



April 2007 Edition - a newsletter for RAMUS Scholars, Mentors and Alumnus members

In This Issue

Number of scholarship places increased

National Rural Health Conference

Free access to AJRH

2006 Mentor Awards

3, 2, 1, by Phil Argy

Learning plans made easy, by Tom Forbes

Completing Scholars comment

Conference Placement Program extended to June 2008

Samoan elective, by Graham Irvin

Kimberley trip, by Phil Argy

RAMUS Tracking Project

Staff Profile

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Reminders

Learning Plans are DUE 1 June 2007

From the RAMUS team

A big welcome to 120 new RAMUS scholars who have been offered scholarships in 2007 and have now completed their acquittal requirements. Conditional offers for a further 31 are currently being processed. From over 360 applications we will offer 151 scholarship places this year. We also welcome our new mentors for 2007.

A highlight for the RAMUS team in March was the opportunity to meet many RAMUS scholars, former scholars and mentors at the National Rural Health Conference in Albury. It was great to see so many of you at the RAMUS lunch at the conference and also to welcome those who attended the conference with support from the RAMUS Conference Placement Program.

Congratulations to Dr John Hall and Dr Mostyn Hamdorf, who have received RAMUS Mentor Awards for 2006. The awards were announced at the Conference. Read their award citations in this issue and find out why they are inspirational mentors and 'great blokes'.

It's time to be preparing your RAMUS Learning Plan for 2007 (due by 1 June). In this issue we've reproduced an article by Tom Forbes, former RAMUS scholar, with some timely tips for putting your Learning Plan together.

Ninety-five RAMUS scholars completed their studies in 2006. We wish them all the best in their future careers. We thank those completing scholars who have provided their final RAMUS report and other acquittal requirements; they have received a RAMUS certificate and an invitation to join the RAMUS Alumnus. If you have not yet done so, please find the time to send us your final RAMUS Scholar Report, your academic results and your current contact details.

Both RAMUS Scholars and Alumnus postgraduates are eligible to apply for support to attend selected conferences through the RAMUS Conference Placement Program. We are very pleased that the Department of Health and Ageing has agreed to extend the program for a further year to July 2008.

Since the last *Gone fishin'* Carol Paice has joined the RAMUS team, replacing Denisse Dimatatac, who has moved to another role in the National Rural Health Alliance. Denisse has provided great service to RAMUS over the past few years and she continues to provide IT expertise and support in her new role in the office.

Remember, *Gone Fishin'* is your newsletter and your contributions and suggestions for articles are very welcome.

Susan, Carol, Janine and Peter
The RAMUS team

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Number of RAMUS scholarship places increased

Beginning in 2007, the Australian government has funded an additional 50 RAMUS scholarship places. This means that, from this year, a total of 550 scholarships will be provided by the Scheme and over 150 new scholarships will be awarded in 2007. We expect that the Australian government will formally announce the expansion of the RAMUS Scheme shortly.

National Rural Health Conference



Janine Snowie (RAMUS), Karen Bottom (Dept of Health and Ageing), Susan Magnay (RAMUS), Vikki Bailey (Dept of Health and Ageing) and Carol Paice (RAMUS)

More than 30 current RAMUS scholars were among the many students who attended the 9th National Rural Health Conference in Albury on 7-10 March 2007. Former scholars and current and former RAMUS mentors were also among the 1,200 conference delegates. The attendance of some RAMUS scholars and alumni was supported by the RAMUS Conference Placement Program.

One of the many conference highlights was the RAMUS lunch attended by current and former Scholars, Mentors, Department of Health and Ageing staff, National Rural Health Alliance (NRHA) Councillors, members of the RAMUS team and other NRHA staff.

The Conference communiqué and recommendations and conference papers can be downloaded from the conference website (<http://9thnrhc.ruralhealth.org.au/>). The 10th Conference will be held in Cairns in 2009.

