ROUNDUP

Volume 1, Issue 1 Winter 2009

RURAL MEDICAL IMMERSION PROGRAMME

TRANS-TASMAN MEDIQUIZ PLANNING HOTS UP

The inaugural trans Tasman quiz has been organized by David Campbell and Pat Farry and will take place by video link from the Wellington RMIP residential and the Monash Rural teaching centre at Bairnsdale. The student teams will be competing for the " Directors Trophy". Having finally decided to run the quiz with fewer students, planners have got this far:

Hi Deb
8 versus 8 sounds fair, but I think we need to ensure that the eight NZ students are randomly selected! In fact, given that this is an issue of major international importance, with outcomes that could affect the balance of power in the Pacific region (as well as the potential loss of sheep stations on both sides of the Tasman), there needs to be transparency across quiz candidate selection, invigilation of participants, vetting of questions on both sides to ensure consistency, etc etc. Also, will the Australian students be subjected to the potentially horrible sight of the NZ students doing the Haka before the start? How are we going to stop the Aussie students bowling underarm if things get close? Is there to be a perpetual trophy and if so what will it be called? I think we need a face-to-face meeting in a Fiji resort to sort all of this out before the event.
David

David,
Still in the holiday spirit I see.
As per your email have booked Fiji, leave next Wednesday.
Perpetual trophy to be named "The Directors' Cup" and will contain the ashes of burnt effigies of both Pat and yourself.
Deb

2007 Inaugural RMIP Student Intake:

As they were…

L-R: Pat Farry, Anna Proverbs, Adele Pheasant, Rachel Lynesky, Elizabeth Dowd, Naomi Crookes and Thomas Stevenson.

The very brave and adventurous first six 2007 RMIP (Otago) students on Graduation Day — December 2008.
All are flourishing in their first RMO year in tertiary care facilities but are pretty keen to get back to provincial/rural NZ.
We will keep tracking this very important group of young doctors.

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Reflections on transtasman RMIP/Riverland student exchange

SHEREE HUNT
PRCC Riverland
exchange student

"I was shocked by the small number of hospital beds..."

"I am convinced there is nothing like rural medicine to foster professional confidence..."

Flinders Medical Centre

The two weeks spent recently in Queenstown as part of an exchange programme between medical students in the PRCC from Flinders University Medical School and the RMIP from the University of Otago was truly an enjoyable, educational and broadening experience.
Arrival in Queenstown saw me struck by the physical contrasts with home: the inspiring mountains, running streams, green landscapes and freezing cold; all the complete opposite of home. And the rural medicine "with espresso" as Dr John Hillock pointed out.
The staff at Queenstown Medical Centre and Lakes District Hospital made us feel most welcome. I continue to be impressed by the majority of doctors who really do welcome students and feel comfortable with teaching us medicine without being paid for it.
Whilst the medicine I saw was practiced very similarly to home, I was pleased to see the acute trauma load, especially fractures and dislocations(all that ice and snow!) and interestingly a fair number of skin infections. I thought it would be too cold for bugs to live! I personally felt as though I had an orthopaedic placement.
I was also interested in the system that doctors practice in: I was struck by the higher cost to patients (out of their pocket) for medical services, appliances, drugs and just about everything which did have a filtering effect on less medically urgent presentations seen in Oz at times. This did make me wonder, though, whether some people would go without treatment because they couldn't afford it.
I was also shocked by the small number of hospital beds, and lack of specialist services available in what would be a large community in Australia. The lack of doctors doing obstetrics meant that any deliveries unable to be handled by a midwife would go by car to Invercargill 2 ½ hours away. Likewise an acute abdomen that could not have an urgent ultrasound or a CT done at all locally meant the doctors needed to decide quickly whether the patients should be retrieved. It was also strange to see road retrievals in what looked like (to us) lengthy and slow road transport.
As students we were interested to see where our skills sat compared with the local students to get an idea of our training thus far. It was a bit difficult to compare where we were at in a four-year graduate programme compared with the RMIP students. It seemed the differences in our programme may have been more to do with the fact that we had both had previous lives in another profession (Jessica in Law, and I in Physiotherapy) as opposed to medical education per se. It did seem that the vast majority of our pre-final exam clinical experience in Aus was to come from our rural placement as opposed to the part of the clinical education that the RMIP provides for local students.
I am still convinced there is nothing like rural medicine to foster professional confidence and advanced skills in medical decision-making and clinical practice.
The hospitality of our medical and other hosts also left me smiling, with great experiences, food and of course some local pinot on board. And the snow which made our stay unexpectedly two days longer.
I am most grateful for this opportunity.
Sheree Hunt
PRCC Riverland

Lakes District Hospital
Frankton, New Zealand

JESSICA VANDEKAMP
PRCC Riverland exchange student

ROUNDUP

George Giddings: short profile

George Giddings examples the personal qualities that might encourage others to decide to undertake the programme:

"Our family farm is near Fairlie in the Mackenzie district – I quickly grew tired of explaining where Fairlie is upon starting university!

