



November 2007 Edition – a newsletter for RAMUS Scholars, Mentors and Alumnus members

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Contact RAMUS

Free Call: 1800 460 440

Ph: 02 6285 4660

Fax: 02 6285 4670

PO Box 280

Deakin West ACT 2600

ramus@ruralhealth.org.au

www.ruralhealth.org.au

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.

From the RAMUS Team

The end of the year is coming up fast. Scholars will soon be going on placements in Australia or overseas, returning home or taking well-earned holidays. For the 115 scholars who are completing their studies we wish you all the best as you start your intern year.

Scholars will receive a package in the mail this month with information and instructions about the end-of-year acquittal requirements. Please note that 31 December 2007 is an important deadline for documents to be submitted and that your payments for next year cannot commence until you have sent us the required documents and reports.

RAMUS applications for 2008 have now opened.

In this issue:

Has your mentor inspired and supported you in special ways this year? Nominations are now open for the 2007 RAMUS Mentor Awards. These awards recognise the outstanding contribution that our mentors make to RAMUS.

Thank you to all scholars who provided feedback about the RAMUS payment schedules. As a result of your feedback we will be introducing some minor changes from 2008. See Page 5 for the details.

If this is your first year as a RAMUS scholar, take a look at 'Tips for writing your scholar report' on Page 7.

With the Federal election called for 24 November, Lana Prout provides a timely report on the National Rural Health Alliance (NRHA) Councilfest meeting and the NRHA's election priorities. You can keep track of major parties' policy responses on rural health through the NRHA's Election Scorecard which will be updated weekly during the election campaign.

Catherine Crane, a new scholar in 2007, reflects on her placement with her RAMUS mentor.

With best wishes

Susan, Carol, Janine and Peter (the RAMUS team)

2007 RAMUS Mentors Awards

Nominate your mentor now!

More than 450 rural doctors throughout Australia take part in RAMUS as mentors for RAMUS scholars. RAMUS mentors make an outstanding contribution to the Scheme and to scholars' links to rural practice.

Through the annual RAMUS Mentor Awards we acknowledge and celebrate exceptional mentors who have inspired and supported scholars and have opened doors to special experiences, people and events.

RAMUS scholars and former scholars are invited to nominate a mentor for the 2007 RAMUS Mentor Awards. To nominate a mentor, please send a statement of up to 400 words outlining your reasons for the nomination and the contribution that the nominated mentor has made. If possible, please include a photo of your mentor, or of yourself with your mentor, with your nomination.

Please send your nomination by email to ramus@ruralhealth.org.au by 30 November 2007.

The 2007 RAMUS Mentor Awards will be announced in early 2008.

Previous RAMUS Mentor Award winners were Martin Altmann and Peter Francis in 2005 and John Hall and Mostyn Hamdorf in 2006. You can read about them in the November 2005 and April 2007 issues of *Gone fishin'* (www.ruralhealth.org.au – follow the links to RAMUS Scholarships Newsletter).

2008 Acquittal

Yes, it's that time of year again!

Continuing Scholars	Completing Scholars
<p>Due 31 December 2007</p> <ul style="list-style-type: none">• Scholar Details Form 2008• Scholar Agreement 2008• Scholar Report 2007• Academic results 2007• Confirmation of enrolment 2008• Income details for 2006-07• Mentor Report 2007 <p>Due 30 April 2008</p> <ul style="list-style-type: none">• Scholar–Mentor Plan 2008 (formerly the Learning Plan)• Confirmation of rural health club membership 2008	<p>Due 31 December 2007</p> <ul style="list-style-type: none">• Completing Scholar Details Form 2008• Scholar Report 2007• Academic results 2007• Mentor Report 2007

Please see our website (www.ruralhealth.org.au and follow the links to the RAMUS Current Scholars page) for pro-formas for the Scholar Report and Scholar–Mentor Plan.

Completing scholars and the RAMUS Alumnus

We encourage completing scholars to join the RAMUS Alumnus program.

Once completing scholars have submitted the required acquittal documents they will receive a certificate and will be eligible to join the RAMUS Alumnus Program.

The RAMUS Alumnus is the network for former RAMUS scholars and RAMUS mentors which supports RAMUS scholars to 'go rural'. The RAMUS Alumnus gives former scholars access to funding support to attend selected conferences through the RAMUS Conference Placement Program.

