

About Women in Rural Medicine Rural Health Education Foundation www.rhef.com.au

"Recent research has indicated that significant future workforce shortages are likely to occur in rural and remote areas over the next decade. This is due, in part, to the retirement of older rural male General Practitioners. However, with increasing numbers of females entering the workforce, women are the next generation of rural medical practitioners."

"Medicine and rural medicine in particular, used to be an almost exclusively male occupation. Now, forty percent of young doctors taking up rural general practice are female. Rural medicine is the point in the profession where the changes stemming from the presence of women will be felt first and most fully. Rural medicine is almost the only branch of the profession with a shortage of applicants. It needs more recruits than apply for positions. As a consequence it has to appeal to as wide a range of young doctors as possible, including women."

"There is now good evidence from Australia that while all doctors have a shared body of knowledge, there are different preferred working styles which can be identified as favoured by women and men. Research has demonstrated that in general, men value psychosocial aspects of health less than women do. They place less emphasis on holistic care, practice less preventive medicine, deal with one problem at a time rather than the many which patients present with, do less counselling, and prefer to carry out procedures rather than deal with mental health issues."

My name is **Verity Stirling** I am currently studying with the Rural Clinical School (**University of Notre Dame**) in **Carnarvon, Western Australia**. The Rural Clinical School is a program designed to encourage medical students to consider a career in a rural setting by allowing them to experience first hand the benefits of living and working in a rural location. The program aims to address the deficit within the rural medical workforce. I am also a grateful recipient of an Australian Rotary Health Medical Scholarship, which provides financial support for students studying in rural settings. During this time I have had the pleasure of getting to know the members of the Rotary Club of Carnarvon. I have seen and experienced some of the excellent work carried out by the club, such as the information and rest points along the walking track on Babbage Island, Rotary Park and fund raising for Shelterboxes. I have enjoyed information evenings by guest speakers and hopefully informed members with my own presentations.

Whilst in Carnarvon I have spent time at the Aboriginal Medical Centre, the Carnarvon Medical Centre and the Carnarvon Regional Hospital. I have also visited and assisted other medical services at Denham, Coral Bay, Geraldton, Exmouth, and Albany. I am looking forward to visiting Burringurrah community later this year. These experiences have highlighted to me the challenges and rewards of working in rural and remote settings. Some of these challenges include limited access to technology to assist in the investigation and diagnosis of patients and limited resources to assist treatment of conditions once diagnosed. I have also experienced the rewards of rural and remote medicine including the range of cases managed by rural GPs. I have also experienced warm welcomes from community members and patients, which is very encouraging.

My time in Carnarvon has been packed full of work, study and play. We are on call for the hospital one night each week, and ever third Saturday.



RURAL MEDICAL SCHOLARSHIPS

There are so many learning opportunities here in Millicent (South East of SA) and I have learnt so much this year already. An average week for me involves:

- o attending the local hospital in the morning for morning ward rounds with the local doctors
- o two sessions per week consulting at the GP clinic under supervision
- o one to two nights 'on call' per week at the local hospital (emergencies, admissions, deliveries)
- o sitting in with one or two visiting or resident specialist consulting sessions (either in Millicent or Mt Gambier) or theatre sessions
- o one full day of tutorials and lectures (student study day) with the other students in the region (Millicent, Mt Gambier and Hamilton)
- o individual study time at the clinic (review the areas seen during the week in consulting sessions and covered at our student study day)
- o seeing 'interesting' patients at the GP clinic or local hospital
- o GP tutorial in Millicent
- o one weekend 'on call' every three weeks

I am seeing and doing so much more than I would get to do if I stayed in the city. I have really enjoyed following patients through the year rather than seeing them on only one occasion.

Special activities with the other students this year have included a defensive driving course at the beginning of the year and more recently a trip to Noorla Yo Long which included climbing trees.

Miriam Whitten
Flinders University,
Millicent



Moving to Tamworth has been a bag of mixed feelings and experiences. I moved here on Australia day weekend. There was a lot of excitement in packing and I still remember the sweltering heat which made it exhausting to do so. After unpacking all which I thought would be useful, into my room, I felt I was ready.

