

ROUNDUP

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RMIP 2012

Australia – New Zealand Exchange/Attachments 2012

From 2 to 13 July 2012 New Zealand hosted four students from Australia and two of our RMIP students were hosted in Australia.

Kirsten Taplin from Balclutha was hosted at Orbost and Bairnsdale while Caitlin O'Rourke from Blenheim was hosted in Sale. They swapped places with Kate Wilson from Bairnsdale who came to Balclutha and Gemelle Spriggs from Sale went to Blenheim.

At the same time Taryn Oates and Will Macdonald from Kalgoorlie, the Rural Clinical School of Western Australia spent the two weeks in Greymouth and Masterton respectively.

They experienced the regional teaching centres and were well hosted by the students of each side of the Tasman.

Many thanks to the staff who supported and made it work in all the localities.

It is to be hoped that this can be repeated annually and that the relationship with Western Australia can become one of an exchange

They have kindly given us a report on their experiences.



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Caitlin O'Rourke - Australian Exchange

Sale 2nd to 13th July 2012

In early July, I was fortunate to be one of the lucky two to visit Australia for the Rural Medical Student Exchange. I was placed in the town of Sale, Victoria. Sale is a 13,000 strong town in eastern Victoria 260km from Melbourne, in the province of Gippsland. Sale is home to the Central Gippsland Health Service and the campus for Monash University's Medical School.

I was welcomed by the lovely staff of the Medical School and shown around the town, famous for its historic Port which provides access to the Gippsland Lakes region, where you can journey down the river to the Pacific Ocean. The town provides agricultural support to the surrounding districts, and is the seat of the Shire of Wellington (a somewhat more familiar placename!). Other big contributors to the town include ESSO – the oil and gas exploration company, and the Royal Australian Air Force Base.

The hospital is home to year three and four medical students studying at Monash, and I slotted in with the fourth years' teaching timetable. Conveniently their curriculum for the year perfectly lines up with ours so I didn't feel out of step and received some valuable teaching.

I was privileged to accompany the Aboriginal Liaison Nurse for Elder's Day. I happened to visit during NAIDOC (National Aborigines and Islanders Day Observance Committee) week, an annual celebration of Aboriginal and Torres Strain Islanders' culture. We were invited to Lake Glenmaggie to "walk the weir" (and anyone who knows me will be aware of how much I love large engineering feats) which was impressive!

I spent several days in the Sale Medical Centre working with a well-known and respected local General Practitioner. I managed to fill up plenty of my allocated consulting time discussing with locals about how one is best to approach (and in my case kill) a snake! I was ensured there was nothing to fear, it being prime hibernation season for the carnivorous reptiles of the region!



The emergency department provided me with a great opportunity to get my hands dirty and I was set to work seeing patients and removing sutures. I was particularly impressed by the radiology service provided by a mobile MRI machine, which arrived every Thursday.



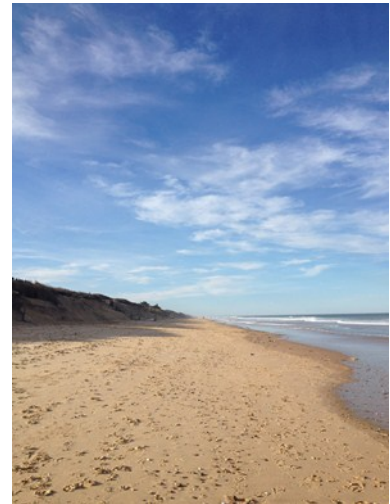
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It was a fantastic to have the opportunity to experience Australia in a way I haven't before; with Parma + Long Neck Tuesday (NZ translation: chicken parmigiana + crate bottle of beer), Kangaroo and Wombat Roadkill and all things Aussie Rules Football!

I'd like to thank everyone for having me and taking such good care of me! I'd especially like to thank Ros, Fiona, Loy, Lucy and Ike for all their help!

Caitlin O'Rourke

Rural Medical Immersion Programme Marlborough



Kirsten Taplin - Australian Exchange

Orbost and Bairnsdale 2nd to 13th July 2012



This year, RMIP provided me with the fantastic opportunity of completing a two week exchange in East Gippsland, Victoria, Australia. I was attached with the 4th year Monash University medical students and my time was split between two towns, Orbost and Bairnsdale.

