as students have either completed a rural placement or have not. As that is not the case (sums to 94.5%), it can reasonably be assumed that either a) some students did not fully understand the question or b) there were unanticipated responses. The remaining results highlight that most respondents had minimal experience of rural clinical placement.

Placement Decisions

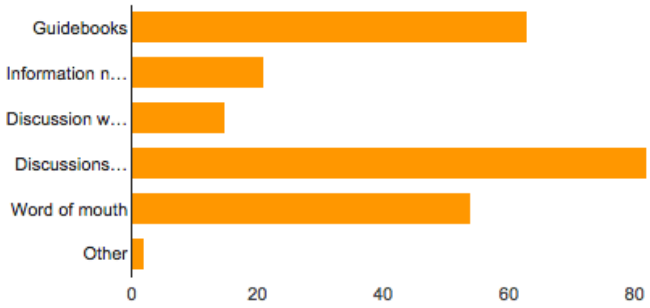
Data was collected regarding students' experiences with making a placement decision and preferencing a clinical site. This data is limited and a more comprehensive analysis can be found in the 'Clinical Placements 2014/2015 Review' produced by Wildfire in February 2015.

Do you feel that, prior to making a placement decision, you were adequately informed about the various options?



Yes	**38**	35.2%
No	**44**	40.7%
Unsure	**26**	24.1%

What did you find was most helpful in making your decision?



Guidebooks	**63**	61.8%
Information nights	**21**	20.6%
Discussion with faculty members	**15**	14.7%
Discussions with students	**82**	80.4%
Word of mouth	**54**	52.9%
Other	**2**	2%

The results show that only approximately one third of students felt adequately informed about their placement options prior to making a decision. Among the most useful resources for making this decision are discussions with students followed by guidebooks and word-of-mouth.

Factors Important to Students Re: Clinical Placements

Highly knowledgeable teaching staff

Not important: 1	**0**	0%
2	**0**	0%
3	**5**	4.6%
4	**19**	17.4%
Extremely important: 5	**85**	78%

Exposure to conditions and material relevant to course assessment

Not important: 1	**1**	0.9%
2	**0**	0%
3	**4**	3.7%
4	**20**	18.5%
Extremely important: 5	**83**	76.9%

Structured teaching and learning

Not important: 1	**1**	0.9%
2	**0**	0%
3	**16**	14.7%
4	**31**	28.4%
Extremely important: 5	**61**	56%

Small group work (ward rounds, tutorials etc.)

Not important: 1	**2**	1.8%
2	**5**	4.6%
3	**19**	17.4%
4	**40**	36.7%
Extremely important: 5	**43**	39.4%

Exposure to a wide range of different clinical conditions and specialties (including those not directly relevant to the curriculum)

