

Celebrating the Spencer Gulf Rural Health School: a five-year evaluation of student experiences 2004 to 2008

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Introduction

In 2001, significant causation of the difference in health outcomes between rural and urban South Australians was attributed to an acute rural health workforce shortage. Evidence was available that the exposure of medical students to rural practice during undergraduate training could change attitudes to rural practice and possibly lead to an increased rural medical workforce [3, 4]. In response, the Spencer Gulf Rural Health School (SGRHS) was created as a joint venture between the University of Adelaide and the University of South Australia and funded under various contracts by the Australian Commonwealth Government's Department of Health and Ageing (DoHA). SGRHS is both a Rural Clinical School (RCS) and Undergraduate Department of Health (UDRH). SGRHS provides support and rural undergraduate education and training to medical, allied health, public health, and nursing students from either or both universities.

SGRHS established a network of learning sites within the Spencer Gulf region to provide academic and logistic support to students on placement[7]. The SGRHS learning centres were located in Port Augusta, Port Lincoln, Port Pirie, Whyalla, Booleroo Centre, Minlaton, Maitland, Port Lincoln, Clare, Kadina/Wallaroo, Barossa Valley and Mount Gambier. SGRHS provides quality teaching and learning, faculty development, access to tutorials using distance learning methods, local tutorials and extensive rural clinical experience; accommodation and transport assistance; IT facilities, internet access; living allowances for stays over six weeks; designated student study areas; text books and electronic resources, cultural awareness training and indigenous health placements.

Student evaluation

Student evaluations of learning are perceived to serve two main aims: to assess the monitoring of the quality of teaching in universities and to provide information to teachers on how to improve their teaching[2], [5], [1]; to assist administrative decision making[5], [1], curriculum development, research on teaching, and to support student selection of courses[6],[5]; and to inform decisions about funding[2]. Student evaluation of teaching and learning has been used to improve the quality of teaching for a number of decades [6].

SGRHS has gathered both qualitative and quantitative student feedback data and reported regularly to stakeholders; however no analysis of these data has been carried out to look at changes or trends in student perceptions, attitudes, or behaviours over this period. The authors will report on an analysis of five years of data to demonstrate any changes or trends in student feedback, and in particular to identify any changing attitudes to rural practice or intentions to practice in rural locations.

Evaluation aims

SGRHS student evaluation was undertaken within the framework provided by the national evaluation strategy for students attending Rural Clinical Schools which specifies two aims:

- To evaluate Australian Rural Clinical School students' self-reported satisfaction with key elements of their Rural Clinical School experience and the perceived impact of attending a Rural Clinical School on their interest in gaining further training in a rural area or practising in a rural area.
- To gather such data in a coordinated way across the Rural Clinical Schools so that it can be linked with actual outcome data (participation in rural training or rural practice) as collected by the CDAMS database.

Rural components of university based programs included in the evaluation

Medicine

A mandated Rural Week was provided to all 2nd year medical students who were allocated to one of eight SGRHS learning centres. The Rural Week involved students in clinical sessions with rural General Practitioners, accident and emergency departments, community health, and Rural Flying Doctor Service; clinical skills teaching, Aboriginal cultural awareness and rural community life.

Fourth year medical students were offered nine week rural surgical and medical rotations (Medical and Surgical Home Units) across three (now five) SGRHS learning sites. These student placements were aimed to develop the students' medical and surgical clinical skills and learning within a rural environment.

The 5th Year medical students were able to choose a Rural Integrated Long Placement program of 36 weeks aimed to provide generalist medical skills over a range of disciplines including general practice, paediatrics, obstetrics and gynaecology, geriatrics, anaesthetics and pain management in five learning sites (now eight sites).

Other rural components occur in 4th, 5th and 6th year but are not included in the evaluation as reported here.

Nursing and allied health

University of Adelaide offered a nursing program to internal students from its urban campus only and rural placements in this program were mandatory. University of SA offered internal and external enrolments in a nursing program at one urban and two rural campuses. Nursing students at rural campuses did not undertake rural placements with SGRHS and rural placements from the urban program were not compulsory. University of SA Allied health disciplines offered internal enrolments only and varied rural student placements.

Allied health and nursing student rural placements in the SGRHS are supported under the UDRH program which is less well resourced than the medical student RCS program and covers more students per annum. There is no quota for nursing and allied health rural placements and the role of the UDRH in the education of these students is less well defined.

Rural nursing and allied health placement assessment requirements vary with some based on competencies and others on time spent under supervision. Student numbers for these placements are sensitive to course and curriculum changes, the availability of rural allied health and nursing staff and their willingness and/or confidence to teach/supervise; and the availability of student accommodation.

Evaluation methods

All medical, allied health, nursing and midwifery students from the University of Adelaide and University of South Australia who undertook placement in the SGRHS learning sites were requested to provide feedback on their clinical placement experience at the end of their placement period.

Evaluation tools

The primary instruments used to collect data were the university student evaluation of learning and teaching (SELT) and TellUs 2 survey forms. The SELT forms were used by medical students whilst the TellUs 2 survey form was used to collect feedback from the allied health and nursing students. The SELT questions were influenced by the learning objectives of each placement. The questionnaire enabled feedback from an entire group of students in a systematic way [5]. The focus groups were used to complement the questionnaire where indicated.

