



April 2005 Edition - a newsletter for RAMUS Scholars and their mentors

From the Manager....

Hello Everyone,

Phew!! We have all but completed all the bits and pieces that get ongoing RAMUS scholars receiving their scholarship payments. We have only 35 scholars who are yet to finalise their acquittal requirements to receive payments! We have also just about finalised the application process for 2005 – the sixth round of RAMUS scholarships and we welcome the 102 new scholars to the Scheme.

At the end of each academic year, one of the most rewarding things I receive are all the scholars' and mentors' reports that come as part of the acquittal process. If anyone doubts the value of the rural Doctor Mentor Scheme, I am brave enough to say that mentor and scholar may be mismatched. For the most part, scholars and mentors are generous in their praise of the Scheme and offer evidence to support their praise.

There are instances where, contrary to the terms of their scholarship, scholars do not set aside the time to contact their mentors. I would say this is to their detriment. Even if scholars disregard the career or study advice from their mentors, they have gained a valuable and informed viewpoint. Workforce issues are amongst the most convoluted and problematic in delivering health in rural and remote areas and your mentors are the 'been there done that' libraries of experience in this service delivery.

From the mentors' point of view, mentors seem to realise their scholars are learning the newest, most technologically advanced methods in their undergraduate study – and that there are some tips to be gained from an exchange of information. I look forward to bringing you some analysis of mentor/scholar interaction later this year.

In this issue I am delighted to bring to you an article from Briohney Klason, a 5th year medical student from Monash, who shares her experiences of combining motherhood and undergraduate medical studies. I thank Briohney for her honest account of her experiences. I hope you will be able to take something from Briohney's story.

To other matters – the National Rural Health Conference was held last month in Alice Springs. I know there were a number of RAMUS scholars who attended the Conference. The highly successful conference covered a wide range of topics with Indigenous issues featuring strongly. The Conference recommendations and appropriate information about their status and the Alliance's approach to these is at www.ruralhealth.org.au/nrhpublic/publicdocs/conferences/8thNRHC/home.htm. In this newsletter is a report from Joseph Turner from UQ, who presented a paper entitled 'Targeting Aboriginal Health in Aboriginal Terms: lessons from the Top End'.

Remember we are always looking for articles for *Gone Fishin'*, so if you have something that you would like published, please let us know.

Later this year, I seriously hope to be actually gone fishin'. I am moving to part-time work in the second half of the year, relocating with my husband to Rosedale on the south coast of NSW, rural location RRMA 5! I will be working on the Alumnus and on the reporting and mentoring areas of the Scheme. We will introduce the new RAMUS Manager in the next edition of *Gone Fishin'*.

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In This Issue!!!

Scholars' Survey re: NRHN

Finding a Mentor

Alumnus Updates

Scholars' Stories:

- Briohney's Story
- Joseph at the Conference

NRHN Updates

This edition's chicken joke



Departmental Evaluation of N R H N Have your say

In conversations and in the annual reports that come from scholars, there are often comments about rural health clubs – the value of membership, the difficulties of membership for those scholars who are on clinical placements and other aspects of the clubs' activities, operation and events. Now RAMUS scholars can put their views to the NRHN and NURHC evaluation. A team of independent social researchers from [Urbis Keys Young](#) is conducting the evaluation, commissioned by the Department of Health and Ageing, who provide funding for rural health clubs, the NRHN and NURHC.

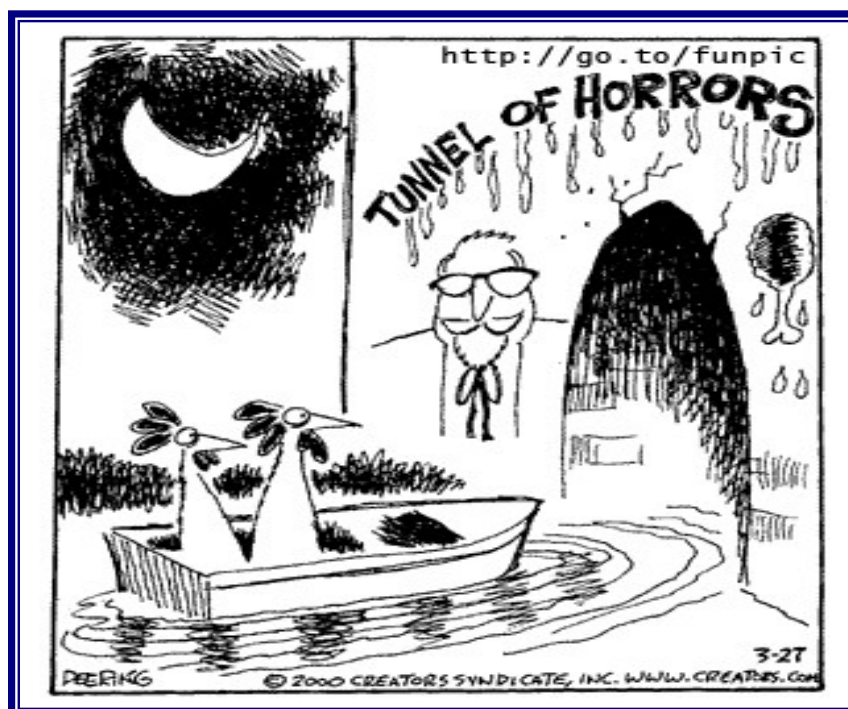
This online survey:

