



July 2008 Edition – a newsletter for RAMUS Scholars, Mentors and Alumnus members

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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

This mid-winter issue of *Gone fishin'* comes to you from chilly Canberra. Some scholars will be enjoying a mid-year break and perhaps spending time with their mentors. We hope it's been warmer where ever you are.

So far this year, 139 new scholars have commenced their RAMUS scholarships. The new scholars are from 20 universities. Sixty per cent are females and 40 per cent males; 63 per cent are enrolled in undergraduate courses and 37 per cent in graduate-entry courses. Three late scholarship offers are still in process. All new scholars will have received an information package about RAMUS. We encourage all scholars, new and continuing, to contact us at any time if they have any questions or concerns about their scholarship.

Most new scholars have now organised their RAMUS mentor and we welcome all those mentors who are new to the RAMUS scheme.

The annual planning tool for scholars was revised in 2008 and has been renamed the 'Scholar-Mentor Plan'. Now that you have prepared your plan for the year using the new format, we are keen to hear what you think about it. Please send any comments to the RAMUS team.

This issue of *Gone fishin'* features Lana Prout's profile of the National Rural Health Students' Network, a contribution by scholar Francisco Rodriguez-Letters on his rural rotation in Theodore, Central Queensland, and selected reports on recent conferences attended with the support of the RAMUS Conference Placement Program.

Have you taken a look at the RAMUS website recently? Go to www.ruralhealth.org.au and click on RAMUS Scholarships to download RAMUS documents and forms. You will also find the list of approved conferences for the Conference Placement Program, conference reports by scholars and alumni, and back issues of *Gone fishin'*.

All the best from the RAMUS team.

Susan, Carol, Janine and Peter

The rural rotation in central Queensland - a herculian experience by Francisco Rodriguez-Letters (RAMUS scholar)

The moment we arrived at Theodore, our fears vanished into thin air (only to come back again and again on many occasions....).

We had heard about our preceptor from many people, students and doctors alike. It was said that he was a living treasure of the district. His myth had grown to celestial proportions. What would he think of us? How would he have time for us? Would he be disappointed with our generally shabby medical skills?

Dr Bruce Chater greeted us with a firm handshake and a wide Aussie grin. We knew we were in for a treat.

Theodore is a small country town of approximately 600 people in the Banana shire, a delightful part of the world a couple of hours southwest of Rockhampton. The main industries include cattle, coal and gold mining, cotton and cereal crops. Theodore is a very closely knit town with a remarkable sense of community. It has plenty of societies and clubs, including a golf course and tennis courts, and the obligatory watering hole (the only community owned pub in Queensland, if not Australia). Its townfolk are friendly and kind, with a fiercely proud sense of identity. They just love their town, and they just love their only doctor. It was so clear to us that they considered Bruce to be quasi royalty from day one: a farewell party for his registrar saw the whole town show up in admiration for the town practice.



Left to right: Vijay Paul, Anne Chater, Francisco Rodriguez-Letters, Bruce Chater

On our first day we got a baptism by fire. We had our own rooms and our own patients. Eek! When we arrived our patients were already queued up waiting for us. We instantly knew that this was to be a real learning curve.

The life of a rural doctor is one of the busiest, most responsible professions imaginable. You are on call 24 hours a day, seven days a week. You could be carving a Christmas turkey (or wild boar in those parts...) when you get the call. Someone's stuck their arm in an auger. Or someone's got the sniffles.

And the better you are as a doctor, the more people flock to you from nearby towns (even if they have their own doctors!). Perhaps the reason why so many people go to Theodore to get treatment is because Bruce has been in the town for over 27 years, and the townfolk know him and his family intimately.

The rural rotation in Year Three at the University of Queensland is a real lucky dip. It completely depends on how the preceptor views the student: as a member of the team or as an annoying hanger on. We were very lucky. We stitched up skin lesions, performed pap smears, examined x-rays, assisted in a diagnostic D&C (yes they do perform surgery in a town of 600!) and assisted in a cardiac arrest.

