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Contributions to *Gone fishin'* are welcome. Please send contributions to ramus@ruralhealth.org.au
The next issue will be October 2009.

From the RAMUS team

We are delighted to welcome the 131 new scholars who were awarded scholarships in the RAMUS 2009 application round. We also welcome the many new mentors who have joined the Scheme this year.

In May, Carol, Janine and Susan attended the 10th National Rural Health Conference in Cairns. We all enjoyed the conference enormously and a special highlight was the lunch for RAMUS scholars, mentors, alumni and other stakeholders. Thank you to all who attended.

Scholars and alumni have applied for support from the RAMUS Conference Placement Program to attend conferences in record numbers so far this year; about twice as many applications than the funds for the program can support. Since the last *Gone fishin'* some of the conferences that scholars and alumni have attended with the support of the program are the 10th National Rural Health Conference, the AMSA Global Health Conference and the NURHC.

Carol represented the National Rural Health Alliance and RAMUS at the NURHC in July. Carol came back to the office enthused about the passion and commitment of students for rural health. The conference also provided the opportunity to meet many RAMUS scholars face-to-face.

In this issue of *Gone fishin'* we continue our series based on RAMUS scholars' reports for 2008. Extracts from scholar reports focusing on rural clinical placements are covered.

Thank you to all former scholars who are members of the RAMUS Alumnus program and who have indicated their willingness to mentor a RAMUS scholar in the future. We now have a register of more than 100 former scholars interested in mentoring in the future and a small number who are available to be mentors from this year. We are planning to contact former scholars in the coming months to encourage them, if they are not already a member, to join the RAMUS Alumnus.

The opinions expressed in Gone Fishin' are those of the contributors and not necessarily of the National Rural Health Alliance or its individual Member Bodies.

In this year's Queen's Birthday Honours, Gordon Gregory, the Executive Director of the National Rural Health Alliance was awarded an OAM in recognition of his outstanding contribution to rural health over many years. To quote Jenny May, chair of the NRHA, 'Rural Australians are very much the richer for his work and advocacy'.

With best wishes from the RAMUS team
Susan, Carol and Janine

10th NRH Conference

The 10th National Rural Health (NRH) Conference held 17 - 20 May in Cairns, QLD was a great success. The 900 plus delegates provided Minister Nicola Roxon and the Government with some clear directions and encouragement for change in the rural and remote health sector. Have a look at the post conference website which includes the proceedings, keynote presentations, concurrent session papers, the communiqué and recommendations

<http://10thnrhc.ruralhealth.org.au/>



Cairns Convention Centre

The full presentation of the AJRH writing for publication workshop which was held prior to the conference is also available online

<http://nrha.ruralhealth.org.au/ajrh/?IntContId=14758&IntCatId=20>

RAMUS Lunch at the 10th NRH Conference

The special highlight for the RAMUS team at the 10th NRH Conference was meeting RAMUS scholars, mentors, alumni and other stakeholders who attended the RAMUS lunch.



Enjoying the RAMUS lunch

The balmy Cairns day was the perfect setting for an outdoor lunch. Jenny May, the Chair of the NRHA welcomed the lunch attendees.



Dr Jenny May, Chair of the NRHA

The mixing and mingling was enjoyed by all. Thank you to everyone who attended the lunch.



Susan Magnay, Manager of RAMUS and Michael Tremellen, RAMUS Alumnus

Scholars reports on the 10th NRH Conference

The extracts below from reports on the 10th National Rural Health Conference focus on highlights of the academic program:

...I enjoyed the tales of pilot programs that areas had set up for their area of need the most. “Doctor on Campus” was a simple but effective program to tackle secondary school mental health issues. It took a caring school counsellor and GP to put it together. A GP visits the school once every month and the counsellor arranges for children with mental health issues to see the GP. It allows direct consultation to children who would struggle to make appointments out of the school time and seems to me to be an obvious option for a number of other schools. “Bridging the Gulf” told of a community that established a new health service in Normanton to address the health needs of the Gulf of Carpentaria. Whilst it did show the frustrating battles between stakeholders, it also provided real tangible progress in providing a workable solution to the area. I found the discussion around the critical pitfall areas very enlightening.

Mark Dennis (University of Sydney, 4th year)

By far the highlight of the first day for me ... was the keynote speech by Joshua Tepper from the Ministry of Health and Long Term Care in Canada. This engaging and passionate physician spoke of the

difficulties associated with the provision of health care in rural Canada and demonstrated the similarities between rural health in Canada and Australia. Additionally, the constant struggle to attract suitable trained health professionals to the rural areas of Canada was discussed and Dr Tepper made reference to some of the solutions that were being trialled to alleviate this problem. It was clear from Dr Tepper’s speech that Canada and Australia can learn a lot from each other in terms of ensuring the adequate provision of rural health care and as such, must continue to work together for the good of rural health in both countries.