Since that Australia day weekend, I have been able to study Paediatrics, Obstetrics, Gynaecology, Renal medicine and General Medicine. Coming to Tamworth to learn has been a wonderful experience. It has allowed me to appreciate the need for an increase in medical support in rural areas, but at the same time, how multi-skilled you have to be, to keep up as a doctor in such an environment. The variety of medical conditions to which people present to Tamworth Base Hospital is so diverse, not only due to it's population of around 50,000, but also due to the referrals from smaller hospitals networked to it. I have found that being in Tamworth, I have managed to integrate with the teams which supervise me. I feel as a student, it is easy to be lost in the system and easily feel that you are wasting many supervisors valuable time.

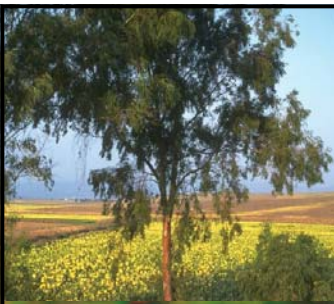
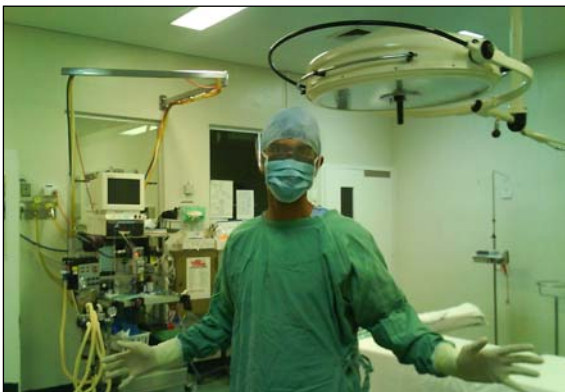
In the country however, there is such a great patient to doctor ratio that most of the teaching is by the bedside. This has allowed me to be able to understand the personal nature that the depth of medicine is.

In my time in Tamworth, I have had great teaching, and a lot to learn. Mixed in with University examinations and assessment, which can be equally daunting, I have also learned that a balanced lifestyle is the only healthy way of keeping medicine a long lived lifestyle choice.

Being able to partake in activities at one of the local churches, to enjoy friends company after a long day at the hospital. All things which I have found vital to my study as a medical student and all things which I feel keep me to be continually integrated with the world outside of doctors and hospital staff, so that I don't lose sight of normality. Rotary has been able to support me financially this year.

A doctor once told me, I may treat someone, knowing that I have seen their illness a thousand times. A patient may only have experienced the illness once. Make sure I don't lost sight of their point of view. I further this to say, the support I have received this year has allowed me to integrate with the community of Tamworth, not just it's hospital.

O'Neil Maharaj
University of Newcastle
Tamworth



RURAL MEDICAL SCHOLARSHIPS

Here are a few things I've noticed during my time as a student in Toowoomba:

- I've had greater exposure to different patient demographics in a rural area compared to an inner city district.
- Problems like access to healthcare services and the availability of resources are more pronounced in rural areas.
- The doctor-to-patient ratio is also alarmingly high. There is indeed a need for more health professionals in these areas.
- As a student there are better opportunities for contact with consultants, thereby allowing a greater learning experience and acquiring more clinical knowledge.
- Consultants are enthusiastic about teaching students, in order for us to acquire a solid foundation for our clinical skills.
- I've gained an appreciation of rural medicine and the vast skills base doctors need to have when practicing outside a metropolitan area
- Living next-door to other medical students promotes the idea of a close-knit group, however it has not supported the notion of meeting new social contacts in the wider community.
- I have generally spent my time at the Toowoomba Base Hospital and found the majority of the staff I have met to be helpful and friendly towards medical students.
- My positive learning experience has made me consider the possibility of practicing medicine in a rural area in future years.

The photo was taken on a day trip to Girraween National Park, just outside Warwick, when I went with other medical students with whom I had become friends.

Phillipa Brook
University of Queensland,
Toowoomba



RURAL NURSING SCHOLARSHIPS—AUGUST REPORTS

Rhonda Robinson

"I am now in the Mental Health Unit at the Mackay Base Hospital. In my last report I mentioned that although mental health was my main interest, I had settled into medical ward and was nervous about leaving my comfort zone. Well.... I have now settled into mental health, medical ward is all but a blur and I have found that I love mental health more than I thought I would. Thank goodness!

