Optimising Rural Placements Guidelines
National Rural Health Students’ Network (NRHSN)

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Introduction

The NRHSN recognises the importance of well-supported and positive rural placement experiences to attracting and supporting a future rural and remote health workforce. Rural and remote placements offer the opportunity for medical, nursing, midwifery, allied health, pharmacy and dentistry students to further their professional development in an environment that offers many new experiences. For an individual student a positive rural placement can stimulate an interest in rural and remote Australia as a place to practice their profession. Alternatively – a poorly supported placement can turn people away from that.

This document is a compilation of the submissions from the NRHSN portfolios and represents a summary of the pertinent points to enable optimal rural placements for health students. As the only multi-discipline network for health students the NRHSN is able to establish a unique, accurate and contemporary view of attitudes and desires toward rural placements. The Network has developed these guidelines that draw on the experiences and ideas of our 9,000 student members across nursing, medicine and allied health to assist in the nationwide delivery of optimal rural and remote clinical placements.

Whilst specific degrees may have areas of relevant focus (particularly clinical) the purpose of this document is to provide generic information to both students and supervisors regardless of their discipline. Many organisations have established their own sets of guidelines specific to their placement type (i.e. JFPP Guidelines). The NRHSN ORP guidelines are intended as an adjunct to these documents and can assist in assessing the relevance to the student.
1. RECOMMENDATIONS FOR UNIVERSITIES/FACULTIES/SCHOOLS INVOLVED IN CO-ORDINATING RURAL PLACEMENTS FOR THEIR STUDENTS

1.1 ORIENTATION

All universities/faculties/schools should provide their health students with appropriate introduction and orientation prior to commencement of any rural placement.

The NRHSN recommends that this orientation include:

- An introductory lecture to students immediately prior to the rural placement. We would recommend that it covers the following topics:
  - Definition of rural and remote, and how these placements may differ;
  - Relevant university contacts;
  - Addressing common myths and concerns about rural practice;
  - The positives of rural training and practice;
  - Course requirements during the placement including assessments;
  - Recommended academic resources;
  - Information about specific resources and supports to assist students undertaking rural placements such as any relevant scholarship information. The NRHSN has a current list of relevant scholarships and resources on its website.

- Students from the cohort above who undertook a rural placement briefly speaking about their educational and social experience, with an opportunity for questions;

- Appropriate cultural awareness training prior to the student commencing a placement at an Aboriginal Medical Service, within an Indigenous community, or cultural awareness training in other ethnic populations as appropriate. The NRHSN recommends that it covers the following topics:
  - An introduction to local cultural considerations and history
  - An introduction to useful do’s and don’ts when working with Indigenous patients and members of the community to support positive interactions and avoid unintended cultural blunders
  - The contact details of an Indigenous community support person for the student during the placement
  - Information about any local cultural events that may be coming up (eg. Close the Gap Day, NAIDOC week) and how interested students can be involved

- Providing students with an overview and/or contact details of community groups or other health professionals (other than their main supervisor) in the placement location who the student may access during their training to gain experiences that may complement their learning;
• Information prior to the placement to assist students plan their transport arrangements to get to and from the placement with recognition of the challenges some students may face in coordinating and accessing transport in rural areas
• Providing students with adequate allocated time to relocate to and from their rural placement and a person to report their safe arrival to;
• Brief tour of the rural placement community; ideally in smaller groups;
• Providing students with the details of a member of the placement community who they can consult as a community contact to assist with their transition and orientation into the community. Where possible community members who the student may relate to have been reported as more approachable.

1.2 TYPES OF PLACEMENTS
The NRHSN recommends that all health degrees include a rural health curriculum which provides rural/remote exposure in two tiers. Firstly, an early (first or second year) rural placement to facilitate the breakdown of stigmas associated with rural practice. Secondly, a longer term rural placement which affords interested students the opportunity to become integral members in a rural community.

To achieve this, the NRHSN recommends the following considerations:

• Discussion between the university/faculty/school with rural centres about what type and length of placements they wish to offer;
• Where there is a lack of current capacity, there should be discussion about what capacity needs to be built to enable interested rural centres to accommodate different length and tiered placements during health student training;
• Students should be allocated to rural regions in at least pairs.
• Where possible consider coplacements with other disciplines to encourage interprofessional collaboration

1.3 EDUCATIONAL INFRASTRUCTURE
Universities/faculties/schools should ensure health students have access to adequate educational resources and the necessary infrastructure to support their learning experience while undertaking a rural placement.

