The University of Sydney Rural Careers Project

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Introduction

My task in presenting this paper is to report some good news about an intervention which is trying to counter the 'metropolitanisation' of undergraduate health students.

Inherent risks in having most health workers trained in large cities are that entering students tend to have been raised and educated in those cities and that the relatively few entering students from rural communities spend a significant part of their formative years in large cities. If students' social and educational experiences are confined to the large cities, who can blame them for not even considering professional life beyond the work they know and feel comfortable in?

Much has been written about the need to increase the numbers of rural students into undergraduate health courses and the need to provide increased educational experiences within the context of rural practice. Although these suggestions sound logical to those of us involved in rural health organisations, convincing our colleagues in large metropolitan institutions to significantly alter selection criteria and curricula is no easy task. Altering selection criteria is often not the province of Health Faculties alone, and requires the support of university administrations.

One practical and not so difficult to achieve step is to try to identify students who are interested in a rural career, and to maintain their interest. The Rural Careers Project, based on a recommendation by Professor Max Kamien in Perth that undergraduate students clubs be formed, tries to do just this. A similar club has also been formed in Western Australia, called the SPINRPHEX club, although this is primarily for medical students. At the University of Sydney, however, a decision was made to make the club multi-disciplinary, deliberately bringing together students of medicine, nursing, speech pathology, occupational therapy, physiotherapy and social work. The only criterion for involvement was that students should be considering working in a rural community after graduation.

Why make it multi-disciplinary? Firstly, the issues affecting recruitment and retention are similar for all health disciplines. Secondly, health professionals in rural communities work together very much as a team, so why not introduce students at an early stage to collaborative ventures? Thirdly, a significant proportion of health professionals marry other health professionals, and problems with careers of spouses is a major barrier to recruitment and retention of rural health workers. The tongue-in-cheek comments about match-making have some basis, although I stress that the project does not seek to marry students off to each other. However, why not bring together students with a common interest in working in a rural community? Peer support to go against mainstream career aspirations can only be beneficial. If other kinds of relationships develop as a result of activities of the project, perhaps that is no bad thing.
Project activities

The project conducts three different kinds of activities under the guidance of a multidisciplinary committee which includes a representative from each participating discipline and the coordinator of the Aboriginal Health and Community Development course. Aboriginal health is an important part of rural health care practice, and we try to ensure that it is a constant theme in all activities.

Firstly, meetings are held in Sydney to promote the project and allow students to discuss important rural health issues with rural health professionals and each other. Attendance is usually between 50 and 100. Most participating students have had very limited exposure to rural life, particularly those in medicine and nursing. Meetings to date have covered 'living in a small community', 'setting up a service in a rural community' and Aboriginal cultural awareness. The project has funds to bring rural health professionals into Sydney, as we are keen to present to students good role models who can speak from personal experience. One of the most successful parts of these meetings is the presentation of reports by students who have undertaken a project-funded attachment; these will be discussed in more detail later.

Secondly, meetings are held away from Sydney to allow issues to be explored in greater depth actually within a rural community. Last year only one meeting was possible, in Mudgee, a pleasant rural community famous for wine, poetry and honey about four hours drive north-west of Sydney.

Sixty-two students from all participating disciplines toured Mudgee Hospital and the private practices in the town, met most of the town's health professionals, either during more formal meetings to discuss provision of health care in Mudgee or during social events. These included a winery tour, a BBQ supported by the local community and the Mudgee Picnic Races Bush Dance, which happened to be on the night of our visit.

Student evaluations of the trip by questionnaires on the forward and return journeys of the trip were very positive. Students appeared to gain a more realistic awareness of both positive and negative aspects of working in a rural community, and most felt that the trip had increased their interest in this career path. Many friendships were made across the usual boundaries imposed by disciplines and course years. In the future we would like to have more than one excursion per year, the first for 1993 will be to Cowra in April.

Thirdly, the project provides financial and logistic support for students wishing to spend a minimum of two weeks with a rural professional during vacations. Students do most of the work in organising these, although management committee members may provide contacts and supervise applications of their students. We use an 'academic style' application form where students provide their aims, methods of achieving those aims, indicate how they will investigate Aboriginal health in their chosen community and request a budget justified against travel and accommodation costs. Successful applicants are required to present an oral report on their attachment at a subsequent project meeting and to submit a 1000 word report for our records. To date 25 students have been funded for attachments, mostly within New South Wales, although several have gone to north west Australia, central Australia and north Queensland. Reports indicate that the attachments have been a highlight of their undergraduate education. We have recently learned that a nursing student has gone to work at the hospital where he spent his RCP attachment - this is some evidence that the project may have a medium to long term impact on the career choice of participating students.

Conclusion

The Rural Careers Project has achieved a remarkably high profile within participating departments and, in one of Australia's most metropolitan universities, a surprising degree of success in attracting students, some of our attraction related to student uncertainty over future job prospects, which encourages students to consider leaving Sydney or be unemployed. We do, however, appear to have attracted a core group of students who are very interested in a rural career.
This is an activity which all universities training health professionals should commence. The main requirement is for a group of academic staff who are interested in working together to promote rural careers as a positive option for students. Most of our activities are relatively inexpensive, and we have been delighted with the level of support provided by a whole range of individuals and organisations. Speakers have given their time freely, not all have even asked for full travel costs, and the rural communities, hospitals and health professionals have donated time, venues and food. Travel for attachments outside of New South Wales is the largest single expense, and for this reason we approve attachments in the more exotic locations only when the proposal is outstanding and funds are available. Most attachments within New South Wales require funding in the vicinity of $200-300. Financial support has been provided by the New South Wales Health Department, The Australian Physiotherapy Association, The New South Wales College of Nursing and The Rural Doctors Resource Network, in addition to the major sponsorship provided by the Rural Health Support, Education and Training program.

Our thanks go to all of these individuals and organisations. As project manager I would like to particularly thank those on the Management Committee who make this project work: Fay Acklin, Philip Chan, Alan Davis, Lindy McAllister, Barbara Murphy, Judith Romanini, and Vicki Williams, and also Ellen McEwen, the Project Coordinator. Dentistry has recently asked to join, strengthening the team approach even further. We have proven that multi-disciplinary committees can work even in such a geographically dispersed university.

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References