

Rustica

Annual Report

2003

Rustica's membership has exceeded previous years standing at 467 at the end of this academic year. This report details the objectives, budgets and activities of the three branches of Rustica, namely, southern, northern and north-west branches.

OBJECTIVES

- to act as a unifying force amongst members with common interests and goals
- to promote early and meaningful exposure to rural practice and lifestyle
- to promote the positive aspects of a career in rural practice
- to promote exchange of ideas and social exchange with students from other university rural clubs via the NRHN
- to promote within the faculty and to the general public the issues affecting rural medicine
- to provide practical sessions which allow students to learn valuable clinical skills
- to support students from rural backgrounds studying within the fields of medicine and allied health
- to organise social functions, discussion groups and talks by guest speakers
- to develop a multidisciplinary approach to rural health and encourage membership of students from other allied health fields
- to liaise with pre-existing rural interest groups and provide student representation at their meetings where appropriate
- to encourage involvement with the RFDS
- provide encouragement and assistance to rural practitioners
- To promote Aboriginal and Torres Islander health and cultural issues
- To assist the University with promoting of rural health career options to rural high school students

Summary report for RUSC 2003

5a. Funding support for the club: \$23,500 for the period 1 Jan 2003 – 30 Dec 2003, being 15% of the RUSC grant.

Administrative support is the responsibility of the club, sourced appropriately on an as-needed basis throughout the year. This work comprises primarily data entry and management, communications database, email list maintenance and other overflow tasks that the executive and other members need assistance with such as sourcing quotations and booking service providers that we engage for our numerous functions and activities.

Expenditure for the calendar year 2003 is attached and details activity expenditure and income. Please see the full report that details all activities undertaken and run by Rustica. A complete financial ledger is available electronically and is supplied on CD with this report.

5b. Club demographics are shown in the report. The number of medical students participating in club activities are:

Year	Number
1	61
2	37
3	54
4	22
5	29
6	21
unspecified	4
TOTAL	198

5c. Student support with reference to the following indicators:

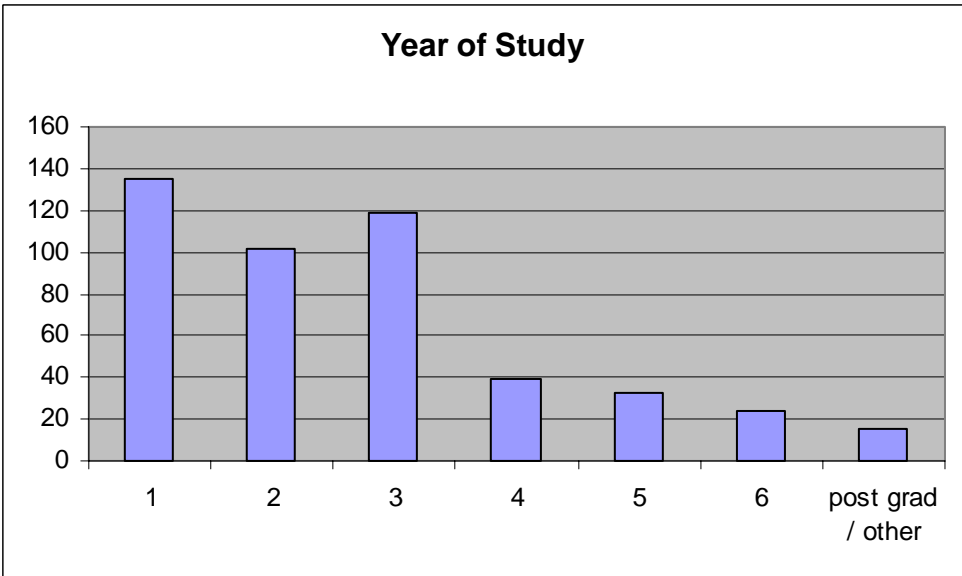
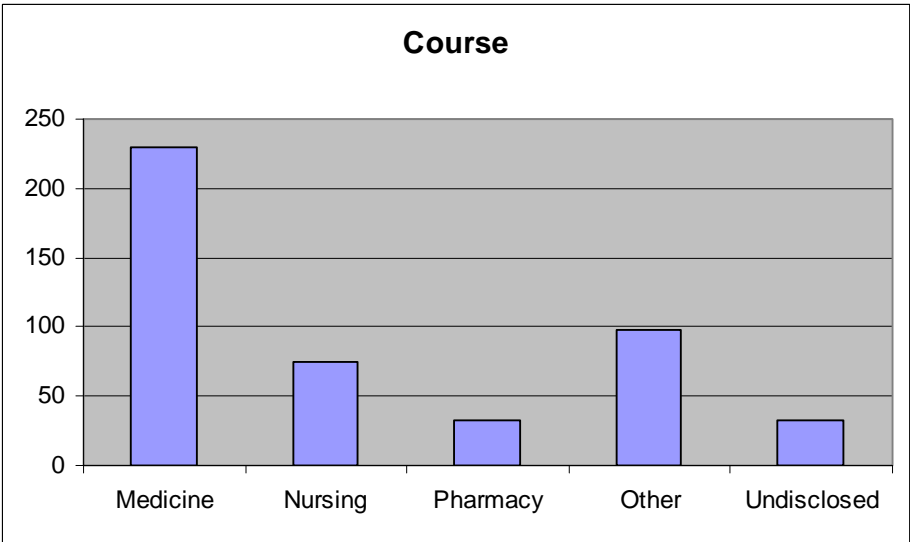
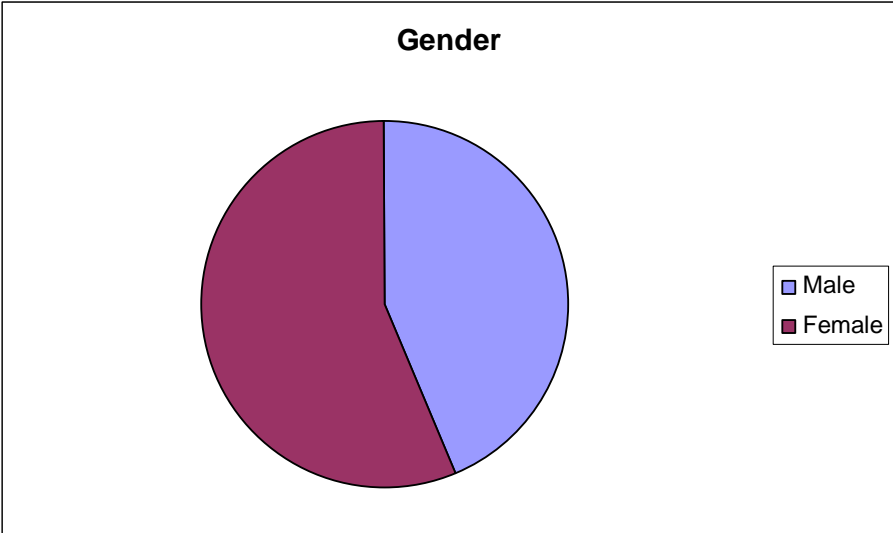
Academic support – not part of Rustica’s data collection, but informal support was provided at various functions by professionals speaking and instructing in their field of expertise.