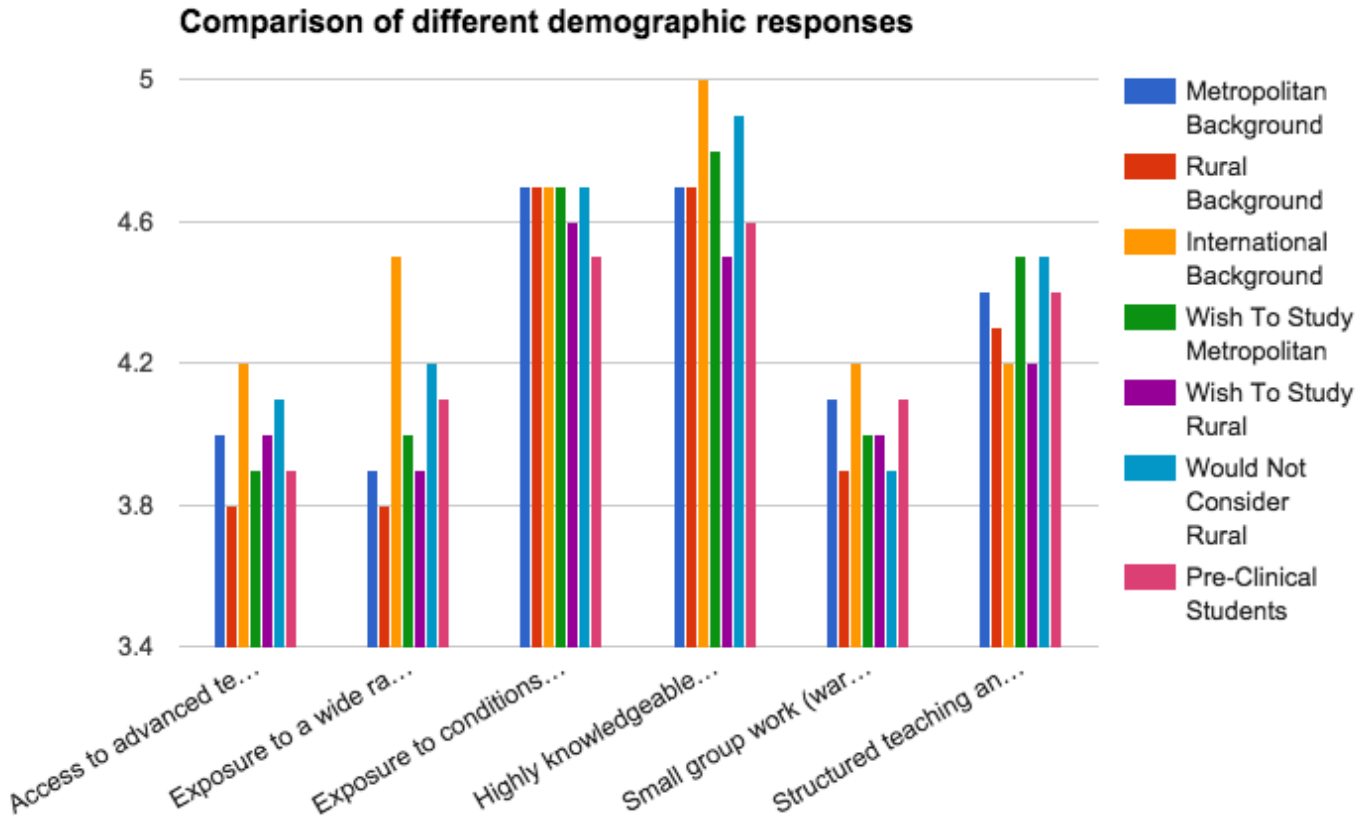
Not important: 1	**3**	2.8%
2	**7**	6.4%
3	**23**	21.1%
4	**37**	33.9%
Extremely important: 5	**39**	35.8%

Access to advanced teaching equipment (mannequins, simulations etc.)

Not important: 1	**3**	2.8%
2	**3**	2.8%
3	**24**	22.2%
4	**49**	45.4%
Extremely Important: 5	**29**	26.9%

Students were asked to rate (from 1/not important to 5/extremely important) how important several factors were to their clinical placement experience. The results are summarised above.

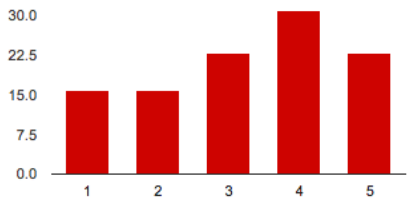
In addition to this data, these factors were also analysed based on a student demographic breakdown.



Rural Placement Attitudes

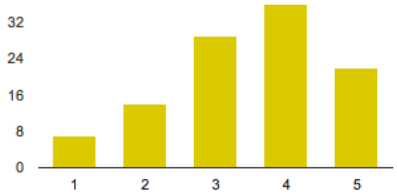
Respondents were first asked to provide their current attitude to rural placements and then identify if it had changed during the course of there degree. Here, again, responses were also analysed looking at the demographic data to provide a more complete understanding.

What is your current attitude towards rural placements?



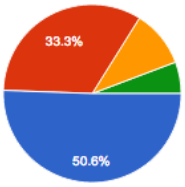
Apprehensive: 1	**16**	14.7%
2	**16**	14.7%
3	**23**	21.1%
4	**31**	28.4%
Excited: 5	**23**	21.1%

Has your attitude changed during the course of your study?