I have to admit it's always bemused me a little when people talk about places like Timaru as 'rural' – growing up in Fairlie, for me, a trip to Timaru meant a taste of the city, and involved brushed hair and a clean shirt!

At Waihi boarding school, we spent most of our time playing bullrush, stealing apples, throwing rocks at fish and building forts. Then on to Christ's College in Christchurch, where eeling was now conducted in the Avon, and we had a pet possum called Malcolm X..."

For other RMIP Student Profiles, visit the Teaching Centres pages.

To visit George and learn more about why he chose the RMIP, cut and paste the following URL into your browser bar:

http://youtube.com/watch?v=ItSXuekY674

GEORGE GIDDINGS
RMIP Student 2009

"...a trip to Timaru meant a taste of the city, and involved brushed hair and a clean shirt!"

Letter from India

As I reflect on my elective experience so far & my experience in Greymouth on the rural programme, I have been reading through some of the previous elective students reports about working at the hospital here in Manali and it got me thinking lots about the great hands-on experience I had that year. Most of the elective reports here talk about how great it is to be getting lots of hands-on experience finally and to be really involved in patient care here. I have to agree that it has been a great elective so far with lots of hands-on, especially in surgery, but I also think that I had just as much if not more hands-on involvement in Greymouth last year. I am really beginning to appreciate just how valuable the vast amount of clinical experience I had in Greymouth was and continues to be. I feel that because of this I am much more confident in my clinical practice as a result and am continuing to build on the skills that I learnt that year. I recently spent the morning in an antenatal clinic with another medical student from the UK who is also doing his elective here. We were able to see many patients and palpate their pregnant abdos and I found that I had a good handle on this after my experience in Greymouth with the midwives there. I was able to determine the foetal position accurately in almost all of the patients (confirmed by the supervising doctor), which was very rewarding.

I just want to let you know that I think the rural programme has really helped me in my all-round development as a doctor (in training). There is really no better way to learn things than to clinically experience them, and the independence and maturity that is required when working in smaller centres such as Greymouth is a great skill to learn and have. I want to thank you for all your effort in the rural programme and the support that both you and Michele have given me. I look forward to keeping in touch over the coming years. Being here in a rural hospital in India has helped me to realise what a good medical grounding I have so far and how rewarding rural health is. I am excited about the future and what further opportunities may come as a result of this.

Naomi Crooks
Manali, India
March 2008

NAOMI CROOKS
2007 inaugural RMIP intake student

"I am really beginning to appreciate just how valuable the vast amount of clinical experience I had in Greymouth was and continues to be."

Reflections on transtasman RMIP/Riverland student exchange

First of all, thank you for looking after us so well during our brief visit and most of all, thank you for turning on the snow for me! I had never seen snow until my visit here, so I have been able to cross off a lot of 'things to do' from my list. I didn't realise that wishing for snow meant that I would be a few days delayed in returning to Oz!

It has been a great experience coming to Queenstown to see how the Medical Centre and Hospital work and how they differ from what I am used to, and to get a feel for the NZ medical system.

Sheree & I are in a rural placement program for our clinical year, called the Parallel Rural Community Curriculum, which means that we are located in a town in the Riverland (a region of towns located around the River Murray, about 250 km north east of Adelaide in South Australia) from January until the end of November, when we sit our exams. I am based in Loxton, which has a population of around 8,000. We have a significant elderly population and few young people - they tend to move to Adelaide, often for work or university, rather than stay in the town. We have a hospital and a medical clinic in town, and we do some minor surgery and have a birthing unit in our hospital. We deliver approximately 70 babies per year, and I am proud to say that I have helped deliver 10 already this year! My days in the clinic seem to be taken up with the older person and their issues - blood pressure, diabetes, cholesterol, forms of arthritis and issues around living at home.

In the younger age group there is a lot of back injury and work related injury as most of the industry around Loxton is dry land farming or fruit blocks. There have been significant issues of depression amongst the local population as the drought hit hard, and we are down to zero water allocations from the River Murray.

