

October 2019

Newsletter for RAMUS Scholars, Mentors and Alumni Members

FROM THE RAMUS TEAM

Welcome to the October 2019 issue of the RAMUS Newsletter.

In this newsletter:

- a selection of extracts from the 2018 Mentor Reports
- a selection of reports from bursary recipients who attended the 15th National Rural Health Conference
- highlights of the latest issue of the Australian Journal of Rural Health (AJRH)
- how to nominate your mentor for the RAMUS Mentor of the Year Award.

The next RAMUS newsletter will be published in December. Contributions (including photos) are encouraged. Please email your contribution to me at janine@ruralhealth.org.au by 30 November 2019.

On a personal note, in July I took some time off work to be midwife to Gidget my Bullmastiff.



Kind regards

Janine

END OF YEAR RAMUS ACQUITTAL

We will soon be emailing end of year acquittal requirements to all Scholars. If your contact details have changed please contact the RAMUS team and we will happily update it.

Alternatively, you can update it yourself by going to:

http://ramus.ruralhealth.org.au/contact/update_details

2019 MENTOR OF THE YEAR AWARD

Nominations are now open for the 2019 RAMUS Mentor of the Year Awards.

Do you have a mentor who has inspired you, is a role model and a valued source of encouragement and advice? If so, you can acknowledge and show your appreciation by nominating them for a 2019 Mentor Award.

To nominate a mentor please send a statement, 400 words or less, outlining your reasons for the nomination and the contribution that your mentor has made.

Please include a photo of your mentor or a photo of yourself with your mentor along with your nomination and email to ramus@ruralhealth.org.au by **31 December 2019**.

COMMENTS FROM 2018 MENTORS

For many RAMUS scholars the mentoring component of RAMUS is a highlight of their scholarship. Various scholars have described their mentor as 'an inspirational doctor', 'an example of what I might become in the future' and 'a professional role model'.

At the conclusion of the year, each Mentor is asked to provide a report on their scholar. It is at this point that Mentors can evaluate the communication they have with their scholar and how engaged the scholar has been.

We appreciate Mentors taking the time to comment on the year they have had with their scholar. Below is a selection of comments from Mentors from 2018.

"He is constantly and consistently trying to develop better understanding of remote and rural medical practice. His progress is highly satisfactory".

"She is immersed in the local community and is an excellent student".

"She has now completed her MBBS in JCU. In the last 5 years she has shown keen interest in rural and remote medical practice and has demonstrated increased understanding of the rural health system. She has learnt useful skills to be a competent medical practitioner. I wish her the best in career and life".

"He is a keen and eager scholar. Will make a great rural doctor".

"He has now completed his undergraduate medical degree and will be doing a rural internship based in Mount Gambier in 2019. His association with RAMUS will therefore expire but I am confident that the program has strongly encouraged him to pursue a rural career and helped to equip him for this. It has been a pleasure to provide mentorship for this fine young man".

"A pleasure to work with! Displays great empathy and establishes good rapport with patients".

"He continues on a course towards rural practice. He is shaping his learning with this in mind".

"She spent most of her year in rural SA. She thoroughly enjoyed it and it was a great experience. She will make an excellent rural doctor".

"It has been a pleasure to mentor him. I wish him all the best in his medical career and of course hope to see him rural in the long term".

"Most mentoring was done in the local emergency department. It was great to see his clinical confidence growing with good decision making skills in place".

"It's been a great pleasure to mentor her again this year. I can't say that she has required a great deal of input, but we've had a few really good chats about her future and potential career moves and choices of hospital and the development of medical services in the area where her parents live. She really has caught on to the whole rural framework and it does help that she is dating a lad from our local area and may well decide to live in the area. She's been enthusiastic about discovering how we can make things work in the bush, and a bit frustrated by some of the bureaucratic barriers to service delivery".

"He is a very focused, very talented empathic, practical doctor. I wish him all the very best with his future career".

"She is a lovely young lady who is enjoying her medical degree. She has developed and applied her new knowledge about medicine and the rural challenges each time she has come to the practice. She finds and attends conferences which are applicable to her ongoing learning in this area which shows a continued commitment to rural medicine".



The National Rural Health Alliance allocated seven bursaries for current scholars and alumni members to attend the 15th National Rural Health Conference which was held in Hobart, on 24-27 March 2019.

The Conference website is now the official proceedings where you can find links to all the plenary speaker presentations, abstracts, bios, full papers, photos, highlights and more – www.ruralhealth.org.au/15nrhc

Here is some feedback from Emily Powell and Laura O'Connor, who attended the Conference.