Alison Kirby (James Cook University, 6th year)

During the conference I had the opportunity to broaden my knowledge of the difficulties facing rural and remote communities in Australia, and their access to medical services. There are many innovations being put in place to help increase services to these communities. One such innovation is a “one-stop shop” for Indigenous families in the Pilbara. The families bring their children in and they play and at the same are seen by the relevant medical professionals, their parents/guardians can be chatted to and it is an easy way for the children to have a complete health check. This highlighted to me that, in my professional life to come, there is not only one way of conducting a consultation with a child and their parent/guardian. The ‘traditional consultation’ may need to be modified to accommodate different cultures and availability of services.

Kate Chapman (University of Notre Dame Fremantle, 3rd year)

Of particular interest to me was the plenary session on the success story of Katherine West Health Board (KWHB). The KWHB presented a model of coordinated care, cultural safety and security and community engagement. It is the perfect example of how a good level of funding, multidisciplinary teams and a community approach can and does lead to better health in predominantly Aboriginal communities. The advances KWHB is making can be largely attributed to the attempts to ensure that the predominant voice in the whole process is that of the

Aboriginal people the program is trying to help and that there is always dialogue between participating parties. Physically going out into the separate communities in the area and asking the community members what they think they need to make their community healthier is the grass roots kind of focus that will see huge advances in the state of Indigenous health in this country. This philosophy is well supported, researched and recommended in Indigenous health academic communities, but it is very refreshing to actually see the benefits of such an approach rather than just hear people talking about it.
Kate Fox (University of WA, 3rd year)

You can read the full reports on the 10th NRH Conference and many other conferences on the 'Conference Reports' webpage
<http://nrha.ruralhealth.org.au/scholarships/?IntContId=257&IntCatId=7>

Conference Placement Program

It's not too late to apply for support to attend conferences being held between October and December 2009.

Applications for GP'09, AIDA's 2009 symposium, the 15th International Holistic Health Conference and the Australian Orthopaedic Association ASM must be submitted by 17 August.

The due date for applications for the next group of conferences is 14 September. These include Rural Medicine Australia 2009, the Australasian College for Emergency Medicine ASM, LIME Connection III and a number of other eligible conferences.

Take a look at the Conference Placement Program web page
(<http://nrha.ruralhealth.org.au/scholarships/?IntContId=77&IntCatId=7>) for the full list of eligible conferences, the program guidelines and how to apply.

News from the NRHA

On the policy side of things, the Alliance has recently released a position paper on the rural and remote implications of a national e-health strategy. The position paper is available online
<http://nrha.ruralhealth.org.au/publications/?IntContId=60&IntCatId=6>

The Final Report from the National Health and Hospitals Reform Commission was released on 27 July. Alliance staff are studying its recommendations to determine their likely impact on rural health, and will make a full response to Government in the coming months. An early response is in the media release is available online
<http://nrha.ruralhealth.org.au/mediareleases/?IntContId=14728&IntCatId=16>

The Alliance and the Australia Conservation Foundation (ACF) issued a joint media release calling on the Government to invest at least 20 percent of the revenue raised through the sale of permits from the proposed Carbon Pollution Reduction Scheme in improving the environment and the health of rural communities.
<http://nrha.ruralhealth.org.au/mediareleases/?IntContId=14728&IntCatId=16>

AJRH latest issue

VOLUME 17 NUMBER 4 AUGUST 2009

The Australian Journal of Rural Health

- Treating Indigenous mental illness
- Asthma management in rural New South Wales
- Stresses experienced by remote area nurses
- Water conservation in surgery

JOURNAL OF Rural Health and Midwifery Faculty, Royal College of Nursing, Australia
Council of Remote Area Nurses of Australia Inc
National Rural Faculty of the Royal Australian College of General Practitioners
Section for Australian Rural and Remote Allied Health

WILEY-BLACKWELL

NATIONAL RURAL HEALTH ALLIANCE INC.

The August 2009 *Australian Journal of Rural Health* (AJRH) has a line up of useful articles covering key aspects of rural practice: mental illness and substance dependence; rural and urban hospital approaches to community health; traffic accidents on private and public roads; asthma management; employed nurses in Queensland and stress; water conservation in surgery using different scrub techniques; and a viewpoint on rural pathology.