The SGRHS collaborated with other Rural Clinical Schools to develop the FRAME evaluation instrument which is used nationally. The FRAME national survey instrument was developed using a modified Delphi method. This collaborative work, coordinated through the University of Melbourne, began in 2004 and continues to review the evaluation instrument and provide de-identified data for national and individual RCS reporting needs.

Evaluation tool administration

Until 2007, the FRAME evaluation instrument was administered to the 4th and 5th Year medical students using web-based Perseus 'Survey Solutions' software. The paper-based version of the survey tool was introduced for the first time in 2008 in response to the increased cost of the web based version. In all cases a follow up email was sent to students to support response rates. The web and paper based questionnaires have been complemented with focus groups and other group interviewing techniques for 5th Year medical students to obtain in-depth qualitative information about students' rural training and career intention motivators.

Each 2nd Year medical Rural Week student completed a SELT paper based survey in their rural week site at the end their rural week program administered by SGRHS staff or a nominated student representative. The completed SELT forms were sent to the Centre for Learning and Professional Development (CLPD) at the University of Adelaide for de-identification and statistical analysis. The SGRHS evaluation team thematically analysed and interpreted the qualitative data obtained from open-ended SELT questions.

Allied Health and Nursing students who undertook rural placements supported by SGRHS were invited by email to participate in a survey of their self-reported placement experiences. The email provided a URL link to an online TellUs 2 questionnaire to be completed at the end of the placement period. SGRHS staff downloaded de-identified, analysed, interpreted and reported on these data.

Rural Public Health (RPH) students completed a SELT questionnaire administered by SGRHS staff or a nominated student representative at the conclusion of the intensive component and at the end of the semester in which the course was run and returned to the CLPD at the University of Adelaide for descriptive analysis. Again qualitative data were themed and reported by SGRHS.

Method of 2004-2008 data synthesis

The results presented in this paper have been based on the quantitative and qualitative data from questionnaires, open-ended questions embedded in questionnaires and focus groups. Statistical analysis was employed for all the descriptive data mostly obtained using rating scales. Where different rating scales were used, these were harmonised to aid comparison. Regarding qualitative data, analysis was based on the use of codes, categories and themes. Attention was paid to frequency, extensiveness and key insights emerging from the data.

Ethics approval

Ethics approval to use the national FRAME common evaluation questionnaire was obtained by application to the University of Adelaide Human Research Ethics Committee (UA HREC). The ethics approval covered all evaluations of 2nd, 4th year and 5th year medical students and University of Adelaide nursing and public health students and is renewed annually.

Ethics approval for administration of the TellUs 2 survey instrument to University of South Australia allied health, nursing and health science students was granted by the University's Human Research Ethics Committee (UniSA HREC) and is renewed annually.

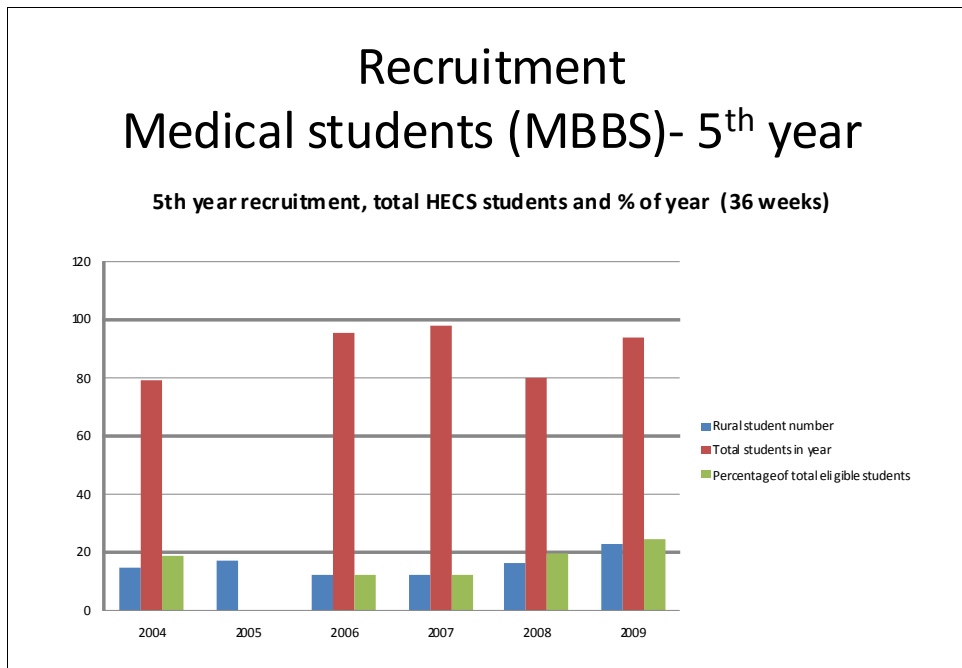
Results

The achievements of the SGRHS since 2004 are presented under five separate sub-headings; recruitment; student satisfaction; intention to practice rurally; factors influencing the decision to practice rurally and factors influencing the students' selection of Rural Clinical School.