Emily Powell – RAMUS Scholar

Attending the 15th National Rural Health Conference was an excellent chance to spend time with like-minded rural health advocates. It was heartening to see so many people passionate about the bush and maintaining quality of life there through the availability of quality healthcare. Everyone who presented was a real advocate for their community and it made me quite excited to think about going and visiting the places they talked about. Eg hearing about all the multicultural programs in Robinvale, such as the TREE Project, made me feel quite positive about the prospect of rural living for myself and my family.

Hearing of the continuing issues in rural health and some of the struggles within these communities also reaffirmed my understanding of the disparity in healthcare in Australia. However, I was certainly made to feel that this is where I would be most useful and it reaffirmed my desire for a rural career. It was good to see the Regional Training Hub information desk and learn about how you can plan your career path from medical school all the way through your postgraduate training. I believe it will be a useful system in helping recruit and retain rural staff.

During my particular university course we unfortunately don't get much Indigenous health education. I tried to attend as many seminars on Indigenous topics as possible. James Ward talked about the STI program and how important it was to focus on morbidity and not just mortality with Close the Gap, as STIs can affect fertility and other lifestyle factors. I learnt about the advances in biomedical research for preventing STIs. I also learnt about programs in Tasmania helping Palawa people spend time on country, Indigenous eye health across Australia, and several other very useful sessions. I am so grateful to have the opportunity to hear experts speak on these topics and benefit my learning!

In regards to living and working in the bush, it was good to see that most people are focusing on how to get sustained engagement rather than increased rural recruitment. James Buchan talked about the importance of keeping families happy and supporting non work commitments in retaining rural workforce. Although I want to live rurally, I also have my family to consider and had felt that this may become an issue for me, despite my desire to live in the bush, so it made me happy to hear it raised as a focus point.

I was able to speak with staff from different hospitals offering internship positions. This was really useful because we are only provided internship information about the hospital we are currently studying at, and it is hard to find information about other hospitals in Australia. I was able to ask about rotations, lifestyle and other services in their communities. This is just as important to me in choosing an internship as getting information about the job itself, so it was very handy to talk to them.

I was also able to speak with people in charge of several different postgraduate training programs. This is not an opportunity we get at university. Some of the staff were able to show me different pathways that involved their training courses, but not necessarily as part of a full training program.

For example, some had graduate diplomas that could be completed separately to a full training program and could be used to augment other courses or just be completed as an area of special interest. It was really useful to see that postgraduate study can be tailored to suit your interests or time allowance. It seems more flexible than I first thought.

Laura O'Connor – RAMUS Alumnus

Thanks to RAMUS I had the opportunity to present at the 15th National Rural Health Conference in March this year. It was a fantastic opportunity to return to Tasmania where I grew up and attended medical school, to present on a topic I feel impassioned about, providing outreach telehealth otology care to remote Indigenous Australians.

I am fortunate to be currently working as an ENT registrar at Royal Darwin Hospital, where 30% of the population is Indigenous and 80% live in remote communities. I have seen first-hand the huge gap in health care provision, with Indigenous children in the Northern Territory having the highest rate of ear disease in the world.

The conference was the perfect platform and audience to present the amazing work of my colleagues in Darwin, who established the Teleotolgy program to meet the overwhelming need for specialist ear health and hearing services in the remote communities of the Top End of Australia.

While it was fabulous presenting at the conference, I also gained much information from being an attendee. I was inspired by the size and breadth of the conference and found it an amazing networking experience to be surrounded by like-minded health professionals with a passion for rural health. The Exhibition hall was a great opportunity to trade ideas and connect with many varied groups and organisations, many of which I was not aware existed. It was a refreshing eye opener into what support services are available for rural practitioners, and this newly found knowledge, I hope to incorporate into my future practice.

A conference highlight was the diversity of attendees and presenters from a wide variety of professional backgrounds, all coming together to inspire, inform and celebrate successes in rural health. With 20 keynote speakers and 250 presenters sharing their knowledge and experiences, it is an invaluable pooling of resources, as we all know that rural health advocacy requires the collective effort of the entire healthcare industry.

A personal highlight was the Welcome to Country address by the Palawa people of Lutruwita.

It was a great pleasure to return home to Tasmania and see how much the state has economically developed and grown. I was very proud that Tasmania was such a successful location for the conference and of course I also took the opportunity to enjoy the great food and wine produced by the state.

Overall the entire conference was a fantastic experience and I am already looking forward to attending the next one in Perth in March 2021.

RAMUS ON FACEBOOK

Have you joined the RAMUS Facebook group yet?

The group contains current RAMUS news and gives you the opportunity to communicate with the RAMUS team and with likeminded RAMUS scholars, mentors and alumni.

