



RURAL NURSING

Extract from Rural nursing and health care reforms: building a social model of health (Rural and Remote Health—Deakin University)

Over the last decade, the roles of rural nurses have broadened from bedside clinical roles to more expansive roles within rural centres. The rural nurses' role in integrated services is now more likely to encompass greater community health and development activities, front line emergency care, as well as some acute and aged care services. The shift in rural nursing roles can be seen as a merging of the illness and wellness paradigms toward a primary health care role. However, unlike remote area nurses, rural nurses are still predominantly viewed in policy as illness care providers, rather than as primary health care providers. Having worked predominantly within the acute hospital model until recent times, they have been defined from within that model, which is essentially an illness oriented, biomedical model. The discourse on reform rarely recognises rural nurses as significant primary health care providers. The expansion of nursing roles into newer integrated service delivery models means that many rural nurses have not had the opportunity to obtain primary health care education in a wellness paradigm.

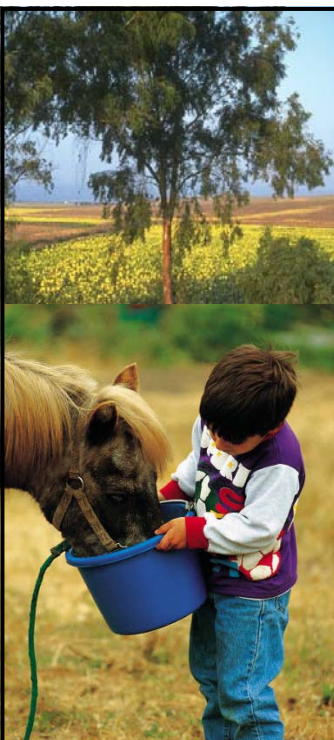
The demands of the changing health care environment now make ongoing professional education a necessity for practice as well as professional accountability. Given that rural nurses are the largest group of direct service providers, with in-depth health knowledge across a wide range of care levels and settings, adequate training in primary health care practice is vital to optimising their expertise. A lack of primary health care preparedness puts rural nurses in a position of disadvantage when strategic planning and decision making is taking place, further disaffecting them from the policy processes of new health care delivery. Without nursing input at strategic level, a significant component of local population health knowledge is missing from health care planning.

Fast Facts

- People living in remote areas had higher rates of hospitalisation than those living in major cities.
- Compared with major city residents, hospitalisation rates for common hospital procedures, notably procedures used in the management of heart disease, were lower for people living in remote areas.
- Primary care doctors and nurses were more evenly distributed across geographic areas, while supply of all types of medical practitioners and dentists decreased with increasing remoteness.

Rural, regional and remote health

The health-care system in rural and regional areas can be influenced by factors which are common to these areas, but not unique. Factors include larger client capture areas, smaller populations, fewer health professionals per population and fewer services. As Australians living in regional and remote areas generally experience poorer health than people living in major cities, the performance of the health-care system in these areas is of particular interest to health policy makers and people living and working in rural Australia.



RURAL MEDICAL SCHOLARSHIPS –Nicholas Stewart–Sydney University, Orange

And so my year in Orange, warmly renamed as 'The Juice' has come to a close. Nine months, four 8 week rotations and barrier exams are behind me, but sadly so too the days of finding the small town boy in me that I always knew existed.

Living across the road from the hospital behind the car park has its advantages when you are not such an early riser. I started the year off with 4 weeks of emergency medicine which meant 8 o'clock starts followed by a day of trying to piece together the basics of the art of medicine. Asking 'why have you come to hospital?', cannulas, suturing, listening to chests, pressing on bellies, looking at x-rays and always waiting for lab results consolidated themselves in my daily routine during those first 4 weeks, a routine of which I am sure I won't shake for a very long time.

The next 2 weeks I spent in the ICU. I had mixed feelings about the nature of the work there as my perception was that the ICU specialists spent most of their time on the telephone arguing with the people in emergency, the people on the wards and the people at the tertiary hospitals in Sydney about transport or movement of patients. I came to realise this would be one of the major stressors of working in a rural ICU.

My final 2 weeks of that first block was spent in anaesthetics, where I probably ended up with a 50% strike ratio of cannulating and intubation – essential skills that I obviously need a lot more work on. All anaesthetists do crosswords, they also like to read novels and for the few minutes that they work everyday they are very good and skilled at their jobs – I highly respect their skills but I don't think it is for me.

