

**Obesity and Nutrition in Rural Australia**  
**Extract from National Rural Health Alliance**

*The Alliance's submission to the House of Representatives Inquiry into Obesity in Australia (May 2008)*



NATIONAL RURAL HEALTH ALLIANCE INC.

**Combating overweight and obesity in rural and remote areas requires special consideration of the characteristics of rural places, for instance those that relate to the design of homes and community spaces, access to good food at affordable prices, and to the tailoring of health promotion campaigns.**

Good nutrition in a country as affluent as Australia ought to be a universal fact of life. Obesity is preventable and is more common in rural and remote areas. Widespread overweight and obesity can be traced back to the social determinants of health, with relatively low levels of incidence among people of high socioeconomic status and relatively high levels for those of low socioeconomic status.

**Prevalence, health impacts and costs**

In 2007 three million Australians were obese and this figure is projected to rise to more than seven million – almost 30 per cent of the population – by 2025. Epidemiological studies provide good evidence that obese people face higher risks of suffering from diabetes, cardiovascular disease, osteoarthritis and some cancers. Mental health problems, poor self esteem and lack of confidence can also spring from being overweight. Up to 60 per cent of diabetes cases could be prevented, or delayed, by people maintaining a healthy weight.

Figures released by the Australian Institute of Health and Welfare (AIHW) in its 2008 report, *Indicators of health status and determinants of health*, show that people living in regional and remote areas are significantly more likely to be overweight or obese than those in major cities. Obesity has additional health impacts in country areas with substantially overweight residents having to travel away to receive medical attention because they are considered high risk and, therefore, ineligible for such procedures closer to home. Similarly, rural women who are obese are often required to deliver their babies in major centres rather than closer to home.

Australian Bureau of Statistics figures show that as a single risk factor, high body mass is the second leading cause of the burden of illness and injury among Indigenous Australians, accounting for 11 per cent of the total burden of disease and 13 per cent of all deaths. Over 50 per cent of Indigenous people aged 15 years and over are overweight or obese. Aboriginal and Torres Strait Islander females are 1.4 times as likely to be overweight or obese as the general population of females in major cities.

Obesity, therefore, presents significant challenges for Australia's economy and its health system although it is entirely preventable. Given that the situation is worse in rural and remote areas where general health status is already poorer, it would make good economic sense and improve equity if rural areas were specifically targeted by strategies to prevent and manage obesity.

The fact that Australia as a whole, and rural areas in particular, have serious problems with some of the determinants of poor health such as the abuse of alcohol, poor diet and inactivity can be seen as an opportunity for health promotion to bring substantial benefit – not just for obesity but for a range of associated illnesses as well. Sound investment in health promotion and illness prevention, especially during the early years, has the potential to make a significant difference to the health of rural and remote Australians.

It has been noted that:

- every hour spent travelling in a car boosts obesity by 6 per cent;
- suburbs without jobs, schools or recreational facilities promote car use;
- friendly, open stairs promote stair climbing (as compared with obvious lifts and hidden stairs);
- curvy, blocked-off streets in poorly designed suburbs discourage walking;
- the bigger the portion sizes, the more you eat and drink;
- safe, attractive parks promote healthy activity;
- easy access to fast food promotes a fatty diet;
- accessible public transport encourages walking; and
- advertisements for high-fat, high-sugar foods target kids.

Dieticians are in such short supply in rural areas that obese people are often given low priority on their waiting lists. As with other health professionals, dieticians have such heavy caseloads that there is little opportunity to engage in health promotion to a wider audience.

With the shortage of health professionals in rural areas, utilising or expanding existing telemedicine facilities may be a way forward.



## RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2009/10

Little did I know when 'moving out' for the first time in July of 2009, that I would become so quickly ensconced in the forever busy 'goings-on' in the life of a rural clinical school student.

For the past 6 months I have undertaken my 4<sup>th</sup> year medical studies through the rural clinical school of the University of Melbourne. Consisting of approximately 20,000 local residents, the north-east Victorian town of Wangaratta is strategically located in the heart of the King Valley food and wine region. Local wineries such as Brown Brothers and San Miranda, a cheese factory in Milawa, and the infamous bakery at the nearby historical gold-rush town of Beechworth, provide many opportunities for weekend outings.

