



**August 2005 Edition** - a newsletter for RAMUS Scholars and Mentors

### ***From the Manager....***

We are delighted to welcome *all* of the new RAMUS scholars and mentors. There are 107 new scholars across the country this year.

Carmel has been farewelled with many tributes regarding her outstanding contributions to RAMUS. She has moved from Canberra to 'go rural' and is combining a part-time role with the RAMUS Alumnus and many other pursuits.

We are very pleased to welcome Himali Ranasinghe to the RAMUS Team. Himali is developing the RAMUS Alumnus with Carmel. Himali also assists with your RAMUS phone line enquiries. As well, she is looking forward to making contact with those scholars who will be completing their medical studies at the end of this year as they will have a variety of experiences ahead to contribute as members of the RAMUS Alumnus. RAMUS Certificates have been sent to over 400 Alumnus members who completed their studies between 2000 and 2004. Valuable networks continue through the Alumnus for members. We will continue to be interested in your news about career choices and experiences in the next few years to share with scholars, mentors and graduates through the web site.

We will also be contacting a number of scholars completing medicine this year to invite them to take on a role as ambassadors to champion the cause of rural opportunities – from scholarships to mentoring to practice. Any scholars finishing in 2005 who are interested are also welcome to contact Himali to discuss sharing this new role for RAMUS Alumnus members. It will include participating in RAMUS networks.

Denisse and Janine are also available to assist you, by phone, email and fax, drawing on their extensive RAMUS expertise. Please contact them, if anyone, particularly those relatively new to the RAMUS Scheme, is in doubt about RAMUS requirements or due dates or any other aspect.

As RAMUS scholars, you have the benefit of working with your mentors again in the months ahead.

*Margaret Ruhfus  
Manager, RAMUS*

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### **From Tassie to the Tropics**

In 2004, I studied at the Rural Clinical School in Burnie, Tasmania for the second year. As a final year student, there were different aspects to the course when compared to the previous year, and I had different experiences of rural medicine as a result. I was able to meet the objectives of my learning plan, and in the process gain deeper insight into rural health issues and challenges.

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## Alumnus News

The Alumnus surveys which were sent with the certificates of completion are now being returned to us by former RAMUS Scholars. If you were a RAMUS scholar and have yet to complete the Alumnus survey, it can be accessed by visiting [www.ruralhealth.org.au](http://www.ruralhealth.org.au) and following the Scholarships links to the RAMUS web site. You may also provide us with your answers by contacting Himali toll free on 1800 460 440.

A growing picture of valuable information is forming and will be highly useful for research and evaluative analysis in the next two to five years. The data regarding your choices of location for postgraduate training and careers will inform studies on the relationship between rural life experience and rural career practice.

Alumnus web-based information will become available with opportunities for graduates, scholars and mentors to add contributions and other news. Based on your involvement, the Alumnus will also maintain a network to support individuals' decisions to practise in rural and remote areas.

Updates for *Gone Fishin'* are also most welcome so please let us know if you would like to make a contribution. Contact us on **1800 460 440** or [ramus@ruralhealth.org.au](mailto:ramus@ruralhealth.org.au).



## Hot Off the Press! Scholars and Mentors in the Medical News

**Emily, Alexander** and **Bonnie Fergie** are on the front cover and in the leading feature article in *Australian Rural Doctor's* August issue. From Kendenup, 340 km south-east of Perth, they are all studying at University of WA. Emily will be graduating at the end of this year. She spent last year at UWA Rural Clinical School in Broome. Alexander is in fourth year and Bonnie is in second year. **Stephanie Trust** is also highlighted in this article. A fifth year student at UWA, she grew up in the Kimberley and is studying in Broome this year. **Dr Phil Reid** from Kalgoolie, a rural doctor mentor, devotes some of his time to teaching and provides guidance to prospective rural doctors. He has mentored two University of WA RAMUS scholars – one graduated last year. He was also featured in the previous issue of the *Australian Rural Doctor*.

An interview with **Jack Sloss**, giving him a high profile as well, covers some of his time in south-western Queensland near Goondiwindi in childhood, later as a stockman and shearer, and his recent rural placement experiences. He completed a psychology degree and then entered medicine. He will be graduating from University of Queensland at the end of this year and is attracted to working in far north Queensland.