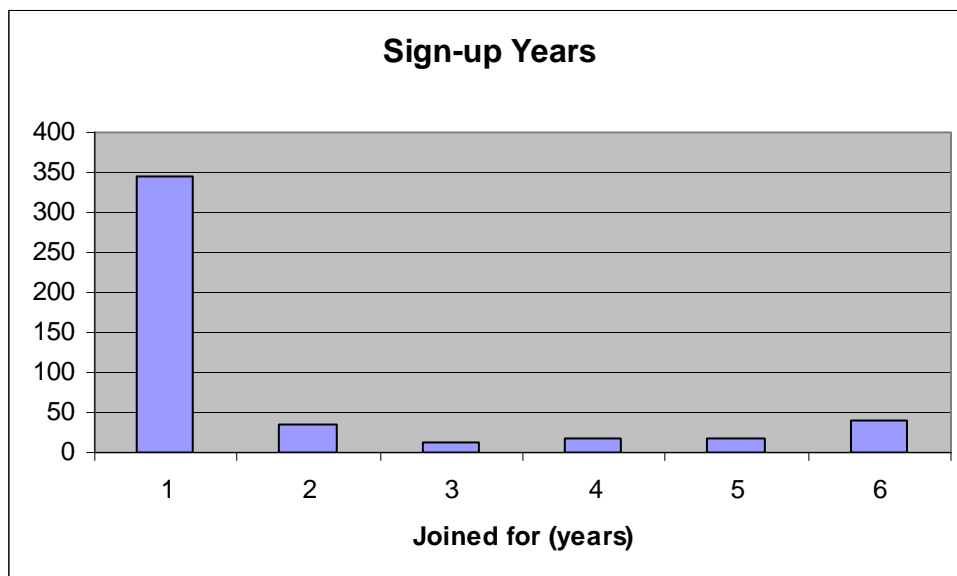
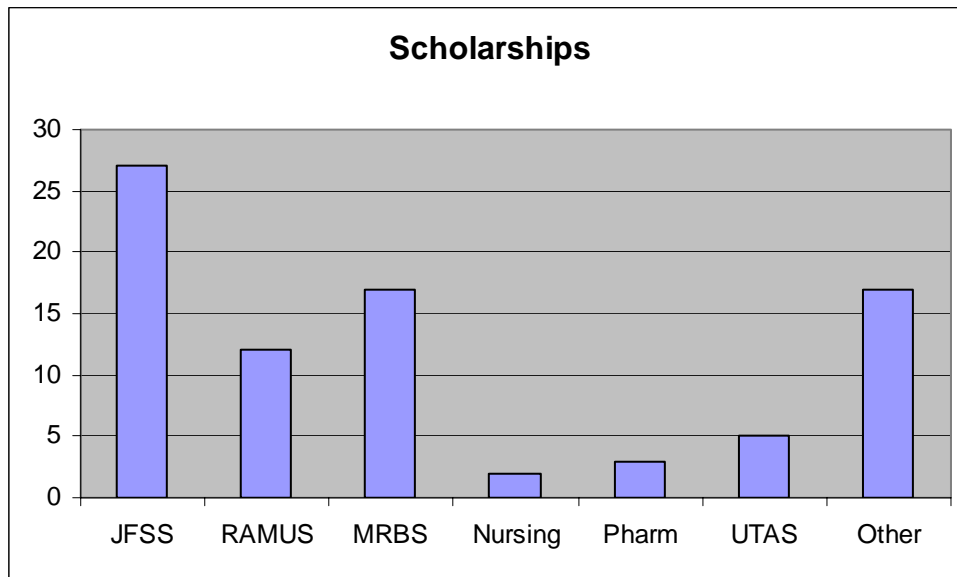
Administrative support. Jan – Dec 2003: Rustica sourced administrative assistance as required.

6a. Careers. Rustica initiated a Rural High Schools visit program in 1999 which was further developed in 2000 by the UDRH. It is now a very successful program coordinated by Ms Rosalie Maynard which involves Rustica members providing ideas as well as personnel to visit a number of schools around the state. Members talk with students and encourage them to consider health careers.

7. Indigenous health. Rustica formed an Indigenous Working Group (IWG) in 2002 and has made significant progress in 2003 with regard to indigenous student recruitment, curriculum content and general acceptance of the need for increased awareness of aboriginal issues.

Demographics





Total UTAS students with scholarships are: RAMUS = 20, MRBS = 21, (remainder unknown)

This reflects a very poor rate of involvement of scholarship recipients professing to be interested in a rural career path.

Financial Report 2003

This is a summary, for which a full ledger copy is available in excel format on the accompanying CD rom. Complete details for every transaction are available in the MYOB file which is also on the CD and requires the MYOB software to view it.

Statewide Summary

Income	
Memberships Statewide	
Adjustments	\$101.03
Memberships South	\$2,753.85
Activities	
Social Functions	\$492.00
Skills Nights	\$38.85
Information Sessions	\$21.55
Club Clothing Sales	\$0.00
Donations	\$0.00
Camps / Excursions	\$893.00
Indig. Working Group	\$0.00
Grants Recieved	
RUSC	\$23,000.00
UDRH	\$10,000.00
NWRCS	\$6,702.00
Bank Interest In	\$4.59
TUU Funding	
Running Expense Funding	\$1,910.00
Capital Grants	\$0.00
Total Income	\$45,916.87
Expenses	
Office Expenses	\$1,160.73
Admin duties	\$1,152.00
Advertising	\$975.69
Telephone	\$67.69
Printing	\$1,187.70
North West Branch	\$1,319.01
Launceston	\$833.75
Dues & Subscriptions	\$210.00
Bank Fees	\$189.21
Postage	\$0.00
Wages & Salaries	\$242.00
Travel costs	\$2,198.56
Accommodation	\$253.64
Activities Costs	
Social Activities	\$3,842.46
Skills Nights	\$1,604.82
Info Sessions	\$480.71
Camps / Excursions	\$6,613.14
Indig Working Group	\$648.42
CME Weekends Travel	\$227.50
Conferences	\$14,844.72
Club Meetings	\$407.75
Donations	\$920.00
Adjustments	\$106.04
Total Expenses	\$39,485.54

Statewide 2004 Budget

Month	Date	Activity	Final \$
Feb	Fri 20	1st year welcome	0
Feb	Wed 25	Societies day	650
Feb		Member sign up Launceston	550
Feb		Member sign up Burnie	250
March	Fri 5	Welcome Bash	900
March	Thurs 11	Scholarships night	300
March	20-21	Adventure Weekend	6000
April	3-4	CME	500
April	Wed 21	Clinical Skills night	500
May	Thurs 13	Elective Night	500
May		Rural Health Promotion	300
May		AGFEST	600
May		End of Semester Presentation Night	250
June		Exams	0
July		Welcome back function	750
August		Clinical Skills night	500
August		8th NURHC	6500
Sept		Presentation Night	250
Sept		First Aid on the Run	1500
Sept		CME	500
Oct	Fri 17	AGM, with speaker and end of year function	250

misc		Display posters etc	500
misc		Computer & printer for North	3000
misc		Office running expenses N,S,N/W, including admin assist	5000
Nth		Additional LST based activities see below	3000
West		Additional Burnie based activities	3000
Misc		Conference attendance national and state	5000
TOTAL \$			41050

Activities Report

National Assoc. of Pharmacy Students of Australia Congress (NAPSA)

Adelaide. January.