Recruitment

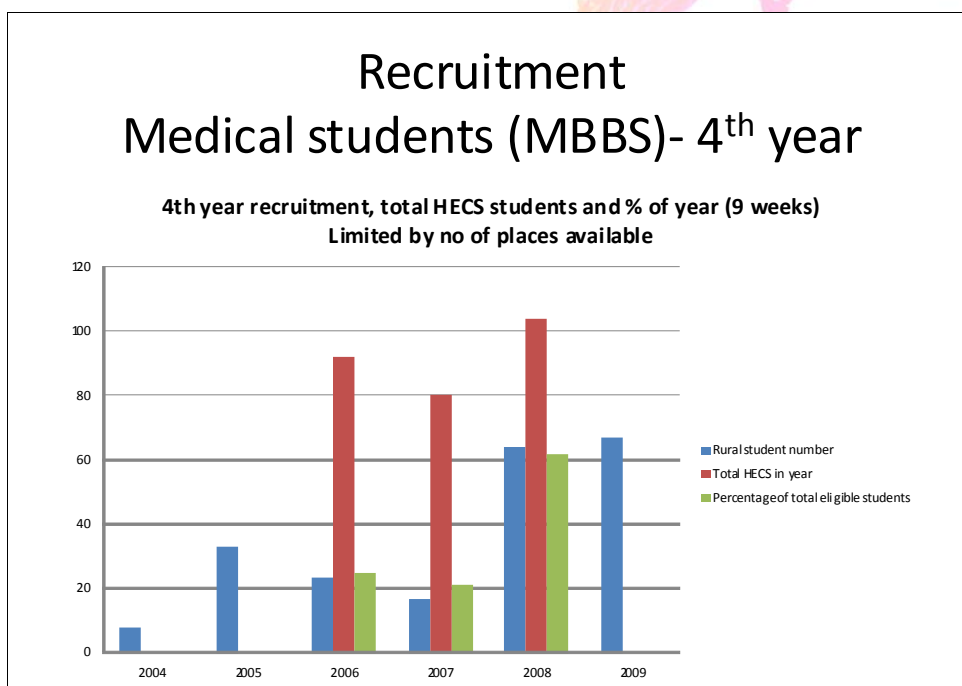
In the early years of operation SGRHS experienced difficulty in recruiting 5th year medical students to its extended rural clinical placement program. It can be seen from Table 1, Appendix A that in spite of increasing medical student enrolments SGRHS is now not only maintaining; but significantly improving the percentage of students undertaking the extended 36 week integrated 5th year rural medical student placement and is very close (24.4%) to meeting the Commonwealth's key performance parameter for this recruitment.

Table 1 Recruitment- 5th year medical students



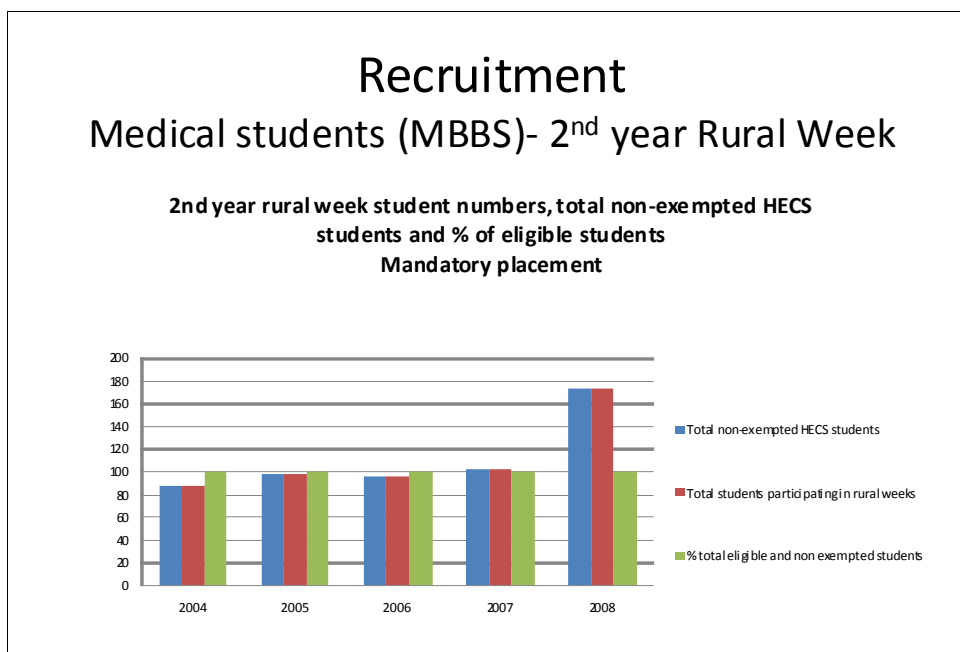
In 2004, a medical home unit (MHU) was offered to 4th year medical students in Whyalla; however the MHU ceased when the physician retired and could not be replaced. The Queen Elizabeth Hospital Surgery team commenced rural teaching in surgery in 2005 and established a highly successful surgical home unit (SHU) in Whyalla and Pt Augusta in 2006 and 2007 which expanded to include Mt Gambier in 2008 and Pt Lincoln in 2009. Student cohorts undertaking the rural surgery training have increased from 16 to 36 students from 2006 to 2008 with the percentage of participating students each year increasing from just over 20% to just over 60% of students and limited only by the availability of rural provider sites.

