Not So Natural Selection: Community-Engaged LIC Selection

Flinders University
Rural Health SA 2016

Professor Jennene Greenhill
Disclosure

I have no conflict of interest.

The PRCC program is funded by the Australian Government through the Department of Health.
Medical Student Selection
What qualities do we need for success?
What kind of doctors does Australia need?

- 31.3% of Australians live in rural and remote areas.
- Rural people have poor access to health & education = socioeconomic disadvantage.
- "The further people live away from major cities, the less healthy they are likely to be" (Australia's health 2012 AIHW).
- Mal-distribution of the medical workforce results in < 23% living in rural, remote and outer metropolitan regions.

Dr Fred McConnell and Dr Della Yarnold in Katherine.
Parameter 3

Student selection and rural student recruitment

1. Identify rural origin students in medicine, nursing and allied health through university admissions.
2. Promote rural programs via student networks, YouTube channel, CPR4 Kids, career expos
3. Deliver rural sub-quota selection process and evaluation
4. Establish rural stream from selection to rural internships and vocational training

Targets:

• 34 MD students 40 weeks + 1800 additional clinical placement weeks in rural hospitals and clinics minimum 5 weeks
• MD 28% Rural origin, Allied Health & Nursing students 15% rural origin
Research Questions

How does the MD rural selection process influence medical student’s career choice?
(NB: not only intention to work rurally)

How does community-based selection identify students who will thrive in the PRCC?
Do students return to work rurally?
Methods

• Tracking data for alumni who graduated before 2013
• One student who had died was excluded,
• Current location of practice as of Sept 2014 was documented, APHRA data used and in some cases personal contact if available.

• NB risk of underestimating rural practice location
• There are few jobs for doctors in rural South Australia so our graduates who become specialists find a way to contribute via visiting rural areas and teaching our PRCC students.
Parallel Rural Community Curriculum PRCC model

- 34 students - 40 week LIC
- 5 towns (pop n 5-10,000) x 2 students each practice
- Based in General Practice, Hospitals & community

PRCC Team

- **Admin Team** — student support & accommodation
- **Clinical Educator** — a local GP
- **Simulation Educator** — local RN or AHP
- **GP Supervisors in each clinic**
- **Aboriginal Health Lecturer**
- **Visiting Specialists**
Flinders University
Rural Clinical School 2016

• **PRCC** (Parallel Rural Community Curriculum)
  - Rural Sub Quota Selection - rural origin 24 places
  - 25-30% of all students in 3rd year
  - 1st year students do CREW (community rural engagement week)
  - 2nd year do Advanced Studies visiting rural community
  - 3rd year they do the PRCC
  - 4th year they do a 8 week placement or more
  - Rural internships 5 only (but planning for more)
Selection Committee
Community Liaison Committee (CLC)

• CLC consists of 3 community members, a clinician, student and a professional staff member
• CLC selects up to 24 students with rural background annually
• Applicants screened by the faculty for a minimum GPA and rural origin (must live rurally for 5yr consecutive or 10yr cumulative)
• CLC created their own criteria

Selection process
1. Autobiographical statement
2. Interview - 45 minutes
3. Group scenarios re ethical or social issues
4. Social interaction
Advanced studies projects

- New Integrated Mental Health services
- School Based Mental Health Services
- Social impact in rural communities
- Teaching CPR4Kids
- Obstetric retrievals
- Epidemiology of stroke
Selection Criteria

The selection process is **based on Transformational Learning** – critical reflection and constructive discourse.

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<td>Demonstration of appropriate life experiences that clearly demonstrate a conscious recognition and successful application of coping behaviour by the applicant.</td>
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<td>Demonstrated ability to deal with difficult situations in a resourceful &amp; professional manner.</td>
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<td>Demonstrated ability to recognise potential conflict and difficult situations and to be able to respond appropriately.</td>
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<td>Demonstrated ability to apply initiative, resourcefulness, problem identification &amp; resolution.</td>
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<td>Demonstrated ability to keep working relationships which encourage cooperation and support, and to work in teams</td>
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<td>Demonstrated the ability to work independently with limited supervision to effectively manage large volumes of work/competing work pressures to meet obligations &amp; timeframes.</td>
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<td>Demonstrated familiarity with, and exposure to, the delivery of medical care to rural communities.</td>
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<th>Indication of a rural career path. This includes:</th>
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<td>A clearly demonstrated career trajectory and outline of future plans to become a rural medical practitioner</td>
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Location of Practice
Subquota compared with all PRCC

N= 260, Pearson Chi Square = 13.136, p=0.002**
Location of Practice
Difference between PRCC sites

N= 260, Pearson Chi Square = 21.41, p=0.024*

GGT

Riverland

Hills Mallee Fleurieu

Barossa Valley

Combo 221

- N/A, unknown
- Overseas
- RA1
- RA2
- RA3
- RA4

Flinders University
inspiring achievement
Questions?
What will your LIC program be like in 2036?