Report by Cameron Phillips

The NAPSA congress was a very valuable experience. There were speakers from very senior levels within the profession including the National President of the Pharmaceutical Society of Australia, Executive Director of the Society of Hospital Pharmacists of Australia, Chair of the Pharmaceutical Benefits Advisory Committee, National President of the Pharmaceutical Association of Australia in addition to many experienced practitioners and researchers.

A number of topics were covered during the congress, these being

- Role of pharmacy and pharmacy services in the future
- The future of drug subsidy and availability of quality medication and care
- Issues facing rural practice and their communities
- Issues facing indigenous health and its delivery
- Role of pharmacists as facilitators in the Divisions of General Practice
- Role of student bodies like NAPSA can augment change in the profession

I will elaborate on the discussions on rural health at the congress. The deficiency of pharmacists in rural areas was highlighted, and the stress this places on existing practitioners and the opportunities for them to take holidays, undertake continuing professional education and the delivery of good levels of care to their patients.

The congress also heard about the great potential for pharmacists if they choose to work, open or buy a pharmacy in a rural location. Delegates were referred to the Rural and Remote Workforce Development Program (RRWDP) of the Commonwealth's Department of Health and Aging and how financial and supporting services (i.e. locum service) are available to practicing pharmacists in rural locations. Speakers also mentioned the greater levels of professional satisfaction, community role offered in country pharmacies as well as the greater profitability experienced in such

pharmacies. It was also stressed in rural pharmacy that pharmacists are generalists, and that if we answer the call to work in the country we will get a great diversity in our practice.

Students organised themselves into smaller groups to talk about ways that students and their student bodies could help foster more interest and exposure in rural health issues at an undergraduate level. It was suggested that more options should be made to undertake rural placements interstate if there are not enough places or preceptors to facilitate a rural placement in a student's home state. Also, it was suggested that any School of Pharmacy that does not have compulsory rural placements, should initiate them and that all pharmacy students with an interest should join and become an active member of their rural health club.

In summary, the congress was an excellent environment to learn from those with tremendous experience in their fields as well as for students to compare notes on their differing undergraduate course content and placements undertaken. The National Rural Health Network (NRHN) generously sponsored me to attend the congress.

Orientation Day

Friday, 21st February

Rustica gave a PowerPoint presentation to 1st year students in medicine and pharmacy to promote the club and its activities, followed by a BBQ and sign up session.

Societies Day

Wed 26th February

Report by Mark Mather

The TUU Clubs and Societies Day is always a huge event and the beautiful weather made this a record year with several thousand students joining up with the 100+ clubs displaying their wares. Rustica's table was flat out and we signed up 134 people from predominantly medicine, pharmacy, arts and science disciplines, around 25% for the entire duration of their course.

The Rustica team served many a Boag's can to its new members and there were many enquiries about the society and its activities. Many expressed great interest in a student based rural health club which incorporated not only social events but many academic (rural) development events.

7th National Rural Health Conference

1-4 March

Report by Melanie Wuttke

Conference Overview

Set in the plush surrounds of the Hotel Grand Chancellor in Hobart, this biannual conference attracted close to 900 delegates from a wide variety of professions united by an interest in rural health. The opening ceremony took place on the Saturday evening featuring artistic performances from the Shouting Choir (Wuthering Heights like you've never heard it before!!) and Tasmanian Aborigines, welcomes from the likes of Nigel Stewart (NRHA Chairperson), Senator Kay Patterson and Alderman Rob Valentine and the fantastic keynote speaker Florence Manguyu who is a consultant paediatrician from Nairobi, Kenya, who spoke of the inequalities of health care provision in rural communities in developing countries, especially the plight of the female population. The day was capped off by the welcome reception held on the mezzanine level of the hotel.

Day two commenced with an initial session in the concert hall with the delegates then dispersing to one of eight concurrent sessions, morning tea and then a further eight concurrent sessions with

specific themes such as food and teeth, carers in the country and measuring access and isolation. The Sunday Symposium I then attended was entitled the art of healthy community: a Tasmanian retrospective and run by Sue Moss, a local artist. She detailed some of the exhibitions held over recent years that have played a role in community unity, many associated with health issues such as “Spectacular Speculum” and “The Vagina Monologues”. Many people attending this symposium said that they had successfully used art projects in their small communities to draw attention to various health issues and bring groups of people together but met a fair amount of opposition for funding. The final academic session of the day was a further concurrent session again with eight topics to choose from. The night’s entertainment was titled “A Night at the Theatre” including a circus theatre and a dark comedy act.

Monday started with a group session in the concert hall in which representatives from the NRHN delivered a presentation outlining the role of the NRHN. I then left the hall to attend a meeting of medical rural bonded scholars attending the conference. This gathering provided a chance for participants to meet and discuss aspects of the scholarship payment, how support for scholarship holders can be improved and clarified some of the points in the contract. That night, the much anticipated dinner dance took place at an superbly decorated City Hall which saw many delegates dancing into the night to the tunes of the Giant Hamsters and our own Sparky taking to the stage to belt out a song!!

Tuesday saw the students attending the conference meet up for breakfast. After another packed schedule of concurrent sessions and keynote speakers at the Grand Chancellor the delegates said their goodbyes at the farewell drinks, looking forward to the next NRHC to be held in Alice Springs in March, 2005.

(Please note that Rustica compiled a 24 page report on the academic sessions attended by its members which is available on the accompanying CD)

Welcome Bash

Fri 7th March

Report by Melanie Wuttke

With the renovations to the Uni Bar still underway, Rustica had to look elsewhere to hold its welcome bash. We looked no further than The Venue in Hobart's historic Salamanca Place. The night kicked off with the Rustica exec locked outside the complex with food, drinks and decorations in hand. On entry, the place was transformed with decorations. Chippies and cheese ‘n fruit platters kept people from starving until the BBQed goodies arrived. Rockett Nelson entertained the crowd with most of the 130 people attending hitting the dance floor. The pool table was also kept busy for most of the evening!!

Scholarship Information Night

Friday 14th March

Report by Tony Dique

The scholarship night was held in CSLT 1 at the Clinical School. The evening was well attended by students although total numbers are not available. The following scholarships were showcased by:

Rowan McSwan - NSW Rural Cadetship

Sarah Donoghue - RAMUS

Bob Grey - RFDS Fred Mackay Scholarship

Eddie Vergara - John Flynn Scholarship

Eion Breen - University Scholarships

ADF - ADF cadetships

The Pharmacy Guild and Nursing contacts were invited late and could provide neither a speaker nor written material. However some of the scholarships mentioned were applicable to nursing and pharmacy students.

Material regarding the Queensland Health Rural Scholarship Scheme was also distributed (informally).

Following the presentations drinks and nibblies were served in Club Med. All speakers were presented with a bottle of wine for their efforts.