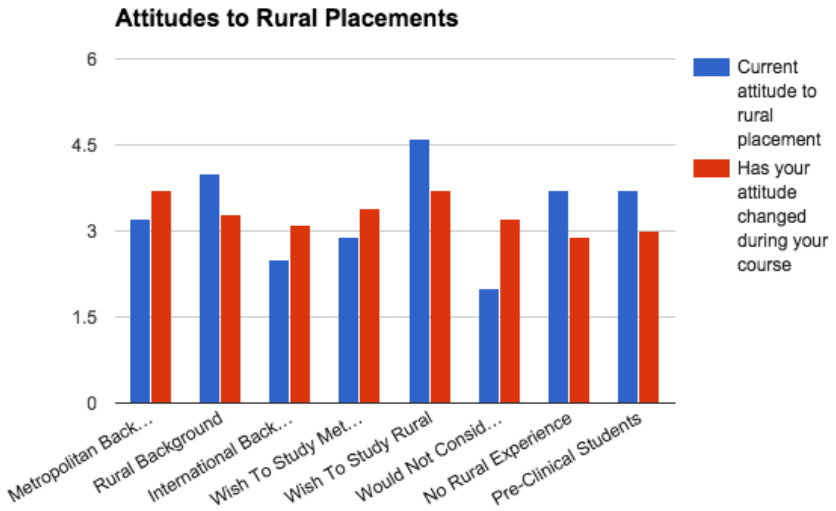


Strongly Disagree: 1	**7**	6.5%
2	**14**	13%
3	**29**	26.9%
4	**36**	33.3%
Strongly Agree: 5	**22**	20.4%

If your attitude has changed, what would you say was most significant in effecting this change?



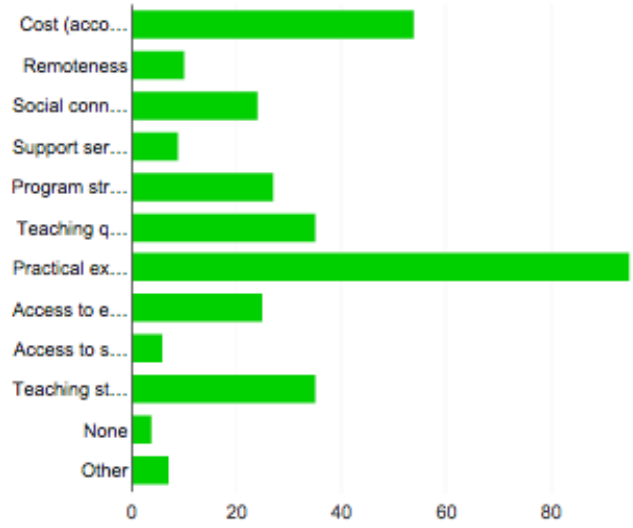
Clinical placement experience	**44**	50.6%
Impressions from other students	**29**	33.3%
Unsure	**9**	10.3%
Other	**5**	5.7%



Advantages and Disadvantages of Rural Study

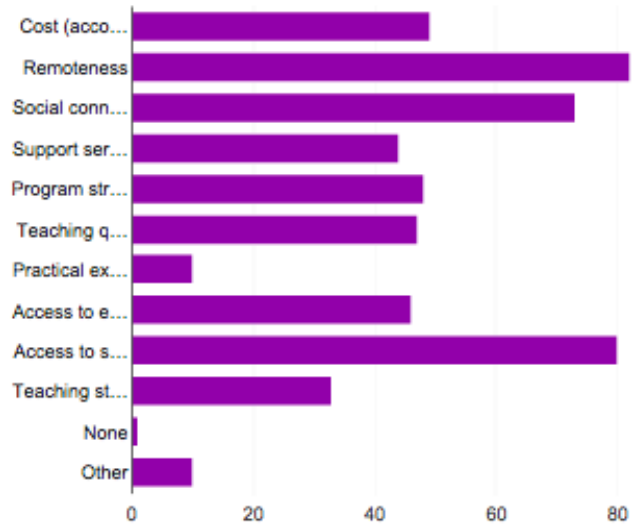
Respondents were asked to identify various pre-defined advantages and disadvantages to rural placement.

What do you consider to be some of the advantages of a rural placement?



Cost (accommodation, travel and other expenses)	54	49.5%
Remoteness	10	9.2%
Social connection (parties, activities, groups etc.)	24	22%
Support services	9	8.3%
Program structure (curriculum)	27	24.8%
Teaching quality	35	32.1%
Practical experience	95	87.2%
Access to equipment/facilities	25	22.9%
Access to specialist placements	6	5.5%
Teaching staff availability	35	32.1%
None	4	3.7%
Other	7	6.4%

What do you consider to be some of the disadvantages of a rural placement?