I also enjoy obstetrics - we work with the midwives from the hospital in a 'shared-care' format, where we alternate antenatal visits with the GP and the midwife. We have the mother's chosen GP obstetrician present at the birth (wherever possible!) and a midwife (and hopefully a medical student!). It was interesting to compare this format with the obstetrics in Queenstown, and to realise that the mother faces a long trip by road to Invercargill if the situation changes. The women in Loxton have access to a resident Gynaecologist/Obstetrician only 30 km away. I don't think we realise how lucky we are in that respect.

It amazed me to learn that the majority of the serious cases here that need to be transferred are transferred by road. In Loxton, we use fixed-wing areoplanes to retrieve most of our patients that need to go to Adelaide (or helicopter if necessary), and our road to Adelaide is a 110km/hr straight highway! Our patients are very lucky to be transported with such speed and in relative comfort. It gave me a greater appreciation of the job done by the doctors to decide who needs to be transported and who can be managed here in Queenstown.

I think the most significant difference I have noticed between Queenstown and Loxton is the age of the patients - Queenstown patients seem to be a younger age and with that brings a different set of medical (and psych) issues. In my brief time here in the clinic, I was surprised at the number of consultations with young women requesting the contraceptive pill, or other sexual related issues. It was valuable for my learning to get an idea of how to deal with those kinds of issues and ask questions about sexual health in a routine way. It is not something I have had experience with in Loxton. I have also become much more comfortable at taking a drug history - another skill I will be taking back with me!

Snowy Jessica Vandekamp
PRCC Riverland
exchange student

"It was an eye-opener for me to talk to the doctors about the medicine that is used over here, and the medicines that are not available."

I wrote back to my friends that if I come back with an accent from this trip, it will be Scottish or Irish - and I think that sums up another aspect of the medicine here. This is a tourist town, with many nationalities coming through the clinic. I found this very interesting - we do not get too many international tourists coming through the clinic in Loxton! I sat in on quite a few Immigration Medicals and came to appreciate the popularity of New Zealand as a place to immigrate.

There were also interestIng problems related to international travel - particularly infections from Asia - I haven't seen so many abscesses and infected skin in my life! It was an eye-opener for me to talk to the doctors about the medicine that is used over here, and the medicines that are

...continued

not available. For example, we have the Implanon (a progesterone implanted pellet that is inserted under the skin under the arm) as a form of contraception. It is commonly used and it is popular - so it was very surprising to hear that it is not available in New Zealand.
I think I understand the basics about the New Zealand medical system, which is one of the objectives I set for myself before embarking on this adventure. I realise that I have only had a brief introduction to the system but it is a start at least!
I was also shocked at the fact that GPs cannot order CT or MRI scans. It seems to add a layer of complexity and delay to the treatment of some people – but I imagine there are economic reasons for doing it this way. I will not take the ability for a GP to order a CT or MRI for granted on my return to Oz.
I have had a wide variety of experiences on this trip, and have learnt a great deal. I have enjoyed being in a different environment with different medical experiences (lots of orthopaedics as well!!) and I wish this rural immersion program every success for future years.
Jessica Vandekamp
PRCC Riverland

"...it was very surprising to hear that [Implanon] is not available in New Zealand."

From The Director's Desk

The Otago Rural Medical Immersion Programme has been in operation for two and a half years and my anxiety levels have lowered considerably. In November 2006 the then Minister of Health, Pete Hodgson, gave funding to allow a one year pilot for six students and it is great to have photographs of the "Famous 6" on the front of this first newsletter. These brave students appear attending the NZRGPN conference during their RMIP year in 2007 and again on their graduation day December 2009. All achieved good results in the final 5th year examination and Thomas Stevenson was granted the O and G prize for the Trainee Intern year.

The academic results of the 2008 RMIP students was also impressive. All twelve students passed the fifth year final examination, four with distinction. The RMIP students achieved first, second and fourth place in the class and all but two of the twelve improved their class ranking. This will be a hard act to follow for the 2009 group but so far they are progressing well.

The credit for these achievements must be our devoted teaching teams led by the very capable Regional Coordinators. Our teams of teachers include rural GPs, rural hospital doctors, rural nurses, midwives, physiotherapists, pharmacists, local and visiting consultants, mental health teams and Maori health faculty and providers. A very big thank you to all.

And of course we all know that Michele Wilkie and Sharon Aitken are really in charge of all of us.

We are grateful for the assistance of Year Five Faculty both at our residential weeks and in the marking of the students' core case reports. It is important that all three schools of Otago are involved in the programme.

The RMIP internal assessment is now managed by Dr John Hillock and Sharon Aitken. Faculty Development will be undertaken at each teaching centre by Dr Sean Hanna following a RMIP teachers' meeting at the Rural Symposium '09.