- * takes 10-15 minutes
- * could win you \$150
- * closes at 5pm on May 6
- * is for EVERYONE who has EVER been a member of a rural health club, from fresh-faced first years to seasoned ex-presidents.

As you know, the National Rural Health Network (NRHN) is the national body, which represents the 18 rural health clubs from universities across Australia. Among many other things, the NRHN runs the National Undergraduate Rural Health Conference (NURHC). The evaluation will focus on outcomes such as:

- evidence of a positive impact of the NRHN on the rural health workforce;
- the extent to which the NRHN fulfills its role as an agent of national advocacy and representation for all health students with an interest in rural health, and the outcomes that can be attributed to this role (e.g. evidence of increased interest in rural health amongst all health students, and/or increased interest in other rural health workforce initiatives such as the Rural Clinical Schools or University Departments of Rural Health programs);
- alternative, cost effective, models for the future that would further the objectives of the Department in supporting the training and development of the future rural health workforce.

To have your say, participate by filling out the NRHN survey on www.nrh.org/evaluation.



Deadlines

Proof of Rural Health Club membership is now due.

Proof of Rural Health Club membership and Mentor Details for NEW SCHOLARS are required by May.

Learning Plans are due on June 1st.

If you're a New Scholar... ***you may still have to locate a mentor to participate in the Rural Doctor Mentor Scheme. Here are some things to keep in mind:***

1. Your mentor must have spent some years of practice in a rural area. We recommend that you consider contacting a rural GP from your hometown or a GP with whom you already have a mentoring relationship.
2. You are required to have contact with your mentor at least four times each year. This contact may be over the telephone or through email, with at least one face-to-face meeting each year. Whether the face-to-face mentor contact occurs as a clinical placement is a matter for decision between mentor and scholar.
3. The benefits of the Rural Doctor Scheme vary among scholars and depend upon particular arrangements between a scholar and mentor. Working through your Learning Plan with your mentor is a mutually beneficial experience. The rural activities you list in your Learning Plan may include spending some time with your mentor in their day-to-day work, etc. Levels of involvement may differ and will contribute to determining how much you get out of the Scheme.
4. It is important for you to have a good relationship with your mentor. If the arrangement is not working for you, it is important to identify a different mentor.
5. Remember to let us know if your mentor details change.

Good luck and don't hesitate to contact us on 1800 460 440 or ramus@ruralhealth.org.au should you require further assistance.



Alumnus News

The RAMUS Alumnus, a new facility just beginning to find its legs, is available for you to use. As a current or past scholar or a mentor, you are able to access the Alumnus to leave a note on the Bulletin Board, to check to see if there is feedback about your next intended rural clinical placement location or perhaps a post graduate placement location. There is also the option of locating a fellow RAMUS scholar with whom you have lost touch since leaving university.

It is important that you take the time to insert your placement and work history details in the survey on the website. While we talk a lot about the rural residency research that supports the establishment of RAMUS, the research in Australia is scant. As RAMUS scholars, I need you to take up the option to help supplement the information. RAMUS scholars are a very special cohort of undergraduate and post-graduate medical students with rural residency history that will serve as a comparison group for bigger studies. We will be distributing logon information again shortly to facilitate your participation.

Go to www.ruralhealth.org.au and use your login information to enter and view exclusive content on the RAMUS website. Click the link to the RAMUS Alumnus to get to the relevant page.