Here are just a few extracts from the reports from scholars and alumni who attended the conference with the support of the RAMUS Conference Placement Program:

'The breadth and depth of the critical issues in rural health became so apparent to me.'
Alison Moffatt

'..The conference provided a great snap shot into the current state of rural health. As a potential future rural doctor it was encouraging to hear that things are moving forward and that great concepts and ideas are being realised.'
Anthony Cardin

'Hearing different points of view from doctors, allied health professionals and policy makers has definitely improved my understanding of advantages and disadvantages of practising medicine in a rural area and most importantly what is required to help improve health in such settings.'
David Owen



Enjoying the RAMUS lunch

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'[I hoped] that attending this conference [would] give me a great understanding of the current medical and logistical issues arising in rural health, as well as possible solutions to these problems. The best example of this was by the keynote speakers Kerry Strauch and Nicki Melville, whose presentation was titled 'Cancer support across borders – the Border Cancer Care Co-ordination Project.'This project was a perfect example that red tape can be broken, and that mountains can be moved, it just needs many motivated people and a lot of local team work to do so.' Erin Horsley

'Some of the sessions I attended related to: the disparities between rural and metropolitan areas in cancer treatment, training health care workers for Aboriginal communities, educating people in the self-management of chronic diseases, and mental health in rural areas.....As a result of this conference, I now feel an increased desire to work in Aboriginal health in the future.' Daniel Reilly

'Seeing these [Art-In-Health] performances was evidence of how community participation, artistic involvement and positive morale can improve the quality of life for many different groups of people.' Ashlea Rincheval

'It was invigorating to meet other students interested in rural health, and know that these people would be my peers when I start to practise.' Ashlea Rincheval

'The great message across the conference was one that 'we' can make a difference to many people's lives.' Phil Argy

FREE access to Australian Journal of Rural Health

RAMUS scholars have free online access to the *Australian Journal of Rural Health* (AJRH). Access is through the RAMUS website and you will soon receive an email with your access password.

<http://nrha.ruralhealth.org.au/scholarships/?IntContId=74&IntCatId=7>



AJRH is a multidisciplinary refereed journal. 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 Mentor Awards 2006 – ‘Two great blokes’

Dr John Hall of Stanthorpe, Queensland, and Dr Mostyn Hamdorf of Dunsborough, Western Australia, have received RAMUS Mentor Awards for 2006. The awards were announced on 10 March 2007 at the 9th National Rural Health Conference in Albury.

The annual RAMUS Mentor Award recognises mentors who have given exceptional support to RAMUS scholars through the RAMUS Rural Doctor Mentor Program. Each year, current and former RAMUS scholars are invited to nominate mentors who have provided support and inspiration and who have opened doors to special experiences, people or events.

Dr Hall was nominated by Michael Tremellen, a fourth year student at the University of Queensland and Dr Hamdorf was nominated by Dennis Millard, a fourth year student at the University of Western Australia.

Dr John Hall – nomination by Michael Tremellen



Dr John Hall and Michael Tremellen

There are often times we need a bit of help to get through various situations and studying medicine is one of those situations! There are many people who have been of great help to me throughout my degree and this was especially important to me as I left my social and supportive network in Stanthorpe to study in Brisbane. My name is Michael Tremellen and I'm just about to enter my final year of study and I sure couldn't have got there by myself. Being a RAMUS scholar has been very important to me for a number of reasons one of which (and probably the most important) is the link that has been created between myself and my mentor at the Stanthorpe Hospital, Dr John Hall.

My first 'meeting' with John was on the telephone as I asked him if would be my RAMUS mentor. It was from this very first meeting that I became aware of John's enthusiasm towards rural medicine and I must say it is very contagious! Not only has his enthusiasm helped me in continuing in the rural pathway but he has been very informative as he is an advisor in the new rural generalist training. John has already been able to direct me to what areas I need to concentrate on so to make me a well rounded rural doctor.

I am quite a practical person and love to be part of a team. John has made it possible for me to return to the Stanthorpe Hospital a number of times throughout my course so that I can learn various medical skills and how to be a member of a rural medical team. He is a fantastic teacher as he is very patient and happy to spend a bit longer with me (and other students) so that we can actually learn skills. I think one of John's teaching strengths is that he can tell what level a student is and gives them tasks that are sometimes a little stretching but not beyond our ability.

This year John was able to help me out with an activity undertaken by our rural health club. This again accentuated his enthusiasm, teaching skills and the care and interest that John takes when working with students. I took responsibility for organising this trip and my job was made exceptionally easy thanks to John's willingness and eagerness to help.

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John is always happy to see me and include me in not only medical activities but also in non-medical functions. In this way he has made me 'part' of his family and welcomes me back with lunch or dinner or even a party when I return home.