From an academic perspective, myself and the 14 other students in my year have been very fortunate in the experience we have had at the base hospital in town. Most of our time is spent on the medical or surgical wards, in the operating theatres (orthopaedics being rather busy given the close proximity of the Falls Creek ski fields!), or in tutes. Once every week or so we are rotated through Emergency for the day, which is a particular privilege at our level since this does not usually occur till later years in the metropolitan schools. This experience in particular provides invaluable exposure to seeing patients at initial presentation – straight out of the ambulance, and also for procedural practice – such as venepuncture, cannulation, suturing and fitting plaster casts. One highlight last year for me was being the one to call the 'all clear' and press the shock button, when cardioverting a patient's heart back to normal sinus rhythm (even if it wasn't quite so dramatic as it is on tv!). This is largely due to the staff's enthusiasm to teach and involve the students as part of the team, for which we are very fortunate.

The particular academic advantages I have found to studying with the rural clinical school is the smaller number of students – with our sub-dean dubbing us the 'boutique clinical school' since we are the smallest of the Melbourne University clinical schools at 15. The result of this is that staff do you have the opportunity to get to know you if you make the effort (and you will be asked if you slept in when you miss the 7:15am surgical ward round one Friday morning!). This is heartening with respect to feeling involved in the healthcare team. At Wangaratta there are no permanent interns and registrars, with different teams rotating periodically from the Royal Melbourne Hospital. This allows us contact with young people a little further ahead in their training whom we can seek advice from, and also socialise with over the traditional BBQ at the student accommodation each rotation. From time-to-time there are other medical students on short-term GP placements, final year students and physiotherapy students who are also fun to have around.



The 'Moovin' Health' student club aims to facilitate links between students and the surrounding community, and vice-versa, through various activities throughout the year. Last year we were involved in a 'Pit Stop' initiative at a mens' health night organised by local council at which Merv Hughes spoke. This initiative aims to promote self-awareness by comparing aspects of mens' health to parts of a car – such as oil and blood pressure, duco and skin checks, spark plugs and prostate and testicular health. At the Wangaratta Jazz festival we also ran a 'Pit Stop' stall, and a number of students also volunteered in other capacities. This was a particularly enjoyable weekend – brilliant music, and then a day out at the races on Melbourne Cup Day to top it off.

The Rotary club of Wangaratta/Appin Park is a dominant force within the local community. I was fortunate enough to attend one of their meetings as a guest and also a genetics lecture given by a former Wangaratta resident and organised by the club. It is inspiring to hear of the many charitable and self-sacrificing initiatives of the club. This generosity was expressed directly to the students, when one couple – members of the Rotary and Inner Wheel clubs respectively, invited us all to a meal at their house one evening last year.

I am very grateful for the many opportunities I have had over the past semester to enjoy such a fulfilling and enriched experience of rural medicine and life that the Australian Rotary Health Scholarship has afforded me, by relieving financial pressures whilst studying. I look forward to the coming semester!

**Sarah Heynemann—Rural Clinical School—Wangaratta  
University of Melbourne**

## RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2009/10

The 5 months between July and December of 2009 were some of the busiest and most productive I have experienced to date, full of changes, new challenges and rewarding experiences. I spent this time completing my first semester of medical clinical placements at the Goulburn Valley Base Hospital in Shepparton. When choosing a teaching hospital, I felt that the rural clinical school would offer more opportunities for 'hands-on' learning, and I haven't been disappointed. The hospital staff in the country know each medical student as an individual and are keen to teach, often making a point of contacting us when good learning opportunities arise. The majority of patients are very generous with their time, and are happy to be interviewed or examined.

In Shepparton, our involvement with the hospital staff hasn't been limited to a formal teaching relationship. We also socialise with them, hosting them in the student accommodation for meals and parties, and have friendly competitive soccer or netball matches against them.

The Australian Rotary Health Rural Medical Scholarship has allowed me to maximise my time in productive study and extracurricular activities rather than paid work. I have put the money towards covering rent, several textbooks & some medical equipment. It has also contributed to the purchase of a reliable second hand car.

My sister visited for a weekend and we spent an afternoon photographing the Moovin' Art installation. Moovin' Art is an eye-catching series of life-size fibreglass cow statues that have been creatively painted by local artists.