A lot of nurses have questioned my decision to go to mental health, even suggested that it isn't "real" nursing. I agree that the role of a mental health nurse is enormously different from that of a medical or surgical nurse. Generally, we have our patients for much longer stays, often patient's aren't physically unwell, and most have challenging behaviours. However the job satisfaction I receive from assisting patients to become well and the moment of clarity you see when their health improves are the reasons why I turn up to work enthusiastic for every shift.

Unfortunately, I have found the usual issues for patients living in a rural area. In mental health there is a distinct lack of rehabilitation services available. This impacts greatly on their life as it displaces them from their family, friends and support networks. It is not uncommon for patients to have to be transferred from Mackay to access rehabilitation units for drug and alcohol addiction or units where life skills are taught to prepare clients for reintegration into the community.

Another issue is the lack of trained mental health nurses. Agency staff is commonly used at the Mackay Base hospital, which is an enormous expense for the hospital as well as a lack of continuity for clients. I am hoping that I will be able to stay in this specialty, which will mean one less agency staff for the area.

As mental health is a specialty area of nursing I am currently applying for the transition course for 2010. If I am successful in my application I will spend next year working and studying in both the acute care hospital setting and also the community."



RURAL NURSING SCHOLARSHIPS—AUGUST REPORTS

Sarah Makepeace

"I have now been working full time as a Registered Nurse at Innisfail District Hospital for just over seven months, and still enjoy going to work every day. You can always bet something new will happen.

During the last few months of work started my rotations throughout the hospital, firstly with Community Health. Most post graduate programs don't offer Community Health rotations, but I think it's a great opportunity to help link all areas of nursing together. During my rotation, I was placed with a different nurse nearly every day, working in a different sub-category of Community Health nursing.

I experienced Community Health nursing, where we would go out into the community on home visits and provide care for the people in need; Men's Health, where I was involved in a health promotion event called "PITSTOP".

I also spent time with the Child and Family Health nurses, which involved immunisations and health promotion for mothers and their children. It also offered support for first time parents. My other days were spent with other nurses including, the Community Continence Advisor, Primary and Secondary School health nurses, ATODS (alcohol, tobacco & other drugs), Community Mental Health, Diabetes Educator, and HACC (home and community care).

This rotation allowed me to further understand the programs in place in the community for people before and after their hospital visit, and that health promotion is the future of health care, keeping people at home for as long as possible in their own environment and supports.

In the time since my last report I have completed my Paediatric Advanced Life Support certificate, which was difficult, but definitely worth it. I now feel a lot more comfortable in providing care for children. I am also attending a Pre-Hospital Trauma Life Support course in Townsville for two days in October, which I think will help me whilst working in a small rural hospital, as a lot of the time you have to call a doctor in, they are not always in the hospital, so it's just you and the other nurse until they arrive.

Dahna Henry

"Prior to arriving on level five I was rather anxious and relatively worried because I knew that they used a team nursing approach when caring for their patients. Although it is necessary to be able to work as part of a team when nursing, the ward I was leaving based their everyday workload on patient allocation. Meaning that, each staff member had 4-7 patients each and completed all tasks for their patients. I couldn't stop thinking about all the disadvantages and seemed to be forgetting the many advantages.

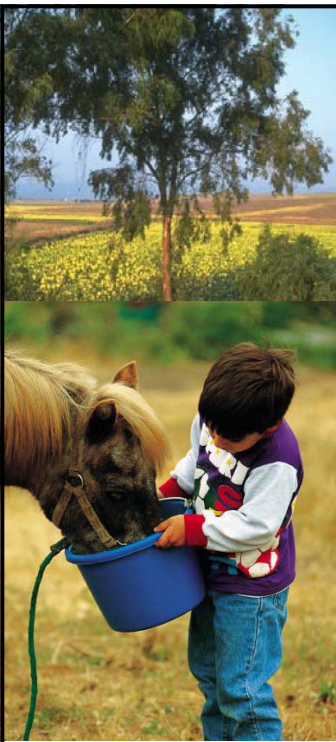
Once I arrived on the ward it became clear that it would be relatively different to what I was used to. The Registered Nurse on duty is normally given the keys which requires them to give out all medications, keep up to date with the patients (especially on doctors rounds), and give verbal handover for the thirteen patients on your ward.