My first week was spent in Orbost, a small town along the snowy river trail, an hour out of Bairnsdale, population 2,500, with a GP run hospital. The hospital is part of a "medical supercentre" which has high dependency rest-home level care + 12 hospital beds + physio, OT, dieticians, social work + a very busy GP practice all under the one roof. This allows the GP's to conduct a ward round in the hospital in the morning, attend to their patients in the GP clinic throughout the day whilst still being on hand for any emergencies which might crop up during the day. While in Orbost, I was able to attend an ante-natal clinic. The antenatal care in Australia differs to NZ in that an Obs and Gynae trained GP oversaw all of the women coming in for their routine check-ups and would check-in with the mid-wife towards the end of each appointment. I was also able

to see one of the ways in which the Australian government is attempting to address the issue of health disparities amongst the indigenous aboriginal people which is through the use of aboriginal health clinics. These are run as much as possible by indigenous health workers and aim to provide a comprehensive health service while being culturally appropriate. There is no monetary charge for a consultation with a doctor or nurse and prescription medications are also heavily discounted. Some of the other experiences I had in Orbost included; spending a day at a clinic in Cann River, a town of 300 people, participating in the weekly "lumps and bumps" (skin lesion) clinic and as well as consulting with patients in the GP clinic.

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East Gippsland and “the lakes region”, was a fantastic area to explore in my time off, containing the largest area of national park in Australia, a huge 1.5million hectares. It also boasts the largest inland waterways system, The Lakes. However you I didn't have to go far to appreciate the natural beauty of the area, the Mitchell River runs through Bairnsdale and the walking tracks alongside it made for a great run or bike ride after a busy day at the hospital. After half an hour's drive from Bairnsdale, I was at Lakes Entrance, a small beach town where the ocean meets the lakes waterways. Right next to the beach is a bush

walkway which took us to a lookout over both the beach and the narrow entrance point into the lakes. There are also tons of places to eat and drink with lots of local wine and produce on offer thanks to the local vineyards and bustling fishing port. All of this made Lakes a great place to relax for the weekend.

In the second week of my placement I was based in Bairnsdale, 280km's from Melbourne. The health care service provided to the small town, population 11,000 is incredible. They have a 100 bed hospital equipped with a great emergency department, CT, oncology and dialysis treatment readily available as well as two very busy surgical theatres. In Bairnsdale, I spent most of my time scrubbed in theatre or in the emergency department seeing and managing patients while being supervised by the emergency consultant. I was also able to join in with the 4th year teaching sessions which were great.



I was surprised at how similar and yet how different the health services between our two countries were. It was great to be able to go to the hospital and jump straight into work, with my clinical knowledge being so translatable, however there were stark differences in the way health services were implemented, for example the GP run hospitals, which I found very interesting. Overall, I had a fantastic time in East Gippsland, not only was the medicine fun and challenging, with the staff and patients being incredibly welcoming, the location and the other students placed there made my trip one I'll never forget and I look forward to returning one day soon.



Kirsten Taplin

Rural Medical Immersion Programme Clutha

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Jemelle Spriggs – New Zealand Exchange



My first glimpse of New Zealand was from the plane, as we flew into Christchurch I was lucky enough to see the spectacular southern alpine ranges covered in snow. I then boarded another tiny 19 seater plane whereby we flew low over kilometres of vineyards, landing in Blenheim. This set the scene for an exciting two weeks in the beautiful south island, specifically the Marlborough region, renowned for sauvignon blanc wine produce.

I spent my first day at Wairau hospital, an 86 bed rural hospital in Blenheim. Here I spent the day seeing a variety of patients in ED. I quickly became familiar with a major part of New Zealand's health system – the Accident Compensation Corporation (ACC), in which provides all residents (and visitors) a no-fault personal injury cover. My day in ED involved many ACC claims as the injuries rolled in. My second day involved seeing post-operative orthopaedic patients, whereby I gained invaluable experience interpreting x-rays with an orthopaedic surgeon and examining patients. After a busy day, I was lucky enough to explore the local vineyards and also experience my first earthquake later that night (although I'm not sure if this is "lucky" or not). Somewhat terrifying and also exciting for me, the local residents seemed to find earthquakes relatively commonplace.



My third day in NZ involved a treacherous but beautiful drive to Nelson on the eastern shores of Tasman Bay. Here I was involved in wave consulting at a local GP practice. In one day I saw a variety of patients, from HIV sufferers to car accident victims. I was lucky enough to follow a C-spine injury through to ED at the local Nelson hospital. I met a high proportion of New Zealand Maori at this clinic and also interacted with an unexpected number of UK derived doctors and nurses. Later that week, I was involved in a practical skills workshop for cricothyrotomies and chest tube drains. Much to my surprise, we practiced these procedures on dead sheep from a local farm, which was an eye-opening experience that provided me with invaluable practical experience.

My first and only weekend in NZ (due to the fleeting nature of the two week exchange) was action packed. I made a trip to the beautiful Marlborough Sounds, whereby I walked along a section of the mammoth Queen Charlotte Drive, stopping at a lookout with breathtaking views and coming across mountain goats that looked me in the eye and then scurried away. As New Zealand is notorious for skiing, I also felt I had to include a day trip up the local ski mountain – Mount Rainbow.