8th National Rural Health Conference

Alice Springs, 10-13 March 2005

“Central to health: sustaining well-being in remote and rural Australia”

Delegate Report

Joseph V Turner

Personal

There is no doubt that the conference achieved its aim of benefiting the cause of rural and remote healthcare in Australia. Amongst the greater than 1000 national and international delegates was a wealth of expertise, experience, political power and labour force extending from researchers to politicians and students to on-the-ground healthcare workers and professionals. I personally gained a great deal from the conference on a number of levels:

- as a speaker I gained experience in presenting information and responding to questions from a multi-disciplinary audience;
- as a session chair I had practice introducing speakers, controlling talk and discussion time, and summarising key points for the audience;
- as a session scribe (and again as a session chair) I extracted recommendations from presentations and composed them into a document for the conference organising committee;
- as secretary of the National Rural Health Network (NRHN) I met with many key figures in rural health in Australia, was involved with management of the NRHN delegation, manned the NRHN stall in order to field questions and enquiries from conference delegates, and represented the NRHN to develop links with other stakeholders in rural health;
- as a TROHPIQ (Towards Rural & Outback Professionals in Queensland) representative I was in communication with other students and organisations making contacts, gaining ideas and representing TROHPIQ's viewpoint;
- my live interview on ABC Radio gave me experience in dealing with the media as well as developing skills in presenting information and discussing issues via that medium.



Academic

It would be difficult to comment on all the speakers and sessions so I will note in chronological order some of my personal conference highlights. The Australian Rural and Remote Workforce Agencies Group (ARRWAG) national policy forum “How can we keep doctors in the bush?” gathered together a broad cross-section of professionals including doctors, academics, government and political figures, and a student who was also chair of the NRHN. The forum was an opportunity for many different perspectives to be raised and discussed. This enabled delegates and presenters to gain a deeper understanding of the many factors involved in providing healthcare in rural and remote Australia. It was noted that there had already been much talk and many pilot studies in the field but what was actually needed was definitive action – that all parties “should get out there and just do it.” Length of service for rural doctors was also discussed since the concept of spending a lifetime in the bush is potentially a deterrent to the younger generation. It would be more realistic to accommodate the wishes of doctors to spend shorter periods of say three to five years in rural and remote areas. As such, it would be in the interest of doctors, their families and the community to be prepared with two, five and ten year plans for the future. Positive experiences need to be provided for students, registrars and their families to encourage recruitment and retention.

The Rural Doctors Association of Australia (RDAA) and Australian College of Rural and Remote Medicine (ACRRM) national symposium “Obstetrics services in small rural hospitals – sustaining rural and remote communities” revealed the crisis in rural obstetrics with dozens of services closing in small towns in recent years. The symposium provided the opportunity for me as medical student to become more aware of the current situation of obstetrics and other medical care in Australia, to meet with those doctors working in the field, and to learn about the processes involved in acting on negative events in order to make a positive change.

A continuity between the 7th National Rural Health Conference and the current conference was



established in the opening session. This was further expanded to include continuity of rural healthcare from further in the past and across all areas of Australia. The emphasis was on how this conference was aimed at enabling organisations and individuals to advance the delivery of healthcare in disadvantaged areas including rural, remote, and Indigenous health. The welcoming ceremony involving Indigenous and other performances in the Todd Riverbed against the backdrop of a spectacular central Australian landscape was superb.

Indigenous health was a key theme of the academic program on Friday. The disparity between Indigenous and non-Indigenous health outcomes was discussed with various perspectives being given. Of particular note was the concept that in dealing with Indigenous people there was a tendency to be over politically correct to the detriment of Indigenous healthcare provision. The point was made that some issues needed to be emphasised and dealt with – that this was not necessarily victim-blaming but a call for awareness and participation from all parties involved including the Indigenous people themselves. The afternoon session had a broad scope and included international, philosophical, and historical components as well as a frank presentation on the prevalence and significance of depression in rural and remote Australia. The final session of the day was the “Building healthy communities in rural and remote Australia” workshop. This was particularly interesting since several parties presented details of programs in their local communities and discussed the success/failures and advantages/disadvantages of each. The practical nature of the workshop led to lively discussion and generation of many useful ideas and contacts.

The focus of Saturday was multi-disciplinary collaborations. Keynote speakers discussed strategies for multi-disciplinary professional healthcare whilst the multi-disciplinary concurrent session also underlined the importance of students, families and gender in addressing the future of the rural workforce. The Indigenous health session in the afternoon demonstrated that simple strategies with community participation are certainly achievable. This again underlined the importance of community participation in culturally appropriate programs for Indigenous people.

The final concurrent session of the conference on Indigenous and remote health detailed the workings of the National Aboriginal Community Controlled Health Organisation (NACCHO) and demonstrated how Indigenous research could be more accomplished more comprehensively and provide more benefit to the local community if performed with integral participation of Indigenous people. The importance of appropriate information transfer (collation, interpretation, and dissemination) and recognition of this skill in academics and clinicians was also emphasised.