Giving out all medications on most shifts was beneficial. It allowed me to become more familiar with the drugs and discover many that I hadn't come across before on the surgical ward. It also gave me more responsibility as I had to be aware of each and every patient and their condition.

On many of my shifts I was able to get the medications done in an orderly fashion so I could then assist the other Endorsed Enrolled Nurses to shower patients and attend to their needs. It was rewarding to be able to finish one task and move on to another. I like to interact with patients whilst assisting them with their activities of daily living.

On the medical ward I was exposed to many health conditions that I hadn't had the opportunity to deal with before. These included: - congestive heart failure, falls, dementia, pneumonia, pulmonary oedema, cardiomyopathy and cellulitis just to name a few.

Supposedly team nursing is best practice; however, many wards choose how they want to deliver care to their patients. There are advantages and disadvantages in regards to both methods. On completing this rotation my opinions in relation to team nursing have somewhat changed. I can now see that there are advantages to this method including- knowing all patients, working as a team and attending to patients' duty of care from different points of view."



RURAL NURSING SCHOLARSHIPS—AUGUST REPORTS

Jodie Larard

"I am currently a little over halfway through my 3rd rotation and am back at Surat Hospital following my 3 month stint at the Roma Hospital. Roma was great experience, with some surgical and a few emergencies, mainly just a good mix. I was at Surat for my first rotation and am finding it great to be back! We've been much busier (for a small hospital) this time around and I am finding that I am consolidating a lot of the skills that I have learnt so far this year.

This rotation has also exposed me to a lot of palliative care nursing, which I had had little experience previously. This area of nursing has been challenging, but also a very important experience as many on these small facilities have beds allocated for local palliative care patients.

While we have had some high stress situation arise over the last couple of months the nursing staff here is a great and supportive team to be a part of. The Surat Hospital is a facility I would definitely consider some more time at in the future."

Zoe Ross

"Everything has been going really well, I spent the first 5 weeks working at Dubbo Base Hospital in emergency and ICU which I really enjoyed, it was a little overwhelming at first as Dubbo is a lot busier than Bourke but when I got used to it I learnt a lot. The only thing I didn't like when I was at Dubbo was being an extra person and not having my own patients, if I was to go again I think I would request to be on the roster.

I am back at Bourke now, I have had a few busy weeks at the hospital as there have been a lot of emergency presentations and a lot of admissions to the hospital, this has been a good thing in a way because I have been able to prove to myself that I can handle a large workload and use my time management skills efficiently, that was the only thing that worried me when applying to go to a small hospital was not getting used to the busy environment of a bigger hospital but I have found that Bourke hospital is still busy its just a different kind of busy due to a smaller number of staff that work on each shift.

In the last 3 months I have had a lot of experience in giving intravenous antibiotics due to all the flu's going around and also I have been getting a lot of experience with the treatment of chest pain. When I was in Dubbo I learnt all about ventilators and the setting up and maintenance of multiple infusions, as well as looking after really acute patients. This was good as here at Bourke we send all our really sick patients away to bigger hospitals.

I went to two study days in Dubbo as part of my post graduate program which were really beneficial and it was good to talk to other post graduates about their experiences. I found that everyone has the same challenges and fears during their post graduate program. I have also been a guest speaker at one of the Bourke rotary meetings about this scholarship and why I became a nurse and decided to come out to Bourke.

I am hoping to go and do a course at the end of August on Emergency Midwifery which is here at Bourke and another course on the Acute Care of a Critically ill Patient at the end of October in Tamworth so I am just waiting for my study days to be approved to do these courses."

If your club would like to sponsor a Rural Doctor or Rural Nurse

**Rural Doctor
Scholarships
are \$5,500 per year**

Or

**Rural Nursing
Scholarships
are \$13,750 Post Grad Year
in Rural Placement**



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