That was quite a day. We ended up flying two people, one old and one young, on the RFDS planes to get urgent medical help. It is the role of a country GP to be emergency physician, anaesthetist, counsellor to the desperate family members, contact person with the major hospital and RFDS call centre, and in some cases the one who performs the autopsies. Sometimes even for those that the doctor has personally known.

The role of a country GP is one that cradles life from the moment a baby springs into this world to the moment they leave it. It is a most privileged and sobering profession. And we as students had the fantastic opportunity to see a glimpse of 'real' life, warts and all, on our short stint in Theodore. We had a unique perspective on the people of the town. As tough Aussie farmers, mates may never talk about home life, or their bodily ailments to each other, no matter how close they are after a few beers. But as a medical student, a trusted sidekick of the 'Doc', you may know intimate details of each and every person at the bar. This is a cause for utmost tact and vigilance: people will drop hints and try to pry into others' lives by asking us questions. Some subtle, and others not so subtle!

The unique experience that is the rural rotation is a fantastic learning experience both medically and socially. It not only teaches the rigours of a wide range of medical practice, but it shows us that our position in a small rural society is one of delicate balance between friendships and patient confidentiality.

I think that I have come out of that rotation a much more competent student - we learned a lot of medical knowledge, but the most important thing one gets out of a rural medical experience is how to function with limited resources. Common sense simple medical practice is something we all need to know about - whether to send a person off to a complex diagnostic procedure in a far away city for minimal medical or diagnostic benefit...these are things we need to consider in a small country town. In a city one would not hesitate to do a CT head on a patient with even a minor head injury. In the country one must use physical examination more heavily as a diagnostic and predictive tool.

The rural rotation was a gruelling experience, with some days extending well into a sixteen hour shift, but we learned so much and we enjoyed it immensely. I do hope that others have the same positive experience as we had.

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10th National Rural Health Conference – Call for abstracts



The National Rural Health Alliance is calling for abstracts for the 10th National Rural Health Conference. The Conference is being held in Cairns, 17–20 May 2009.

The Conference is a major opportunity for you to say where you want rural and remote health to be in two and five years' time.

The five themes of the 10th Conference are: conquering health disadvantage; building a resilient response to political and environmental climates; consulting our communities on health; working together in health care teams and on service models that are effective; and celebrating 20 years of the rural and remote health sector. There will also be a special Community Day.

For more information see www.ruralhealth.org.au

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National Rural Health Students' Network – harnessing good intent by Lana Prout (former RAMUS scholar and NRHSN representative on NRHA Council)

For those of you who don't already know, as a RAMUS scholar, and therefore a rural health club member, you are automatically a member of the National Rural Health Students' Network (Formerly the National Rural Health Network)!

The National Rural Health Students' Network (NRHSN) was established in 1996 following the inaugural Undergraduate Medical Students' Conference in Kalgoorlie in 1995. Since that time it has grown as a student organisation and is now the peak national body representing medical, nursing, and allied health students with a common interest and passion for rural health.



The NRHSN harnesses the passion of health students through representation, networking, professional development and initiatives to increase the health workforce and health outcomes for rural and remote Australians. The network is now made up of 27 university rural health clubs (with lots of unusual acronyms!) located around Australia, with at least one in every state and territory. The NRHSN prides itself on its multidisciplinary membership base of approximately 6500 students covering medical, nursing and allied health courses.

Gone fishin', July 2008

So far in 2008, the NRHSN has been very busy as usual undertaking many national projects as well as supporting each local Rural Health Club as they go about their business promoting rural health through such activities as rural high school visits, speaker nights, career workshops, scholarship information sessions, and social events. By far the biggest event for the NRHSN this year was the successful 10th National University Rural Health Conference (NURHC) held in Launceston, Tasmania, where it was great to see many RAMUS scholars in attendance. This conference was focused on the future of rural health in Australia: where we have come from and where we are going. Over 300 medical, allied health and nursing students attended along with key rural health organisations and health professionals, with passion and enthusiasm for rural and remote health present throughout the conference.

In the coming months each Rural Health Club will be receiving the much-awaited revamped NRHSN Rural High School Visit (RHSV) Kit to assist them with undertaking visits to rural high schools to promote health as a possible career option to rural students. This kit will be a valuable resource when planning and undertaking rural high school visits. Taking part in a Rural High School Visit is a fantastic experience so be sure to get in contact with your local Rural Health Club executive to find out the details of your club's next RHSV.