One of the RAMUS rural doctor mentors, **Dr John Lloyd**, is also featured in an article about working with his wife at weekends on their farm in Queensland's Western Downs region, about four and a half hours' drive from his practice in Yeppoon for more than 25 years! He has mentored a 2004 Monash University graduate as well as a RAMUS scholar at University of Queensland who will complete medicine next year.

RAMUS scholars, **Felicity Baker** and **Rob Scott**, were featured in a previous issue of *Australian Rural Doctor* in an article about the new wave of rural GPs. Felicity, from rural Victoria, is in fourth year at University of Adelaide. She is planning to work as a rural GP and live on a farm. Rob is president of University of NSW's rural health club, RAHMS, and is in third year. His plans include working in a remote area, perhaps for the Royal Flying Doctor Service.

## **From Tassie to the Tropics**

**Martin Newman**

**MBBS 2004, University of Tasmania**

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One excellent aspect of the year was the opportunity to spend two weeks in a remote GP rotation. I spent this time in Queenstown, on the remote West Coast of Tasmania. During this time, I gained an understanding of the challenges that face a GP working in a remote community. Not only is the wide variety of clinical presentations and greater exposure to emergencies a challenge, but also working with only one colleague for support is a challenging difference for a practitioner. During this placement, I experienced both practice in the GP-run hospital and the clinic, which was valuable. There were a number of emergency presentations during that time, and it was interesting to see how these were managed without some of the diagnostic tools such as X-ray and pathology facilities we take for granted, even in smaller hospitals such as the North West Regional Hospital.

My other GP placement was also rural, at a practice in Ulverstone, a small town about 20 minutes from Burnie. This was a very different practice, with six GPs, an on-call roster with other practices in the town, and access to two hospitals, both approximately half an hour away. This difference highlights the variations in rural medicine and some of the factors that make practising in a particular town more or less desirable.

During the year, I attended several functions organised by the North-West Division of GPs. This enabled me to talk to rural practitioners in an informal setting about the challenges they face, and also the rewards they experience as rural doctors. In particular, the annual conference was a valuable experience, as there were interesting guest speakers addressing clinical and other issues relevant to rural practice. It was also important to see how professional development can be maintained through such meetings, while also giving doctors an opportunity to meet up and share ideas with colleagues and students.

Another goal of the year was to understand the impact of rurality on the provision of healthcare to patients. This year, I followed a number of patients through the year, having met them in a variety of settings. As a part of this process, I discussed the cases with my mentor and also clinical school staff, and wrote detailed case studies, which formed part of my final assessment. Some of the patients I followed included one patient who had presented acutely to the hospital in Queenstown, and who I had a considerable role in managing initially; a paediatric patient who presented to the Emergency Department in Burnie; an elderly patient with complex medical problems and a patient with medical and psychiatric issues. An important aspect in these cases was the impact of rurality on the provision of health care. In all cases, there were issues relating to transport, access to specialties, access to specialised diagnostics and even quality of health education available. These issues impact many patients, and it was interesting to see that they still affected these patients who had a wide variety of presentations and needs.

My exposure to emergency medicine in a rural setting was excellent this year, and I was pleased that I had the opportunity to see emergency cases while in Queenstown. I also did a rotation in Emergency Medicine at the NWRH in Burnie, which contrasted with remote emergency medicine, but still has challenges not faced by bigger hospital emergency departments. The lack of sub-specialty facilities on site lead to more patients being managed by the doctors in the emergency department definitively, but it was valuable to learn which types of injuries can be managed safely in this setting and which need specialist treatment. This sort of prioritising and judgment was a skill I found to be highly valuable. These experiences were complemented by continuing to spend time with the Royal Flying Doctor Service in Rockhampton this year, which is another facet of rural emergency medicine that has specific skills not encountered in a GP or hospital setting.

*\*Martin was a RAMUS scholar for four years. He graduated from the University of Tasmania in 2004. He's now in Hobart and he's planning to work in Central Queensland next year.*

## **Encounters with Youth and the Elderly**

**Zanna Wurst**

**BMBS 2004, Flinders University**

2004 was the final year of my medical degree at Flinders University. The main aim of this year was to gain experience in a variety of areas in Medicine, to consolidate clinical skills learnt in previous years of study, as well as to learn many new skills useful for the internship well beyond.