During this past semester I held the position of Community Liaison Officer for the Moovin' Health Rural Student health club. This involved a number of responsibilities, including:

- Conducting rural high school visits & workshops to two local schools to promote careers in health

- Arranging a roster of medical student volunteers for the first aid tent at the Shepparton Ironman Triathlon

- Providing photos & short articles about the Moovin' Health student health club activities to the hospital community liaison officer for the hospital newsletter

- Volunteering for the Moovin' Health stall, offering free health checks and information, at the Shepparton show in October 2009

Assisting in the planning of the Moovin' Health Annual Discussion Dinner, the premier event for the student rural health club each year

I am perhaps most proud of my role in running the Charity Auction held at The Moovin' Health Annual Discussion Dinner. We approached staff, students and local businesses to ask for donated items to auction. Donations ran from restaurant vouchers to guitar lessons and even a dozen bottles of wine from the vineyard owned by our teaching orthopaedic surgeon. I then prepared all the necessary paperwork for promotions and bidding on the night. Following the auction, I contacted the successful bidders by phone/email to arrange payment, and liaised with the treasurer about payments as they came into the Moovin' Health account. All the time and effort paid off, as we raised approximately \$3800 which will be donated to the teaching hospitals of the Rural Clinical School. We have decided to donate the Shepparton campus' share of profits to the Goulburn Valley Base hospital auxiliary fund, where it will go towards non-medical initiatives to make patients time in hospital more comfortable.



I have learnt more about Rotary by attending Shepparton Central branch Rotary meetings. I also coordinated Moovin' Health's involvement with the Rotary National Science Forum Scholars Meet and Greet, held in October 2009. Several volunteers and I packed showbags for the Year 11 students and conducted tours of The Uni of Melbourne School of Rural Health Shepparton campus. The Moovin' Health president and I were the keynote speakers for the event, giving a half hour presentation on careers in health, tertiary education and opportunities for rural high school students. I am already looking forward to my next semester in Shepparton, and have contacted the Shepparton Central Rotary Club about attending a meeting as a guest speaker

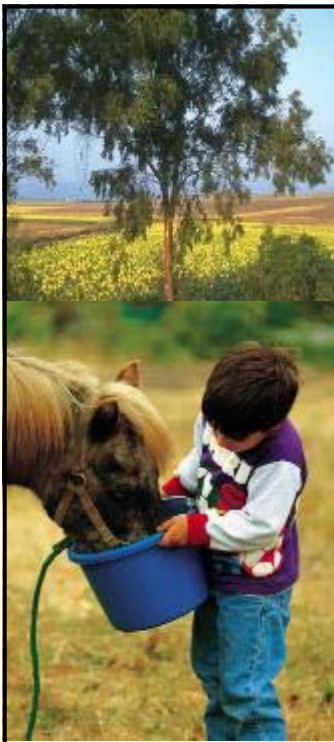
**Ashling McNally—Rural Clinical School—Shepparton  
University of Melbourne**



## RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2009/10

In the middle of 2009 I began a 40 week placement in Bowral, New South Wales. The placement was intended to integrate me into a small community to learn medicine. So far I have completed 20 weeks of my placement. It has been a fantastic experience, I have learnt a great deal of medicine but I have also experienced the community of the Southern Highlands and the benefits of small country town living.

For the 40 weeks while on placement, I have been allocated to a General Practice where I spend 3 days a week working with a female GP. Some days I sit in and see how she practices and other days I see patients on my own. It is a very hands-on experience which means the medicine I am learning is far more interesting and easier to get a grasp of. I also get the opportunity to spend time with the practice nurses and in clinics, such as the "swine-flu clinic" where I was able to practice giving injections. Working in the GP practice has been a friendly and rewarding experience, meeting lots of people and being part of a team to deliver medicine to the community. I have thoroughly enjoyed turning up each day, with always interesting cases and a nice environment to work and learn. It has encouraged me to want to pursue a career of practicing medicine in a rural centre in the future.



As part of my placement in Bowral, I also spend time with specialists at the hospital and in the Emergency Department. In this way I am being exposed to a large range of medical conditions and are able to practice my skills across a variety of specialties and environments. This has also given me the opportunity to meet lots of people living and working in the area. It has meant I can follow-up patients I have met in the General Practice and be involved in their continuation of care at the hospital. Learning medicine in this way gives it a greater meaning. It has meant I have become a bigger part in the care of patients in the community and I have felt fortunate to have been able to do this. The teaching and involvement of many doctors and nursing staff in the hospital has also been invaluable. As the hospital is small enough, we are lucky to get more one-on-one teaching with specialists and do not feel overwhelmed because the environment has been so friendly; a perfect place to learn medicine.