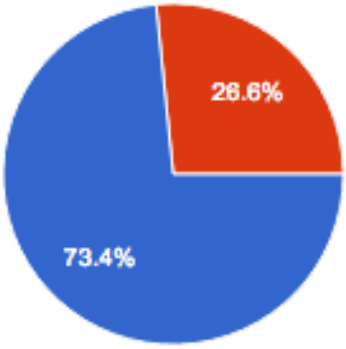
Cost (accommodation, travel and other expenses)	49	45%
Remoteness	82	75.2%
Social connection (parties, activities, groups etc.)	73	67%
Support services	44	40.4%
Program structure (curriculum)	48	44%
Teaching quality	47	43.1%
Practical experience	10	9.2%
Access to equipment/facilities	46	42.2%
Access to specialist placements	80	73.4%
Teaching staff availability	33	30.3%
None	1	0.9%
Other	10	9.2%

Most students were able to identify some aspects which they found relevant. Considering the demographics of the students surveyed (i.e. most students consider themselves metropolitan), it is not surprising that the number of disadvantages, on the whole, out weighs the advantages. Two particularly interesting factors identified are practical experience and cost. Most students identified practical experience as an advantage of rural placement indicating that this is a fairly universal opinion. Cost is evenly split as a both an advantage and a disadvantage. Gross analysis of the data indicates that most students who identify cost as an advantage have more experience in rural areas and vice versa. However, this factor is highly subjective and will often depend on students' personal situations.

Consideration of Rural Placement

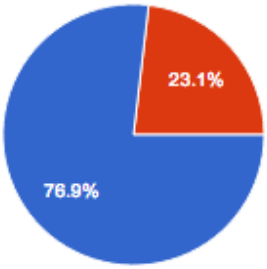
Below are diagrams illustrating respondents' various attitudes to studying rurally sometime in the future as well as they're choice if they were asked to only study in one region throughout their course. Students were also asked why they made that choice.

Would you consider a rural placement in the future?

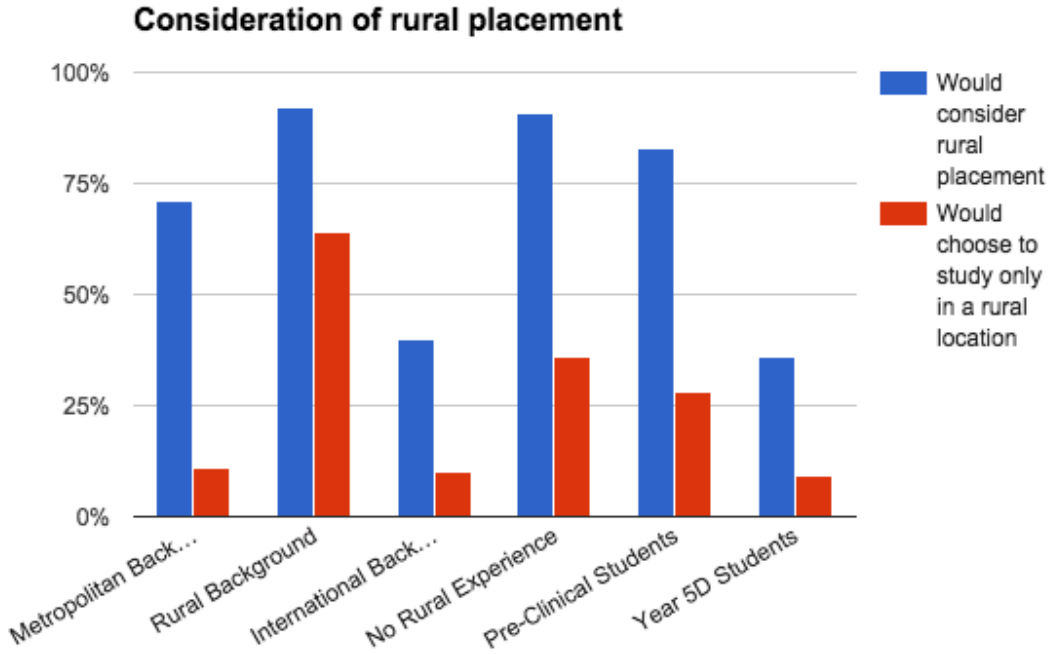


Yes	**80**	73.4%
No	**29**	26.6%

If you were only able to study in one region throughout your course, which would you choose?