Universities/faculties/schools may achieve this through:

• Providing secure computing facilities with fast, reliable broadband internet access, free/low cost printing and quality IT and videoconferencing facilities. The provision of scanning and photocopying facilities could also be pursued;
• Where it is not possible to provide a computer terminal, provision of wireless internet could complement a student’s use of a personal computer (eg. laptop, tablet or smartphone);
• Greater collaboration between health services and institutions involved in placing medical, nursing and allied health students and graduates to improve student access to infrastructure or educational sessions supporting useful interdisciplinary learning.

1.4 SUPPORT FOR CLINICAL TEACHERS

The NRHSN recognises the importance of well-briefed clinical teachers and preceptors in the delivery of optimal clinical and educational rural placement experiences.

The NRHSN suggests the following ways in which universities/faculties/schools may support clinical teachers and preceptors who supervise health students during rural placements:

• Ensure that the supervisors are adequately briefed on the aims of the placement and are well-resourced to meet these goals;
• Inviting the student to contact the supervisor prior to the placement to ask questions and establish a relationship.
• Providing clinical teachers and preceptors with timetables in a timely manner so they know when to expect the student(s);
• Ensuring that clinical teachers and preceptors are aware of the arrival of students;
• Providing clinical teachers with the appropriate resources to best enhance the teaching experience, including but not limited to an orientation session to their role with advice from experienced clinical teachers;
• Emphasise the importance of supervision during the placement, and encourage them to implement interactive models where the student is actively involved in the consulting process;
• Make available a university contact for teaching-related and/or administrative enquiries;
• Actively seek means to provide sufficient remuneration for the clinical teachers as recognition of the time, effort and lost earnings;
• Recognise the efforts of clinical teachers by awarding them certificates of appreciation, adjunct clinical titles (where appropriate) and other academic benefits (eg. library access);
• Invite clinical teachers to provide feedback on their experience during the placement, whether it be by correspondence or in person;
• Ascertain the teaching model the facility wishes to employ and provide feedback on the model, in addition to suggestions towards interactive and stimulating placements;
• Provide students with the opportunity to provide feedback on their placement, their clinical teacher and their experience with the intention to review and act on any recommendations for change;
• Ascertain barriers to rural placements and wherever possible act to address barriers to rural placements either directly or by facilitating access to external support schemes;
• Assist and provide information needed to claim governmental incentive payments for education.

1.5 FINANCIAL SUPPORT

Fair and equitable financial support should be provided for all health students undertaking rural placements so finances are not a barrier.

This may be achieved through:

• Relocation grants;
• Reimbursement of travel costs/fuel for educational purposes during the rural placement. If the university is unable to provide assistance with these costs, students should be referred onto appropriate scholarships and grants as mentioned in 1.1.
• Provide students with notice of their upcoming rural or remote placement well in advance to allow sufficient time to apply for financial assistance from external agencies.

Where possible, financial remuneration should be provided to students prior to the placement commencement date to ensure all students can cover the travel/relocation costs associated with their placement at the time of incurring them.

1.6 ACCOMMODATION

Universities/faculties/schools should ensure health students have access to affordable and appropriate accommodation while undertaking a rural placement.

The NRHSN suggests:

• Where students from different health disciplines or universities are placed in the same area for their rural placement, provide accommodation which supports inter-disciplinary and inter-university interaction;
• Ensure accommodation is close to the practice/hospital where the student will be undertaking their clinical placement (ie. within walking distance or close to public transport);
• Accommodation should be organised and provided for all health students undertaking rural placements free of charge or at a minimal/subsidised cost;
• Ensure accommodation is appropriately equipped with facilities that are in good working order and minimise the housewares students will need to bring with them during the placement.
• Where accommodation is not available directly through the placement coordinators information and guidance is provided to ensure the most appropriate and suitable accommodation can be organised by the student.

1.7 COLLABORATION
The NRHSN encourages universities/faculties/schools to work collaboratively with their Rural Health Club on initiatives to help promote rural placements and which may add to the university’s rural placement program.

Initiatives may include:

• Developing a useful student guide or FAQ for each rural placement location offered by the university/faculty/school which provides student with a snapshot of each site;
• Work with NRHSN Rural Health Club regarding events that may be planned jointly through the year to assist students, especially those in the junior years, to become familiar with some of the rural locations where they may undertake a placement during their course. Such an event may be a rural road trip, camp, or rural rotation night;
• Encouraging students to write about & share their rural placement experiences;
• Working with other universities to share resources and enhance experiences for all students at the placement site or community;
• Ascertain barriers to rural placements and wherever possible act to address barriers to rural placements either directly or by facilitating access to external support schemes.
2 RECOMMENDATIONS FOR CLINICAL TEACHERS & PRECEPTORS INVOLVED IN SUPERVISING HEALTH STUDENTS DURING A RURAL PLACEMENT

2.1 ORIENTATION
The NRHSN recommends that clinical teachers and preceptors ensure health students are well-orientated to their clinical environment at commencement of the placement.