RAMUS scholars can access current and back issues of the AJRH through the RAMUS 'Current Scholars' webpage

<http://nrha.ruralhealth.org.au/scholarships/?IntContId=253&IntCatId=7>

Don't forget the virtual issues on Indigenous health and mental health. The virtual issues are on-line only compilations of top articles published in previous issues.

Rural Clinical Placements – scholar experiences

During 2008 several scholars were placed at rural clinical schools or had extended rural clinical placements. Here are extracts from selected 2008 scholar reports that describe and reflect on these experiences:

Nathan Lum (University of Sydney, 3rd year) said of his placement at Riverina Medical and Dental Aboriginal Corporation (RIVMED) in Wagga Wagga NSW:

'I consider my experience at RIVMED unique, owing to its multidisciplinary approach, which allows me to observe and participate in consultations with a range of other professionals including diabetes educators, family counsellors and social workers in the one practice. I have become more aware of the significance of engaging people with different skills to achieve the

best outcome for patients, as the doctor is unable to 'do it all'. The medical curriculum drives students to understand a multidisciplinary approach to health care, but the experience of it is sadly lacking. But through RIVMED, I have been fortunate to be able to tie theory and practice together. The interrelationships that form between different professions are very important and most certainly foster team skills that will be crucial to practicing as a doctor, not just in smaller communities, but also metropolitan areas.'

Dean Topham's (University of Notre Dame Fremantle, completed 2008) four-week rural GP placement in Dongara WA was:

'a fantastic time. Dongara is a small Cray fishing town located approximately four hours drive north of Perth and has a population of around 1,500 people. During peak holiday time the population can rise to 4,000 people and with only two doctors servicing the town at any time this can cause problems. My time in Dongara was spent with the GP and his GP registrar. It provided a great mix of procedural work, with skin lesions being removed regularly on a Thursday. Another part of the work I enjoyed there was the A&E. The GP clinic was attached to the hospital which had two emergency beds and two ward beds. It was staffed by registered nurses and if they had a case they couldn't treat they called the doctor, so in between his own patients the doctor would see the hospital patients as well. Having this set up was fantastic as it enabled me to see the hospital patients first, work out a treatment plan and then present to the doctor when he came. The experience that I gained during this time was invaluable. I loved being by the beach, driving five minutes to work in no traffic, the clean air, the relaxed lifestyle, the kindness and authentic generosity of the people (one lady made me fresh scones for afternoon tea!!!) and the complex mix of medicine.'

While on her rural placement in Mackay, Danielle Volling-Geogehan (James Cook University, 5th year) spent time with the CQ RESCUE Helicopter Service:



CQ RESCUE Helicopter Service

‘I was able to experience life in the day of a doctor involved in aeromedical retrieval and the role they play in the provision of care to those in acute need. In my short time with the team I experienced the range different roles that the team plays in the management of those with medical concerns. These involved patient transport as well as the transfer of those with acute medical needs. I found this time to be incredibly interesting, renewing my passion to continue my studies in medicine. I was able to experience first hand what it’s like to help people in need of critical care.’

Meghan Cooney (Monash University, 4th year) spent a clinical placement year in Bendigo:

‘One of the most valuable aspects of undertaking placement in a rural area is the chance to feel included in the local community. I enjoyed participating in local sporting and community events, and always felt welcome and appreciated. Even though you might know some very personal information about a patient, if you run into them at the local supermarket they are generally very friendly and happy to have a quick chat. Some of the other medical students and I formed a netball team which allowed us to become part of the local sporting scene, a key part of the community. I feel that spending a significant amount of time in a rural area has furthered my interest in and

understanding of rural healthcare. It has highlighted the challenges rural patients often have in accessing medical care; from the difficulties I personally experienced when trying to make a GP appointment for myself, to the hardship of patients with chronic conditions who regularly travel to larger centres for specialist care.’

David Lean (University of Queensland, 4th year) was placed at the Rural Clinical School of UQ in Toowoomba in 2008. He describes the RCS as:

‘...wonderfully set-up for medical students... I count myself privileged to have been able to spend a year under the training and guidance of many of the doctors of Toowoomba and surrounding areas. I have met some of the most inspiring individuals of my life this year, and was certainly only further encouraged to seek to work in such locations... As well as spending three of my rotations for the year at Toowoomba Base Hospital, I was fortunate to be able to undertake my GP and rural medicine terms outside Toowoomba. My GP placement was taken in a small town called Oakey, 30mins drive from Toowoomba. This was a great rotation, and provided me with the opportunity to work alongside two experienced procedural GPs who were both passionate about rural medicine, despite the challenges and difficulties it presents.’