To join the RAMUS Facebook group, go to:
www.facebook.com/groups/348490061904468/

RAMUS is managed by the National Rural Health Alliance Ltd on behalf of the Australian Government

www.ruralhealth.org.au



AUSTRALIAN JOURNAL OF RURAL HEALTH



- Factors associated with successful chronic disease treatment plans for older Australians: Implications for rural and Indigenous Australians
- Understanding ageing well in Australian rural and regional settings: Applying an age-friendly lens
- Swallowing disorders in an older fractured hip population
- Ageing well: Pilot evaluation of a dual-task training program in a rural community
- Increasing the social participation of older rural residents: Opportunities offered by “OPTEACH”
- The change in quality of life for older Australians: A rural and urban comparison
- Living, loving, dying: Insights into rural compassion
- Rural palliative care to support dying at home can be realised; experiences of family members and nurses with a new model of care
- Utilising capacity in a rural hospital to support older people requiring hospital care: Kilcoy Connect
- Reviewing the extent of rural and remote considerations in elder abuse policy: A scoping review
- Older people's mental health in rural areas: Converting policy into service development, service access and a sustainable workforce

From the Alliance:

- Determinants of health—Are we arguing for the right things for better rural health and well-being?

Growing old in rural and remote Australia is the theme of the latest edition of the [Australian Journal of Rural Health](#) and articles in this edition are available as open access this month.

Media interest in the August issue has been strong with several print and radio interviews, including Editor in Chief, Russell Roberts, participating in a panel interview with Myf Warhurst on ABC Radio.

Edited by Professor Oliver Burmeister (Charles Sturt University) and Dr Evelien Spelten (La Trobe University), this issue presents 13 articles focussed on the needs of rural, regional and remote seniors. Look for articles on: Stepped-care treatment of anxiety and depression in older adults: A narrative review

- The ageing farming workforce and the health and sustainability of agricultural communities: A narrative review

A word from HESTA: From the lab to the world

Cochlear implants, pacemakers, spray-on skin...Australia's medical scientists keep punching above their weight in transforming patient care through innovation.



And HESTA is supporting their life-changing work by investing actively in medical research, creating a better future for you, your industry and our community.

One of our private equity investment managers, Brandon Capital Partners, steers the Medical Research Commercialisation Fund (MRCF). The MRCF is a collaboration of 50 plus research institutes and hospitals in Australia and New Zealand focused on developing Australia's latest medical breakthroughs.

In a unique collaboration, the MRCF works with research institutes to identify promising medical discoveries that could be commercialised and translated into real-world products or treatments. The MRCF provides the funding and market know how to help researchers take their work from the lab to the world.

Brandon Capital Managing Director and MRCF Chief Executive Dr Chris Nave is a strong supporter of driving medical innovation to improve public health.

"The MRCF collaboration is innovation in action: we provide a path for taking medical science out of the laboratory and into the real world," Chris says. "We give elite medical researchers access to capital and commercial expertise, so they can turn great science into cutting-edge medical therapies that save lives and can improve quality of life."

New technology for Parkinson's patients

A standout venture within the MRCF portfolio is Global Kinetics Corporation (GKC), a medtech company providing point-of-care measurement and reporting of Parkinson's disease motor symptoms. Their lead product, the Parkinson's KinetiGraph (PKG)™ system, empowers neurologists and healthcare providers to better manage patients' symptoms, improving their quality of life. To date more than 25,000 PKG patient reports have been delivered around the world. GKC is headquartered in Melbourne, with offices in London, UK, and Minneapolis and Boston, USA.



Developed by the Florey Institute of Neuroscience & Mental Health's Professor Malcolm Horne and Dr Rob Griffiths right here in Australia, the PKG™ is worn on the patient's wrist, so symptoms can be monitored continuously whether they're at home or out and about.

That data informs clinical decision making, revealing deep insights into patients' disease status, enabling care teams to tailor specific therapies that can result in life-changing benefits. The device is a ground breaker in tackling Parkinson's, the second most common neurological disease in Australia.

From lab to market: expanding horizons for our members, and for your industry

HESTA General Manager Unlisted Assets Andrew Major is watching our investment in medical innovations like this yield exciting results for researchers, and strong returns for our members.

"Clearly one of our strengths as a country is our research and our ability to innovate," Andrew says. "Supporting research that is then commercialised into products or treatments is clearly beneficial for HESTA members and for the community. We're investing in the pool of research talent, and that's having positive flow-on effects from a broader societal perspective. It gives our members a greater ability to deliver innovative care.

"From the performance side for members, everything we do is about risk and return. When we're investing in life sciences at the early stage, some will fail — but some can make many times more from a small initial investment, to become something of substantially greater value for our members."

And with a raft of emerging technologies set to drive more innovation in digital healthcare, we're looking forward to partnering with pioneers in your industry for years to come.

Help us build the future you want to see

www.hesta.com.au/join