Alumnus members also receive the *Gone fishin'* RAMUS newsletter, invitations to RAMUS networking events and a range of National Rural Health Alliance publications.

We have written to all completing scholars with more information.

Conference Placement Program

Over the past few months scholars and Alumnus members have attended several conferences with support from the RAMUS Conference Placement Program. Reports on the following conferences will go up on the RAMUS website soon:

- RDAV Annual Conference, Milawa, 24-26 August 2007 (David Deelan and Eloise Williams)
- RCSWA Annual Scientific Meeting, Geraldton, 31 August – 2 September 2007 (Alexander Fergie, Joshua Juniper, Ryan Juniper and Stephen Massey)
- Public Health Association of Australia Annual Conference, Alice Springs, 23-26 September 2007 (Hamish Graham)
- National Policy Forum on Indigenous Health Workforce Issues, Fremantle, 21 August 2007 (Ian Lockart)
- Practical Paediatrics for GPs Conference, Westmead, 4-5 August 2007 (Nicole Carter, Ruth Convery and Adam Freeman)
- AMSA Developing World Conference, Adelaide, 29 June – 1 July 2007 (Sebastian Corlette. Note: Jake Parker's report on this conference was published in *Gone fishin'* July 2007).

Applications are welcome to attend selected conferences up to 30 June 2007. See the RAMUS Conference Placement page at www.ruralhealth.org.au

2008 RAMUS Applications

Applications for RAMUS 2008 are now open and will close at 5pm AEDST, 14 January 2008.

Apply online at www.ruralhealth.org.au

National Rural Health Alliance 2007 Councilfest by Lana Prout

Lana is the National Rural Health Network's representative on the Council of the National Rural Health Alliance. Her article is based on her report to the NRHN on the annual face-to-face 'Councilfest' meeting of the Alliance Council.



Following on from the success of the 9th National Rural Health conference in Albury earlier this year and with a Federal election looming, the National Rural Health Alliance (NRHA) is working hard to ensure that rural health is a national priority. During August the NRHA held their annual Councilfest in Canberra. During this time representatives from each of the 27 member bodies of the Alliance met together to discuss the future directions of the Alliance.

These discussions along with many presentations from other organisations led to a day at Parliament House where Council members put forward to various politicians the following five key points in regards to rural health: long-term investment in Indigenous health (especially given the situation in the Northern Territory), increased commitment to oral and dental health for rural Australians, investigation into the sustainability of rural communities, increased scholarships for nursing and allied health students, and the development and implementation of an integrated university rural placement scheme. The 2007 Annual General Meeting was also held during Councilfest where current chair Professor John Wakerman was re-elected to serve another term as Chair of the Alliance with Dr Jenny May to serve as Deputy Chair. It was stated many times during Councilfest by the other Member Bodies of the Alliance that they were so pleased to see so many students at the conference in Albury, and so the Alliance is very supportive of again having as many students as possible at the next National Rural Health Conference to be held in Cairns in mid-May in 2009.

From the discussions held throughout Councilfest, including in regard to the visit to Parliament House, an NRHA Election Charter has been developed. This document is a summary of the Alliance's key wishes for rural health, including details of cost, and will be used to assess any policies put forward during the election campaign. Of particular interest to students is the fact that the Alliance is strongly pushing for an increased number of scholarships for rural students to study nursing and allied health as well as an integrated university rural placement scheme. The development of a national health policy, including a specific plan for rural and remote health; Indigenous health; oral and dental health as well as mental health are also priorities for the Alliance during this election campaign.

Finally as the funding for the NRHA is up for renegotiation with the Government at the end of this financial year a business plan for the next financial triennium (2008-2011) has been developed. This plan includes specific goals and activities for the Alliance to aim towards over the next three years.

Being the NRHN representative on the Alliance has been a fantastic opportunity to get a real insight into the politics of rural health, as well as ensuring that the student voice is always heard. After all, we are the future of the rural health workforce and the policies that are implemented today are the ones that we will have to work with in the future.

Rural health priorities for the 2007 Federal election by Gordon Gregory, National Rural Health Alliance, Executive Director

The National Rural Health Alliance (NRHA) has published an Election Scorecard which is being updated each Thursday during the campaign. (You can find it on the NRHA website www.ruralhealth.org.au in the Election Section.)

The scorecard marks the political parties (Coalition, ALP, Greens and Democrats) with a 0, 1 or 2 for each of ten priority issues on which the Alliance is seeking action. A zero score means that the particular party has not committed to that action; two out of two means the party has committed to it in full.