Table 2 Recruitment: 4th year medical students



One hundred per cent of HECS supported non-exempted (i.e. those without a Dean's exemption) second year medical students attended a second year Rural Week from 2001. In 2007 there was a dramatic increase in the number of HECS supported enrolments in the University of Adelaide MBBS which increased the need for mandatory rural week placements from approximately 100 in 2004, 2005, and 2006 to 174 in 2008.

Table 3 Recruitment-2nd year medical students



Rural nursing student placements in the SGRHS region totalled 1013 students in the period 2005-2008. The annual placement numbers have been reduced from 413 in 2006 (when the peak was reached) to 232 in 2007 and 144 in 2008; however fifty of these students (UniSA) will now spend 8 weeks instead of 4 weeks on rural placement.

The number of nursing students is far in excess of allied health students and the small number of allied health students is further divided into disciplines. After nursing the next highest number of students were physiotherapy (95), followed by occupational therapy (82), pharmacy (67); midwifery (56) and podiatry (35); Dietetics (2); and laboratory medicine (2).

Chart 1 Recruitment—proportion students allied health and nursing over 5 years

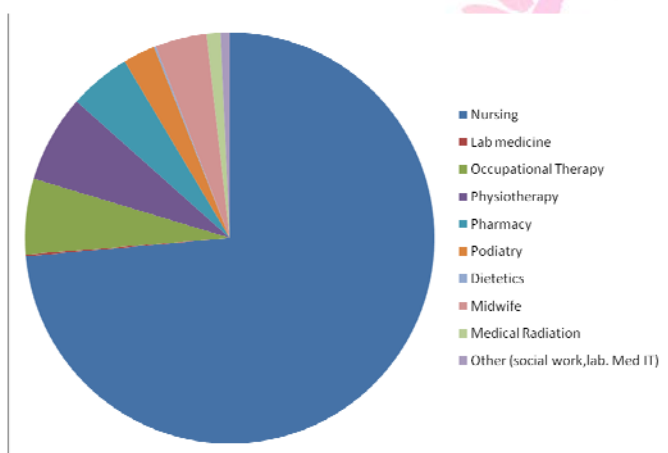
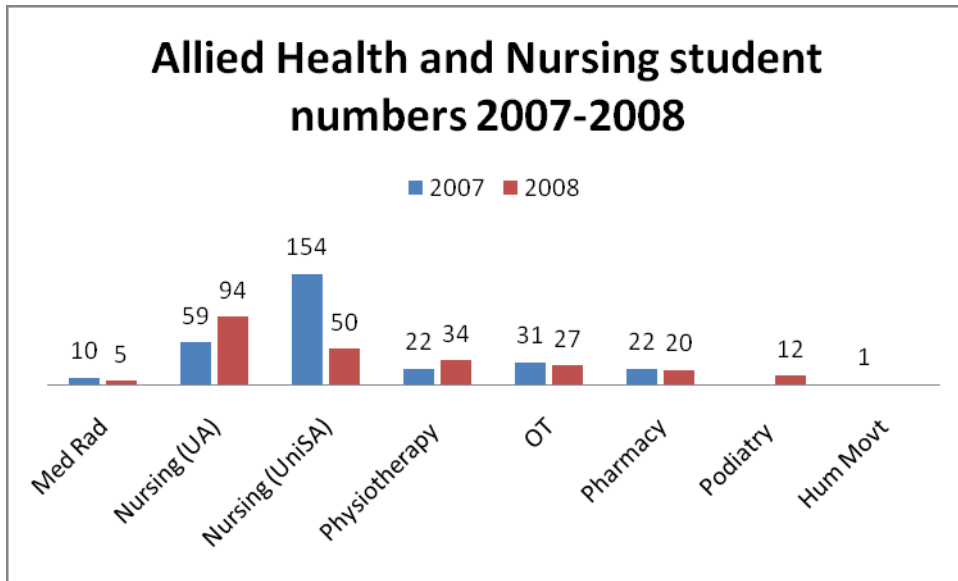


Table 4 Allied health and nursing recruitment 2007-2008



SGRHS provides a course in rural public health to health science students. Enrolments were 16 in 2007 and 15 in 2008.

Student satisfaction

Student satisfaction data provided by each cohort of 5th year medical students over a continuous period of four years revealed that satisfaction levels remained very high (See Appendix A). Students across all cohorts indicated that their rural clinical school had provided an excellent clinical education, and broadly agreed that “Given my time over, I would go to the rural clinical school again” and “would spend more time at the rural clinical school if they could.” Student comments included:

It was an excellent self-directed experience. You got out of it what you wanted and what you put in. ... my involvement in assessing them and deciding on their care...actually feeling as though I was of some usefulness to the practice. (Student participant 2004)

My clinical supervisors were...excellent at pushing me beyond my comfort zone....ultimately very approachable and enthusiastic. (Student participant, 2007)

Seeing my own patients at the GP/in ED. One on One teaching with specialists. Extremely friendly/helpful staff and patients. Beautiful location and accommodation well supported financially. (Student participant, 2008)

Fourth year medical students also reported very high overall satisfaction with the rural clinical school and there was an increasing trend they would go to the rural clinical school again if they were given the time again, and, they would spend more time at the rural clinical school if they could. The trend is corroborated by the qualitative comments provided in response to open ended questions. Student comments included:

Loved it thanks to the RCS for offering me brilliant one on one teaching and the opportunity to experience a different environment—meet more people and try more things. I felt very much part of the team, IT was great to feel included and useful. I miss that in the city. (Student participant, 2005)

Active role in patient care, seeing patients by myself in outpatients, taking their history, examining them, consenting them for medical treatment and only after all this had been done, asking for supervision. (Student participant, 2006)

On a Likert scale 1-7 in which the anchors were 1= strongly disagree and 7=strongly agree, the second year medical students indicated increased satisfaction from $M=5.4$ in 2004, to $M=6.4$ in 2008. The positive trend for rural week experiences was supported by open-ended responses indicated they would consider future student rural long placements and employment opportunities in rural areas.