I guess in a few short words John is a great teacher, a huge encouragement and a great bloke and this is why I'd like to nominate him for a 2006 RAMUS Mentor Award.

Dr Mostyn Hamdorf – nomination by Dennis Millard

Mostyn is an inspirational doctor. He gives me an example of what I might become in the future, and reveals the positive aspects of choosing rural general practice as a profession. He is not only a great doctor but he's also a really good bloke. He has fantastic rapport with his patients. He has an absolute wealth of knowledge in the medicine, and possesses the ability to explain complex issues in simple language that patients can understand.



Dr Mostyn Hamdorf

He has also given me direction into doing a research paper comparing rural health care to that offered in the city.

He also organises and runs a children's education day for primary and high school on smoking, drugs and alcohol which seems to be very effective.

He is also the Gynaecology and Obstetrics guy for the south west and is involved heavily in rural GP programs.

He makes me want to become a Rural GP and is an inspirational mentor.

Nominations for 2007 Mentor Awards

We will call for nominations for the 2007 RAMUS Mentor Award later in the year. Photos of scholars with their mentors or of mentors in their local setting can be sent to the RAMUS Team at any time. Why not take your camera next time you visit your mentor and send copies of your pictures (jpg files) to ramus@ruralhealth.org.au

3, 2, 1!
by Phil Argy

Top tips about . . .

3



Phil Argy3rd year medical student based in West Australia aged 40 something!

Teaching old dogs new tricks! You are never too old to learn, even doing medical degrees when you're into your 40s or even beyond (that's a scary thought) is possible. I have been known as a founding member of the Notre Dame Medical School's G3 (geriatric three!) who started Medicine well into their 40s (one member (not me) into his 50s!!). **Tip 1** : Motivation, drive, emotion, passion and enthusiasm always gets you over the line...work out which foods, goals, drinks or people get these hormones working, then use them to their full potential. **Tip 2**: Get fit, really fit, eat well and think well of others and no one will know how old you are anyway. **Tip 3**: Use resources at hand which give you the support you need, especially family and friends. Your own children and partner are the main resources but nurture your important relationships to succeed at medicine.

If I could I really would

2



One of my passions is music, mainly guitar and singing. I would really like to renovate an old barn we have on a rural property in the south east of South Australia as a music studio. One of my other dreams is to perform with others singing and playing guitar in some type of music festival (Port Fairy/ Blues & Roots).

One great passion I have is . . .

1



I feel really strongly about the health and well being of Aboriginal and Torres Strait Islander peoples. I am determined to make some difference in the improvement of their health and well being, especially for the children in disadvantaged communities.

Learning Plans Made Easy

by Tom Forbes (former RAMUS Scholar)

Tom's article was originally published in the March 2004 issue of *Gone fishin'*.

Writing a learning plan is not easy; at least that's what I've found during my past two years as a RAMUS scholarship holder. Coming up with goals, means and milestones is hard enough. Once you've submitted the plan in a last minute effort to secure your beloved government funding you've actually got to go out and fulfil it. Subsequently a pattern of procrastination and disorganisation well acknowledged by many medical students eventually makes this also a last minute effort.

Having learnt from past mistakes, I've put together some tips to help you write a decent and well structured learning plan (whether it be your first or final attempt). I can assure you that this will make fulfilling the requirements you set for yourself much more enjoyable and less of a time-consuming chore.

Before you start

- Remember you don't have to submit your plan until mid-year which gives you plenty of time to look at your university schedule for that year, and its rural component. Kill two birds with one stone by working your learning plan commitments in with your university commitments.
- Another good reason for looking at your university schedule is to get an understanding of how much time you will have over the course of the year. By setting milestones away from exams or essay due dates, you will avoid unnecessary stress.
- Talk to your mentor! I didn't do this last year and it was the biggest mistake I made. Writing your plan in one afternoon seems convenient and won't waste your summer holiday beach time *but* your mentor will be able to tell you immediately how realistic your goals and means look and offer invaluable suggestions. This will save you buckets of time and stress during the year.

Goals

This is the most important part of the plan.

- Don't just use the examples in the far left box. Use them as a starting point and adapt them to what *you* want. For example: instead of 'Further develop my understanding of the challenges and rewards of rural health practice.' put 'Compare the challenges and rewards of rural health practice between GP and hospital settings.' This is more focused.
- Personalise the goals so that they will interest you. Chose an area of medicine that is highly prevalent in the community (eg. diabetes or depression, not Marfan's syndrome) and expose yourself to it in a rural setting with an aim to further develop your understanding of its management. In doing this you will be enthusiastic about fulfilling the requirement and be gaining experience (to help you decide whether you follow that career path after graduation) as well as references to help in your application for a registrar training position.