As part of living in a regional area, I have been involved with activities in the area that have allowed me to integrate and meet lots of people from all walks of life. I joined the gym and the local touch football team. I have met people in my job at the local coffee shop. I have attended many community events, including the tulip festival, the town's main yearly event and the local markets at the primary school. I have learnt that the small town life can be very enjoyable.

As part of the scholarship I also attended a Rotary meeting one night at the local club. I spoke to the members about the benefit of living and working in medicine in rural and regional Australia. I told them about my involvement in their community and how I was hoping to give back to the local community in the way of talks and volunteering. I explained to them my career aspirations of becoming an obstetrician and what this would involve. The night was very interesting because I met lots of members and learnt more about what this area has to offer. It was a lovely evening and I thoroughly enjoyed having the opportunity to tell people what I had been up to this past 6 months.

I have another 20 weeks of my placement to go and am looking forward to continuing to be involved in Bowral. I have had a great time so far and have met some great friends. I would like to thank the Rotary Club for giving me this scholarship and allowing me to enjoy my rural medical training as much as I have. It is with this generosity that small communities survive and continue to be lovely areas to live and work. I hope that one day in the future I can continue to support local community and work in rural Australia.

**Sarah Lazar—Rural Clinical School—Bowral  
University of Wollongong**

## RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2010/11



### ROTARY CLUB OF ILLAWARRA SUNRISE SPONSORING A RURAL MEDICAL STUDENT

Currently the applications are open at University of Wollongong for a Rural Medical Scholarship. **Rotary Club of Illawarra Sunrise (District 9750)** has a good relationship with Wollongong University and will be sponsoring a Rural Medical Scholar in 2010/11.

#### CLASS OF 2010 RURAL NURSING SCHOLARSHIPS REPORTS

##### Lydia Newton

*Charles Sturt University*

##### Post Grad Year January 2010—Dubbo

"Last year of uni and a lot crammed into it. Many weeks of prac to contend with, as well as normal family duties and knowing that at the end of it all I would be a Registered nurse. It all seemed very scary. I guess overall, the three years of university went very quickly and I thought about my last reflective practical, as one that I would need to put a lot more effort into to ensure that I had experienced as much as I could before venturing out into the big world. I had worked at Dubbo base for 5 years and was quite often treated like a staff member, not a student. This decreased my skills learnt as a registered nurse. I thought all rural hospital would be similar and I guess to one extent they were but they were also very different. I decided to go to another big Base hospital in Rural NSW and was welcomed with open arms by all the staff. The rural attitude and compassion was there but their education system was so much better than what I was used to. I worked within the emergency department and on my first day got to be involved in a cardiac arrest. It was very fast paced but the educator stood by my side and encouraged me to get in and help. I found my four weeks very interesting and a good experience for a new registered nurse, who usually wouldn't be in the front line. After living and working in rural areas all my life I thought I would know how the rural hospital system worked but I would seriously encourage each and every 3<sup>rd</sup> year nursing student or new graduate to take hold of the opportunity of going to rural hospital for practicals or rotations for the new grad program because I personally feel that staff in rural hospitals are more accepting of student nurses and have more time on their hands to provide the support and education needed to complete the practical component of the Bachelor of Nursing. After applying for the new graduate programme, I thought that I may have been better just to undertake employment as a registered nurse rather than a new graduate. As time passed I realised although I had worked as an enrolled nurse for five years prior to completing my RN's I still wasn't confident enough to go into the workforce without the guidance of the educators throughout my shifts. I am still feeling a little nervous about actually going onto the ward as a registered nurse. I am hoping to build my confidence in the four areas I am doing my rotations. I am reassured that by being in a rural facility I will get the best experience and support available and my confidence will build over time."



