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Objective Simulated Bush Engagement Experience (OSBEE): A novel approach to promote rural clinical workforce.

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I. INTRODUCTION

The mal-distributed Australian medical workforce continues to result in rural medical workforce shortages. In an attempt to increase rural medical workforce, the Australian Government has invested in the Rural Health Multidisciplinary Training (RHMT) program, involving 21 medical schools (RHMT program, 2020). This funding requires participating universities to ensure at least 25% of domestic students attend a year-long rural placement during their clinical years and 50% of domestic students experience a short-term rural clinical placement for at least four weeks.

Multiple factors influence selecting a rural medical career pathway. Four basic truths presented by Talley (1990) USA on successful medical career pathways are still pertinent today.

1. Students from rural origin are more likely to return to rural areas of practice.
2. Medical graduates who trained in rural areas are more likely to choose rural practice.
3. General practice is the key discipline of rural health care.
4. Doctors practice close to where they train.

The evidence shows the longer a student spends training in rural area, the more likely they are to work in a rural

area (Kwan et al., 2017; Talley, 1990). Repeated exposure of rural clinical practice promotes rural living and practice, enabling the development of professional and social networks within rural communities (Eley et al., 2008). However, there is a dearth of empirical data on whether brief rural clinical learning experiences increases medical students' rural medical career intent.

We report a case study on the pilot project of Objective Simulated Bush Engagement Experience (OSBEE), a novel approach to promote rural medical careers to medical students, where second year (of a four year program) medical students participated in a series of rurally themed scenarios and skills stations set in a rural location, with near peer supervisors (The term bush in OSBEE refers to the forested setting where the stations were undertaken).

II. OBJECTIVE AND METHODS

The objective was to evaluate the introduction of a one day immersive rural clinical learning experience in the form of the OSBEE. Metropolitan-based students travelled 280km to attend OSBEE, set in a forested area on a large farm. The students rotated through a series of simulated rural emergency scenarios and skills stations with predominantly third and fourth year medical students as supervisors.

The participants of the study were second year medical students of The University of Queensland (UQ). These students would all be attending a UQ Rural Clinical School (UQRCS) for their third year. To evaluate the influence of this program on their rural medical career intent, on peer-assisted learning and the program itself, a mixed study using a focus group and questionnaire. A focus group discussion conducted by the principal investigator, where informed written consent was obtained from all participants, was audio recorded, verbatim transcribed and thematically analysed. All

correspondence was anonymous, and confidentiality maintained. The online questionnaire was administered two weeks after the OSBEE. Frequencies were calculated for questionnaire items. Themes were identified for open ended questions.

III. RESULTS

Identified key themes and quotes from the focus group and open-ended questionnaire questions are presented in Table 1.

Key Themes	Quotes
“Overall a positive impression on OSBEE program”	<p>“Awesome learning environment, everyone was so positive and enthusiastic”</p> <p>“I really liked - overall it was good, ...”</p> <p>“I think this today is quite eye-opening for me to see what approaches to take when it comes to different scenarios”</p> <p>“For me it was a very collaborative, We could ask questions, it was very friendly”</p> <p>“It kind of was an exam scenario I suppose. But not in a bad way”</p>
About the OSBEE stations	<p>“I think it's a lot of real-life scenarios that you could potentially face out in the bush,”</p> <p>“Snake bite was pretty fun”</p> <p>“I don't know if you guys have heard, where students are actually thrown into these scenarios and they can actually practice their skills.”</p> <p>“There was a lot of clinical practice, but not much clinical reasoning”</p>
“Positive learning during OSBEE”	<p>“So I think that really - the most useful part of the day was the similar-ish things but different problems and different contexts and different patients to facilitate memory retention...”</p> <p>“Supervisors were very supportive. Learned a lot from them.”</p> <p>“I feel like the debrief session is enough of a learning. Just enough to know what to do.”</p>
“Positive impression of rural practice”	<p>“Yeah, it really paints a picture of the typical things, the different situations you might find in a rural scenario.”</p>

Table 1: Key themes with quotes

The questionnaire response rate by the six study participants was 100 %. All students agreed: “OSBEE was a positive learning experience” and “enjoyed the program”. And 2/3 (4 students) felt “OSBEE encouraged them to consider working in rural context”.

IV. DISCUSSION

Maldistribution of medical workforce is a global concern. Different strategies to address this have been implemented and described in the global literature. Medical schools play an important role in implementing initiatives that best promote rural medical career to grow the rural medical workforce. The OSBEE program provided an enjoyable peer-assisted rural contextualised learning experience and inspired participants to consider rural practice. Although brief rural clinical immersions alone are unlikely to significantly increase rural practice intent, they may enhance the impact of short-term and year-long rural clinical placements on future rural medical workforce.

V. MOVING FORWARD

Whilst our study group was small, and limits the generalisability of our findings, we believe our findings infer brief immersive clinical learning experiences play a role in the promotion of rural medical careers, thus have continued to offer the OSBEE program to early program medical students. However further evaluations of brief (and frequent or repeated) immersive rural clinical learning experiences, on student perceptions of rural medical careers would be useful. Tracking of students involved in these brief rural experiences, as well as short-term and year-long clinical placements would provide valuable insights, to see if participants of the various rural learning experiences do subsequently work in rural areas. Our program and findings may help other medical schools focused on increasing rural medical workforce.

Notes on Contributors

YGSW Jayarathne, MBBS, PG Dip in MEd, MD in MEd was involved the conceptual development, ethics application, data collection including focus group facilitator for the OSBEE evaluation, analysis of the

quantitative data, thematic analysis of the qualitative data and the development of the manuscript, including the final approval.

Riitta Partanen, MBBS, FRACGP, DRACOG, General Practitioner, Head of UQRCS was involved in the conceptual development, ethics application, data collection including focus group facilitator for the near peer supervisors, analysis of the quantitative data, thematic analysis of the qualitative data and the development of the manuscript, including the final approval.

Jules Bennet, RN, Masters of Clin Ed, Grad Cert Emerg Nursing, Grad Cert Healthcare Simulation, Lead Clinical Educator - Clinical Skills & Simulation, UQRCS Hervey Bay was involved the conceptual development, ethics application, quantitative data collection, analysis of the quantitative data and the development of the manuscript and final approval.

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Declaration of Interest

There are no conflicts of interests related to the content presented in the paper.

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