John Wakerman, Chairperson of NRHA, at the Election Priorities launch, 20 September 2007

The ten priority issues are:

- a national inquiry into the sustainability of rural remote communities
- collaborative work with the States to agree a national health policy
- an explicit plan for rural and remote health
- increased health infrastructure for small towns
- national investment in equal Indigenous health
- major national investment in public dental health services
- specific support for the rural dental and oral health workforce
- extra rural scholarships for medicine, nursing and allied health
- an integrated national rural undergraduate placement scheme
- specific initiatives for rural and remote mental health services

Version 6 of the scorecard, released on Thursday 1 November, showed the Greens leading with a score of 15 out of 20, the Democrats with twelve, the ALP with ten and the Coalition with six. But of course many announcements are yet to come!

Watch the space on the NRHA website and see how the parties perform in relation to specific rural and remote health issues.

Survey of scholars coming

In November we will be sending scholars an email with a link to an online questionnaire.

The questionnaire asks about your experience and perceptions of the RAMUS Scheme and your future career intentions. The questionnaire is quite short and should take no more than five minutes to complete.

Your responses will help to build a picture of the effectiveness of RAMUS in supporting rural students in their medical studies and of the career aspirations of RAMUS scholars.

The responses will be placed in a statistical database that is entirely separate from the personal records of scholars. The information you give will be confidential and will be used in consolidated form only. The survey results will be used for de-identified statistical reporting about RAMUS.

RAMUS payment schedule feedback

The RAMUS team received a fantastic response to the email we sent out in September asking for feedback about the RAMUS payment schedules (we received 279 responses out of a possible 542). Thank you to all the scholars who responded; the comments were very valuable.

Just to remind you, the options were:

1. All scholars change to the graduate payment schedule – January to December, \$800 first payment and \$400 every other payment
2. All scholars change to a new payment schedule - February to December, \$550 on the 6 February and every other payment is \$450
3. No change. All scholars keep their current payment schedule:
Undergraduate schedule – March to December, twice monthly, \$500 each payment
Graduate schedule – January to December, twice monthly, \$800 first payment, \$400 all other payments

The results showed that the scholars who are currently on the graduate payment schedule are generally happy with this schedule.

We had a mixed response from those on the undergraduate payment schedule and there was no clear preference. In general, while scholars in the early years of undergraduate courses preferred the current undergraduate payment schedule, many in 4th, 5th and 6th years would prefer the graduate payment schedule.

There was not a great interest in Option 2.

We have decided to maintain the two current payment schedules. However, to provide for the needs of scholars on the undergraduate payment schedule in their later years of study, we will consider requests to change to the graduate payment schedule on a case by case basis.

Scholars in undergraduate courses will be allowed one opportunity to change to the graduate payment schedule during the course of their scholarship. Scholars will need to make such a request before 31 December each year.

To make a request to change to the graduate payment schedule from 2008, you must contact the RAMUS team (1800 460 440 or ramus@ruralhealth.org.au) before **31 December 2007** to discuss your particular situation.

Photos still Wanted!

We are still searching for photos to feature in *Gone Fishin'*! Please send any photos you may want to share to ramus@ruralhealth.org.au.



Tips for your scholar report

With scholar reports due by 31 December, it's time to begin thinking about what to write in your report for this year.

Your annual scholar report is the opportunity to reflect on your experiences as a RAMUS scholar over the past year. Your report is a personal one, so feel free to use any style or approach you wish.

In preparing your report you could ask yourself questions such as these:

- What were the highlights of the year?
- What activities have you undertaken with your mentor and your rural health club this year?
- How has your relationship with your RAMUS mentor developed?
- What other experiences, eg. through your formal studies or clinical placements, have exposed you to rural practice?
- To what extent have you fulfilled the goals you set in your RAMUS learning plan?
- How has your understanding of and interest in working in a rural health setting developed this year?
- What would you like to do next year to learn about and to develop your relationship with rural health?

Please use your report to tell us about your achievements for the year; for example academic achievements, awards or publications.

Use your report to give feedback about your experience of the RAMUS Scheme. You might also like to comment on your longer term career intentions and aspirations.

Your report should be 500 - 1,000 words in length. You are welcome to include photos.