My next rotation, general practice, I think was my favourite. I spent half of the time at a practice in Orange and the other half at a practice in Cowra. After my experience in Cowra I realised that there is a lot of career flexibility in general practice, especially in the country. The variety that I saw throughout the week was really appealing to me. One day a week one of the GP's put on his anaesthetist hat for a visiting surgeon, another performed colonoscopies like a gastroenterologist, others performed caesareans. I really respected their work and saw them as complete doctors, jack-of-all-trades.

I next had an 8 week medical rotation – half cardiology and half neurology. My supervisors in both had made the choice to leave their lives in the city to take up specialist practice in the country. Apart from the medical teaching, I learnt a lot from the discussions that were had about the successes and failings of rural medicine – particularly to eternal frustrations when dealing with bureaucracy. I also experienced the added stresses of trying to maintain a life on the land and take care of your health at the same time. From living in Sydney I know that people get very grumpy when they can't get an appointment that works around their busy work schedule so they have to take an afternoon off. I sat in on consultations with patients who had driven 4 hours for one 30 minute appointment, to then drive 4 hours back home.

My final rotation out in Orange was 8 weeks spent out at Bloomfield Psychiatric Hospital. There I gained both a medical and a philosophical education. I was amazed by the experience hearing of other realities that the mind can create and disturbed at times by the notion that I judge what is real or not in another person's life, and then imprison them. This is essentially what you have to do with many of the troubled patients that end up at the acute facility – voluntarily or not. The personal teaching that I received throughout the 4 blocks was exceptional. I also believe that the added stressors of practicing rural medicine makes for better doctors, both in personal and professional development. For these reasons I am fairly sure that I will be applying for internship places at a rural hospital.

Being back in Sydney I have come to realise how the conveniences of country living in proximity to the hospital allowed me to have a life outside of my study. In travelling west at the end of January for the first of many trips, I had already decided I would make quick work of finding a place where I could play competition touch football and a club for me to play rugby union at. Successes were had in both departments and with the bookies at the Orange Races which occurred on my first weekend in my new home. People were met, connections realised and friendships forged quickly and I soon had myself lined up for rugby training on Tuesday and Thursday nights with the Orange Emus and touch football on Wednesdays with a mixed team. I believe it was in joining the rugby club that I became an Orange local, spreading my contacts beyond rotating acquaintances at the hospital, to friends from all walks of country life. Sport is such a special thing for this very reason, it fosters friendships and camaraderie. Weekends were then spent with either a bus trip to a surrounding town, a home game in front of the Orange faithful at Endeavour Park followed by the weekly boat race and night out at the local. If I have one regret from the year, it is that due to family and work commitments I missed a few too many of these weekends. It was the weekends that gave me the sense of rural living that I came to enjoy so much.

I try not to have too many expectations when I am about to commence something new. So that in writing that the year exceeded my expectations is significantly undervaluing my year in 'the Juice'. I see that my 9 months in Orange being some of the most formative for me, both personally and professionally.



RURAL MEDICAL SCHOLARSHIPS

I have been fortunate to spend the second last year of my medical training in Geraldton, Western Australia, as part of the Rural Clinical School of Western Australia. This was established at UWA in 2002, with 7 students in 4 towns, aiming to attract more doctors to regional, rural & remote practice.

This year there are 74 students spending the year in 12 sites, from Derby in the Kimberly to Esperance in the South-West. In Geraldton there are 10 students, and we spend our year studying GP, Paediatrics, Obstetrics &



gynaecology, General medicine, Oncology and Ophthalmology. We rotate between 2 hospitals, many GP surgeries and the Aboriginal Medical Service, as well as attending outreach clinics to outlying areas such as Three Springs, Morawa, Meekatharra and Cue. In between clinical time we are kept busy with small group teaching and tutorials from our medical co-ordinators and many of the other local doctors.

Spending the year in Geraldton has so far been a fantastic experience, and very different to studying in the city hospitals.