Continuing Medical Education Weekend

Saturday March 15-16

Report by Edward Vergara

Saturday March 15

The academic session consisted of a workshop and discussion of Paediatric Emergencies. The session was led by Dr. Michelle Williams, which led to a very interactive discussion on current practices on paediatric resuscitation. Issues on different drug administration protocols were heavily discussed. Case studies were used to initiate the discussions and a broad range of situations were used. Topics such as near drownings, burns, meningococcal septicaemia and febrile convulsions were covered. As a student it was interesting to see that the acronym DRABC is still useful even at situations such as paediatric emergencies.

The discussion session was then followed by the paediatric workshops, which involved paediatric intubations, cardiopulmonary resuscitation and interosseous cannulation. The students were involved with these workshops and it was interesting to be shown first hand by rural doctors that have had much experience in the area.

The social sessions were also very interesting and it involved health encompassing activities such as Pilates and massages. A very competitive doctors versus students mini-Olympics was held. It was a well contested event with the winner unofficially being announced as the students.

Peter Barnes provided endless interactive entertainment throughout the dinner, with Rowan the blow-in from Burnie (med5) drawing on his knowledge of Greek myths & legends to clinch the trophy for his table. The whiteboard drawing looked like good old S&M on the deck of a boat to the rest of the guests but this picture had Rowie screaming 'Ulysses' and winning the game - we'll have to do some digging on his murky past.

Sunday March 16

The academic session covered the 3+ visit asthma plan. The presenter was unable to make it so the GP's discussed their experiences of asthma management around the context of the suggested 3+ plan. Main points included:

In the real world the plan is a big ask for doctors to deliver, and somewhat unrealistic regarding patient compliance. The MBS remuneration is adequate but only if practices are efficient in how they deliver the plan.

Spacers, peak-flow meters and non-disposable medications/devices should be on the PBS. The present system where some patients pay, some doctors carry the cost etc is inefficient and impacts on compliance.

Don't miss cat and mould allergy - these are relatively easy and cheap to correct. House dust-mite allergy is much more expensive to address so the other 2 should be excluded first.

Wrap Up

Students then met with the Rural Workforce Agency and discussed ways to form closer ties between the RWA and the student body, particularly those students more interested in finding out about rural health care delivery. Rustica will continue to be the prime student contact point for the RWA, RDAT and Tas GP Divisions. We must work at keeping the links current and effective.

We were made welcome to future CME weekends and other events and have offered to assist in any aspect of organising these. We also offered to present brief talks on things the rural docs would like to know about our course, aspirations, Rustica activities etc. This was popular and we look forward to a productive CME in September 2003 at Scamander.

Thanks from: Melanie, Elise, Edwina, Wendy, Caroline, Rowan, Edi and Mark.

Placement Presentation Evening

March 21, 2003

Report by Edward Vergara

This presentation night was a successful event with over 80 people attending. There were 11 separate presentations which gave a good representation of the different types of placements available during the semester long Advanced Studies (held in 4th year) and 6 weeks long Electives (held at the end of 5th year). It was an enjoyable night which provided the students present with many ideas and tips on organizing their placements. Rustica extends its special thanks to the speakers including Dr. Greg Woods, from the Tasmanian School of Medicine, who gave a great overview of the Advanced Studies and Electives program.

A webpage link from the Rustica website will be set up which will outline some of the details of the presentations. Special mention must also go to Ms. Rosalie Maynard who spoke to the crowd briefly about Rural High School Visits. The night was concluded with light refreshments and the speakers further answering questions from the attendees. The program for the night included:-

- Dr. Greg Woods - Introduction of Advanced Studies and Electives
- Irena Nikakis - Emergency Medicine in Canada through LEC
- Camilla Holdstock - Research in Sweden
- Mark Mather - Emergency Medicine at the RHH and the Royal Flying Doctors Service
- Tess Naidoo - Paediatrics in the Solomon Islands
- Tim Marshall - Honours Research at the RHH
- Victoria Whelan - Travel and Tropical Medicine and Samoa
- Felicity Bennett - Medicine in England and Paediatrics in Sweden
- Alistair Reid - Sports Medicine
- Naomi Tomlinson, Rob Stevens, Prashant Sharma - Medicine in Fiji
- Sara Cameron - Rural Medicine in Tanzania

Northwest Skills Night

April 8th

Report by Natasha-ann Laidler

The Northwest branch of Rustica held a skills night on April the 8th at the North-West Regional Hospital. We had 10 medicine and 8 nursing (4 joined on the night) students attend.

We started off the night with venipuncture, attended by the nursing students and given by one of the students (Rebecca Jackson) who had worked extensively as a blood collector in pathology. The medical students went to a session given by Dr Tom McDonagh on ECG's, defibrillation and cardioversion. All attended the next session given by Dr David Brown, addressing airways. This was a very good session covering the practical aspects of airway management and delivering oxygen to the patient. The last session was a brief account of managing the at risk psychiatric patient, we had great handouts prepared by Ms Margo Hope.

Afterwards, we ate pizza, enjoyed some refreshing yet healthy beverages and were able to get to know each other better.

Venepuncture equipment kindly donated by Terumo (S Pezzano, 6/417 Ferntree Gully Rd, Mt Waverley)

Skills Night - Hobart

Friday 21st April

Report by Melanie Wuttke

Rustica skills nights are always popular and this year was no exception with over 90 students attending. Free food (some of which ended up on the floor thanks to a dodgy ping pong table!!) was provided in the common room following participation in the stations.

Stations on offer were:

- Cannulation (accompanied by some faints and bleeds!)
- Suturing
- Paediatric Emergencies
- Wilderness First Aid - making do with what you've got in which some people won a prize of a textbook if they were able to score well in a "name this natural feature" quiz
- Immobilization and Retrieval by the Tasmanian Ambulance Service
- Home Medicine Reviews and the Methadone Program

A big thank you to all the presenters:

- Dr Michelle Williams
- Dr Geoff Couser
- Noel Dalwood and David Lighton
- Dr Edi Albert
- Jane Stevens
- Nadine Flanagan, Richard Hodgson and Mark Spearpoint

and also our sponsors:

- Surgimed
- RUSC

- University Department of Rural Health

Agfest

Saturday 3rd May

Report by Edward Vergara & Mark Mather

Nine Rustica students assisted with activities and demonstrations in the Rural Health Tent between 9am and 4pm. Activities that were demonstrated included plaster cast making, hand cream making, MMR and tetanus immunization, blood pressure measurements etc. students were also made available to answer questions regarding health science courses offered at the University of Tasmania and their experiences thus far. Photos available on webpage.

The tent was the best it has ever looked, bright, colourful and interesting. There were many different activities on offer and the tent was rarely without amused Agfest participants.

Contact was made with Rural Youth Tas who previously have not responded to our invitations to meet over the past 2 years. We are hoping to establish some dialogue and assist them in achieving common goals, as their membership and target beneficiaries are 18-30 year old rural people.

Antarctica Night

14th May

A very colourful presentation by Geoff Couser FACEM highlighted his role as doctor and cameraman in the Mawson's Hut renovation 'Down South'.

Adventure Camp

July 26-27

Report by Mark Mather

The Adventure Weekend this year was another roaring success despite the 'Hydro' pulling the pin on the water for rafting (again !). The Friday night found us arriving late after repairing punctures and then making up for lost time with salsa dancing lessons a la Tone & Steve.