The hours were reasonable but so much packed in...we were exposed to a huge number of things that not only gave us insight into the rural setting but simply the amount of clinical content was excellent. (Student participant, Rural Week 2007)

I am more interested in working with indigenous people after this week. Definitely got me thinking about indigenous health issues and understanding that everyone is responsible and needs to start doing something...will definitely now try to raise awareness and look into future indigenous placements and ways to make some sort of difference. (Student participant, Rural Week 2008)

Allied Health and Nursing students' rating of overall satisfaction with their placement experience increased from $M=5.87$ in 2005 to $M=6.03$ in 2008, using the Likert scale 1=strongly disagree and 7= strongly agree. The students' satisfaction with the range of health issues they encountered and the setting of their placement remained very high across the time period.

The rural hospital offers so much more diversity than that of the city and my experiences outweighed anything I could have experienced if I had not gone rural by a lot. (Student participant 2008)

However a small number of students found rural placements socially difficult:

While the perception is that rural places are friendlier, people can in fact be quite insular ... a hard time breaking into the social networks. (Student participant 2008)

Rural Public Health Intensive student satisfaction data were available for 2007 and 2008 only. For each of these two years and using Likert scales 1-7 (1= strongly disagree; 7=strongly agree), students broadly agreed that the objectives of the Rural Public Health Intensive had been met for them ($M=5.9$, $M=5.6$) and that they had developed a greater understanding of the influence of rurality and remoteness on health in rural Australia ($M=6.4$, $M=5.9$).

The intensive allows self directed learning within a rural setting. (Student participant, 2008)

Rural practice intention

5th year medical students across all cohorts rated their intention to practice rurally as very high. Students perceived that their clinical placement experience had increased their interest in rural training and rural practice declaring that they would prefer rural basic training and consider rural practice after their clinical school experience. The intention to practice rurally remained fairly stable for each cohort of students undertaking rural placement over the evaluation period.

The Likert scale used to evaluate 4th year medical students' practice intentions changed from a 1-10 scale in 2005 to a 1-6 scale from 2006–2008. Fourth year medical students strongly perceived that their interest in rural training and general practice had increased. Students' preference for rural basic training after their rural clinical school remained moderately high and stable from year to year. Students were

slightly less enthusiastic about pursuing rural practice after their rural clinical school experience and this was reflected by a downward trend over the four years and this may reflect that in fourth year students are more aware of their medical career options than second years but less advanced in making their career choices than fifth years or that students choosing a rural surgery rotation are less likely to pursue rural careers than those choosing a general rural primary care rotation.

On a Likert scale 1-7, 2nd year medical students strongly agreed following their rural week experience that they would consider future student rural long placements and were only slightly less agreeable to considering future employment opportunities within a rural area.

The intention to practice rurally remained high among the allied health, nursing and midwifery students although there was a trend showing slight decline in that interest in 2007 and 2008.

Factors influencing decision to practice rurally

Again the Likert scales used for evaluation of this item changed over time. 5th year medical students across all cohorts strongly perceived that their attitudes towards rural life were influenced by things they enjoyed doing in rural areas, greater opportunities to practice a variety of skills, good opportunities for employment and the friendliness of people in rural areas. The students' ratings of these factors remained fairly stable over the years with a slight trend down in 2008.

Likert scales used for evaluation of this item changed over time; however 4th year medical students consistently and strongly believed that their decision to practice rurally was influenced by things they liked doing in rural areas; good employment opportunities available in rural areas; the opportunities to practice a variety of clinical skills; and the friendliness of rural people and the pattern has remained fairly stable over time.

Other factors cited by most cohorts of 4th and 5th year medical students in their qualitative comments as influencing their decision to practice rurally included lifestyle and workload, good incentives, location, a partner who wants the same things and good schools for children.

On the negative side, issues that were perceived to influence students against rural practice across all cohorts were that rural practice was too isolated from family, friends and other professionals; too hard; had insufficient places to socialise; and poor recreational facilities. Focus group feedback gathered in 2006 also indicated partner issues, rental accommodation in the city, pets and family issues influenced students uptake of rural placement opportunities.

Factors influencing selection of RCS

The most prevalent factors considered by all cohorts of 5th year medical students when selecting the rural clinical school option included "patient access", "academic reputation", "support from other scholarship", "subsidised accommodation provided by the rural clinical school" and "partner's needs"

Fourth year medical students persistently identified patient access, support from other scholarship, partner's needs, subsidised accommodation at the clinical school and academic reputation as the most important factors that influenced their selection to go to rural clinical school.

2nd year medical students and allied health and nursing students were not asked to identify the factors that influenced their selection of the placement site or Rural Clinical School option.