One of the best aspects has been the friendly environment, where staff get to know you, and are happy to let you get involved. The patients have been extremely welcoming, and more than happy to give up their time to have a chat. There are many opportunities that you just wouldn't have in the city, such as being involved in resuscitations in ED, and

working with Indigenous Australians in remote communities. We are very lucky to have some great teachers, and the tutorials can also involve some less conventional approaches. For example, we practiced plastering on each other, and refined our suturing skills by suturing rosemary and garlic into a goat, which we then spitroasted! The highlight of my time so far has been 2 weeks that I spent as an observer with the St John's Ambulance



in Geraldton. I got to ride along to a variety of different jobs, including hospital transfers to the Royal Flying Doctor Service, and priority 1 calls for chest pain and overdose. The paramedics were very special people, and I have a new appreciation for the challenges of delivering emergency medicine in the field. We have also managed to spend a few weekends enjoying the beautiful scenery and weather of the Mid-west. We have been camping in Kalbarri, went gliding in Morawa, and spent

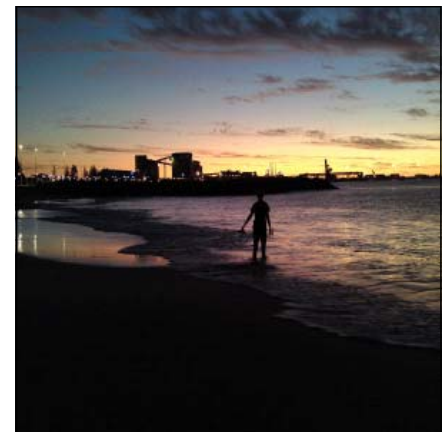


Easter camping in Shark Bay. Recently we had the once in a lifetime experience of trekking for 2 days over the Kennedy ranges, east of Carnarvon (and survived!).

This year has so far been a wonderful and memorable experience. I haven't regretted coming to the country for one second, and will be very sad to leave! The friendliness of the people and laid-back approach has been something special. I will leave with so many fond memories, and I hope, as a better doctor.

Tulene Kendrick

University of Western Australia, Geraldton



RURAL MEDICAL SCHOLARSHIPS

The following comments contain sweeping generalisations about the rural community. However I have chosen this as the best way of portraying at large how I perceive and identify the Gippsland community after completion of a one year of rural placement.

Having been both a resident and a worker in Gippsland towns of Warragul, Trafalgar, Moe and Traralgon, I feel I have gained an adequate overview of the advantages and disadvantages of a rural location. I could list a few disadvantages, such as shops being closed on a Sunday, or meeting your patients in the supermarket when you are wearing old clothes, however I would like to focus on the advantages in this report as they had a greater impact upon me.

The advantages of living and working in the one rural community continued to play out for me in Semester 2 as they did in Semester 1 of my year in Gippsland. Firstly I have noticed how the whole town is supportive of a cause, whatever it may be. In the city, fundraisers for a sporting club are supported largely only by people directly related to the club – the sporting community. In comparison, in rural towns, everybody becomes involved in the fundraiser for the town, irrespective of personal involvement or interest. It is a great feat, that all townspeople have the attitude of ownership over their town sports club (for example) and support comes not just from the sporting community within the town, but from the entire town. I experienced this collective ownership vibe when I joined the medical clinic's table at a Trivia Night raising funds for the local nursing home, Andrews House. On that Friday night there was only one event on the agenda for most citizens of Trafalgar, and all age groups were represented at the Trivia Night. Held at the bowls club with local businesses sponsoring prizes, many people were involved and a substantial amount of money was raised for Andrews House. To me it was special that the attendees weren't just family of residents of Andrews House, but that the entire community was behind the cause.

Residents of Trafalgar especially were exceedingly welcoming of me. Over my months at the medical clinic I was able to establish a considerable relationship with the regular patients. Their eagerness to involve and entertain me extended to hospitality and I became a frequent home visitor of some patients. In a sense, I adopted a grandma. My first mistake was getting directions to a house and proceeding to drive. To my embarrassment, "around the corner" was correct, unlike the Melbournian phrase used to describe a five minute drive. Over my visits I learnt a little local history, met the neighbours and enjoyed many cups of tea. It truly was extraordinary to be welcomed into someone's home in this way. Furthermore, it gave me a sense of belonging as I had friends as well as work colleagues in town.

Moe locals were similarly welcoming. My housemate, a fellow medical student, was given a bicycle for transport by a kind patient. Additionally, he was taken 4-wheel-driving on two occasions by another local who was keen to illustrate and explore the hills of Rawson.

As my year ended and on the homeward drive to Melbourne I was filled with simultaneous joy and sadness. Driving through each of the towns, I was able to reflect on all the memories I had and all the lovely people I had had the privilege to meet. I felt both loved and valued and that throughout the year I had acquired some self-worth and some respect in the medical community. Sadness was felt for leaving the home I had known for a year and for the conclusion of my placement which I had thoroughly enjoyed. I considered myself to have two homes; one in Gippsland, one in Melbourne. Hence in leaving Gippsland I seemed to be leaving a piece of me behind.