For those of you who are graduating in 2008, be sure to sign up for the NRHSN's Alumni program. Although still under development at this stage, in the future being part of the NRHSN's Alumni will allow you to maintain contact with the NRHSN and other recent graduates and will give you the chance to be a mentor for other rural health students. For more information on the Alumni program and all other NRHSN programs and publications please visit www.nrhsn.org.au

In essence, the year is only half done with still much more to do, so get out there and get involved with your local rural health club. After all, you must be members, so why not make the most of it?!

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Conference Placement Program

The NRHA has had a really great level of interest in the Conference Placement Program over the last year. More than 60 scholars and eligible Alumnus members have received Conference Placement awards.

There is a good line up of approved conferences in 2nd semester 2008 to tempt your interest. Go to the website to see the current list www.ruralhealth.org.au

Under the Conference Placement Program guidelines, approved conferences must have either a rural and remote health context or enhance clinical skills in rural practice. You can suggest a conference to be added to the list. Conferences may be approved if they satisfy the guidelines.

Increased interest in the program means greater competition for the limited number of awards. This means that we are not able to approve all applications we receive. As we must reserve awards for conferences later in the funding year (up to June 2009), sometimes we are not able to approve all applications for a particular conference.

Greater competition for awards also means that we must modify our application procedures. From 1 August 2008, we cannot guarantee that applications received after the advertised

due date (usually six weeks before the date of the conference) will be considered. Please make sure you submit your application as early as possible and ahead of the advertised closing date.

10th National Rural Health Conference May 2009

We anticipate there will be strong interest among scholars and Alumnus members in the premier national rural health conference which will be held in Cairns 17 – 20 May 2009.

We have reserved a number of awards for this conference.

The **closing date** for applications from current scholars and eligible Alumnus members for support to attend the 10th NRH Conference will be **28 November 2008**.

There will be a separate closing date for new scholars who commence their scholarship in 2009.

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Conference Reports

Here are some highlights from conference reports provided by scholars recently. For full reports go to the Conference Reports page on the website www.ruralhealth.org.au

National University Rural Health Conference (NURHC), Launceston, April 2008

Adrianna Sheppard, 'The combination of academic talks, skill sessions and student presentations provided a platform from which all elements of rural health could be explored..... In particular, registered nurse Michael Porter's development and implementation of 'The Sugar Man' as a diabetes education program were particularly informative. I was impressed by the simplicity of the model especially in the context of the depth of information it conveyed as well as its ability to be adapted to various contexts.'

Clare Frawley, 'The conference also offered the capacity of recognition for those people who have made significant contributions to Indigenous or rural/ remote medicine. It made me proud to be associated with UTAS and RUSTICA when three of our members were recognized for their hard work..... I heard many first-hand stories about the type of work done by rural doctors and to say it is varied is certainly an understatement! Hearing these first hand accounts of life and work in rural Australia is definitely inspiring particularly during this year when we tend to be bogged down with hospital type clinical work which is really not my favourite type of medicine.The conference speakers painted a diverse picture of health practice in a rural setting; from hospital work in regional rural centres, through to GP type work in remote Aboriginal Health Clinics.'

Jessica Mills, 'A definite highlight was Ms Dea Delaney Thiele, CEO, National Aboriginal Community Controlled Health Organisation. Her talk about the current state of ACCHO's (which I didn't even know existed until now) around Australia and their successes and problems was tremendously informative and interesting, and that fact that she was able to colour her talk with her own personal experiences and opinions as an Aboriginal woman brought up in the conditions which many Aboriginal people are still living in today gave it incredible depth and emotion. In summary, NURHC '08 has only served to strengthen my resolve to work in rural Australia. Hearing little personal stories from so many people about the great things they have achieved, and the wonderful times they have had doing it,

as well as the challenge of the huge distance we still have to come to realise our goals of health equity, is a bit like a dangling carrot in front of a hungry horse. ...Thanks to NURHC, we are all now better equipped, better connected, and more passionate about rural medicine.'