Discussion

Within the SGRHS, student evaluations have been carried out over the past five years in compliance with the conditions of evaluation research ethics approval. The aim of the evaluations was to satisfy reporting needs, enable continuous quality improvement, assess student intentions about rural training and rural living, understand students' perceptions of the quality of their clinical placements and supervision experiences, their rural practice intentions and social aspects of the placement site.

Feedback obtained from students and information sourced from reports would tend to suggest:

- The numbers of 2nd, 4th and 5th year medical students undertaking their placement with the SGRHS has increased at a rate greater than increases in enrolments and significant progress has been made toward meeting DoHA recruitment requirements
- The numbers of Allied health and nursing student placements reduced over the reporting period. Nursing, which constitutes the largest student subgroup, reduced by 65% between 2006 and 2008 while the smaller allied health subgroup remained relatively stable over the same period
- Students across disciplines and across cohorts reported high satisfaction levels with their placements from year to year within the evaluation period
- Students across disciplines sustained high levels of interest in rural practice from year to year with the exception of 4th year medical students. Across the disciplines, student decisions to practice rurally were influenced by good rural employment opportunities, opportunities to practice a variety of skills, lifestyle issues and the friendliness of people in rural areas
- The SGRHS was able to demonstrate that it closed the evaluation (feedback) loop by acting on the recommendations made by students and reporting student feedback to all stakeholder groups [2].

Conclusions

These five years of evaluation findings indicate that Spencer Gulf provides excellent opportunities for the clinical teaching and training of a future rural medical, nursing, allied health and public health workforce and that Spencer Gulf Rural Health School has been successful in attracting, recruiting and training students, achieving high levels of student satisfaction and influencing students' rural practice intentions.

Further capacity building is required to meet increasing demand for rural medical placements with increasing enrolments in the health professions; and care will be needed to meet this demand without compromising the quality of teaching and clinical experiences or overloading rural practitioners.

There has been increasing attention from governments to allied health and nursing workforce issues which may lead to increased funding and workforce strategies and partnership developments in the coming years to enable an equivalent increase in rural education in these disciplines. In the meantime SGRHS will need to maintain and facilitate relationships with the urban academic departments of these disciplines to encourage rural placements and curriculum inclusions.

Acknowledgments

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References

- [1] Fife E 2007 Using Focus Groups for Student Evaluation of Teaching MountainRise, the International Journal of the Scholarship of Teaching and Learning 4
- [2] McCormack C 2005 Reconceptualising student evaluation of teaching: an ethical framework for changing times Assessment and Evaluation in Higher Education 30 463-76
- [3] Rabinowitz H K, Diamond J J, Markham F W and Paynter N P 2001 Critical factors for designing programs to increase the supply and retention of rural primary care physicians Jama 286 1041-8
- [4] Rabinowitz H K and Paynter N P 2000 The role of the medical school in rural graduate medical education: pipeline or control valve? J Rural Health 16 249-53
- [5] Richardson J 2005 Instruments for obtaining student feedback: a review of the literature Assessment & Evaluation in Higher Education 30 387-415
- [6] Sporeen P and Mortelmans D 2006 Teacher professionalism and student evaluation of teaching: will better teachers receive higher ratings and will better students give higher ratings? Educational Studies Vol. 32 201-14
- [7] Whitrow M J and McKenzie W 2005 A database to record, track and report health student rural placements Rural and Remote Health 5 (online) 334

Appendix A

Table A1 Student satisfaction: 5th years medical students (Likert scales 1-7, 1-6, 1-5 with 1= strongly disagree 7/6/5 = strongly agree)

Student satisfaction- 5th year MBBS

Item	2004	2005	2006	2007	2008
overall my rural clinical school provided an excellent clinical education	1-7 M =6.47	1-7 M =5.75	1-6 M =5.33	1-6 M =5.45	1-5 M =4.1
"Given my time over, I would go to the rural clinical school again"	M =6.7	M =6.31	M =5.17	M =5.27	M =4.3
"I would spend more time at the rural clinical school if I could"	M =5.5	M =4.88	M =4.00	M =4.36	M =3.9

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Table A2 Student satisfaction- 4th year medical students (Likert scales 1-7, 1-6, 1-5 where 1= strongly disagree, 7/6/5= strongly agree)

Student satisfaction- 4th year MBBS

Item	2004	2005	2006	2007	2008
overall my rural clinical school provided an excellent clinical education	n/a	1-7 M =6.22	1-6 M =5.25	1-6 M =5.64	1-5 M =4.3
"Given my time over, I would go to the rural clinical school again"	n/a	M =6.72	M =5.31	M =5.44	M =4.6
"I would spend more time at the rural clinical school if I could"	n/a	M =6.13	M =4.73	M =4.44	M =4.2

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Table A3 Student satisfaction-2nd year medical students

Student satisfaction -2nd year MBBS

Item	2004	2005	2006	2007	2008
Overall, I believe the rural placement experience was excellent	n/a	1-7 M =5.4	1-7 M =6.0	1-7 M =6.1	1-7 M =6.4
I would consider future student rural long placements	n/a	M =6.0	M =5.9	M =5.8	M =6.2
I would consider future employment opportunities within a rural area	n/a	M =5.4	M =5.4	M =5.2	M =5.6

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Table A4 Student satisfaction- Allied health and nursing students