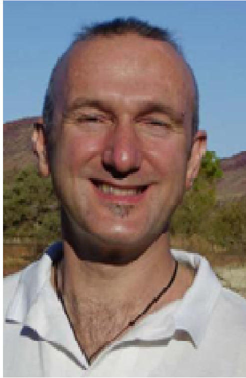
A highlight of the teachers' meeting was a videoconference with Professor Paul Worley and Professor David Prideau. Speaking of videoconferencing, I am pleased to report that, with assistance from Mobile Surgical Services and the Minister of health, we now have all six of our teaching centres connected by 5-megabit microwave network.

Pat Farry
Director

"Our teams of teachers include rural GPs, rural hospital doctors, rural nurses, midwives, physiotherapists, pharmacists, local and visiting consultants, mental health teams and Maori health faculty and providers. A very big thank you to all."

"We are grateful for the assistance of Year Five Faculty both at our residential weeks and in the marking of the students' core case reports. It is important that all three schools of Otago are involved in the programme."

The Buzz on the Blenheim RMIP



Dr Buzz Burrell
RMIP Regional Coordinator
Blenheim

" the student [is exposed] to every aspect of Medicine from the mundane to the EMST and PRIME aspects of medical and trauma care."

Blenheim is a magical small provincial town in the wine-growing region of the top of the South Island, with a population of 20,000, and another 20,000 in the surrounding townships. Havelock is one such township, with about 1500 inhabitants embracing the gateway to the Marlborough Sounds, half an hour's drive from Blenheim.

There are twenty-five GPs in the town, sharing an on-call rota which includes the RMO for the Accident and Emergency for the region's hospital. The Marlborough experience exposes the student to every aspect of Medicine from the mundane to the EMST and PRIME aspects of medical and trauma care. There are five GP tutors who have varied interests in general medicine, palliative care, sports medicine, drug and alcohol counseling, and acupuncture. Then there's Wairau Hospital which has keen specialists in Medicine, Surgery, Psychiatry, Orthopaedics, A&E, Sexual health, Ophthalmology, ENT, Paediatrics, and Midwifery. Wairau provides the students with one-on-one teaching, as well as hands-on for minor ops, deliveries, and so many other procedures. Any gaps are willingly filled either by visiting specialists, or Nelson Hospital, which is just one and a half hours away over the hills.

"Socialising isn't only encouraged, it's mandatory, and with more vineyards than any other part of the country, it's hard not to have fun."

The students spend about three sessions a week with a GP, three a week with specialists, one a week as a group tutorial which is usually at the hospital, but may be at Buzz's bach in the Sounds, and the rest is study and/or even more fun time. Socialising isn't only encouraged, it's mandatory, and with more vineyards than any other part of the country, it's hard not to have fun.

...and on being a Regional Coordinator

I'm three quarters of the way through my first year, and to be honest the expression "like herding cats" is sanitising it.
The students are utterly fantastic: energising, and as therapeutic as if drinking the very juice from the fountain of youth.
Liaising with the specialists is the ultimate in networking, and forging positive relationships with colleagues who would otherwise be more distant.
Easy.

The amusing challenge has been dealing with the managers - a well-meaning but uncoordinated collection of bureaucrats who must battle every day with the annoyances of reality interfering with their otherwise structured lives. Like King Canute however, time and timetables have been an unstoppable tide, and the Blenheim programme has been a blast so far, with teaching opportunities and experiences hugely out-weighing expectations.
Herding cats? - more like the Irish equivalent "minding mice at a crossroads".
Being a Regional Coordinator? - loving it!

Buzz

Message from Mich

An indication of just how busy this programme has been for the last two and half years could be that this is our first official newsletter.

Between 2007, when we started with our Pilot Programme, and now, we have had very little time to sit and reflect on what has been achieved; most would have to agree that the success of the RMIP has been significant in many ways.

The academic achievements to-date are down to the students, the Director Pat Farry, our Regional Coordinators and the large number of enthusiastic and dedicated teachers across the country that are involved in the programme.

The success of the day to day running of the programme is due to the huge input from a large number of administrators from all disciplines at the three Medical Schools and I would like to thank them all personally, as I know most of them have caller ID but they still answer the phone despite knowing that it is me.

Ensuring the smooth running of the programme and looking after the students when needed at our rural sites this year, our administrators are:

Shelly Smith – Balclutha

Sharon Aitken – Queenstown, also covering Faculty Assessment

Trudy Hullena – Wairarapa

Tanya Last – Tararua, administrator and driving instructor to one of our students

Bronwyn Gausel – Marlborough

There are also many other administrators, who because of the wide range of services our students make contact with, continually deal with all our requests in a friendly, efficient and always professional way.