However I now see that I have grown, and carry my experiences of Gippsland with me. I look forward to returning one day in the future.

Lauren Nisbet

Monash University, Warragul/Traralgon



Traralgon



West Gippsland Hospital, Warragul

RURAL MEDICAL SCHOLARSHIPS

I'm a year 6 medical student doing my clinical placements in the North West of Tasmania primarily through the Rural Clinical School in Burnie. This scholarship has made a huge difference for my final year of study and allowed me to undertake an elective in Darwin as well as keeping me involved in the local community in the North West.

This year I became an honorary member of the Burnie Rotary Club and was invited to meetings and functions where I got to mingle with local Rotarians, hear about their projects and share ideas. I also became more involved with the local Young Professionals Network and continued organising and attending white water rafting trips with the Tasmanian Uni Rafting Club. The best thing about being in

the North West of Tassie is the access to such amazing wilderness places! There is always something to do and somewhere to go and being in a small community can sometimes make it easier to find people to go exploring with.

I have spent a large portion of this year in General Practice Hospitals in the more remote areas of Smithton and Queenstown which gave me another taste of medicine with the added challenges of distance and limited services. This is an area of medicine I am very much interested in and the question "well what would you do if you didn't *have* that" is constantly at the back of my mind.

The highlight of my year so far was a trip to the Northern Territory to undertake an elective in Royal Darwin Hospital. I spent 6 weeks facing the unique and fascinating challenges of Indigenous health care, and how the cultural differences impact on outcomes. I found to be such an eye opening and indescribable experience. I have done similar electives in countries in the past such as Peru and Indonesia, but I found the experience so much more relatable being in my own country. I loved meeting such diverse and colourful characters, and I'm looking forward to when I can return. Such opportunities are not as readily available in Tasmania and would not have been possible for me without this assistance from Rotary.

Being the end of my University life, people often ask me where I'll be in 5 or 10 years, and my answer is always that there is so much to look forward to and so many opportunities, I don't want know and spoil the surprise. In 2020 when I'm reflecting back, I'm sure the challenges I have faced this year will have helped forge and influence my career choices.

Thankyou again Rotarians for your assistance with my future.

Hannah Ward

University of Tasmania, *Burnie*



RURAL NURSING SCHOLARSHIPS Announcing recipients for 2009/2010

Lydia Newton

Charles Sturt University

Post Grad Year January 2010—Dubbo

Emily McGruer

Charles Sturt University

Post Grad Year January 2010—Wagga Wagga

Kasey Howes

Charles Sturt University

Post Grad Year January 2010—Wagga Wagga

Uta Conway

sponsored by Rotary Club of Carlingford

University of Wollongong

Post Grad Year January 2010—Bowral/Pambula

Margaret Buchanan

Queensland University of Technology

Final Placement February 2010

Post Grad Year July 2010



RURAL NURSING SCHOLARSHIPS—NOVEMBER REPORTS

Rhonda Robinson

"While working as a registered nurse as well as through life experiences, I have developed a range of experience, abilities, knowledge and personal qualities, which enable me to meet the key accountabilities and skill requirements necessary in this area of health care. I am passionate about working in the field of mental health and I am enthusiastic to advance my practice as a registered nurse by participating in the Mental Health transition program. I value the need for continuing education and professional development expecting to complete my masters degree as part of this. I feel enormous empathy towards the patients and their carers and consider that I am able to become an integral part of the Mackay district mental health team.

As a registered nurse I strive to deliver the highest level of patient care while also acknowledging the role of patient, carers and fellow team members. I believe that patient and carer participation in care is invaluable for a positive outcome. In my current role I have supported and advocated for patients and their carers with the aim of achieving positive health outcomes. I understand the significance of maintaining the client's dignity and confidentiality while providing quality, timely and appropriate holistic nursing care. As a registered nurse I value clinical supervision and appreciate the experience and worth of the senior members of staff for guidance.

I have independently as well as under the guidance of senior nursing staff developed individual care plans to a diverse range of clients with the aim of improving current health status, prevention of further or future illness, and risk prevention. I understand that discharge planning begins on admission to a hospital facility and that appropriate nursing interventions are imperative to positive outcomes.