Student satisfaction- Nursing and Allied Health

Item	2004	2005	2006	2007	2008
Overall how would you rate your overall satisfaction with your placement	n/a	1-7 M =5.87	1-7 M =5.82	1-7 M =5.86	1-7 M =6.03
I was satisfied with the nature of my placement (eg hospital, practice or aged care setting)	n/a	M =6.14	M =6.08	M =6.19	M =6.01
Overall I was satisfied with the range of health issues/ experiences I encountered	n/a	M =5.92	M =5.92	M =5.90	M =5.87

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Table A5 Student satisfaction- Rural Public Health Intensive

Student satisfaction- Rural Public Health Intensive

Item	2004	2005	2006	2007	2008
The objectives of the Rural Public Health were realised for me	n/a	n/a	n/a	1-7 <u>M</u> =5.9	1-7 <u>M</u> =5.6
As a result of the Rural Public Health Intensive, I have a greater understanding of the influence of rurality and remoteness on health in rural Australia	n/a	n/a	n/a	<u>M</u> =6.4	<u>M</u> =5.9
The Indigenous health site visits increased my understanding of Indigenous health and primary health care approaches utilised within rural Australia	n/a	n/a	n/a	<u>M</u> =6.6	<u>M</u> =6.4

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Table A6 Rural practice intention- 5th year medical students (Likert scales 1-10; 1-6 with 1=strongly disagree 10/6= strongly agree)

Rural practice intention- 5th Year MBBS students

Item	2004	2005	2006	2007	2008
My clinical school experience increased my interest in rural training and rural practice	1-10 <u>M</u> =5.1	1-10 <u>M</u> =5.31	1-6 <u>M</u> =4.58	1-6 <u>M</u> =5.36	1-6 <u>M</u> =4.3
I would prefer a rural internship/basic training after my clinical school experience	<u>M</u> =6.6	<u>M</u> =7.06	<u>M</u> =3.42	<u>M</u> =3.91	<u>M</u> =3.7
I would consider rural practice after my rural clinical school experience	<u>M</u> =6.7	<u>M</u> =7.63	<u>M</u> =4.58	<u>M</u> =4.82	<u>M</u> =4.4

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Table A7 Rural practice intention- 4th year medical students (Likert scale 1-10, 1-6 where 1=strongly disagree ; 10/6= strongly agree)

Rural practice intention- 4th Year MBBS students

Item	2004	2005	2006	2007	2008
My clinical school experience increased my interest in rural training and rural practice	n/a	1-10 <u>M=6.95</u>	1-6 <u>M=5.19</u>	1-6 <u>M=5.0</u>	1-6 <u>M=4.2</u>
I would prefer a rural internship/basic training after my clinical school experience	n/a	<u>M=7.40</u>	<u>M=3.69</u>	<u>M=3.5</u>	<u>M=3.2</u>
I would consider rural practice after my rural clinical school experience	n/a	<u>M=8.43</u>	<u>M=4.81</u>	<u>M=4.6</u>	<u>M=3.9</u>

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Table A8 Rural practice intention- 2nd year medical students (Likert Scale 1-7 where 1= strongly disagree; 7= strongly agree)

Rural practice intention- 2nd Year MBBS students

Item	2004	2005	2006	2007	2008
I would consider future student rural long placements	n/a	1-7 <u>M=6.0</u>	1-7 <u>M=5.9</u>	1-7 <u>M=5.8</u>	1-7 <u>M=6.2</u>
I would consider future employment opportunities within a rural area	n/a	<u>M=5.4</u>	<u>M=5.4</u>	<u>M=5.2</u>	<u>M=5.6</u>

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Table A9 Rural practice intention-allied health and nursing students (Likert scale 1-7 where 1= strongly disagree; 7= strongly agree)

Rural practice intention- Nursing and Allied Health students

Item	2004	2005	2006	2007	2008
I would consider future student rural placements	n/a	1-7 <u>M=6.18</u>	1-7 <u>M=6.18</u>	1-7 <u>M=5.83</u>	1-7 <u>M=5.84</u>
Prior to this placement, I was giving serious consideration to living and working in a rural area following graduation	n/a	<u>M=5.73</u>	<u>M=5.58</u>	<u>M=4.95</u>	<u>M=4.5</u>
As a result of this placement, I am now giving serious consideration to living and working in a rural area following graduation	n/a	<u>M=5.62</u>	<u>M=5.71</u>	<u>M=5.33</u>	<u>M=5.10</u>

Table A10 Factors influencing decision to practice rurally- 5th year medical students (Likert scales 1-7, 1-6, 1-5 where 1=strongly disagree; 7/6/5= strongly agree)

Factors influencing decision to practice rurally- 5th year MBBS students

Item	2004	2005	2006	2007	2008
There are things I enjoy doing in rural areas	1-7 <u>M=5.87</u>	1-7 <u>M=5.63</u>	1-6 <u>M=4.83</u>	1-6 <u>M=5.45</u>	1-5 <u>M=4.4</u>
Working in a rural area provides more opportunities to practice a variety of skills	<u>M=6.33</u>	<u>M=6.13</u>	<u>M=5.33</u>	<u>M=5.27</u>	<u>M=4.3</u>
There are good opportunities for employment in rural areas	<u>M=6.07</u>	<u>M=5.63</u>	<u>M=5.25</u>	<u>M=5.27</u>	<u>M=4.4</u>
People in rural areas are very friendly	<u>M=5.67</u>	<u>M=5.88</u>	<u>M=4.92</u>	<u>M=5.18</u>	<u>M=3.9</u>