In closing, the conference organisers put forward key recommendations for comment to the conference delegates. These reflected the major themes of the conference and encompassed applied, research-based and political methods of achieving improved health in rural and remote Australia. In a bold but commendable action a central commitment was proposed to be undertaken by all delegates: that “I am committed to using the ideas from the 8th Conference in my home, community and workplace.” This highlighted the real and practical nature of the National Rural Health Alliance (NRHA) and the National Rural Health Conference.

Non-academic

In addition to the academic program, the other side of the conference saw my participation in various NRHN activities and pursuits. The NRHN stall, appropriated after the ABC vacated on Saturday morning was a huge success with many stakeholders in rural health including students, government and non-government organisations, and other parties and individuals making contact with the NRHN. From the stall and throughout the conference I had formal discussions with representatives from ACCRRM, GPRA (General Practice Registrars Association), GAPP (Graduate Assistance & Partnerships Program), NSW Farmers Association, REFA (Rural Education Foundation Australia), and GPET (General Practice Education and Training).

In addition I had many informal discussions with students, academics and health workers, all of which were mutually beneficial.

A highlight of any conference, the formal dinner, was an elegant yet merry evening with an entertaining local band and much social action. The NRHN delegation also interacted quite frequently with the Medical Rural Bonded (MRB) delegation. Sincere thanks to the MRB Support Committee (especially Carol McGoldrick and Evie Cuthbertson) and MRB students for inviting the NRHN to their functions. In particular the Ooraminna Homestead evening was an outstanding experience and exhibited the positivism of rural and remote life.

Accommodation was organised by the NRHN at a local backpackers. Although of backpacker standard, the staff was very helpful while the location and facilities were more than adequate for our needs. Indeed, we are but students and must accept the reality of financial limitations. Having said that, it's all good fun and games and I'm happy to be making the most of it while I can.

Concluding remarks

As a learning experience for Australia's future rural workforce, the 8th National Rural Health Conference was an outstanding success. I was exposed to a huge cross-section of opinion, experience and professionalism throughout the conference and am grateful for the personal and professional development it has afforded me. It has further fostered within me the desire to work within and promote rural and remote health both locally and at a national level and given me contacts for mutual benefit now and in the future. I strongly believe in raising awareness and exposure as positive methods of encouraging people to become interested in healthcare in the bush. As one speaker noted, “if you've seen one rural community, you've seen one rural community,” so the more academic and applied exposure we have as students and professionals the better for rural and remote health in Australia.



Mylanta, Motherhood and Medical Studies



Briohney Klason
5th Year – Monash University

I am a final year medical student. I'm also a wife and a mother. Juggling pregnancy and parenthood along with the demands of a medical career is not easy. However, it is possible to have a happy, functional family life and still be successful as a doctor (or potential doctor).

The most difficult thing for me was deciding to start a family. When I got engaged 5 years ago, everybody asked me when we were going to start a family. It is a big decision for any couple but it's particularly tough for medical students and young doctors. Not only are there the usual considerations of finances, lifestyle, emotional readiness and the marital relationship but we have to think about how a baby will impact on our study and career prospects, not to mention how our work will affect our family.

There are no right answers and timing for children is just one ingredient in the recipe for a happy family life. As I learned, there is more to it than getting pregnant – it's what happens after the birth that is most difficult and most rewarding.

Pregnancy had more of an impact on my studies than I ever thought it would. I used to think it's not an illness so I'd be able to carry on as normal. After the tiredness, the nausea, dizziness, insatiable appetite and "jitters" of the first trimester. I didn't feel like the same person. We all (or at least half the population) have to go through it and it's not that bad. Lots of healthy snacks on hand and changing my bedtime to a lot earlier in the day got me through. I was actually more motivated than ever to study – part of that was determination to prove those wrong who doubted I could do it – and I coped ok.

The second trimester is said to be the easiest and I was no exception. It was a reprieve before the demands of the next three months. I spent most of this time in general medicine and surgery. I started to get a sore back and sore feet. The hot theatre lights would make me feel dizzy and I was losing sleep with nocturnal leg cramps and toilet visits. The indigestion was unrelenting despite taking the maximum dose of Mylanta and every time I'd bend over to insert an IVC I'd feel it burn. Those were only minor complaints. With comfy shoes, taking every opportunity to sit down during procedures and remembering to eat plus a bit of exercise, I was fine.