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My second week kicked off with a 'car crash scenario', we were thrust into a roleplay scenario involving 5 patients with a variety of injuries. We arrived at a scene which was equipped with fire brigade volunteers, a van of patients and a bag of medical goodies in which we were to use wisely. This was an immensely realistic situation, involving fake blood and screaming patients. Our job was to survey and prioritise the patients and then treat them with the small amount of resources we had been given. The situation emulated a high stress trauma scenario in which demanded a hasty recollection of all that emergency theory we have had drummed into us as medical students, but perhaps never had the opportunity to apply. Undoubtedly a highlight of my trip.



The rest of my second week involved a trip to the small rural town of Kairoura for GP placement. This beautiful town is a tourist hub, well known for whale, dolphin and seal watching. The view from the GP was striking – beach spread out in front and snowy mountains in the distance. The GP had a small hospital attached, with the closest large hospital two hours drive away. This meant that the variety of patients at the clinic was vast. The experience in Kaikoura was incredibly hands on; I examined patients, cleaned and sutured countless wounds, removed a variety of cysts and performed a number of intra-articular injections.

The exchange experience opened my eyes to the cultural differences between New Zealand and Australian people, and how this manifests itself in medical practice. I was also surprised to identify a variety of differing first line treatments between Australian and New Zealand health care systems, determined largely by differing government views on cost effectiveness and treatment efficacy. With this in mind, the experience of the exchange program has helped me gain a better appreciation of international discrepancies in health care, alongside providing me with invaluable practical and hands on clinical experience.



Jemelle Spriggs
University Student

Year 4C Postgraduate Monash Uni-

East Gippsland Regional Clinical School, School of Rural
Health , Monash University

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Taryn Oates – New Zealand Exchange

Greymouth 2nd to 13th July 2012

GREYMOUTH PLACEMENT

CULTURAL EXPERIENCE

I was fortunate to spend my first week in New Zealand holidaying in the lovely Queenstown, enjoying snowboarding and sky diving amongst other things! Luckily some of the RMIP students based in Greymouth were in Queenstown at the same time so we were able to meet up before my placement and get to know

each other. I joined them for the car trip up the west coast of the South Island to Greymouth, which was a fabulous drive that took us past some wonderful scenery that included the Fox & Franz Josef Glaciers and Lake Masterton.



Myself (left) with RMIP students Kerry Short & Nicola Shaw at the top of Coronet Peak



Sitting on the pancake rocks at Punakaiki with RMIP

Once in Greymouth those same students were kind enough to have me stay with them and it was an ideal arrangement from my perspective. It was a lovely communal house and I learned a great deal about the RMIP programme as well as being able to share my own rural experiences from Western Australia. I was also very fortunate that they were very enthusiastic hosts when it came to sightseeing! I got to experience a day's skiing on Mt Cheeseman, which is a small ski field near Arthur's Pass, as well as trips to scenic Lake Brunner and to Punakaiki. The latter is known for its spectacular blowholes and while they were not active that particular day it was a beautiful spot nonetheless! I also had the unique experience of attending a concert held by a closed community just outside of Greymouth with the other students, an event which is invitation only and turned out to be an extraordinary insight into a very alternative lifestyle.

CLINICAL EXPERIENCE

People often laud the locals of a town or an area but I can honestly say the friendliness, interest and support I received during my clinical placement was outstanding. Anyone I encountered during my time in the hospital from the general surgery team to the patients made me feel incredibly welcome.

The majority of my clinical experience in Greymouth involved the general surgery team. Although it was a little quieter than usual due to school holidays and staff absence, there were still plenty of opportunities to join clinics and theatre and gain the benefit of one-to-one teaching from the experienced clinicians. From that perspective I found Grey Base hospital to be a fantastic learning environment, one where I was encouraged to join and participate in clinics, ward rounds and theatre.

The RMIP staff and my supervisor were also incredibly helpful and accommodating whenever I expressed interest in participating in some aspect of hospital activity. With their assistance I was able to attend an ophthalmology clinic with a visiting ophthalmologist as well as a plastic surgery clinic that included some theatre time as well. I also joined the other students in a couple of their teaching sessions, both local and via video conference, which was an added bonus.

I would thoroughly recommend a placement in Greymouth to any student, for both a great clinical and enjoyable cultural experience. But one key piece of advice – pack warm if you are there in July!