Global Health Conference (GHC), Melbourne, July 2008

Ruth Taylor, 'I arrived at this conference feeling sceptical and left feeling empowered. In an age when globalization and capitalism have enabled any dream to become a reality, it is an outrage that so many of the world's population, including communities within our own country, live in dire poverty with limited or no access to health care. Much can be done within our era to raise awareness and to instigate change, and at very little cost to a wealthy country such as our own. The Global Health Conference was an inspiring event which I hope will influence my work and my career for many years to come.'

Simon Gomes-Vieira, '..... we were treated to keynote speeches from Sir Gustav Nossal, Julian Burnside QC, and Rev Tim Costello. Each in turn gave inspirational presentations on their experiences and how they have become successfully active in promoting their worthy ideals. It was an absolute privilege to listen to world class speakers talking about issues that we are all familiar with, but don't necessarily appreciate on a day to day basis.'

Outback Medicine – It's Hot, Rural Doctors' Association of Queensland Conference, Cairns, June 2008

Ashleigh Sullivan, 'One of the highlights of the conference was a student forum. ...The forum was extremely motivating and I believe that every single medical student present would have been able to share their own equally inspiring views on rural health. The students who attended, including myself, clearly had a passion to make a difference in rural health throughout Australia and this resulted in many great ideas being thrown about the room. When you add the many passionate rural doctors that were present at the conference, you can imagine that many rural concerns were not only brought up but in some cases a big step was taken to resolve these issues.'

Danielle Volling-Geogehan, 'When I first arrived at this conference, what got my attention wasn't the town or the venue, but the number of rural doctors squeezed into one room. It was quite incredible. I came to this conference not having been to any previous conferences so I had no idea what to expect. What I experienced was a weekend of stimulating presentations, great forums and excellent opportunities for social networking, both among fellow medical students and with practising doctors. Coming from a rural background, I have always had an open mind as to where my medical future may take me. Following attendance at the RDAQ conference 2008 and listening to the keynote speakers address issues that will become very pertinent to me in just a few short years, I felt that even with all of the obstacles being faced by rural doctors in Queensland, this is a professional community that I want to be a part of.'

Emily Hay, '... Even more exciting for me was that the first presenter, Dr Ross Maxwell, is a GP from my home town in the same practice as my RAMUS mentor. Dr Maxwell presented the National Consensus Framework for Rural Maternity Services which looks at the principles under which local service delivery innovation can occur. We then had a look at the

stats, and the stats don't lie. It's scary to see how many rural maternity services are closing their doors in preference for sending rural women to larger tertiary centres to deliver. This is no doubt a gap in service delivery and something I would like to hope will change before I am practising medicine.'

Australian Sonographers Association Conference, Perth, May 2008

Carl Henman, 'I presented a paper entitled *Inguinal hernias: Sonographic, clinical & operative correlation*. The presentation was well accepted and promoted various discussions amongst attendees regarding the accuracy, usefulness and pitfalls of this particular sonographic investigation..... The trade exhibition is always an excellent showcase of new and improved technologies and this year's was no exception. Of note was the increasing number of smaller and more portable ultrasound machines that are being used with increasing frequency throughout small and large hospitals and private practices. It was a further reminder of how important it is to keep up with new medical technologies as more and more doctors will be exposed to this type of bedside imaging in the not too distant future.'

(Carl was also lucky enough to have his name drawn out of the hat at the conference dinner, winning a very nice prize.)

Sustainable Solutions in Rural Health Conference, Rural Workforce Agency Victoria, Melbourne, April 2008

Dayton Walker, '.... A large part of the conference explored the changing characteristics and demands of a new generation of medical graduates, and the impact that this will have on the recruitment and the retention of junior doctors in rural areas. Multiple speakers address the fluid 'generation Y' medical workforce and their different perspectives regarding work-life balance, stress management, job satisfaction and occupational stability. I found the session on the Mapping Project regarding medical student clinical placements in Victorian general practices, and the session on the medical student/GP registrar perspective, were particularly valuable. Particularly pertinent was the workshop on building medical educator capacity in rural divisions of general practice to meet the teaching workload expected from rural based GPs in the very near future.'