The programme, as you can imagine, involves significant travel and one area that is being developed with support from Stu Gowland and his extremely professional team at Mobile Surgical Services is the video conference linking. We have secured funding from Ministry and purchased equipment that will allow us to link all six of our rural sites and the three Schools. This technology has also allowed us to collaborate with international rural schools.

This week two of our students, Kiyomi Kitagawa and George Giddings were in Clyde at Dunstan Hospital and scrubbed in on an operation on the Surgical Bus with Alister Yule.

That in itself is a tiny bit 'old hat' to us these days, but what made the event really impressive, was the technology provided by MSS, that enabled the operation to be video conferenced with no delay or distortion, live to Monash University's rural clinical school at Bairnsdale, Australia. Their rural students, after a quick introduction to patients and staff at Dunstan Hospital and a tour of the bus, were able to meet the surgeon and benefit from the from the teaching provided by Mr Yule throughout the operation, being as involved as our students on the ground but without the hassle of scrubbing in. Ultimately this technology will enable our students and staff to have more in-depth contact with their peers and academic teaching staff at all centres, which can only add to the all ready high standard of teaching RMIP students receive.

Along with the mundane day to day things that are essential to the smooth running of the programme there are many interesting things happening within the RMIP, so watch this space.

Michele Wilkie (Mich)
Senior Administrator

More photos page 9

Teaching Midwifery on the RMIP

The midwives at Lakes District Hospital Queenstown have been involved in the Rural Immersion Programme for 5th Year medical students since it was piloted in 2007.

Our unit is a primary midwifery lead unit, providing a maternity service for well women and babies, and referring to secondary DHB services and other health providers. Our commitment to education as a part of women's health both for midwifery and medical students has been ongoing, consolidating each year as the programme changes.

Our method of teaching embraces the midwifery partnership module in difference to the medical /obstetric module.

"Our method of teaching embraces the midwifery partnership module in difference to the medical/obstetric module."

We value the concept of continuity of care for women and believe it enhances effective learning for the students. The feedback from the women is very positive and we promote teaching as the normal. This enables the students to become more confident as well as being part of the workforce. The nature of rural services relies on health care workers being multi skilled and providing this continuity of care.

This year we have seen changes with the medical students increasing to five, yet dispersed to other regions. We therefore have not had as many clinical hours of teaching per student and this has made continuity of care challenging. Students have missed out on some labour and births with less time for study sessions, which in the past we have provided.

"Each year we have noticed… …a growth in [the students'] confidence as they apply their learning."

Each year we have noticed how enthusiastic and motivated the students are, and a growth in confidence as they apply their learning. The students realise well women make informed choices in directing their care, and are respectful of their individuality.

Often stresses with social issues in the pregnancy have more of an impact on them than obstetric or medical problems. By knowing the woman and their family they are able to observe these challenges, particularly if the family has to transfer to a base hospital for their care. Caring for women who birth locally is also rewarding as they recognise that birth for most women is a normal life event.

One must be mindful that we are teaching from a midwives perspective and that we focus on the normal and recognise the abnormal. Whilst we teach the abnormal, it is an overview, with the obstetricians and paediatricians providing the appropriate ongoing education.

It has been a pleasure to be a part of the programme and now that we have a full compliment of midwifery staff; we believe that we can continue to provide education for the students.

Sue Wood, Midwife

Lakes District Hospital

Hatches, Matches and…

1st Ever RMIP Baby

Born (early!) to proud parents Lisa Borgman and Brad Stone, (neither of whom need an introduction to anyone in any of the three medical schools), a gorgeous wee girl named Piper Melanie

1st Ever RMIP Engagements

Congratulations to
Kerry and Philip
Fiona and Trev
on recently becoming engaged to be married.

Rural Medicine: immerse yourself!

RURAL MEDICAL IMMERSION PROGRAMME

Kiyomi Kitagawa and George Giddings of the Otago RMIP host Monash rural medical students at Sale (Victoria), showing a procedure from the Mobile surgical unit by live videolink.

AIMS of the RURAL MEDICAL IMMERSION PROGRAMME

- To utilize real life experiential learning, integrating primary, secondary and tertiary care
- To encourage interested students to pursue a career in rural general medical practice
- To enhance links between rural general practice, rural hospitals and urban tertiary teaching hospitals
- To enhance the development of distance education technologies in undergraduate medical education
- To provide rural academic career opportunities and hence encourage both recruitment and retention of rural doctors
- To utilize the large range of rural community clinical learning experiences which are not available to students in tertiary teaching hospitals
- To undertake continuous evaluation of the course using defined criteria of success

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We're on the web!

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