Taryn Oates/Greymouth Placement/July 2012

The Rural Clinical School of Western
Australia



William Macdonald – NZ Exchange

Masterton 2nd to 13th July 2012

Masterton visit July 2012

My first week was based at Masterton Medical. With fourteen full time GPs it is by far the largest medical centre I've worked in and along the lines of the GP super-clinics there are trying to initiate here in Australia. I spent my first day in triage with the nurses. This was much more like emergency department triage in Australia than GP medical centres, but a good way to start the week. I worked with three GPs during this week and each of them gave me a lot of independence by allowing me to see patients in a separate room and then presenting the case and management. At our stage of medical school I think this is a great way to learn and become skilled at taking responsibility for patient management.

During the second week of my stay, I was based in the emergency department of Wairarapa Hospital in Masterton. Lots of interesting stuff came in, some I had seen before but definitely some new stuff to add to my resume.

During my stay I spent some time at Te Rangimarie Maori Health Clinic which was great as I wanted to experience some Maori health clinics and compare them to Aboriginal health organisations in Australia. There were a lot of similarities in that there were no booked appointments, appointments are longer in duration and that the service is free. The fact that it was situated at the Marae, meant it was a culturally sensitive and safe place, which I felt was a huge positive in engaging Maori patients.

I also visited Whaiora Medical Centre, a medical centre specifically designed for Maori and Pacific Island peoples. It's a low cost service based on the Maori philosophies of Aroha, Whakapapa, Manaakitanga, Kawa whakaruruhau, Te Reo me ōna Tikanga and Wairua. I was particularly interested in their Kia Rite, Kia Ora program, a new Whanau Ora program enabling patients and their Whanau to take control of their wellness by supporting, educating and managing care more effectively. The focus of this program is improving outcomes for those at risk of cardiovascular disease and diabetes by addressing wellness, social and environmental issues. I was able to go on a couple of home visits with the team for which I feel very privileged to have been able to experience.

Thanks to all the medical staff and patients for allowing me to be involved in consultations and to RMIP for letting me take part in the program during my 2 weeks. A special thanks to the four RMIP students in Masterton, Teresa, Sue, Ashleigh and Kate, who let me stay at their house, as well as fed and entertained me and for reassuring me during the earthquakes!

Will Macdonald

The Rural Clinical School of Western Australia



MASTERTON

Kate Wilson – New Zealand Exchange

Balclutha 2nd to 13th July 2012

In early July I swapped my rural Australian medical placement for 2 weeks in rural New Zealand. I was placed in Balclutha, a farming town with about 5000 inhabitants, located an hour south of Dunedin. I stayed with 2 of the local RMIP students, Neal and Sally, who did a wonderful job of looking after me and making sure that their rather soft Australian exchange student didn't freeze! Coming from a rather mild Melbourne winter, it was a shock to suddenly find myself in sub-zero temperatures. I began the placement by being late to clinic my first morning due to my uncertainty as to what to do when my car froze over!

The two weeks I spent on placement were very varied, and I was privileged to experience a wide range of the health services available in Balclutha. The rural town where I am placed in Australia is only equipped with two GP practices. It was therefore interesting to see how a small rural hospital functioned and interacted with the attached GP clinic. I spent time consulting with several of the Balclutha GPs, and also fitted in a day at the Milton GP clinic. I found the role of a rural GP in Balclutha significantly different to that of a GP in rural Australia. With Dunedin so nearby, it was much easier to refer patients to specialist services than it is in rural Australia, where much greater travel distances are often involved. Rural GPs in Australia also often train as GP obstetricians and anaesthetists, as well as performing minor surgery in rural hospitals. It was therefore interesting to compare the more midwife-administered obstetric model in New Zealand with the more GP-centric model currently in practice in Australia.

A particularly interesting aspect of my visit was the chance to assist with surgery on the Mobile Surgical Bus.

The surgical bus is a fully equipped, mobile operating theatre that travels between rural hospitals, allowing day procedures to be performed in a rural setting. Nothing like this has ever been done in Australia, and I was impressed at this creative idea that has made minor surgery more accessible to rural populations. The bus itself was very spacious inside, and, at times I almost forgot that I was not in a normal operating theatre!





I also spent time in various other areas of Clutha Health First, including a few days on the inpatient ward, an afternoon with the physiotherapists and an afternoon in sexual health clinic.

But, of course it wasn't all work and no play! A highlight of my time in New Zealand was a weekend trip to Queenstown with the Balclutha medical students. We spent an eventful weekend night-skiing, trying the famous Ferg Burger, and walking a section of the stunning Routeburn Track. I also spent a lovely afternoon visiting the beautiful Catlins, a coastal area just down the road from Balclutha.

Overall, I gained a great deal from my experiences in New Zealand. It was great to experience a different health system and a different model of medical education, while having the opportunity to form friendships with medical students in another country. Thank you again to the staff and students who made this possible and ensured that I had such a fun and educational time.

Kate Wilson

East Gippsland Regional Clinical School, School of Rural Health , Monash University