Dennis Millard (University of WA, 6th year) spent 2008 at the Rural Clinical School in Esperance, WA:

‘...a beautiful coastal town [with a] population of 9,000 with 14,000 in its hinterland (a 200km radius). It is eight hours drive from Perth and there are no other major centres within 400Km..... Spending a year in Esperance really pushed me in the direction of working in the future as a rural GP, or as a rural practitioner of some sort. From a non medical perspective completing a year of RCS also showed me many of the benefits of living in a rural area, which I had nearly forgotten as it has been so long now since I had lived in the country myself.... Spending a year on RCS allowed me to identify more clearly what I value and find important, being happiness in your

family, career and lifestyle, three things which would be much easier to achieve while living in a rural area as opposed to a metropolitan area.'

Impressions of NURHC

Carol Paice attended the National University Rural Health Conference (NURHC) in Cairns, 23-25 July, representing the National Rural Health Alliance (NRHA) and of course, RAMUS!



More RAMUS scholars

Back row left to right: Jan Fletcher, Aaron Wiggins, Lea Skeat, Pip Bowers, Robyn Silcock. Front row left to right: David Prince, Matthew Irvin, Jordon Sandral, David Herbert



Meeting some RAMUS scholars

Left to right: Pip Baker, Hannah Wellington, Carol Paice, Project Officer RAMUS

These are her impressions:

From the first day of NURHC the enthusiasm and passion that the student delegates had for rural and remote health was evident and it set the tone for the conference. I was impressed by the content in the plenary sessions particularly with the Indigenous session where Mark Wenitong, Maggie Grant and James Charles spoke about their experiences of working and living in Indigenous communities. I enjoyed the MC, Dr James Fitzpatrick's bush poetry. It was great to meet health students from all disciplines but particularly RAMUS scholars attending the conference.

Here are some other impressions of NURHC from RAMUS scholars who attended with the support of the RAMUS Conference Placement Program:

The theme for this year's conference was '*Rural Health: Diverse Landscape, Endless Opportunities*'. It had the aim of showcasing the endless range of potential roles and involvements we could have as rural health professionals in the variety of settings that make up rural and remote Australia. The academic program had a strong focus on the sharing of stories. Dr James Fitzpatrick, the conference Master of Ceremonies, generously shared his unique experiences and adventures as medical student and now, as a paediatrician in the Kimberly. Other professionals from levels of policy setting, workforce management and health practice gave insights into what drove them to work so hard to better rural health and how we, as students, could follow our own path into that area. *Lachlan Brennan (University of Melbourne, 3rd year)*

Student presentations were a high point of the academic program. The personal experiences session allowed delegates to hear of the rural elective experiences of other students. Listening to these experiences made me feel more confident about undertaking a rural elective myself. A very strong

personal experiences presentation on depression was a powerful reminder of the importance of self-health. The workforce session explored obstacles to attracting health workers to rural areas and benefits of working in the country. Again this content will be helpful for my later study/work. *David Prince (University of New South Wales, 3rd year)*

...there were a number of workshops run for students to learn about different areas of rural and remote health. I was lucky enough to attend a session with the Royal Flying Doctor Service which was an excellent education experience. I learned that the RFDS is not just involved in emergency medicine but also with the primary health care, women's health and mental health all across rural and remote Queensland. I also realised that working for an organisation such as the RFDS can provide doctors with an experience that is equivalent or perhaps even more beneficial than international aid work because of the poor living conditions found in Indigenous communities across northern Australia. *Lee Skeat (Monash University, 2nd year)*

graduated in 2006 and earlier are now included in the register. Of these, a number are available, and indeed keen, to be mentors from this year. The register includes information about the former scholars' locations and any preferences they may have in a potential mentee, such as enrolled university or specialty interest.

The register will be used as a source of potential mentors for new and continuing scholars who ask the RAMUS team for help in finding a mentor. For scholars who find that they need to arrange a new mentor, please keep the register in mind. On request, the RAMUS team will check the register and give you the names and contact details of any suitable potential mentors from among former RAMUS scholars. Following normal RAMUS practice, it will be the responsibility of scholars to contact potential mentors and to negotiate arrangements with them.



NRHA Stand at NURHC

Looking for a mentor? Try a former RAMUS scholar

The register of former scholars interested in becoming a mentor in future is now in place. More than 100 RAMUS alumni including more than 50 who



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