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- Don't make them too specific. Unless you can walk into the objective prepared to let it take you where you want it to, you'll feel trapped and may lose interest. For example: 'Gain a greater understanding of psychosocial implications of chronic illness in a farm setting.' not 'Investigate the attitudes towards heart-friendly diets on rural farmers.'
- Whilst in the pre-clinical years of your degree, aim to keep your goals related to experiencing the lifestyle and working conditions of a rural GP or hospital physician. Once you're doing clinical placements (and have a broader knowledge base) you can then think about looking specifically at the provision of different services and exploring rural health careers and issues such as ease of access.

Means

- This is the best piece of advice I can give you. **STAY IN CONTROL.** Don't rely on other people's activities or availabilities to achieve your goals. If you've included a goal such as 'Promote rural medical and health science careers to rural secondary school students' then you have to organise with the school to go and present a forum on that topic. Don't wait for the school to contact you or for the university to hold that event they held last year because if they choose not to do that this year (and they have), you'll end up stranded with no means of achieving what you've set out to.
- Ask the rural club at University, fellow students and university rural health staff if they know of good places to go or good friendly doctors to be placed with.

Milestones

- Good milestones are things you can put to paper, like little projects. For example: after the last of your general practice placements write a list of the pros and cons and make the list your milestone rather than your placement itself.

Acquittal

- Crucial to your acquittal is that you stagger the acquittal of the three goals over the course of your year. A good plan is to finish goal one in April, goal two in June and goal three in December. Less stress!
- Aim to finish early, leaving something to the last minute will get you into trouble if your plans fall through. Give yourself time to make other arrangements if this happens.

Hopefully these tips will help you prepare a year that will really inspire you, because as cheesy as it sounds, it does happen. Don't think of the learning plan as a chore and the NRHA as your mother, but view the scholarship and the activities you set out in your learning plan as a platform for you to explore the field of rural medicine and a chance to really find out about where you want to take your degree.

It's never too early in your medical career to entertain future career prospects and with the money RAMUS provides, you've got little excuse not to try out rural practice.

Good luck and have fun!

RAMUS Completing Scholars comment:

In their final reports, many Scholars who completed in 2006 reflected on what RAMUS had meant to them. Here is a sample of their comments:

'Overall being involved with RAMUS has opened many opportunities. I have been placed in situations that have challenged and inspired me. I feel my clinical, management and social skills have all been enhanced by being able to participate in the mentor program.'

Jacqueline Martin

'This is my third and final year of participation in the RAMUS Scheme. Not only did the RAMUS scholarship provide me with vital financial assistance throughout 2006, it once again allowed another opportunity to sample the life of a rural GP. Thanks to the RAMUS Scheme I can now make a more informed choice regarding a possible career in rural based medicine.'

Neil Cremasco

'Through my medical studies, and with the assistance of RAMUS, I have been able to satisfy my interest in rural medicine and achieve my personal goals. Dr X (rural doctor mentor) not only provided me with medical training, but also offered me invaluable advice about internship, training and life as a doctor....having the advice and support from my mentor was very important to me.'

Julia Thompson

'For my elective placement I chose to go to a tiny hospital in the remote highlands of Papua New Guinea...on my last John Flynn placement...I went to Ti Tree, an Indigenous community 2 hours north of Alice Springs.'

Helen Steele

'During my time as a RAMUS Scholar I felt I have increased my awareness of issues facing rural doctors, increased my understanding of referral patterns and rural facilities, have been mentored by a supportive and kind doctor and have been exposed to situations that have challenged me.'

Sara Creedy

'As my final year of medicine, 2006 posed my greatest challenge yet. I have thoroughly enjoyed the year, and the independence that I was allowed thanks to the RAMUS scholarship....I can only hope that students in the future are given the same opportunities as I was by being part of this amazing scheme.'