Over fifty people including guides attended this 2-day expedition to the Arm River cabins and made the most of a beautiful sunny Saturday abseiling, mountain biking, paddling on a lake, walking to the snow covered peaks and exploring the surrounding rivers and tracks. Saturday night kicked off with a great meal and an introduction to Tasmanian Aboriginal culture around a fire. Many budding didgeridoo players emerged from the multi-cultural crowd gathered under the stars that night. When the temperature approached freezing point the fun continued inside with countless games and contests of beauty, skill, strength and sheer cunning.

Sunday was action-packed and most people indulged in their second cooked breakfast of the weekend before tackling a challenging abseil, Aboriginal culture and clap-stick making and caving - all in one day!

Our thanks go to the keen participants, Jahadi Aboriginal Experiences, Aardvark Adventures and the many Rustica volunteers who made it happen.

The opportunity for so many people from numerous cultural backgrounds and countries to mingle and share their experiences is what made this weekend so special. It is the core reason that Rustica sponsors and organises this sort of event for those with the energy and guts to get out and have a go, and to enjoy a uniquely Tasmanian rural experience.

Kickback

Friday 1st August

Report by Wendy Henderson

The Rustica Kickback party began a cruisy, groovy start to Semester 2 for all Rustica members. Held in the Uni bar on the 1st of August the night entailed much scrummy finger food, bar and the jazzy sounds of Harlem Lounge for a blissful 2.5 hrs. Over 150 people attended and \$430 was raised. Our total expenses for the night were \$1170. A good time was had by all.

Preminghana Indigenous Weekend

2-3 August

Report by Sara Cameron

Rustica members had the opportunity to take part in a beautiful overnight stay in Marrawah, on the far North West tip of Tassie, on the "Preminghana Weekend", which fifteen people attended. Preminghana is an Indigenous Protection Area at the site formerly known as Mt Cameron West. The Tasmanian Aboriginal Centre organised for us to be met by the caretaker at Preminghana on our visit, who kindly gave us a bit of an insight into the history of the place, and its significance to the Aboriginal community.

We were given a very special tour of the site, and we walked to the end of the beach to admire the ancient rock carvings and only imagine the meaning of these to Aboriginal people from tens of thousands of years ago until now. The weekend also entailed a feast of a pub meal in Marrawah, and staying at some cabins in Arthur River. An amazing and memorable time was had by all.

Skills Night - Launceston

Thursday 7th August

Report by Minka Springham

The Launceston skills night was held at the School of Nursing, at the University of Tasmania, Newnham campus. It started off well, with 22 new members signing up! The total attendance for the night was 40 people, mostly nursing students.

The stations held were cannulation, taken by Dr Hanson who has a lot of experience in Rural Emergency medicine, suturing, run by Dr Lydia Johns-Putra, and plastering, guided by Minka Springham and Lisa Clarke!! (owing to the professional plasterers being unable to attend). Everyone enjoyed their stations, with the suturing being especially popular, pig trotters and all!

The night was capped off with pizza and soft drinks. There was lots of positive feedback, with people enquiring when the next one will be, so watch this space!

Nursing Expo Trip

8-9th August

Report by Nia Evans

Rustica organised a trip for North/North West nursing students to attend the Nursing expo in Hobart. Travel (a 12 seater minibus), accommodation (YHA hostel) and meals were included in the trip, but despite advertising to 2nd and 3rd year students only 4 students took up the offer. However, fellow Rustica nursing students from Hobart were enthusiastic to meet up for a BBQ on Saturday evening. The BBQ went off with a hit with an early morning had by all.

Bright and early, late Sunday morning members set off to the Casino

Conference rooms for the Nursing expo where 38 exhibitors promoted their institutions, products and scholarships. These included University of Tasmania, mainland hospitals, metropolitan and regional hospitals, overseas nursing agencies, outback agencies, nursing unions and superannuation agencies.

The information covered a broad range of nursing associated topics and members learned of employment (post grad and further) opportunities and networked with potential employers. Successful networking allowed one Rustica member to gain an interview for a postgraduate position without a formal application.

The freebies were also a bonus... 32 pens, 12 fridge magnets, 11 yoyos, 1 drink bottle, 3 coffee cups, 7 notepads, 10 lanyards

In future years we would like to encourage nursing students to take this same opportunity as the information that was gained was invaluable and as a whole an excellent weekend was had.

North West Gumnuts to Buttons Cultural Awareness Workshop

Tuesday 12th August

Uni Open Day - Launceston

Sunday 17th August

Uni Open Day – Hobart

Sunday 24th August

Report by Sarah Donoghue

The Open Day for the University of Tasmania was held in the Chemistry building at the main campus on the 24th of August. In spite of the miserable weather about 780 people (that's about 715 more than the previous year!) managed to brave the elements to participate in our interactive displays and information sessions for the Faculty of Health Science. The day proved to be fun and provided us with an opportunity to practice some of our clinical skills instead of frightening potential students away with the emphasis being placed on the more didactic and scientific aspects of the course.

The morning started for most of us at 9.30am when we donned our white coats or our scrubs supplied by the perioperative nurse. Some of our volunteers went to direct people to our display while the remaining volunteers started taking blood pressure, doing examinations of people's hands, reflexes, head and neck.

Whilst doing these activities we answered any questions that people had about the course and encouraged them to enter in our health science quiz. The health science quiz was an initiative employed for the public to ask questions of us and for us to impart information to them. All the information was provided to the public by posters, models and examinations that the volunteers were performing.

During the day we had a lot of fun - some of our volunteers came back from "directing people to the display" with their faces attractively painted because they'd visited the face painter. In addition to this the open day organiser came around with a bandaged up thumb and we all posed for some ridiculous photos with her - doing silly things like listening to her thumb with our stethoscopes.

At 1.00pm we held a scholarships information session in a nearby lecture theatre with recipients of scholarships talking about their scholarships requirements. Special thanks to Melanie Wuttke,

Courtenay West and Ana Phillis for their help in this presentation. I'd also like to extend a very special thank you to Kate Roach for giving us the latest update on scholarships. Rustica provided invaluable support by donating showbags and their posterboards and banner helped to brighten up an otherwise boring Chemistry room.

Helping organise the health science faculty display was an enjoyable experience and I would encourage anyone to participate next year. I'd like to say a very big thankyou to everyone who donated some time - without your help it wouldn't have been such a big success. I'd especially like to thank Rosalie Maynard and Jill Aschmann for their guidance and support.

NURHC 2003

Pinjarra, WA

Contents:

- 1) Keynote speaker and concurrent session reports
- 2) Discussion topic reports
- 3) Social overview
- 4) First aid on the run

Thursday 28th August

Conference Opening:

Scribe: Clare McArthur

Warm up and energizer

Included making loud noises, getting friendly with the person next to you, reciprocal massage and stretching!

Welcome by Aboriginal Elder

He welcomed us to his land, and invited us to look, listen and learn... and take home what we discover.

Official Conference Opening

Alan Philip - Department of Health and Ageing, Western Australia State Office.

NRHN Summary

Juanita Rayner & Fionna Hadden

First proposed in Kalgoorlie at the Undergraduate Medical Students' Conference

NRHN formed in 1996

- Today, approx 5000 students
- 18 Rural Health Clubs
- Multi-disciplinary
- Council formed by representatives from each club
- Providing information and support for students, uni staff and government.

