

A Sense of Belonging (Pre-print)

Roberts C, Daly M, Kumar K, Perkins D, Richards D, Garne D. A sense of belonging. *The Clinical Teacher*. 2012;9(2):127.

In the face of significant medical workforce shortages in rural areas (or rather a relative maldistribution between city and country), countries with expansive geography and sparsely scattered populations have invested heavily in trying to increase the number of medical graduates who go on to practice rurally. Australia, Canada and the USA have been particularly active in this field, and their stakeholders have been very keen for any evidence that these strategies are working.

One strategy that has become quite widespread, and on the face of it carries a lot of validity, involves moving students out from hospital placements in big cities and immersing them in smaller rural communities, where they stay for up to a year. Rather than being marched through a series of brief specialty rotations, the students engage in an integrated and longitudinal curriculum.

Roberts and colleagues have studied the rural practice intentions of 10 senior medical students from three different universities, who spent between 6 and 12 months in longitudinal placements based in the outback Australian mining town of Broken Hill. The students' multidisciplinary clinical teachers were also interviewed.

As might be expected, questions asked of the students focused on their backgrounds, their expectations of longitudinal rural placements, the barriers they perceived to living and working in the country, the personal and social resources they made use of while away from home, and their rural career intentions. Each student was interviewed at the beginning of the placement, and again towards the end. Focus groups were also held, and the teachers were interviewed in a similar manner.

Using social cognitive career theory to better understand the development of students' personal agency during their placement, the researchers were able to demonstrate the students' enhanced feelings of being able to succeed in rural practice as their longitudinal placements progressed and their confidence grew. Self-reliance and resilience were identified as important to this development of confidence.

The authors sound a warning about the importance of ensuring that students' expectations of rural practice are realistic before they begin their placement. One student had an overly romantic view of the rural general practitioner's role, and was disappointed to find that it was not always as breakneck exciting as he or she had been led to believe. Those who had spent time in rural areas earlier in life had a more realistic perspective of the everyday work of the rural GP.

Many factors served to attract students to a longitudinal rural placement. On the formal side of the curriculum, students were keen for a richer clinical experience and the opportunity to have more autonomy and responsibility for patient care. On the informal side, students truly valued the more multifaceted and meaningful relationships that developed over time with the community in which they were immersed, including with their clinical teachers. Negative aspects included the disruption of family and supportive social networks while away from home, and lack of opportunities for coordinated, rurally based vocational training.

The major message in this paper is that socialising a student into the rural community has significant impact in directing their career choice, even more so than the learning activities they undertake. Finding the desire to become a rural practitioner does not happen overnight, but longitudinal integrated placements can help students to confirm and consolidate their plans.

With reference to :

Roberts C, Daly M, Kumar K, Perkins D, Richards D, Garne D. A longitudinal integrated placement and medical students' intentions to practice rurally. *Med Educ* 2012;46:179–191.