The Flinders University medical degree places great emphasis on student-patient contact as a way of learning and this is introduced right from the first week of medical school at Flinders. I have found this student involvement with patients to be invaluable right throughout my four years as a student, however, I feel that the experiences I have had in this past year have prepared me extremely well for beginning an internship next year. Our final year at Flinders comprises five core terms respectively. These terms are selected by the individual students and can therefore be directed to areas of interest. My terms this year were Emergency Medicine, General Medicine (in Port Lincoln), Psychiatry (rural and remote ward of Glenside Hospital), Anaesthetics, Alcohol and other drugs, Critical Care, Obstetrics and Gynaecology, and Paediatrics. In all of these terms I acted like the intern on the ward and was able to practise many clinical and procedural skills under supervision, which has made me more confident in beginning internship in early 2005.

Even though 2004 has been very busy, involving many different rotations, some of which are located in different places, I have still fulfilled the objectives set out in my 2004 Learning Plan. The first objective that I made was to increase my knowledge of the medical issues facing the elderly in rural areas. I was able to spend some time in the nursing home at Jamestown while visiting my mentor, Dr Shepherd and this allowed me to witness first hand some of these issues. Getting to see a doctor is sometimes more difficult in a rural area, due to the fact that most residents of the nursing home are not easily mobilised, and therefore have to wait for the local doctor to visit the home. This may mean waiting until a theatre list or consultation session is finished so that the doctor is available. Another issue is the travel and waiting times associated with diagnostic tests and procedures. In rural areas, patients may have to travel long distances for simple x-rays and ultrasounds. This may be quite difficult for the elderly who may not be able to drive themselves and may even need an ambulance for transportation. The other problem is that those elderly patients requiring major procedures have to travel to major centres like Adelaide. Elderly patients are often very reluctant to do this as it requires being in a foreign place, and at times being away from family and friends who may not be able to travel with them. These are just a few issues that I identified while in Jamestown and also while in my General Medical rotation in Port Lincoln (another rural area of South Australia).

The second of my objectives for this year was to gain an appreciation of the issues facing youth in rural areas. My psychiatric rotation in the rural and remote ward of Glenside Hospital this year certainly opened my eyes to the many issues facing the youth of today that reside in rural areas. The first thing I noticed while being at Glenside was the amount of teenagers being admitted after suicide attempts. These patients usually had a mentally illness such as depression or schizophrenia and therefore ended up in a psychiatric hospital due to the lack of such services in rural areas. To me, it seemed such a shame that these youth had to be taken away from their family and friends, usually for extended periods of time, to get the psychiatric help they needed. Many of these youth resented being away from their hometown and this tended to hinder their recovery process. From the discussion that I had with the youth in the rural and remote ward, it seemed that the reasons for suicidal ideation and attempts seemed to be multifactorial. The main issues centred around lack of employment, lack of friends, relationship breakdowns, lack of access to facilities such as nightclubs, cinemas, etc. and lack of specialist services such as counselling and psychiatry. In addition to this, the youth were more likely to have access to weapons to carry out their suicidal plans. The other issue I realised was the lack of services to support the youth returning to their rural town after being in a psychiatric hospital. I found that in many cases, the lack of psychiatric support in rural areas was the reason for extended hospital stays and this then impacted on those patients waiting for a psychiatric hospital bed. This rural rotation certainly made me realise that there is a whole lot more that can be done in the area of rural adolescent mental health.



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My final objective this year was to consolidate the clinical skills that I learnt in 2003. I was able to fulfill this objective in many ways, firstly, through the time that I spent in Jamestown with my mentor, Dr Shepherd. In this time I was able to practise surgical scrubbing, surgical draping, suturing, dressing wounds, putting on IV lines, assisting in surgery and some clinical examinations. As always, I found this time most useful as there is certainly no substitute to “hands-on” learning. In addition to the time spent with Dr Shepherd, I found that my rural placement in Port Lincoln under the instruction of Dr Rufus McLeay was also extremely useful. I was able to do the following things: many clinical examinations, IV line insertion, arterial blood gases, joint aspirations, a cardioversion, interpret x-rays, administer a blood transfusion and monitor warfarin doses among other things. I found that in this six- week rotation at Port Lincoln my confidence really grew and I became a lot better at the routine tasks that will be required of me as an intern in 2005.