This year, NRHN is involved in:

- 7th National Rural Health Conference, Hobart
- Annual Face-to-Face meeting in Canberra
- Regular tele-conferences

- Rural high school visits
- Student delegate support
- Representatives consulting re: bonded medical places

3 key objectives:

- to promote equity and alliance, particularly among medical and allied health student facilities on rural placements
- support graduate assistance and partnership program (GAPP)
- rural high school visits

Keynote Speaker:

Scribe: Anita Harris

Voices from the Wilderness.....

Learning and Living in Rural and Remote Communities

Dr James Goertzen

Director of Family Medicine
Northwestern Ontario Medical Programme
Associate Clinical Professor
McMaster University

Dr Goertzen took us through 2 learning programs that he uses in Marathon and Sioux Lookout to illustrate the concepts of learning and living in a rural and remote community in Canada, and he drew comparisons with Australia demonstrating how similar the two countries really are in terms of demographics, settlement and population status.

Northwestern Ontario – Rural + Remote Training

Comparisons were drawn between Australia and Canada

Canada

11% rural students

Australia

25%

Concentrated population in the south Population around the periphery – mainly eastern sea board

What is health?

It encompasses all aspects of living and is influenced by socioeconomic status

“Learning primary care medicine in a hospital is like learning sheep ranching in a butchers shop”.

Why Train Students in Rural and Remote Sites?

- Patient orientated learning
- Clinical + social setting encourages multidisciplinary learning
- Broader range of learning opportunities

The key is to show students REAL life; and showing them the realities of health and illness.

- Challenges of training
 - Culture shock
 - Personal challenges with undifferentiated clinical setting

- **Marathon: Built on Paper.....Laced with Gold**

Marathon possesses occupational health and safety issues surrounding the town’s primary industries of paper at the Marathon Pulp Inc which uses the craft process of extraction, and there is also a mine Helmo Mines, but this is scheduled to close in 2009 which will mean a loss of 300-400 jobs within the town.

In this community students are taken into the mines and mills. This is then used as models for multidisciplinary learning by:

1. Interactive learning through teleconference that is facilitated weekly.

2. Group orientation, and clarification of learning objectives.

What has been found in this learning program is that all levels of learners work well together regardless of course, with socialisation being an important aspect, and the experimental learning opportunity provided had a profound effect on students learning.

Students became aware of the importance of the multidisciplinary approach and what it can offer them.

Supervisors provided a model for them to be able to gain insight into balancing personal and professional life in a community.

- **Siouxx Lookout**

Is a base community for provision of Aboriginal health care services to around 8000 individuals.

When on placement students:

- Are flown to visit remote communities
- Gain experience in the ER department
- Deliver babies
- See clinic patients

In Canada there are 11 Aboriginal linguistic groups

- Aboriginal culture history follows oral tradition
- Function is to care for language
- Family is the central institution for parental function and for the growing child.

The British influence in Ontario:

- Residential schools which are equal to Australia's Lost Generation
 - Children were removed from families, home + culture
 - Long hair was cut off and uniforms were to be worn
 - Children were tortured for the use of their traditional tongue and were required to only speak English

Concepts of Aboriginal Health

Medicine Wheel

Includes:

- Balancing mental, spiritual, emotional and physical health
- Incorporation of coloured races
- Winds

Students entering these communities experience the difficulties of cross cultural communication, with the aboriginal core values being non-interference, non-competitiveness, emotional restraint, sharing and a different concept of time.

Listening to aboriginal patients requires changes in the physicians understanding. The key elements of the Physician-Patient relationship include:

- Physician to speak less
- Take more time
- Use silence

The patient's illnesses are not distinct from their community context.

From the physicians point of view, developing cross-cultural communication skills is difficult and takes time, it is developed over years concurrently with personal growth.

Conclusion

Dr Goertzen aimed to introduce us to the concepts for rural and remote training in Northwestern Ontario. By illustrating 2 very different communities:

- Marathon – resource based community
- Sioux Lookout – Aboriginal community

Concurrent Session A:

Marquee

Scribe: Edward Vergara

Rural Health Clubs – The times they are a changing.

Craig Pickering & Huw Clark

The paper explored the main issues, which would promote increasing the usefulness of SPINRPHEX as a rural health club. The club's aims centred around increasing rural exposure, exploration of rural issues and providing support for rural placements. They were aware of the importance of non-rural origin student members and they make sure that they are nurtured as much as those that have come from a rural background. The paper also looked at relevant issues that would improve the club's efficiency and promote inclusion of allied health. There is also a big push to provide more graduate support through programs such as GAPP. The study's protocol involved a mailed-out survey of past SPINRPHEX members. Analysis of the results provided insight and recommendations, which would be useful in addressing the issues stated above.

Driving the Cowboys out of town: A Planetist approach for allied health in the 21st Century.

Tristan Fraser & Angela Willis

The paper based on a keynote address by Dr. Peter Ellyson explores the topics of: Modernism, Post-modernism and Planetism. This address given in February at the 5th National Allied Health Conference in Adelaide became the dominant theme for the conference. The main message involved comparing society from a Modernism point of view (Cowboy culture) and from a Planetism point of view (Spaceship culture). Modernism, which they report as being a dominant philosophical idea, became prominent in the 1960's and was depicted as the cowboy culture lacking in the inclusive community. Planetism, which is a new concept, is conceived to become prominent in 2020 is the spaceship culture evolved from the need for an inclusive community. It appears to be a sound idea, however, one negative comment regarding the concept is that Planetism is supposed to encourage democracy such as that experienced in our current cowboy culture. However, the spaceship culture is meant to also embrace communitarianism, which from their explanation means much the same as communism. I think there is real conflict between an idea that promotes both democracy and communism.

Country Placements – Getting the Urbanites to go bush.

Alessia Burgum

This paper focussed on the differences in opportunities and support that medical students received as oppose to nursing students with an underlying message that urban students require the exposure to the rural setting if they are to gain further interest in working in the bush. The author highlighted that there is an increase in tendency to work in a rural setting with an increasing rural exposure. It was pointed out that there is an inequality of support to the increasing need for rural placements by allied health. In terms of nursing she provided suggestions to alleviate this inequality. This involved providing nursing mentorship and a better support network. The author also suggested that because

the medical profession was able to get together such as through the AMA, the medical clout is stronger in influencing policy making. As such she recommended that there is a need for better political backing if nursing is to get equality with current medical support.

Rural Men's Health

Ben Cunningham

The author highlighted the nationwide differences between male and female health status. This is worsened in the rural environment. Such differences were thought to be explained by sociological theories such as: the Aussie Male, the Immortal Male and the Stupid Male. Other confounding factors include the almost unknown emotional and psychological status of men. It was pointed out that it seemed community-based initiatives were more successful than nation-based changes. The author discussed current initiatives at a various levels, which have been aimed at encouraging men to actively seek healthcare. The author was unaware of the current Pit Stop Men's Health Program, a nation-wide strategy that tackles healthcare issues at a community level. A member of the audience briefly described this.

OFA Clubhouse Room

Scribe: Sara Cameron

Preparation of Undergraduate Health Students for Rural Clinical Placements **Maree Adams, Vanessa Ryan, Angela Russell – AURMS South Australia**

This paper discussed a model of preparation for undergraduate students heading out on rural clinical placements, which is necessary to make the experience supported, fulfilling and worthwhile.