Rebecca Scambler

'Sadly it has all come to an end, however I have found the RAMUS scholarship to be a very rewarding experience. It has strengthened my desire to practise rural medicine. I will take the many valuable experiences with me and hope it makes me a better doctor.... X [rural doctor mentor] helped steer me in the right direction. We discussed the training options for different regions and [he] provided me with contacts for these regions.... RAMUS has been a great support over the past 6 years and I will always remain in contact with X for advice in the future. I now embark on the next step towards a rewarding career in rural medicine.'

Samantha Culvenor

Conference Placement Program extended to June 2008!

RAMUS Scholars and Alumnus can apply for funding to assist in attending professional conferences which have a rural and remote health context or which enhance clinical skills. Tell your RAMUS colleagues!

Apply NOW for support to attend the RDAQ 18th Annual Conference, Yeppon, 7-10 June 2007, or other conferences to be held before 30 June 2007.

Application forms and guidelines to cover applying for conferences being held between 1 July 2007 and 30 June 2008 will be available soon at <http://nrha.ruralhealth.org.au/scholarships/> .

For more information contact:

Peter Brown

1800 460 440

Email: ramus@ruralhealth.org.au

A Samoan Elective

by Graham Irving



The end of year elective in first year is an experience that I challenge any student at UQ to say that they don't look forward to. I decided to undertake this elective in Samoa and I'm sure the memories that I have from there will stay with me for many years to come.

Samoa has a population of about 160,000, spread over two main islands. The hospital was located in the capital Apia (pop. approx 40,000) and was not unlike a rural hospital found in Australia. The number of beds

greatly outnumbered the number found in a rural hospital in Australia but the problems remained the same – doctors were stretched to meet the ever-increasing demand for their services, difficulties in the supply of important elements in medical care, including drugs, oxygen and even saline. The problem with follow-up consultations and adherence to a treatment regime were also issues that faced the staff both in Apia and in rural Australia.

Socially and economically, the Samoan people are often unable to reach centres for the appropriate medical care. Villages can be distant from the hospital and travel, amongst other issues, can prevent care being delivered where it is needed. In rural Australia, distance is the major barrier for patients requiring continuing medical treatment which contrasts to the barrier of time and remoteness in Samoa. It isn't that the villages are far away from medical care but the amount of time that it takes to reach the clinics makes it equally difficult.



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Within the hospital we were given the freedom to move amongst the different departments and staff members so as to get a basic understanding of how they all operated and managed to pick up invaluable skills from some of the very dedicated doctors practising there.

Samoa is a country of unparalleled beauty, extremes and remoteness. Afternoons were spent snorkelling, swimming and soaking up the Samoan way of life (very, very relaxed), while weekends could be used to take trips around the island, staying in small beachside fales (huts with thatched roofs). The Samoan people were what really made our stay. Their kind nature, and genuine interest in what we were doing and where we were from, made us feel like honoured guests in their island home.

As for the experience, I couldn't recommend a Samoan elective more highly. The difficulties facing the doctors are similar to those facing doctors in rural Australia, but the dedication, sense of community and reward they derive from their work is paralleled too. I took away an appreciation of all the dedication, ingenuity and skills of the staff in the hospital that I was working in, an appreciation for the country in which I stayed and the people who made me feel so welcome.

Kimberley trip

by Phil Argy

The following passage is an attempt to record some of the Kimberley remote trip which we experienced as a cohort of 79 students with a number of clinical teachers. I found the whole experience worth while and particularly enjoyed my experience in one of the debates. The Aboriginal cattle station was another experience all together and I had some interesting 'life changing' events which I may write about.



Katrina Heggie (fellow medical student) hard at work with a younger Aboriginal station worker (Peter) moving cattle

several communities outside Fitzroy which are all Aboriginal with little if any non-Aboriginal people living and sharing the resources of the community. Many of the places have smaller out communities, some of them being cattle stations owned by the Aboriginal families but others are communities with a quantity of government style housing.

