

KALGOORLIE EXCHANGE

Western Australia is so big that most of Western Europe could fit inside it. This year I was lucky enough to be selected to go on a two-week exchange to Kalgoorlie - a mining town in the middle of the WA outback! Its water supply is piped in from 600kms away and the Kalgoorlie hospital has a catchment area of 769,701 square kilometres! #Rural



I arrived the Saturday night before we were to start and was met at the airport by the lovely administrator Geraldine and taken to my accommodation for the next two weeks. None of the students we were staying with had arrived back from holiday yet but I was quickly invited out to a BYO and town by one of the students from the other flats. At the BYO I was introduced to some of the paediatric team who I was scheduled to be with for the next week, before being taken to two of the local pubs- The Exchange and the Gold Bar- some of the only bars left in Western Australia that still employed Skimpies. I was surprised by the number of young people living in Kalgoorlie, as in Greymouth most of the young people aren't able to find work and end up going to Christchurch.

The next morning, I was invited out to brunch with two of the Kalgoorlie students and then taken on a tour of the town. Highlights included the super-pit, Karlkurla bushland park and the world's tallest bin. Ironic tourist photo attached. One of the students had bought a new flint-stick, so as the sun began to set we headed out into the outback to collect some wood and cook sausages and marshmallows over a bonfire.



Monday morning dawned and my NZ flatmate Lauren had still not arrived in Kalgoorlie due to her flight being cancelled. Before heading to the wards I was informed that I couldn't leave Kalgoorlie without having a "skimpy breakfast", so my friend from the bonfire swung past and took me to a local pub. At 7am the pub was full of miners having a beer and filling up on kai after a long night shift, while a girl in a neon-green bikini poured drinks. It was a pretty unusual experience!

On the medical side, we focused mainly on paediatrics and O&G. The week on paediatrics was super interesting, especially as we don't see a lot of paed in Greymouth. Some of the things I saw included Tracheolaryngomalacia, Respiratory Distress Syndrome, HIV, Croup, Bronchiolitis, Constipation, Neonatal jaundice, Conjunctivitis, Infected scabies, and Failure to thrive. I was able to practice my newborn assessment skills, learnt how to settle and wrap a baby, listened to heart murmurs, abnormal breath sounds and practised the Art of Distraction. I was also able to observe a neonatal resuscitation following Caesarean section. The paediatric team were really lovely and we were invited to join them for dinners, trivia nights and movie nights.

During the first week we also spent a day at BEGA, which is an Aboriginal health clinic in Kal. It runs a wide variety of free services including pick-ups to and from the clinic, nurse clinics, specialist clinics

and GP consults as well as having its own pharmacy. We were able to go on the bus in the morning which picks up patients and takes them to and from clinic. This was interesting as it allowed us to see some of the poverty patients lived in: one small 1-bedroom house had about 20 people living inside it. It was a big contrast to the wealth experienced by those in the mining industry! The afternoon was spent with one of the GPs, seeing patients with some quite complex social problems.

I was also lucky enough to go with the Rural Flying Doctors (RFDS) out on retrieval of a patient with AF to Gruyene – a small FIFO mining operation in the middle of nowhere. The pilot (kiwi) pointed out all the sites on the way, and I got to see the super-pit from above as we flew past. I was told that due to the scale of WA, running RFDS from Kal was geographically equivalent to running the service from London for the whole of Europe!



On the Friday night one of the students helped us

organise a night volunteering with the soup kitchen. This was a van that went out to a few of the local aboriginal communities and places where aboriginal patients stay while their families are in Kalgoorlie Hospital. It carried hot soup, bread and water and anyone could come and get a free meal, or even fill up a pot to take in for dinner. People would say, "Have you been to X place today? Some people over there really need some food," and the driver would head over to said location and we'd serve up the soup. This was an awesome initiative run by some dedicated workers from the Red Cross. However, it felt like we were applying a sticking plaster instead of addressing the cause of the issues.

There was a lot of social deprivation and racism in Kalgoorlie. There was a lot of crime and methamphetamine use and it wasn't safe to walk alone at night. The fact that most of the crimes were committed by the Aboriginal people only served to perpetuate the racist views held by many of the locals and a surprising number of hospital staff. Historical (and current) injustices didn't seem to be appreciated when looking at Aboriginal health, and there was a clear divide between the Aboriginal people and the European Australians. It was pretty shocking really.

Over the weekend a few of the PGY1 doctors invited us on a trip to Esperance- a beautiful coastal town about 4 hours south of Kalgoorlie. Here we visited some stunning beaches, including Lucky Bay, a beach that has the whitest sand in Australia. After a night of pizza, wine and Catan, we visited Cape Le Grand National Park and climbed Frenchman's peak, before heading into town for some free kai (Cheers guys!) and the long drive back to Kal. This was one of the things that gave us an appreciation for the sheer size of Western Australia. Between Kal and Esperance there was very little, and when we stopped halfway between and turned off the headlights the stars were incredible! We joked that



if our driver were to drive off we'd be stranded in the middle of nowhere... then quickly decided on getting back into the car.

The O&G department was relatively quiet the week we were there (unusual for Kalgoorlie) and many patients didn't turn up to clinics. This is a big problem in Kalgoorlie, because often patients live in very remote communities and don't have access to transport. Organising to borrow a car and pay for petrol to drive the 4 hours it might take to get to Kalgoorlie for a simple follow-up appointment was beyond the means of many patients. When we had big gaps between patients in clinic I would pop back to the paed's ward to say hello and see if there were any patients to see or practice examining. We were also called into ED one day because a patient had a radial nerve palsy and the doctors wanted us to have a look. One of the days I was scheduled for the labour ward there were no women on the ward, so I popped my head into ED. Several hours later I had stitched up a man's hand by myself, learned how to apply a plaster cast and assisted in draining and packing an anorectal abscess.

Some of the things I got to see that week included a twin pregnancy, pre-eclampsia, emergency caesarean, intra-hepatic cholestasis, gestational diabetes and grave's disease. I got plenty of practice palpating abdomens and finding the foetal heart on Doppler. While I was there I got to scrub into an emergency caesarean due to failure to progress. It also happened to be my first C-section and as the blood pooled into a bright red puddle over the open uterus I noticed my face begin to feel numb and the corners of my vision go dark. I stepped away, giving the retractor to the scrub nurse before hurriedly sitting down in the first chair I saw. A few minutes later after squatting on the floor (the chair wasn't low enough), I felt I was ready for another look. I was not. After an impressive episode of not-quite-but-almost fainting I retired to the staff room where red velvet cupcakes awaited.

The second week we were visiting was NAIDOC week- a week celebrating the aboriginal culture! Sadly most of the events occurred during the working day, but we managed to get to see Putuparri and the Rainmakers, which was a documentary about one community's fight for their country (a.k.a. land). It talked about some of the awful things done to the aboriginal people by the Australian government, and helped me to understand a lot of the social context around aboriginal health.

On our final night a group of us got together for a games night and to say our farewells (FYI I won the games). The next day we headed off to Perth for the weekend to be wined and dined by my Aunt and Uncle before the long trek back to Greymouth. Goodbye sunshine and 23 degree days!

Shout out to our Kal flatmates - Todd and Saranya for being super welcoming, and all the other students and staff for helping us make the most of our time in Kal!

Thanks RMIP for such an incredible opportunity! I got a lot of clinical exposure, learnt heaps, and had a very rich experience. I'm heading back to Greymouth with renewed energy and passion for medicine.



By Rose Maclaurin