- Preparation Program:
 - awareness of rural context and how it differs
 - awareness of how rural context impacts on clinical practice
 - Aboriginal cultural awareness
 - exploring assumptions and attitudes
 - identifying resources and supports
 - researching the local area
- Benefits of Preparation:
 - facilitate adjustment
 - equips students for rural practice issues
 - improves confidence and quality of care
 - promotes deeper learning within the rural experience
- How?
 - 1-day interactive workshop
 - student-centred approach
 - multi-disciplinary
 - generic and transferable
 - students going on or interested in rural placements
 - facilitators – rural clinicians, rural academics, Aboriginal health service staff
 - Aboriginal cultural awareness
- Leaves student with:
 - approaches to researching a community before getting there, etc.
 - resources
 - knowledge
 - community relationships/ involvement
- Where to from here:

- has been voluntary, but due to success and good feedback, will become compulsory at Adelaide University.

Moving forward without resistance: the mission of the WINNOWS

Carly Dolinski – CARAH Northern Territory

WINNOWS is the name of the National Rural Health Network's Nursing Sub-Committee, which was established at the 2002 National Undergraduate Rural Health Conference to ensure that the needs and concerns of undergraduate nursing students who have a passion for rural and remote nursing are heard on a national stage. WINNOW means to move forward with a gentle breeze and it is the term used to describe how Australian wildflowers spread and prosper.

- The Nursing Course situation at present:
 - low levels of rural and remote content in courses
 - low levels of Aboriginal and Torres Strait Islander health content in courses
 - failure to promote positive views of rural health by educators
 - inadequate financing for rural and remote health clinical exposure
- Terms of Reference:
 - Increase awareness of issues pertaining to undergraduate nursing preparation for rural and remote nursing practice
 - Contribute to debate and decision making around undergraduate nursing education and preparation for rural and remote practice
 - Increase nursing student membership to rural health clubs
 - Nurture nursing students who have an interest in rural and remote nursing
 - Raise the profile of rural and remote nursing as a career option
- Strategies WINNOWS has been implementing:
 - Rural high schools visits: encouraging secondary students in rural areas to consider nursing as a career option
 - promote rural health clubs to nursing students, and encourage them to join
 - meaningful, financed, supported rural placements
 - rural and remote health issues in curricula
 - increase the knowledge base of: rural and remote health issues, placements, scholarships
 - promotion of forums (NRHN, etc.)
 - scholarships
- Methods:
 - NRHN
 - lobbying Schools of Nursing
 - assisting nursing schools to lobby government.

Intercultural Placements for Students

Hamish Graham – WILDFIRE

Hamish Graham is a 4th year medical student at Monash University who participated in an intercultural placement in India last year and has since written *Beyond Borders*, a guide for medics planning to work interculturally. Hamish spoke of the role of student placements in the broader context of helping to provide people with one of the basic human rights, that is, access to health care. "Medicine – the passport to the world" - health professionals and students have skills that are welcome in all countries of the world, and there is much to gain from these experiences.

- Long-term impact of placement:
 - Who?
 - Student
 - Health care team

- Host community
 - How?
 - Cultural sharing
 - Skills sharing
 - Relationship building

A team of medical students at Monash University in 2002 conducted a study looking at student preparation for intercultural placements.

- What makes a placement successful?
 - Student preparation
 - How well are students prepared?
 - How could students prepare better?
- Student preparation.
 - Personal
 - Motives (87% identified)
 - Goal setting (80% set goals)
 - Identify personal strengths and weaknesses
 - Social
 - Host support (53% had mentor)
 - Home support, including debriefing (27% formal, 20% nil)
 - Cultural
 - Coping (54% 'culture shock')
 - Cultural adjustment
 - Cultural analysis
 - Professional
 - My skills (54% aware of necessary skills)
 - Community health issues
 - Financial
 - Budget (40% overshot budget, 20% did not budget)
 - Raising money
 - Travel insurance
 - Accessing money
 - Health
 - Illness (53% got sick)
 - Immunisations
 - Fitness and health vulnerability
 - Disease information
 - Medical Kit
 - Practical
 - Packing
 - Passport and Visas
 - Communication
 - Law, tax, Centrelink, etc.
- Conclusions:
 - Handbook needed for basic preparation and further resources
 - *Beyond Borders – A handbook for Intercultural Health Workers* (McGraw-Hill 2003)
 - Website for connection, resources
 - Under development, will you be involved?
- If you think you are too small to make a difference, try sleeping with a mosquito!

Rural Experience for Final Year Dental Students

Jacinta Peachey - Business Development Officer, Centre for Rural and Remote Oral Health, Western Australia

- Centre for Rural and Remote Oral Health
 - service provision
 - research
 - education
- Background:
 - there is a shortage of dentists in rural and remote areas
 - education has changed from a discipline-based curricula to experiential learning
 - model established and successful in medical and nursing schools
 - Aim: exposure to issues unique to rural and remote and Indigenous communities.
- Learning outcomes for program:
 - describe aspects of rural life that impact on oral health
 - identify oral health needs of rural and remote communities
- Structure of program:
 - 3-week rotation
 - assignment
- What activities are students involved in?
 - private practice or government clinic
 - emergency service
 - chair-side observation
 - specialist practice/procedures
- Requirements:
 - Assignment: 1500 words
 - rural oral health
 - indigenous oral health
 - rural dental practise
 - Assessment by supervisors
- Student feedback
 - positive comments in feedback
 - students changing their options
 - students seek rural appointments
- Staff feedback
 - positive
 - more dentists wanting to participate
- In future:
 - more students taking rural placements on graduation.

OFA Clubhouse Room 2

Scribe: Natasha-Ann Laidler

Flinders University School of Medicine Rural Programs – a model of excellence to be shared Emily Farrell – FURHS

This presentation outlined the good work Flinders University is doing regarding supported rural placements and rural admissions.

Flinders supports their students financially with accommodation and transport costs making it easier for students to undertake rural electives. Apart from financial help there is support academically and from programme co-ordinators to make their stay more enjoyable.

Flinders also has a rural admission sub quota of 4 places annually. Apart from this great initiative, the community also has input into the students through interview panels.

This approach towards rural health is a great model for other medical schools and in the future Flinders has more initiatives to improve both the rural placements programme and numbers of students coming into the medical school from rural areas.

Health Inequalities: A possible broader view for rural health clubs

Melanie Van Twest – OUTLOOK

This was a talk devoted to improving the health of all people through social justice. The key message was that health is closely linked to social justice (as recognised by WHO and the Ottawa Charter). This point being elaborated further by presentation of the basic human rights of:

1. A right to health care in the event of ill-health (not preventative)
2. A right to the provision of health-promoting conditions (which is multifactorial, including: Education; Employment; Income; Food; Housing; Nutrition; Peace; Social security; And children's safety – Factors relating to social justice)

The focus was then turned to the global and local presence of social inequality, primarily that there are many disenfranchised groups around the world and that global issues do have local effects.