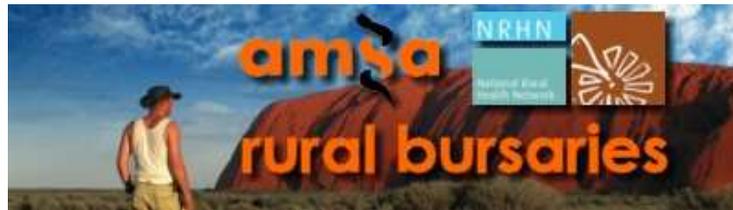
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What's new online?

- ❖ The Australian Indigenous Medical Electives Database (AIMED) is a site which links Australian medical students with Indigenous medical electives and selective placements in Australia. For more information go to www.aimed.org.au
- ❖ NRHA website (www.ruralhealth.org.au) (including RAMUS) has undergone some recent changes. If you have any suggestions for improving the RAMUS website contact the RAMUS team.

Rural bursaries

The Australian Medical Students Association (AMSA) and the National Rural Health Students' Network (NRHSN) are recognising students who undertake their elective in a rural, remote or Indigenous community. They are offering:



- two annual Rural Elective Bursaries for medical students. Each bursary is valued at \$1000, and is designed to help with the cost of planning and undertaking the elective; and
- one prize awarded to a medical student for an essay on any aspect of Indigenous health. Valued at \$1000.

Applications close 31 August 2008.

To apply go to the NRHSN website www.nrhn.org.au or the AMSA website www.amsa.org.au

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Australia's first textbook on rural health

A textbook of Australian rural health was launched by the Minister for Health and Ageing, The Hon Nicola Roxon MP, on 18 June 2008. The textbook is edited by Siaw-Teng Liaw and Sue Kilpatrick and published by the Australian Rural Health Education Network.



This new textbook is intended to be a national resource for students, educators and professionals with an interest in rural health and/or a commitment to working in a rural setting. The book uses case-based teaching and learning and promotes self-directed learning. It is set out as a workbook, with case studies, key points and learning activities. A comprehensive listing of recommended readings and resources is included. The book addresses the underlying terminology, policies and conceptual framework currently used and applied in rural health in Australia, as well as key concepts in practice. Topics covered include the health of rural populations, health service models, ways forward in Indigenous health, rural clinical practice, eHealth, and much more.

A textbook of Australian rural health can be downloaded at www.arhen.org.au

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Gone fishin', July 2008

Australian Journal of Rural Health

Gremlins at work!

On 1 July 2008 the AJRH was re-located to the Wiley Interscience website at <http://www3.interscience.wiley.com/journal/118489045/home>



But since then access for scholars and eligible Alumnus members via the RAMUS webpage has not been available. We hope that normal access will be restored soon. We will advise progress by email.

We apologise for this temporary inconvenience and thank you for your patience.

The latest issue of AJRH (vol 16 no 4) leads with a review article on harnessing social capital of rural communities for youth mental health. Workforce issues are again well represented with articles on long term rural general practitioners in Australia and GP retention in Nepal. A study undertaken in Queensland examines public support for anti smoking legislation and finds it varies with smoking status.

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Scholar achievements

- ❖ **Melody Miolin** was awarded the Campbell and Annie Murdoch prize at the University of Western Australia. This award recognises achievements in rural and remote medicine, and was awarded to the student with the highest mark in the unit "Rural Clinical Practice" in 2007.
- ❖ **Christopher Cameron**, who is a new 2008 scholar, appeared in the *Barrier Daily Truth*, 20 June 2008; in an article 'Highlight on Rural Medicine' which detailed his successful trip to Broken Hill with the JFPP.
- ❖ **Anthony Cardin** who completed his RAMUS scholarship in 2007, has had an article 'Influences on medical students' decisions to study at a Rural Clinical School' published in AJRH Vol 16 No 4.



Chris Cameron
appearing in the *Barrier Daily Truth*

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Staff News

We have recently welcomed James Easterbrook to the NRHA office. He will support the RAMUS team with his IT skills.

In other news, 'Lola', Janine Snowie's beautiful bullmastiff, has recently turned one.



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Contacting the RAMUS team

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RAMUS is an Australian Government initiative

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