Metropolitan	**83**	76.9%
Rural	**25**	23.1%



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Avoiding Isolation/Friends and Family	30.5 %
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Better Access/Exposure to More Relevant (Staff, Patients, Facilities)	14.3%
Better Teaching	10.5%
Support Services/Personal Commitments	9.5%
Financial	9.5%
More Structured	3.8%
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Reason (Rural Only)	**Proportion of times mentioned**
Hands-On Experience/Practical Skills	25.0%
Lifestyle/Home/Future Work/Family and Friends	22.7%
Small Groups	13.6%
Better Teaching	11.4%
Common Conditions/Clinical Experience	9.1%
More Structured	6.8%
More Friendly Staff/Support	6.8%
Access to Simulated Facilities	4.5%

Improvements to Rural Program

Lastly respondents were asked if they had any ideas how the rural program could be improved. A discussion of the results is provided in the next section.

Discussion

Some very interesting information emerged from this study. However, before more detailed discussion it is important to identify its areas of weakness.

First, the study has a low response rate (~7%). It is therefore difficult to consider the results to be representative of the overall cohort.

Secondly, it is likely that this study will be subject to recall bias. For example, if a student has had a particularly unpleasant experience with rural clinical placement, it is much more likely that they will respond to the survey. This is in contrast with a student who has had a positive experience who may be less inclined to respond as they may feel they have no criticisms of the program.

The discussion below will address each of the items in the aims of the study.

Rural Placement Experience

Given that there is a strong correlation between students who would not consider a rural placement and those who have not had much rural experience, it is fair to assume that some rural placement exposure is important in order to give students the best information regarding placement decisions.

Placement Decisions

Results here showed that there is more improvement that can be achieved in adequately preparing students for placement decisions. Among the most helpful resources are student focussed items. It will be important to ensure that student discussions and guidebooks continue as they provide the most accurate impression to prospective students. However, in doing this, it is also important to maintain high standards and consistency as well as ensure information is provided as objectively as possible.

Important Factors in Placement Decisions

As may be expected, most factors were rated on an exponential curve with most students rating each item as a 3 or higher. The two items that rated consistently high were ‘exposure to conditions and material relevant to course assessment’ and ‘highly knowledgeable teaching staff’.

The only particularly interesting difference between the demographic groups was with international students. They rated ‘Exposure to a wide range of different clinical conditions and specialties (including those not directly relevant to the curriculum)’ considerably higher than the other groups. However, due to the small number of responses (10 international students) it is not possible to say that this is representative of all international students.

It seems clear that all of these factors are important to students and should be considered key goals for each placement sites.

Rural Placement Attitudes

There is very little surprising data here. As would be expected, students consider rural placement with varying degrees of enthusiasm. Most students indicated that their attitude has changed to some extent during the course of their study. The most common reason for attitude change is clinical experience (50%). This is an encouraging finding as it demonstrates that students are being guided by their own personal experiences with rather than what they have heard from other students. However, one third of students said that their attitude had changed as a result of impressions from other students. Again, here it is important that the information provided to students is objective and not linked too strongly to an individual student’s experience.

Advantages and Disadvantages of Rural Placement

Beyond what has already been discussed regarding practical experience and the cost of rural placement, most students felt that the items mentioned were disadvantages of rural placement.

There may have been some ambiguity here as all items were phrased so as to appear neutral however it is possible that students did not recognise this. One key example is 'remoteness'. While this may be considered a negative factor, such as isolation or separation from family and friends, it can also be viewed as an opportunity for independence.

In order to address these concerns, it is important to educate students and provide them with exposure to the different potential clinical environments as well as take into consideration the feedback regarding improvements to the program.

Consideration of Rural Clinical Placement

In this section of the survey it was apparent that most students (75%) would consider a rural placement however when asked if they would choose to only study in a rural location that proportion was inverted.

There appears to be some overlap in why students would choose to study in either a metropolitan site or a rural site. Better teaching, for example, was identified in both categories. If isolation from friends and family is temporarily excluded, the argument appears to primarily come down to specialisation vs practical experience. It is true that some rural centres do not have the specialist facilities and departments that most metropolitan hospitals have. However, that is not necessarily the case in all hospitals: some rural hospitals have fairly specialised units and some metropolitan hospitals have fairly general departments. Similarly, the 'hands-on' experience of most rural sites can also be found in metropolitan areas.

Improvements to the Program

There were many comments regarding possible improvements to the program. Unfortunately, it is not possible to discuss all of these in this analysis however, the common themes will be discussed.