##### Emily McGruer

*Charles Sturt University*

##### Post Grad Year January 2010—Wagga Wagga

Just one week and I join the wonderful and exciting world of nursing; after 3 years of study and preparation, I cannot wait! Although I am slightly nervous, I know with support and guidance during my post graduate year I will continue my love of my chosen profession and become a confident, competent and passionate registered nurse. My final clinical placement at university was completed in the intensive care unit (ICU) at Calvary Health Care Riverina. This placement lasted for 4 weeks and gave me an opportunity to further consolidate my nursing skills before joining the workforce. Most of the patients in ICU were from the country and I found that having a common upbringing and lifestyle made it easier to develop a beneficial nurse-patient relationship and empathize with what they were going through. Since the conclusion of university, the last two months have been very busy. I have moved into and am renting a small unit in Wagga, have applied for and gained my NSW Nursing Registration and have been busily preparing to start full time work on the 1<sup>st</sup> of February at Calvary Health Care Riverina. I was and still am so grateful to have received the first instalment of the Rotary scholarship. The instalment came at a time when I most needed it! Moving into a house is certainly not cheap! The money has been an enormous help in paying for rental bonds, weekly rent and essential furniture."



**Kasey Howes**

*Charles Sturt University*

**Post Grad Year January 2010—Wagga Wagga**

My rural and remote post graduate program begins on the 1<sup>st</sup> of February, 2010 at Calvary Hospital in Wagga Wagga, NSW. Since completing university, the last three months have been very busy. The transition from a student to a full time working RN has included, end of university ball, eagerly awaiting final results, submitting my application to register, organising uniforms, visiting family for the festive season, working two jobs to pay the bills and juggling a social life to make the most out of the summer with BBQs, the river, water skiing, camping, fishing and hiking with friends.

During my final year at university I worked as permanent part time support worker for Northcott disability service. This position was challenging, enjoyable and very rewarding. Due to finishing my degree and commencing work as a Registered nurse I had to resign from my position, however I have secured a casual contract with the company so I can continue to work there on my days off and keep in contact with all of my clients.

My last three weeks in this position was full of good times and laughs, coordinating the vacation care service for disabled teenagers. This included 10 hour shifts from Monday to Friday taking the clients swimming, hiking in caves, to museums, art galleries, zoos, parks, licorice and chocolate factory, picture theatres and gardens in and around the local area. I will definitely miss working in with the teenagers and in the support homes here in Wagga Wagga, however I look forward to the new challenges that rural nursing has to offer.

During my three year degree, the rural placements I attended have supplied me with skills, confidence and practical experience, however commencing work as a registered nurse, responsible for the care of patients is still a little daunting. I have also never worked in a private rural hospital before, however I am sure I will receive the same amount of encouragement and support as I have experienced on all of my rural placements.

I am working on a general ward for my first 7 weeks which I feel will be an excellent area to begin. Then moving into theatre where I will complete three rotations in recovery, scrub and anaesthetics which I am really looking forward to. I would like to thank Rotary and everyone involved for the opportunity to be apart of the rural nursing scholarship program, and look forward to meeting some of the local members in my area."



**Uta Conway**

**sponsored by Rotary Club of Carlingford**

*University of Wollongong*

**Post Grad Year January 2010—Bega/Pambula**

My final university clinical placement occurred in September at Pambula hospital emergency department. Pambula hospital is a 30 bed level two/three hospital that provides medical, surgical, emergency and paediatric services on the far South Coast of NSW. This hospital services not only local residents from Merimbula and Pambula, but also a large rural population from its surrounding region including the Victorian border and many tourists holidaying in the local towns.

My final clinical placement focused on critical care and being placed in the emergency department was a great experience. I gained experience in taking ECGs, administering tetanus immunisation injections, removing stitches, wound care and also witnessed several air ambulance retrievals of critically ill patients. The emergency department was extremely busy; however staff was very supportive, facilitated many learning experiences and made me feel as part of the team. All in all it was a very positive experience and I would like to complete a critical care course in the future.

I have now completed my Bachelor of Nursing degree and will commence a New Graduate year in Pambula/Bega hospitals starting in March. I am currently working on a casual base at Pambula hospital and am looking forward to increasing my knowledge and skill and gaining a solid grounding in rural nursing throughout the next year."



## CLASS OF 2010 RURAL NURSING SCHOLARSHIPS REPORTS

### Margaret Buchanan

Queensland University of Technology

Final Placement February 2010

Post Grad Year July 2010

Margaret is currently on her final placement at Dalby Hospital and will provide a full report in the next edition of Rural Yarn.



