

AUSTRALIA RURAL EXCHANGE 2017

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In July 2017 I was incredibly grateful to be chosen to participate in an exchange to rural Australia with the Monash University School of Rural Health, East Gippsland. While I went to Lakes Entrance (popn 5000) and Bairnsdale (popn 13000) a Monash student came to Greymouth to work alongside the RMIP students at Grey Base Hospital.

My first week in the seaside holiday town of Lakes Entrance was spent working in the private GP clinic. I was lucky to work alongside the nurses in the triage centre where they saw drop-in patients who needed assessment alongside booked patients needing repeat care. I was really impressed by the extent of services offered by the clinic and especially the Hospital in the Home (HITH) programme that allowed the clinic nurses to do hospital level care for patients who came in each day. The doctors had heavy workloads but were generous in spending time with me in teaching and explaining how the systems work in Australia. I found it interesting to hear about the programme of care for chronic illness. Under this system the patients can access a range of funded allied health services relevant to their illness (eg dietitian, physiotherapist, diabetes educator). A plan is set in place and team managed by the GP. Although there was a limit to the number of the funded visits a patient could access in a year I found the system of formalised team managed care to be a really forward thinking one.

On the second week of the exchange I moved to Bairnsdale to experience life in a rural centre. This was the town where the regional hospital was located as well as the midwifery services and the Indigenous clinic.

My first day was spent on the medical wards rounding with another student, the house officer, and the consultant. Many of the inpatients were recovering from falls or infection but were not quite well enough to return to their homes. A number were being assessed for transfer to supported living facilities. The hospital was well equipped and staff were friendly and knowledgeable. However, it seems that rural Australia has the same issues of staff retention as rural New Zealand. There were only two physiotherapists for the whole hospital and the consultant spoke about his huge catchment area and the hundreds of kilometres he drove every week to ensure he visited all his clinics.

Midwifery was also an enlightening experience. The midwives at the clinic I visited worked in teams of three. As a patient you would be assigned to a particular team and throughout your pregnancy the goal was to see each of these three. When you went into labour one of the midwives from your team (whoever was on call that day) would be there to assist but there was no guarantee which it would be. This system is excellent for the midwives as it gives a better quality of life however the continuity of care for the patients is not as great. Another interesting thing was that the women presented to midwifery around 17 weeks gestation. Up until this point they are managed by their GP. Throughout the pregnancy they will see both

the GP and the midwife team. Although the midwives did examinations it seemed that they had more of an educational role, while the GPs were the sole providers of scripts, blood tests, and referrals. After talking to the midwives back in New Zealand it seems that this is an older system of care and one that was the norm in this country until recent years.

One of the highlights of my trip was visiting a health camp for Aboriginal girls. Together with another Monash student we did health checks on each of the girls and talked about alcohol, smoking, drugs, and sex to see if there was anything we could do to ensure they had healthy and safe behaviours. The girls were very health literate and it was great to be able to answer their questions about contraceptives and how to keep safe when out drinking with friends. I also got to assist at the Indigenous Health Centre in Bairnsdale. In parallel consulting with the local doctor I saw a great range of patients and presentations. The clinic was amazing, with drop in appointments for patients, free consultations, free prescriptions, and medications on hand for those unlikely or unable to fill scripts. It was a really humbling experience and really reflected what I believe healthcare access should look like.

In amongst all the different healthcare settings I also attended the teaching days alongside the Monash students. The quality and range of their teaching was fantastic and the staff were very inclusive of me, often asking how things work in New Zealand.

Throughout the two weeks in Australia I was extremely lucky to have stayed with such an amazing group of students. They took me under their wing, not only running me around to the different clinics and teaching sessions, but made sure I experienced the local walks and the famous local watering holes. On the weekend we went out to the surrounding areas to soak up pretty amazing views while getting up close with some iconic Australian wildlife. Without the students I don't think my experience would have been as amazing. They really made this a memorable time for me.