Preferencing

There were several comments expressing a desire to see more specificity in the preferencing of rural rotations. Students feel that the program would benefit from giving students more say in their placement.

One common theme was preferencing a specific site rather than a region. There seem to be multiple reasons for this. Some students have family in a rural area and wish to be placed close to them. Other times students are happy to go one rural site but not to different one in the same region. The ability to preference in order of site may well be an important step towards better accommodating for the needs of students. Obviously not all students would be able to receive their first preference but at least they would have the best opportunity.

There were also numerous concerns regarding the possibility of being forced to study rurally. It is understood that there are not enough metropolitan places to accommodate all students but perhaps if students were able to indicate if they would mind being sent rural, if required to, that would help to alleviate the issue. There are some inherent issues with this system. Most significantly, students may exploit such a system by saying they are not prepared to study rurally for 'less-significant' reasons than others. However, even despite this potential problem, it is likely that there would still be enough students, who truly have no preferences, to fill the necessary rural places. This then becomes an ethical question of whether it is unfair that students who identify that they would not mind being sent to a rural location are more likely to be placed in one.

Students also mentioned requiring more information about the various sites before making a preference decision. This information is available in the form of the MUMUS Rural Guidebook (produced annually) and

faculty released information. However, there is room for improvement with these resources: incorporating more detailed information and more perspectives. It was mentioned that doctors should provide some information on sites. The issue is that doctors may have a bias one way or another and are generally less able to provide frank advice to students. A site comparison by faculty staff may also be beneficial and has been implemented this year in the form of the 'School of Rural Health Placement Matrix'.

Group or friendship preferences were mentioned as an area for improvement however this has been addressed in this year's allocation system.

Students also specified that a more detailed preferencing system would be preferred. There were requests for a system which accounts for more factors and considerations (commitments etc.). There is currently a system where students can apply for 'special requests' which are then considered by the School of Rural Health when allocating preferences. Perhaps there is scope to further develop this system and make it clearer to students how to use it. However, in saying this, metropolitan students do not get any say in where they are so the question needs to be considered: is it fair to give rural students so much influence over where they study. As rural placement is often seen as a 'bigger step' for most students, it seems reasonable to allow them to make requests regarding the process. Perhaps, if there is concern that the system is unfair, it would be possible to expand it into the metropolitan context as well.

Standardisation and Teaching

By far the most universal suggestion was the idea of standardised teaching between sites.

While some students suggested that improvements be made to the quality of the teaching in rural sites, in particular, teaching by qualified doctors, this opinion was not common.

Standardisation was regularly mentioned as a potential improvement. The most common issue was a lack of exposure to specialised topics (e.g. neurology, women's, children's and psychiatry). Some of the suggestions included: a centralised course structure, videoconferencing metropolitan lectures and 'back-to-base' time at Clayton. Rotations through metropolitan centres was also mentioned as a potential option however, this will be discussed separately.

A standard central course structure is something which regularly features as an suggestion to improve rural placement and the course overall. Students feel that they may be at a disadvantage depending on the site they are allocated to. It is clear that there are some differences between clinical sites. It is unlikely that a truly universal experience can be achieved however some measures to equilibrate the situation may be possible. Standardisation of assessment appraisal (e.g. OSCEs and clinical assessment) and essential teaching is feasible although may be difficult to monitor. It may also be beneficial to provide some teaching sessions with key exam authors and assessors. This provides all students with some direct exam-focussed guidance to complement their own personal study.

Videoconferencing and 'back-to-base' sessions are also viable although they require the technology and the expertise to use them effectively.

Rotations

Another method to potentially help standardise clinical teaching is the implementation of rotations. Students suggested that short rotations in a different region would improve the rural program. For rural students it would be an opportunity to be exposed to specialist health services that are not available in rural areas. For metropolitan students it would provide insight into the rural healthcare system.

The major difficulty with this idea is the cost associated with accommodating students in a different area for this time. The cost could be put back onto students although this would hinder the program's popularity. A 'room-swapping' system with students in a different area was suggested but is logistically very difficult. If

the Faculty was able to provide supported accommodation for the rotation period, it is likely that students would be very receptive. It was suggested that students rotate through metropolitan, outer-metropolitan and rural sites for longer periods, however this would likely be less attractive to students and even more difficult logistically.

There were also concerns raised regarding the 'integrated' system of teaching for rural students in Year 4C; citing issues around specialty exposure. It is however, unclear whether this opinion is shared by all students. More research is necessary to explore this important issue.