To make it easier for scholars to submit reports electronically we have set up a Scholar Report pro-forma on the RAMUS website. Go to www.ruralhealth.org.au and follow the links to the RAMUS Current Scholars page to download the pro-forma.

Your report, or extracts from it, may be published in *Gone fishin'*, on the RAMUS website or in other National Rural Health Alliance publications.

RAMUS foundation scholars



Peter Kilby and Ben Brabin

This is Peter Kilby and Ben Brabin, at a recent trauma course held at Wagga Wagga, NSW.

Ben and Peter are foundation RAMUS members, now working in Orange Base Hospital in emergency and intensive care unit as RMO1's.

Peter and Ben chose to return to the country to complete their internship for the experience and lifestyle opportunities.

JWK reflections

by Catherine Crane

This is an edited version of a reflective piece by Catherine, a new scholar in 2007, on her experiences on placement with her RAMUS mentor, Dr John Kramer.

Pre experience

When I arranged with Dr John Kramer (JWK) to spend some time in his practice I was a little apprehensive. I was of the opinion that a local/rural GP practice would be full of old stinky people complaining about their incurable/ upcoming demise. Before you judge me hear me out. Please don't assume that I was not excited about the experience; rather the contrary. I was very eager to be exposed to the world of general practice however prior to the experience I would have never considered that the field of general practice was a place for me.

I first received Dr Kramer's help when he gave me some pointers for my application for Medicine at the University of NSW in 2002. Despite this assistance I was unsuccessful at gaining a place; however, Dr Kramer continued to support me in my desire to study medicine. Eventually I gained a position in the graduate medical program at the University of Sydney and kept in close contact with JWK. He not only gave me advice on scholarships but also offered to be my RAMUS mentor in 2007.

After numerous years of communication with the infamous JWK I was still yet to meet him until the fateful day in December 2006 at the Coffs Harbour Health Campus.

The Beach Road Medical Practice

As I approached the surgery for the first time, I joined the lengthy patient queue eagerly awaiting the opening. At 8.30am the doors were opened and the crowds rushed in. These doors opened into another world: phones were ringing off the hook, reception staff were frantically booking in people and arranging emergency appointments, the clinical nurses were redressing their first wounds, and the doctors were busily taking in their first patients of the day. I stood in awe, frozen at the hum of activity before me. I was shocked back into reality when one of the staff asked my name and what time my appointment was. I quickly said who I was and before I had a chance to explain why I was there the women informed me that they had been awaiting my arrival and made me feel right at home.



Left to Right: Carl Leong (USYD), Chris Kiely (USYD), Dr Janet McLachlan, myself (Catherine Crane) and in front is Dr Kramer

Refugee clinic

On the first day with JWK we attended the refugee clinic at the health campus. This program enables newly placed refugees to have primary health checks before being integrated into the normal health system of Coffs Harbour.

The first family we assessed was a mother with her five children who only spoke Burundi. Their interpreter was a young boy who had spent the last year learning English to enable his family and community to communicate in their new country and home town. The interpreter enabled the language barrier to be broken down however this was not the only barrier to be conquered in the consultation. To connect to the family, in particular to the children, JWK used his camera to take digital photos of the children, and showed them the images immediately. This gesture brought laughter to the consult and enabled a special relationship to be made between the doctor and the family, reducing the social, cultural, age and gender differences between the parties.

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Indigenous care

We visited Yarrawarra Indigenous camp. The Indigenous people rarely visit the Clinic, preferring to remain in their home/gardens. However, when we walked through the community they were happy enough to have their health checked, eg. blood pressure and BSL.

One Indigenous woman I encountered suffered from uncontrolled diabetes and reported that her fridge had recently broken down and so she had nowhere to store her insulin and therefore she was unable to treat herself. It was decided that it would be in the patient's best interests if she attended the Woolgoolga clinic the following day to receive her insulin and assess her BSL.

The following day when she turned up at the Clinic her blood sugar was out of control and she was advised to fill her script and treat herself. The patient advised us that she had no money. JWK decided to fill the script and again advised the patient to attend the practice twice a day to check her BSL and take both rapid and long acting insulin. The gesture impressed and moved me. It highlighted the giving nature of JWK; he was prepared to use his own money to help his patients. The patient subsequently came to the Clinic two days later with an unsafe BSL. I took this personally and was quite hurt by her lack of regard for the practice and JWK who had gone out on a limb to help a patient whom I now viewed was unwilling to help herself. However, on reflection and discussion I came to understand that patients may have different priorities to me/us and if you do not make yourself aware of these differences of priorities/cultures you will continually be disappointed and this will only be detrimental to your health, profession and attitude.