The Kimberley region we visited was 100 kilometres east of Fitzroy Crossing. Fitzroy is the centre of the region and has a hospital, shops, schools, language centre and other services such as fuel and accommodation for travellers. In the town of Fitzroy there is a certain divide between some areas. It is obvious that there are a number of Aboriginal people living here in abject poverty and not coping with daily living. Alcohol seems to be a feature of the lifestyle and the chronic disease related with that is also fairly obvious. There are also



Phil Argy playing guitar with Lawrie Shaw, local singer & songwriter (Maryanne's brother)

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I was partnered with Katrina Heggie and we were dropped off at the entrance to Mount Pierre Station where we would stay for the next week. We met up with the Dolby family members, Maryanne Dolby and Louie Dolby at the homestead. Maryanne picked us up in a flash four wheel drive. I noticed an undertone of resentment from the non-Aboriginal station owner who told us on the trip out to Mount Pierre from Fitzroy that he had to support himself but that the 'blackfellas' were given Government support to run their station. This attitude I have experienced many times and wasn't anything new for me but I think it may have affected Katrina, Jess and James who were in the vehicle with me. On the 20-30km driveway trip into the homestead we saw some beautiful country including some cave entrances and mountainous gorges. Maryanne was a very quiet and pleasant natured person but her daughter, Shianne, was more talkative and looked very much like a Jillaroo and was in her element out there on the station.



Everyone gets involved. Meat storage on the roof racks!

When we arrived at the station Maryanne showed Katrina her room and I negotiated a piece of outside verandah where I could lay my swag which I shared with a couple of station dogs, some ants (early in the morning) the odd frog and probably a local (very large) lizard who liked to roam along the verandah and didn't mind what or who was in his way! The next morning we headed out into the station country with the station boys to do some cattle work. We picked up (unbeknown to us) our lunch from the station freezer and headed bush to the cattle yards to continue with some mustering activities.

The next couple of days we went out to the cattle yards and spent some time in and around the homestead helping with some repair work. I spent considerable time playing music and singing. Katrina referred to me as a singing machine. I must admit that I did break the ice with a guitar and song within the first five minutes of arriving.



This country is just a picture

The next couple of days we continued to discover the station including a trip out bush with 'Uncle Lawrie' to get a killer. This was one of those life changing experiences where we witnessed the hunting down of a cow, killing, dissection and eating of the said beast. We had a barbeque later that evening with more music but during the event of getting a killer I told Katrina this might be the last day I eat meat and become a vegetarian!



A real gorge

Mt. Pierre Station and its people left a marking impression on me. It is something that has remained with me all of my life. It is something special to see people existing where they want to be and how they want to live. The Mt. Pierre station is really a big family homestead where the work of cattle station gets done but there is an overwhelming sense of family in this place which is not commercial or artificial. Of the luxuries that did exist on the station I was most impressed to be able to use a satellite Telstra Phone box to ring home to my family and to link RAMUS phone conference in Canberra. I will return to this country someday especially to show my children and meet again with my new Aboriginal family members around the Fitzroy Crossing region and Mt Pierre Station, W.A.

The last day of our stay at Mt. Pierre brought with it the discovery of the real gorge. Katrina and I thought that the gorge was just a small creek with a little bit of water in it. What we found was ok but it betrayed how the locals were expressing their love for the gorge. Katrina went riding with Shianne and was shown the real gorge. Later that day Katrina showed me the real gorge and we went back for a swim on our last morning on Mount Pierre Station. We were picked up by Notre Dame staff, Drs Myra Brown and Donna Mak, who we told *some* of our story.



Katrina, Shianne and the little cowboy



Three generations of Dolby's!

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RAMUS Tracking Project

We have received a great response to the Tracking Project survey forms sent to RAMUS mentors in December and to former RAMUS scholars in January.

Thank you to all who have responded. For those who haven't yet completed a survey form it's not too late. For more information, please contact the RAMUS team.

The Tracking Project is surveying the early career decisions and career paths of RAMUS graduates. It also seeks feedback from graduates and mentors on their experiences and perceptions of the RAMUS scheme.



Peter Brown at the RAMUS Tracking workshop

A preliminary report on the Tracking Project was presented at a workshop at the 9th NRH Conference. Workshop participants gave useful feedback on the design of the survey and the preliminary results.

Staff Profile – Carol Paice

Carol started at the NRHA as a Project Officer for RAMUS in January 2007. Before joining the Alliance, Carol finished university at the Australian National University, spent some time travelling overseas and worked in a variety of jobs.

Born in Melbourne, Carol has spent most of her life in Canberra. When she is away from the office, Carol enjoys travelling, hiking, gardening, reading good books and spending time with friends. Her recent achievement has been regularly cycling the 18 kilometres to work (very slowly!).

It has been a great experience for Carol getting to know the RAMUS scholars and mentors, particularly putting 'faces to names' at the National Rural Health Conference in Albury.



RAMUS is an Australian Government initiative

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