Accommodation and Support Services

Comments were made suggesting that rural accommodation prices be reduced however, the School of Rural Health provides accommodation at a competitive price. Some students who mentioned this explained that they were living at home and therefore, were not paying any money for accommodation. In that case, it is understandable that the accommodation fees may seem disconcerting. While students would appreciate a reduction in accommodation prices, it would appear that there are other areas of priority. For instance, increasing the number of School of Rural Health accommodation places available to students.

Support services available to rural students was suggested as an area for enhancement. While this was not widely considered as an issue it remains an important development due to its impact on student wellbeing. Academic, financial and mental health support were specifically mentioned. One option would be offering confidential professional counselling for students although there is usually a staff member/s who will offer this support. It is still important to have a confidential and clearly communicated pathway for students who require assistance at every clinical site to ensure students do not feel isolated or neglected.

Other Improvements

There were other areas of improvement that were discussed although not all can be considered here. The three most common suggestions will be reviewed.

Pre-clinical rural exposure (i.e. rural week) was mentioned as being overly didactic and highly variable depending on the site. It seems students are more interested in a practical, experience-based pre-clinical rural rotations.

The Year A program in Churchill was briefly discussed. The need to standardise teaching with Clayton-based students was the main concern. Although, the program is shorter than the undergraduate scheme it is important that students complete it feeling equally prepared for clinical training.

There were some suggestions regarding the demographic break-down of students in rural sites. In particular, some students felt that there was a gender imbalance.

Conclusion

There were some key areas of discussion raised by students regarding rural placement. It is important, however, to consider that the survey had a small sample size and is subject to recall bias.

It is clear that there are various factors which influence a student's attitude to rural clinical placement. Some students consider that their future career will be detrimentally affected if they study rurally and others are apprehensive about leaving their home, their family and their friends.

Ultimately however, it is important to ensure that students who are placed in a rural clinical site, get the most out of their experience. Some students simply are not comfortable about leaving a metropolitan area and, if they can be identified, hopefully they can be placed in area where they can thrive.

Rural medicine has numerous potential benefits and if the opportunity is seized, it can produce doctors with an outstanding level of knowledge, compassion and confidence. It is of paramount importance that all students, regardless of location, have the opportunity to succeed in their various personal and professional endeavours.

Appendices

Appendix A

Rural placement section of the MUMUS Annual Survey 2015

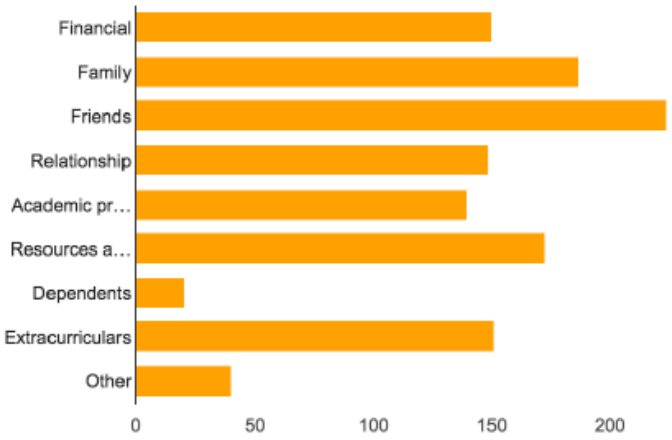
Rural placements

Students who had not been placed rurally yet were asked what their primary concerns would be about being placed rurally for a significant period of time.

The three main concerns were impact on friends, family and resources available.

The next largest concerns were extracurriculars, financial, relationship, which were almost equivocal in terms of concern.

Academic progress was the largest concern after this. As it is something data apparently does not support, it could be something the faculty advertises when allocating placements.



Financial	**150**	45.9%
Family	**187**	57.2%
Friends	**224**	68.5%
Relationship	**149**	45.6%
Academic progress	**140**	42.8%
Resources available	**173**	52.9%
Dependents	**21**	6.4%
Extracurriculars	**151**	46.2%
Other	**40**	12.2%

Many international students noted the irrelevance of rural practice to their future work, and that it could significantly impact their mental health and wellbeing. Racism was specifically pointed out as a factor for some of these students. These comments made up the majority of the 40 'Other' responses.

Health issues for students were also noted as comprising some of the responses.

Appendix B

Copy of the rural survey completed by study participants.