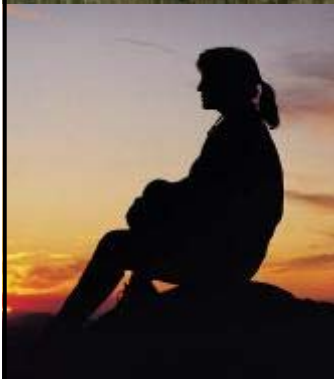
## CLASS OF '09 RURAL NURSING SCHOLARSHIPS—FINAL REPORTS

### Zoe Ross

"The last few months of my post grad year have been great. I have been given more responsibility by working as charge of shift. I can't believe the past year has gone so quickly especially when I think about how nervous I was at the start of my post graduate program. I now feel a lot more confident with in myself and my nursing skills. I have been able to get such a variety of experience by working in a small remote hospital. I would definitely recommended working in a rural remote hospital to other post graduates.

All the staff at Bourke Hospital has been so supportive during my post graduate program and very helpful and willing to teach me new things. I have applied for a permanent full time position at Bourke hospital for after I finish my postgraduate program which officially finishes on the 8<sup>th</sup> of February. I have applied to do my Graduate Certificate in Critical Care Nursing: Emergency Stream and am waiting for my application to be processed.

I would like to take this opportunity to thank yourself and all of Rotary for this scholarship which has been a fantastic help for me financially. I have been able to use it to pay off loans and I will also use it to pay for my course this year."



### Jodie Larard

"I can't believe how quickly twelve months has gone! My final rotation for my post graduation year was at the Dirranbandi Hospital in south west QLD. The hospital is normally 16 beds; however there are currently refurbishments taking place so we are currently down to 7 beds! This has been a really good final rotation and I think I have and continue to solidify my base skills with great support from the doctor and staff. I would have happily gone back to any of the three facilities I rotated through but given that Dirranbandi is only 130km to my home I have decided to stay on here until I get married in September and then maybe I'll think about a change to northern New South Wales as this is the area I live in.

I am doing my immunisation course this month in Toowoomba and am looking into doing my post grad diploma in rural and indigenous children's health externally through Charles Sturt University. I have also applied to do two shifts a fortnight at the Goodooga Primary Health Service, which operates Monday to Friday business hours in Goodooga only 20kms from my home. This would be great experience as it is a nurse run facility and I believe that it has recently had the new tele-health equipment installed that communicates with the Orange Hospital Emergency Department and I would look forward to learning about this new technology.

I have every intention of staying rural for my nursing career and aim to continue to learn new skills and better myself for this unique area of nursing. The Parnell Rotary Scholarship really assisted me with my travel and education cost through out the past 12 months while I was settling into my new role."

### Goodooga Health Service Saved—30 May 2009

The determined campaign by the local community in small-town Goodooga has forced a backdown by GWAHS over plans to pan the local health service. The small town of Goodooga in the state's remote northwest has shown that community action and organisation can achieve positive results for remote area healthcare.

**Rhonda Robinson**

"I thought I'd sum up what I believe the role of a mental health nurse is and my goals for 2010. The role of a mental health nurse is to provide effective, timely care to mental health clients and their families within the guidelines of the National Practice Standards for the Mental Health Workforce 2002. 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.



In my current role as a registered nurse working in the mental health facility I am responsible for ongoing patient care. This involves:

Accepting and acknowledging individuals beliefs, social and cultural diversity.

Ongoing patient assessment to monitor if interventions are effective.

Risk assessment and risk reduction strategies to promote patient safety.

Accurate documentation.

Liaising with team members to enable patients to achieve their goals and discharge from the acute care setting in an appropriate time period.

Advocating for patients to ensure that their individual needs are met.

Providing education to patients and carers to enhance understanding of mental illness and develop coping strategies. It is my responsibility to ensuring that the education given to patients is accurate, which often involves liaising with the senior nurses and other members of the multi-disciplinary team.

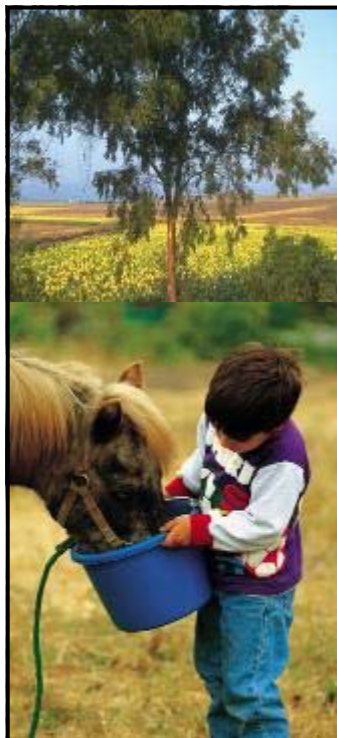
Initiate emergency responses and participate in emergency procedures as directed by the team leader of the shift.