I am passionate about providing quality nursing care including patient and carer education. I am seeking the opportunity, through the transition program to develop further skills in mental health nursing. Within the field of mental health, patient and carer education develops understanding of mental health illnesses, lessens stigma, alerts patients and carers to risk factors and promotes illness prevention. As a registered nurse I enjoy the diversity of the work."



Zoe Ross

"Well the last few months at Bourke have been great, I have been doing different courses, one was maternity in non birthing facilities which I found very helpful especially as our maternity is closed and there has been a few births. The other course I did was a advanced life support course which was great and I get assessed on that later on this month.

I have had a couple of in charge shifts at the hospital which I think I handled well and I seem to be given more responsibility as the year goes on. I am so glad I came out to Bourke for my post graduate year. I have learnt so much this year especially in the emergency area which is my favourite area of nursing. I feel that I have experienced and learnt a much more diverse range of nursing at Bourke than if I went to a base hospital.

I feel very lucky to have gotten a placement here for my postgraduate year. I am looking forward to my next few years here at Bourke, (it may be longer). I am thinking of doing my graduate certificate in emergency nursing either next year or the year after.

It is great that the hospital is so encouraging towards the staff to further their skills and knowledge."

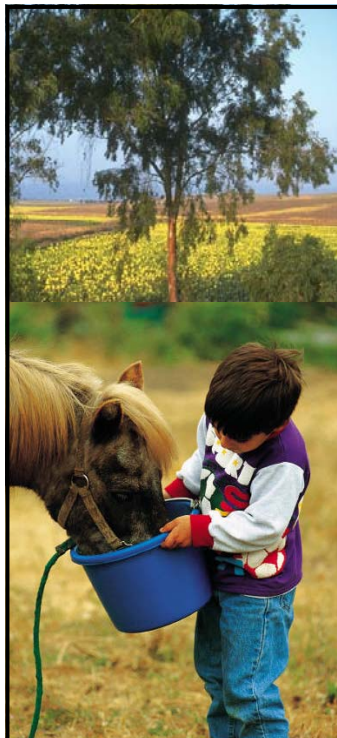
Jodie Larard

"My final placement on my post graduate program is at the Dirranbandi Hospital in south west Queensland. Dirranbandi is approximately 350 people and the hospital is similar to the facility I worked at in Surat.

There is one RN and either an EN or AIN on each shift, there are 13 beds on the ward plus a high dependency bed and a triage room for outpatients and emergencies. I am so far enjoying my time here and getting toward the end of the program I'm gaining more confidence in my skills (even though I nearly literally learn something new every day) .

I'm starting to think about some more education next year, maybe Women and Children's Health and Immunisation endorsement. I have been offered a permanent job here at Dirranbandi so I'm giving that some thought at the moment.

I'd like to thank The Rotary again for the great assistance this scholarship has given me over this year; it really has helped me with all my moving and travelling to and from work."



Sarah Makepeace

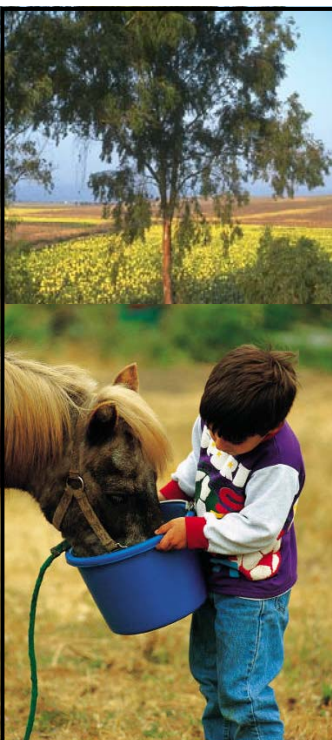
"As Innisfail is a small rural hospital, all the major surgical patients are transferred to tertiary hospitals such as Cairns and Townsville. Our operating theatre operates on average three days a week, with outreach surgeons travelling from Cairns. The theatre lists range from laparoscopic surgery (usually called key-hole surgery, where cameras and small instruments are used through small incisions), caesarean sections, removal of varicose veins, gastroscopy's and colonoscopy's (day surgery), and numerous minor surgical procedures.

I have been orientated/trained in the different areas of theatre, such as anaesthetics, scout nursing, scrub nursing, and recovery, and have learnt all about the different instruments used for procedures and the need for a sterile field. When I am not working in theatre I am still on the general ward, and continue to improve my general nursing skills and time management. Eventually I hope to complete a peri-operative post graduate degree to increase my skill and knowledge base in this area.