An appropriate orientation would ideally include introduction to:

- The practice/hospital;
- The practice/hospital staff;
- The general running of the practice/hospital itself (appointment system, IT network);
- Relevant local services or clinics (eg. pathology, radiology, obstetric clinics) that students will need to be familiar with during the placement;
- Where appropriate, provide students with access to the IT network with a student log-in.

2.2 EDUCATIONAL SUPPORT AND TEACHING
The NRHSN encourages supervisors to actively engage with health students during their placement about their learning experience so it can be optimised educationally and academically.

The NRHSN offers the following suggestions:

- Where students are interacting with multiple supervisors, make it clear to them who is their main supervisor and this supervisor should make themselves available to the students as a key resource by remaining approachable, and welcoming questions or discussions that may arise during the placement from the student;
- Confirm with the student their timetable for the placement, what assessments are required by their university;
- At the commencement of the placement, allocate time to discuss with the student their key learning objectives and develop a learning plan with the intention of reviewing these at a later date;
• Provide students with regular constructive feedback (eg. assist students to “book-end” their clinical days by identifying important points learned at the end of the day);
• Ensure students are given opportunities to record patient notes and discuss patient management with the supervising health professional;
• Encourage the student to partake in as many relevant clinical activities as possible;
• Notify other staff of when the student is in the practice/hospital and encourage them to get the student involved in patient consultations where a valuable learning or teaching opportunity presents;
• Allocate time for regular formal teaching (eg. may include student-led or guided tutorials) during the placement, either during lunch breaks or in a dedicated time-slot;
• Identify with the student, their desired level of involvement with patients, be it observational, conducting interviews under supervision or seeing patients parallel in an individual consulting room. Be aware that this may change as the students’ skill and competency level increases.

2.3 EDUCATIONAL FACILITIES
The NRHSN recommends practice/hospital staff to ensure health students have access to key educational infrastructure during their placement.

The NRHSN recommends:

• In practice settings, inform patients of the presence of students, through both visible signage (which may include a photo of the student) in addition to verbal notice by both receptionist and supervisor;
• Provide a secure space for students to store their belongings;
• Provide adequate resources to supplement the student’s learning environment (eg. a computer with Internet access, small library, relevant journals and phone line);
• Where students are undertaking parallel consulting, ensure that an allocated consulting room is always available (linked to the practice IT network) during the student’s clinical hours, with appropriate equipment so students can consult patients individually;

2.4 COMMUNITY INTEGRATION
The NRHSN encourages clinical teachers and preceptors to support positive health student integration into the rural placement community.

The NRHSN suggests:

• Assist students to identify potential extra-curricular opportunities to participate in local community events (eg. invite them to activities, direct them to newspaper sections/community calendars) or local health promotion
activities (eg. school visits). In addition, identify opportunities for participation in community organisations such as service, sporting and cultural clubs.

- Provide pragmatic and practical advice on such topics as opening times of shops and access to specific services.

3 RECOMMENDATIONS FOR HEALTH STUDENTS UNDERTAKING A RURAL PLACEMENT

To achieve the most from their rural placement, the NRHSN recommends that health students:

- The attitude of the student and their effort to be proactive within the placement can make one of the most significant enhancements to any placement.
- You should remain aware that you will be one of the biggest contributors to how good your placement is. Avoiding being overly critical and recognising the learning opportunities in challenges will enhance your experience.
- Be professional and respectful in behaviour and attire;
- Take the initiative to become well informed about the location and the activities that happen there.
- Integrate into the community and make a concerted effort to live in the community. Leaving every weekend will never help with integration.
- Be punctual or provide reasonable prior advice to their supervisor if they will be late or unable to attend; advise when they leave the placement;
- Familiarise themselves with the placement learning objectives that have been stipulated by their university/faculty/school;
- Seek to identify their own specific personal learning objectives during the placement;
- Ensure their supervisor is aware of any university requirements during the placement (eg. forms that need to be filled out);
- Discuss with their supervisor their skill level and what their expectations are for their level of involvement during consultations;
- Maintain patient privacy and confidentiality;
- Approach the placement positively with an open mind, and seek to make the most of all learning opportunities
- Seek to understand administrative processes including billing and referral systems;
- Seek out inter-professional learning opportunities that complement the activities of their discipline;
- Seek to actively acquire resources for learning, and to utilise the local academic/clinical staff as key resources;
- Ask questions; be keen to engage in clinical and non-clinical practice processes;
• Provide feedback to placement organisers and supervisors (with option for anonymity) to assist in continual improvement so that any issues can be addressed for future students.