The major effect of pregnancy on my studies was mentally. I've heard of "pregnancy amnesia" in women's magazines, and just because I was a medical student doesn't mean I'm immune! My ability to concentrate and to think was slightly impaired toward the end. I think it was due to a combination of hormones, sleep deprivation, emotion – or perhaps my brain having to compete with a placenta for cardiac output!

Perhaps pregnancy slightly affected my exam performance but I was also much less stressed than other students sitting their major exams. Becoming a mother puts things into perspective and the exam whilst important, was not as crucial as most med students perceive it to be. I was also too euphoric about our baby getting exam stress. I don't think I will be a second-grade doctor for having had a baby during my studies. In fact, I think the experiences I've had in pregnancy and motherhood and all the practical tips I've learnt along the way will help me in the care of patients in the future.

I went into labour four days after my exams finished and had a delightful, healthy baby girl. I had seven weeks of holidays with her before I started this academic year. Nobody can prepare you for parenthood – it's the most amazing, wonderful, scary thing. Every emotion seems to be amplified! I wish I could have spent more time with my baby before I started back at work. It was heart-wrenching to say goodbye to her on the first day I left her in my mother's care. I know mum takes fantastic care of her and she's still receiving the benefits of expressed breast milk but I've felt guilty just the same. It's also been exhausting, especially since she was not sleeping through the night. But that is improving and I can see the light at the end of the tunnel. I've had to make myself relax and take time out – not to expect to do too many things at once – and it's working so far.

I have cut off a lot of possibilities for future training by having a baby at this stage but I've only ever wanted to be a simple GP. I don't think I would be satisfied spending a long time staying at home and doing "home duties". I feel very fortunate to be able to combine the interesting, enjoyable work of medicine, along with the joys of parenthood. Although some things are still not flexible, the working environment is changing for women in medicine. There are options to job share, take time out from training programs and to work part-time and I'm really looking forward to watching my daughter grow as well as working as a doctor someday.

NRHN update, March 2005

It is with great pleasure that I write this to let you know what the National Rural Health Network (NRHN) has been achieving over the past 12 months and where we hope to move to over the course of 2005.

For those of you who are not familiar with the NRHN, we are the peak body representing approximately 5000 undergraduate health students across Australia and our core mission is to provide a united perspective on issues pertaining to undergraduate health-student education and to increase the number of health professionals working in rural and remote areas. There are representatives in each Australian university rural health club and we are happy for you to contact us!

During the course of 2004, we were able to hold a hugely successful National Undergraduate Rural Health Conference (NURHC) in the stunning Barossa Valley in South Australia. Over the four days of the conference we were able to hold meetings, consolidate on achievements made to date (such as the work on our placement and mental health surveys and the pivotal work that we have done in the area of Rural High Schools' Visits) and continue to develop strategic partnerships with many of our valued rural health partners, such as Services for Rural & Remote Allied Health (SARRAH), National Rural Health Alliance (NRHA), Australian Rural Health Education Network (ARHEN), and the Australian College of Rural and Remote Medicine (ACRRM).

In February 2005 the new NRHN Council were able to descend upon Canberra and meet for three days to strategically plan for the year ahead and to meet again with peak rural organisations from nursing, allied health and medical fields, and also with numerous parliamentarians. This enabled the NRHN to continue promoting the rural health message and the need for further initiatives directed at achieving multi-disciplinary practice and equity and scholarships for allied health and nursing students.

It must be emphasized that this year represents a unique opportunity for the NRHN to continue to lead the way through the inclusion of public health and community development initiatives. Specifically, five objectives were formulated for the NRHN to achieve over 2005:

- To further advance the profile of the NRHN and member Rural Health Clubs through proactive collaboration with:
 - community groups
 - government agencies
 - members of Parliament
 - peak professional organisations
 - universities
 - rural and remote organisations
- To produce and launch a survival manual of national significance that addresses rural and remote mental health and lifestyle issues affecting students, focusing on the provision of increased support in both clinical and non-clinical situations.
- To enhance the corporate identity of the NRHN via the development of web based resources aimed at the identified needs of the NRHN constituency and the broader rural and remote community.
- In recognition of public health outcomes evolving from core business, the NRHN will further promote and support health promotion initiatives on local and national levels.
- The NRHN will acknowledge and continue to foster innovative ideas from its constituency, whilst aiming to inspire future generations to continue the positive contributions of the Network to the health of rural and remote Australians.

The NRHN looks forward to working for and on behalf of all health students and RAMUS scholars to achieve these objectives and further the cause of rural and remote health in Australia.

Joseph Turner

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On behalf of the NRHN Council, 2005.

**Your friendly national representatives:
The NRHN Face-to-Face meeting in
Canberra, February 2005.**