Table A11 Factors influencing decision to practice rurally- 4th year medical students (Likert scales 1-7, 1-6, 1-5 where 1=strongly disagree, 7/6/5= strongly agree)

Factors influencing decision to practice rurally- 4th year MBBS students

Item	2004	2005	2006	2007	2008
There are things I enjoy doing in rural areas	n/a	1-7 <u>M=6.13</u>	1-6 <u>M=5.73</u>	1-6 <u>M=5.30</u>	1-5 <u>M=4.4</u>
Working in a rural area provides more opportunities to practice a variety of skills	n/a	<u>M=6.27</u>	<u>M=5.40</u>	<u>M=5.50</u>	<u>M=4.4</u>
There are good opportunities for employment in rural areas	n/a	<u>M=6.54</u>	<u>M=5.47</u>	<u>M=5.40</u>	<u>M=4.3</u>
People in rural areas are very friendly	n/a	<u>M=6.18</u>	<u>M=5.40</u>	<u>M=5.30</u>	<u>M=4.2</u>

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Table A12 Rural practice intention- Allied health and nursing students (Likert scales 1-7 where 1= strongly disagree; 7= strongly agree)

Rural practice intention- Nursing and Allied Health students

Item	2004	2005	2006	2007	2008
I would consider future student rural placements	n/a	1-7 <u>M=6.18</u>	1-7 <u>M=6.18</u>	1-7 <u>M=5.83</u>	1-7 <u>M=5.84</u>
Prior to this placement, I was giving serious consideration to living and working in a rural area following graduation	n/a	<u>M=5.73</u>	<u>M=5.58</u>	<u>M=4.95</u>	<u>M=4.5</u>
As a result of this placement, I am now giving serious consideration to living and working in a rural area following graduation	n/a	<u>M=5.62</u>	<u>M=5.71</u>	<u>M=5.33</u>	<u>M=5.10</u>

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Table A13 Factors influencing selection of RCS- 5th year medical students (Likert scales 1-7, 1-6; where 1= strongly disagree, 7= strongly agree)

RCS selection factors- 5th year MBBS (n/a denotes question not asked)

Item	2004	2005	2006	2007	2008
Patient access	1-7 n/a	1-7 n/a	1-6 <u>M=5.42</u>	1-6 <u>M=4.91</u>	1-6 <u>M=4.5</u>
Support from other scholarship	<u>M=4.63</u>	<u>M=5.88</u>	<u>M=5.40</u>	<u>M=4.33</u>	<u>M=4.3</u>
My spouse/partner's needs	n/a	<u>M=6.1</u>	<u>M=5.33</u>	<u>M=4.38</u>	<u>M=2.8</u>
Subsidised accommodation provided by clinical school	<u>M=6.47</u>	<u>M=6.44</u>	<u>M=5.33</u>	<u>M=5.36</u>	<u>M=4.6</u>
Academic reputation	n/a	n/a	<u>M=5.09</u>	<u>M=4.91</u>	<u>M=4.2</u>

Table A14 Factors influencing selection of RCS- 4th year medical students (Likert scales 1-7, 1-6 where 1= strongly disagree; 7/6= strongly agree)

RCS selection factors -4th year MBBS (n/a denotes question not asked)

Item	2004	2005	2006	2007	2008
Patient access	n/a	1-7 n/a	1-6 <u>M=4.93</u>	1-6 <u>M=5.00</u>	1-6 <u>M=4.5</u>
Support from other scholarship	n/a	<u>M=5.47</u>	<u>M=2.57</u>	<u>M=4.11</u>	<u>M=3.9</u>
My spouse/partner's needs	n/a	<u>M=5.85</u>	<u>M=3.71</u>	<u>M=4.0</u>	<u>M=2.9</u>
Subsidised accommodation provided by clinical school	n/a	<u>M=6.40</u>	<u>M=4.50</u>	<u>M=4.40</u>	<u>M=2.9</u>
Academic reputation	n/a	n/a	<u>M=4.54</u>	<u>M=4.82</u>	<u>M=3.7</u>

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Table A15 Factors influencing rural placement selection- Allied health and nursing students (Likert scales 1-7 where 1=strongly disagree, 7= strongly agree)

Factors influencing decision to undertake rural placement- Allied Health, nursing, midwifery students

Item	2004	2005	2006	2007	2008
There are good opportunities for employment in rural areas	n/a	1-7 <u>M=6.19</u>	1-7 <u>M=5.04</u>	1-7 <u>M=5.91</u>	1-7 <u>M=6.09</u>
Working in a rural area provides more opportunity to use a variety of skills	n/a	<u>M=6.14</u>	<u>M=5.96</u>	<u>M=5.94</u>	<u>M=5.79</u>
There are things I would/do enjoy doing in rural areas	n/a	<u>M=6.17</u>	<u>M=5.82</u>	<u>M=5.92</u>	<u>M=5.69</u>
People in rural areas are very friendly	n/a	<u>M=6.20</u>	<u>M=5.79</u>	<u>M=6.0</u>	<u>M=6.11</u>

Presenters

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