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. As a registered nurse I enjoy the diversity of the work.

**Dahna Henry**

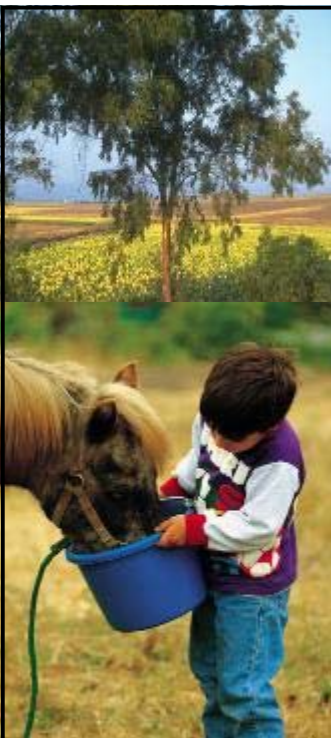
"Since increasing my knowledge of nursing practice and procedures throughout the year it was great to get back to this ward and not only apply them but to also use them to advance to the next level. I could focus in improving in everything I did as I felt comfortable in knowing how the ward ran and what was required of me. With support of senior nurses I was given the opportunity to be team leader on morning shifts. This allowed me to experience a different role and learn how to ensure that the ward was running smoothly. During this time I learnt to delegate to others, communicate with all members of the team and make informed decisions that would influence how the ward would operate on a particular day. I was exposed to meeting with all the team leaders and nurse managers from other wards to discuss the movement on the ward and have input into what was happening. This was a great opportunity and allowed me to gain much more confidence. I began to do more night shifts and the nurse unit manager allowed me to be in charge on some of these shifts. This was a whole different experience as there were only two registered nurses and an enrolled nurse on night duty at any given time. This gave me more responsibility and increased my time management skills greatly as well as allowing me to make decisions based on what I considered was best practice. I had to keep up to date with what was going on and handover all 26 patients to the morning staff. The unit manager was very encouraging and often challenged and pushed me even when I doubted myself. I felt privileged to have had these opportunities and can't believe that the year passed so quickly. As the year came to an end I applied for second year rotations in several areas of nursing including maternity and intensive care. In October I was offered a second year rotation in Intensive Care at the John Hunter Hospital. Making the decision to take this job was extremely difficult. I had made many friends in Taree and although I applied for the job I guess I didn't expect to get it.

I did accept the job and am now in my third week of the program. It was awfully hard to leave Taree, my friends, my comfort zone and of course the rural setting, however, I know I need to gain experience in all sorts of areas if I want to go further in nursing. Unfortunately I am the type of person who wants to do everything at once but I'm learning to take each day as it comes."



**Sarah Makepeace**

"During my post graduate year I have not only learnt valuable lessons in the nursing profession, but also many valuable lessons in life in general. Innisfail District Hospital has been a wonderful environment to begin utilising and continue increasing my knowledge base. Over the past year I have moved throughout the hospital such as mental health, community nursing, theatre, acute and chronic nursing, paediatrics, and emergency, thus giving me a chance to experience every area and aspect of working as a nurse. This has helped me decide that I would like to further my learning as a theatre nurse in years to come as I found it the most interesting and enjoyable area to work. In 2010, my second year of nursing, I have been offered another 12 month contract to stay on at Innisfail, working full time in theatre (it only runs 2-4 days a week) and the rest of the time in Ward 2, a chronic nursing ward. I will also be undertaking an Introductory Course to Theatre Nursing, offered by Queensland health. This course will also count towards credit if I wish to do a more formal post graduate degree via university. I have also got my name down to do a few more training days and courses to do with remote nursing. I am hoping that staying in a rural hospital will help my confidence and skills grow and one day allows me to work confidently in more remote areas of Australia."



**If your Rotary Club  
would like to sponsor  
a Rural Doctor or  
Rural Nurse**



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

**AUSTRALIAN ROTARY HEALTH offers Scholarships Australia wide for medical students attending the 14 Rural Clinical Schools of Australia.**

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.

**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  
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