Copy of Rural Survey

This survey aims to identify students' perceptions of rural medical training and address concerns while recognising strengths.

What course are you studying?

- ○ Bachelor of Medicine and Bachelor of Surgery (Honours)
- ○ Bachelor of Medicine and Bachelor of Surgery (Honours) (Extended Rural Cohort)
- ○ Bachelor of Medicine and Bachelor of Surgery (Honours) (Bonded)
- ○ Bachelor of Medicine and Bachelor of Surgery (Honours) (Graduate Entry)

What year level are you in?

If you are not currently studying (e.g. BMedSci, Intermission), please select the most recent year you have completed.

- ○ Year 1
- ○ Year 2
- ○ Year A
- ○ Year 3B
- ○ Year 4C
- ○ Year 5D

Where are you currently placed?

- ○ Metropolitan (Years 1 & 2)
- ○ Rural (Year A)
- ○ Metropolitan (Years 3B - 5D)
- ○ Rural (Years 3B - 5D)
- ○ Other:

Which of the following best describes you?

- ○ Metropolitan
- ○ Rural
- ○ International
- ○ I do not wish to answer

Have you ever been on a rural placement (including programs such as 'Rural Week')?

- ☐ No
- ☐ Yes, in Years 1, 2 or A
- ☐ Yes, in Year 3B
- ☐ Yes, in Year 4C
- ☐ Yes, in Year 5D

Do you feel that, prior to making a placement decision, you were adequately informed about the various options?

- ○ Yes
- ○ No
- ○ Unsure

What did you find was most helpful in making your decision?

- ☐ Guidebooks
- ☐ Information nights
- ☐ Discussion with faculty members
- ☐ Discussions with students
- ☐ Word of mouth
- ☐ Other:

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Copy of Rural Survey

In regard to clinical placements, please indicate how important each factor is to you.

Access to advanced teaching equipment (mannequins, simulations etc.)

1 2 3 4 5

Not important ○ ○ ○ ○ ○ Extremely Important

Exposure to a wide range of different clinical conditions and specialties (including those not directly relevant to the curriculum)

1 2 3 4 5

Not important ○ ○ ○ ○ ○ Extremely important

Exposure to conditions and material relevant to course assessment

1 2 3 4 5

Not important ○ ○ ○ ○ ○ Extremely important

Highly knowledgeable teaching staff

1 2 3 4 5

Not important ○ ○ ○ ○ ○ Extremely important

Small group work (ward rounds, tutorials etc.)

1 2 3 4 5

Not important ○ ○ ○ ○ ○ Extremely important

Structured teaching and learning

1 2 3 4 5

Not important ○ ○ ○ ○ ○ Extremely important

Copy of Rural Survey

What is your current attitude towards rural placements?
If you are indifferent, please select 3.

	1	2	3	4	5	
Apprehensive	○	○	○	○	○	Excited

Has your attitude changed during the course of your study?

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

If your attitude has changed, what would you say was most significant in effecting this change?

- ○ Clinical placement experience
- ○ Impressions from other students
- ○ Unsure
- ○ Other:

Would you consider a rural placement in the future?

- ○ Yes
- ○ No

What do you consider to be some of the advantages of a rural placement?

- ☐ Cost (accommodation, travel and other expenses)
- ☐ Remoteness
- ☐ Social connection (parties, activities, groups etc.)
- ☐ Support services
- ☐ Program structure (curriculum)
- ☐ Teaching quality
- ☐ Practical experience
- ☐ Access to equipment/facilities
- ☐ Access to specialist placements
- ☐ Teaching staff availability
- ☐ None
- ☐ Other:

What do you consider to be some of the disadvantages of a rural placement?

- ☐ Cost (accommodation, travel and other expenses)
- ☐ Remoteness
- ☐ Social connection (parties, activities, groups etc.)
- ☐ Support services
- ☐ Program structure (curriculum)
- ☐ Teaching quality
- ☐ Practical experience
- ☐ Access to equipment/facilities
- ☐ Access to specialist placements
- ☐ Teaching staff availability
- ☐ None
- ☐ Other:

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Copy of Rural Survey

If you were only able to study in one region throughout your course, which would you choose?
This question mainly relates to the clinical course component.

- ○ Metropolitan
- ○ Rural

Breifly describe why you chose the option above.

Can you think of any improvements that could be made to the rural program?
Please also consider the metropolitan context.