As well as fulfilling the objectives set out in my Learning Plan, I was a member of the Flinders University Rural Health Society (FURHS), and I volunteered to be an examiner for the 3<sup>rd</sup> year practice OSCE (a clinical exam). The exam station I examined was one where the students had to take a history from an elderly person that had had a fall. I had to mark the 3<sup>rd</sup> year students on their performance and then give them feedback. I found this exercise beneficial as it made me revise the area of falls in the elderly and in fact, it enhanced my knowledge somewhat. In addition to the above, I also gave a talk to some year 12 students in August, and this was about a career in rural medicine.

Overall, 2004 has been a year in which I feel I have had the opportunity to consolidate knowledge learnt over the past 3 years and gain confidence in performing tasks at the intern level. In addition, I feel that my knowledge base has increased significantly and that I have become more skilled at communicating with patients and colleagues alike. This has no doubt had a positive impact on my personal and professional development and will hold me in good stead for internship in 2005.

*\*Zanna completed her studies at Flinders University in 2004. She received RAMUS for four years. Zanna's currently working in General Practice in Adelaide and planning to do obstetrics in the year ahead.*

## Changing to a New Mentor

**Scholars change mentors for various reasons. Whatever the case is, please be reminded that changing to a new mentor entails a few responsibilities.**

- **Scholars should inform the RAMUS Scholarship Team of any changes in their mentoring arrangement. They are responsible for providing the RAMUS staff with the new mentor's contact details. Information about RAMUS and the Rural Doctor Mentor Scheme will then be sent to the new mentor.**
- **Scholars should nominate a new mentor within 2 weeks after informing the RAMUS Scholarship Team of their decision to change mentors.**
- **Scholars are responsible for informing their old mentors of new arrangements established with other doctors.**



Visit our website!  
[www.ruralhealth.org.au](http://www.ruralhealth.org.au)

- **Update your details and policy interests**
- **Browse through the Australian Journal of Rural Health**
- **Read previous issues of Gone Fishin'**
- **View the RAMUS Guidelines**
- **Download copies of your acquittal forms**
- **Access the RAMUS Alumnus**



## STAFF PROFILE: Himali Ranasinghe

Himali has been linked with the RAMUS team since January 2005. She began helping out with the applications that came through for the latest round of scholarships. She is now an assistant co-ordinator for the RAMUS Alumnus scheme.

Born in London to Sri-Lankan parents, Himali moved to Canberra when she was 6. She is now living on the border of A.C.T in Jerrabomberra, and enjoys going for walks in the bush... just behind her house!

Himali spends much of her time away from the office going out to, creating and playing music. She is the singer and keyboardist for a funk and soul band and loves nothing more than being on stage performing. Apart from playing with her band she enjoys spending time at home playing her piano that she's been banging away at for most of her life. Himali recently got to fulfil her long awaited dream of seeing Tori Amos live, and says she can now die happy.

Also working occasionally at a local Video Store, when she gets the time, she likes to relax with a good movie.

You may remember her from being selected as a clip to show for Australian Idol's 2004 beat-box competition – lucky for you she's not going to give up her day job!



## STAFF PROFILE: Margaret Ruhfus

Margaret Ruhfus assumed the role of RAMUS Manager in May this year. Before joining the RAMUS team Margaret managed a research journal for allied health professionals. Her background is in professional development and publications. She has worked for two Indigenous organisations in Canberra and Broome and had many valuable opportunities for learning. She has also worked at a few universities. Earlier she enjoyed the experience of rural living for about 15 years where locally there was one doctor and at the school, two teachers. She also enjoys going to her sister's farm overlooking the Murrumbidgee River.



**Chicken Insomnia**

<http://www.elizabethpartridge.com/images/chickeninsomnia.jpg>



## AUGUST HIGHLIGHTS

Check out the latest issue of the journal through your complimentary web site access. Highlights include:

- Joseph V. Turner, Awareness gained from rural experience: A student's perspective *Joseph has RAMUS and John Flynn scholarships and is a TROHPIQ and NRHN representative at University of Queensland.*
- Nicholas G. Procter, Haroon Dusmohamed, Qualitative evaluation of country mental health inpatient units
- Sue Jeavons, Tim Godber, World Assumptions as a measure of meaning in rural road crash victims