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ABSTRACT

Introduction: The aim of the Rural Medicine Rotation (RMR) at the University of Queensland is to give all third year medical students exposure to, and an understanding of, clinical practice in Australian rural or remote locations. Because the primary role of the Rural Clinical School is to improve medical recruitment and retention in rural areas, the provision of positive student learning experiences and subsequent ability to make adequately informed rural career choices is of fundamental importance. A difficulty in achieving this is the relatively short period of student clinical placements, in only one or two rural or remote locations. A web-based Clinical Discussion Board (CDB) has been introduced to address this problem by allowing students at all clinical sites to discuss their rural experiences and clinical issues with each other. The rationale behind the CDB is to encourage an enhanced understanding of the breadth and depth of rural medicine through peer-based learning. Methods: All third year students undertaking the RMR are required to submit a minimum of two original contributions, on any clinically related topic, and two replies to other submissions on the CDB. At the end of their 8 week rotation, the students evaluate the CDB by answering a short survey that focuses on the ease of use and access and the educational value of the CDB. A question regarding the influence of the RMR on their interest in pursuing a rural medicine career is also asked. The CDB transcripts are further analysed for type of article posted, category of medicine that was discussed and the specific topic under discussion. Results: This article reports on the results from the first two RMR of 2005. A total of 83 third year medical students undergoing an 8 week rural rotation posted a total of 819 responses on the CDB. This resulted in 217 individual articles or topics discussed
within 12 broad medical categories. The student ratings of the ease of use and access of the CDB were high, as were their ratings of its educational value and its potential to increase knowledge of rural medicine. Likewise, the majority of students felt the RMR increased their interest in rural medicine.

Conclusions: The CDB offers a unique way to understand the concerns and interests of third year medical students immersed in their RMR. It highlights the issues they need to discuss with their peers, and offers the potential to guide future curriculum changes in response to identified needs. A major advantage of the CDB is its ability to enable all students to access a wide variety of rural practice experiences by sharing ideas and strategies they encounter. Likewise, the CBD encourages the development of deep reflective patterns of learning through a peer-based process. Equally important is the potential for building professional networks, interpersonal relationships, teamwork, collaboration and collegial support systems. These networks and relationships are essential for rural medicine to help alleviate the possible isolation recognised in rural life.

Keywords: medical education, medicine rotation, peer-based learning, web-based discussion boards


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