Also during the past few months I have completed different courses at my hospital and also one in Townsville. I am now qualified in cannulation and phlebotomy, which means I can take blood for pathology and also insert a cannula to gain intravenous access. This is a very handy qualification to have in when working in a rural hospital as the doctors do not stay at the hospital 24/7, therefore are not always around to perform such tasks.

Another course I completed in Townsville was the pre-hospital trauma life support course which gave me a huge insight into trauma care nursing and helped me increase my assessment skills of a critically ill patient. I met nurses from all over Australia, such as Wollongong, Adelaide and Perth, and we were even taught how to remove a trauma patient from a car with complete spinal immobilisation. This course also opened my eyes to another area of nursing that I would like to try eventually.

If I had been told in high school that I would become a nurse, I probably would have laughed, it was never something I had ever thought about. But now I am one of the lucky people who get to say sincerely that I love my job, and I thank Rotary for helping me so much on this journey."



Dahna Henry

"After completing a placement on a medical floor my third rotation was to be very different. I was placed in the High Dependency Unit. Prior to starting this placement I had no idea what to expect. The High Dependency Unit at Manning Base consists of 6 monitored beds. Each shift a Registered nurse and an Enrolled nurse staffed the unit. I was placed on an enrolled nurse line on the roster which meant that I would mostly be working with another Registered nurse.

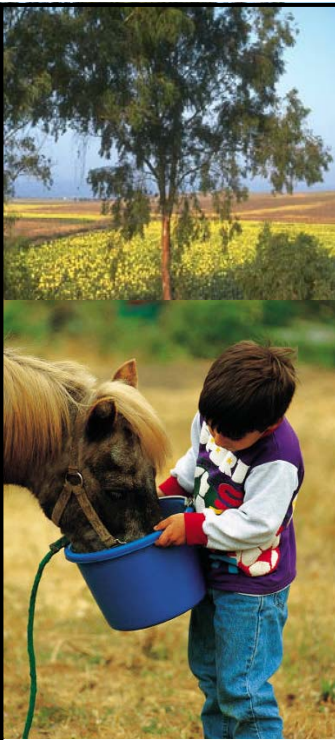
I learnt many things whilst being in the unit especially in regards to cardiac monitoring. I had the opportunity to nurse patients with many different symptoms and ailments. For example there were patients in rapid atrial fibrillation, pancreatic pseudo cysts, myocardial infarction, peritoneal dialysis and even spinal tumours. The unit was quite demanding at times as each staff member would have three patients each, however, depending on the amount of care each patient required it could be extremely heavy or some days a rather easy load.

I discovered that there are various politics involved when it comes to placing patients in a hospital. Throughout my three months it was evident that the unit was potentially not used as a high dependency ward and that some patients brought to the ward did not need to be there. The unit is actually now being moved so that it is in the same vicinity as the Intensive care unit and coronary care, which currently shares the intensive care unit, will be where the high dependency unit is located.

My experience in the unit was mostly positive, however, I didn't like being so isolated and confined. The unit is positioned away from most other wards and is rather small. You never really have any idea what is going in other parts of the hospital. It was a great experience but I am enjoying being back on the surgical ward.

I want to take the opportunity to thank all the people who made the scholarship I obtained possible. It has helped me and encouraged me immensely and I hope that people realise how much organisation goes into making these opportunities available to individuals. So again thank you. Originally I doubted that I would ever be a recipient of a scholarship like this as it just seemed so out of reach. I have learnt to have confidence and to not doubt my ability."





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The aim of the Scholarships is to provide incentives for medical students to complete at least one year in a rural area. This will encourage and influence the medical students to consider pursuing a medical career in rural Australia upon graduation or following postgraduate medical studies. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

or

Rural Nursing Scholarships

are \$13,750

Post Grad Year in Rural Placement

AUSTRALIAN ROTARY HEALTH are currently offering Scholarships—in country NSW and in Country Queensland (available in other states if required).

The aim of the Scholarships is to provide incentives for nursing students to complete their 3rd year major clinical placement and graduating year in a rural/remote area.

This will encourage and influence the nursing students to consider pursuing a nursing career in rural/remote Australia upon graduation. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

Please contact Cheryl Deguara—Programs Co-ordinator
Phone: 02 8837 1900 Email: cheryldeguara@australianrotaryhealth.org.au