EB caravan park

I accompanied JWK on his house calls on a palliative patient, Mrs F, whose prognosis was fairly grim. She was being cared for in her home by her family with the assistance of palliative and home care nurses and daily visits by her GP, JWK. From the first moment I entered Mrs F's house I knew that this was not a normal run of the mill patient. The family lived in the residential end of a busy caravan park and was surrounded by friends who were there in the family's time of need.

Mrs F was in a hospital bed in the centre of the family room. Despite the reason for our visit there was a light-hearted atmosphere in the van. The family was at complete ease with JWK's presence and it was obvious that they had built up a strong relationship over many years. As the days wore on we visited Mrs F every day including Saturdays and Sundays, Christmas Day, Boxing Day and New Year's Day. And each day JWK would go out of his way to ensure they had adequate supplies and support.

The most amazing and enjoyable event of the daily visit to the F house was watching the construction of her coffin by her husband and friends. I was baffled by this in the beginning, however as the experience played out I understood the importance of this activity in the grieving process and as a final personal tribute to the life of Mrs F.

I was privileged to spend time with a family/ community in the toughest time of their life, and I hope that I aided them in some way.

My new skills

As my placement in the clinic was during the holiday period there was always a mass of patients to be seen. I gained much from the time I spent with the clinical nurses. These ladies were amazing. Their depth of knowledge on a broad range of subjects taught me things that I was not exposed to in my first year at medical school. By the end of my placement I was able to assess, clean and redress wounds, conduct ECG investigations, take blood pressure readings, take patient obs, assess INR and BSL levels, write notes and check results. The diversity of repeat patients, holiday makers and casual visitors allowed me to practise my communication skills and challenged me constantly.

On reflection

The experience highlighted the importance of nursing staff within a practice, at outreach clinics such as the refugee clinic and in home and palliative care. Without these nurses, doctors would not be able to do their jobs and achieve the results they do.

The reception staff at the practice were outstanding: the kindest, most accepting and organised group of women I have ever come across.

JWK is an amazing physician and person. I felt completely supported and at the same time encouraged to extend my skill base. He showed me techniques to use when interacting with patients and exposed me to many procedures that I was yet to see.

I loved every minute of my placement at the Beach Road Practice. Each night when I went home I could not wait to be back there the following day and I cannot wait until next holidays to do it all again.

Thank you Dr John, I will appreciate this opportunity you have given me for years to come and hope one day to be able to pass it on.

Australian Journal of Rural Health



The latest issue of AJRH (vol 15 no 6 - **now available online**) contains articles on a range of subjects. Workforce issues receive prominent attention in separate articles focussing on recruitment and retention of rural general practitioners, primary care in the Kimberley and university health science experience programs for Year 10 students. Reflecting the multidisciplinary focus of the journal, there are also articles on physiotherapy in regional Australia and a short report on older Australian women who consult dentists.

The previous issue (vol.15 no.5) examines several aspects of rural career choice and has two articles which look at different aspects of diabetes treatment. Continuing the theme of mental health initiated in the special issues published in April 2007 (vol.15 no 3) there are also two articles on this important matter.

AJRH is a multidisciplinary refereed journal which publishes articles in the field of rural health. It is peer reviewed and listed in Medline, as well as being covered by other major abstracting and indexing services. It provides research information, policy articles and reflections related to health care in rural and remote areas of Australia, and is an important publication vehicle for researchers and practitioners.

RAMUS scholars have free online access to the *Australian Journal of Rural Health* through the RAMUS Current Scholars page at www.ruralhealth.org.au

Congratulations:

- Dr John Hall (RAMUS Mentor Award winner 2006) on his election as President of the Rural Doctors Association of Queensland; and,
- Dr Diana Coote (RAMUS Mentor) and her husband Dr Clem Gordon, of Warialda, NSW, on being awarded the Westpac RDAA Rural Doctor of the Year Award for 2007.

Staff news

Introducing 'Lola', the latest addition to Janine Snowie's family!



Keep your contact details up-to-date

Have you recently moved house? Or changed your email address? Any time your contact details change, please call RAMUS on 1800 460 440 or email ramus@ruralhealth.org.au so we can update your details on our database.



RAMUS is an Australian Government initiative