Following on, Melanie went on to describe Outlooks merger with the University of Melbourne's third world interest group some years ago, and the subsequent general interest Outlook has in addressing health inequalities. As a club, they host regular information lunches on topics such as indigenous, rural and immigrant health, along with a talk from the medical association for the prevention of war.

The advantages of this approach were:

1. A bigger target audience for membership
2. Members exposed to new areas and issues
3. Greater understanding of the principles of public health

The other goal was to change the idea that rural health clubs are merely a siphon for rural practice.

The requirements of this stance on social justice issues were the correct resources to maintain a broad activity range, and using membership fees for these activities if problems with RUSC funding are an issue.

Swiss Cheese, Reindeer and Potatoes – Rural Placements Abroad!

Philip Stokes, Mardi Gardner and Sam Goodwin - RHINO

This was a two-pronged approach to rural placements overseas. First we were given the demographics of the three towns, Cavalier in North Dakota, Tana in Norway, and Cerner in Switzerland. The purpose of this was to highlight the comparison of Australian ideas of rurality compared to the factors affecting this elsewhere. These factors are not merely distance; they include geographical isolation, climate extremes preventing access, transport availability and the cultural norms of health provision in each country.

This was a great insight into how we perhaps classify rural areas, and that distance is not the only barrier to access for people in remote and rural areas.

The other focus was on the indigenous (or marginalised) populations of these regions. They included the Native American Indians, Norwegian Saami people, and the Muslim Bosnian refugees in Switzerland. The issues affecting the health of these populations vary place to place, but in general their status of health is poor compared to the major population. Specific areas of concern

were: sexual health, mental health (particularly for refugees), substance abuse, language difficulties, and poor social status. Another problem these people often face is prejudice.

Examples were given such as the issue of access to health care for people stuck in a town with their only road to the hospital is blocked by snow and also of the elderly who may not even be able to walk down the street to the shop in deep winter.

The other paper was not presented.

Friday 29th August

Keynote Speaker

Scribe: Edward Vergara

Creating inclusive Communities: Disability, Society and Health.

Professor Tanya Packer

Occupational Therapy Research Centre of Western Australia

Demographics are changing the face of health care.

In order to solve the problems we must do something different from what we have done in the past.

Building inclusive communities

- Health is a state of complete physical, mental and social well-being and not purely the absence of disease or infirmity (WHO, 1946).
- What is involved in the inclusive community?
 - “The range of human differences among constituents are embraced in an organization or community.” (Vaughn & Mlekov, 2003).
 - Respect differences
 - Cultural diversity
 - Equity in access to service
 - Power sharing
 - Common goals
 - Social justice
- How do we develop this community?
 - Examine own attitude
 - Trust your community and invest in community partnerships
 - Guard against hidden constraints
 - Focus on multi-disciplinary and multi-sectoral solutions.
- What is a community partnership?
 - Must have a common problem.
 - Each partner must benefit even if the benefit is not the same.
 - Must be able to achieve together what is not achievable alone.

Scribe: Rowan McSwan

Professor Packer began by defining injury, disability and impairment and pointing out important differences between them. She discussed the notion of an inclusive community as one that allows those with disabilities to be productive members. Professor Packer used various case studies to illustrate the benefits of building an inclusive community and provided practical suggestions for how to go about this.

Concurrent Session B

Marquee

Scribe: Alannah Smith

From local league to the NFL: helping WAALHIIBE's become WAALHEBE's Rebecca Fry and Suzanne Spitz

Although new graduates may have many emotions surrounding their new experience at working in a rural community, such as anticipation, excitement, determination, enthusiasm, they will also all experience pressure and responsibility. This can be very difficult to cope with, especially without support, such as that provided by your rural health club during their undergraduate years.

In Western Australia, the Western Australia Country Health Service has started a new and different type of support network for newly graduated allied health professionals and this is called WAALHEBE's (Western Australian Allied Health Experiencing Bush Experiences, as opposed to WAALHIIBE's 'interested in bush experiences'). Graduates are assisted in their preparation for working in rural communities at rural orientations, skill developments via video conference, workshops dedicated to multi-disciplinary allied health, web-board discussion forums and mentoring.

This presentation also highlighted the importance of educating the graduate's manager or supervisor so that they will be able to support the graduates better, and also the importance of more education and research that is required in this area.

The importance of learning to be part of a team and networking was also stressed, and we were encouraged to learn how to support ourselves as well as seek out support from others. If this was successful, then the community, the team and the graduate would all be able to benefit.

Championing the youth cause: The tale of two towns Melita Cirillo and Hayley Robinson – SPINRPHEX

This was the study of two rural communities (Town A and Town B) and their strategies that they used to address the issue of youth boredom, and how boredom impacted upon the youth's social, physical and mental well being. They focused on rural high school students. The boredom seemed to arise from the students' isolation and their unhappiness in a rural setting, and this boredom led to a decrease in school performance. They examined the relationship between rural communities and the mental health status of their youth. It was found that there was a relationship between increased physical activity and improved mental health status, that rural areas have a prevalence of mental health problems.

Interviews were conducted with the adolescents, their teachers, principals, chaplain, school psychologist/nurse and the youth liaison officer. These interviews asked things such as general health and fitness, mental health status and future employment prospects for the students, what they thought the problems were and how they could be fixed. The towns were under resourced to cope with these issues, but Town B had recently improved in infrastructure, and youth strategies were in place to try to overcome these problems and keep the students occupied. This included Army Cadets, a Sports Programme and a Recreation Centre. The students also needed fitness to be promoted them as part of their long life beliefs. Also, it is important that the whole community is involved in the planning of these strategies, and this includes GPs, allied health professionals, nurses, and teachers. This will provide a great benefit to the entire community, as well as promoting a general healthy lifestyle amongst the people. Town A had less progress (although they did have plans), and it is important that they continue to push for strategies to overcome the problems with their youth.

Lessons from Social Work: Mental Health for Non-Mental Health Professionals

Sarah Joy – MIRAGE

Traditionally, mental health professionals are usually seen as one of five groups – nurses, occupational therapists, psychiatrists, psychologists and social workers. However, in a smaller rural community, patients with a mental illness may not have access to these professionals and may rely on non-mental health professional, such as doctors. It is thus important that non-mental health undergraduates be made aware of the national practice standards – these are twelve standards for mental health professionals. It is also vital that these students have an understanding of social capital; this is basically the social fabric that binds us together. Horizontal social capital reflects the ties that exist between individuals or groups of people that are equals. Vertical Social Capital reflects hierarchical (unequal) relations on the basis of power, resource and access differentials. It is important for the undergraduate to understand how horizontal and vertical social capital relates to the national practice standards, as this will help the students deal with mental health practice later on as professionals. There are several recommendations to help achieve these goals:

- Increase in undergraduate courses in mental health and social capital and its links to communities and mental health.
- Students that are undertaking rural placement should take the opportunity to engage in reflective practices and be aware of values and attitudes that shape their interventions and knowledge they draw upon to formulate these interventions.

Student Heal Thyself

Dr Sally Roach - PhD, Associate Director Research, Western Australian Centre for Remote and Rural Medicine

This presentation was about the evaluation of the Care and Co programme. This programme provides a general practice and counselling service to rural doctors and their families. Evidence was found showing that doctors frequently self care: they self diagnose, treat, prescribe and refer themselves. It was found that 90% of the doctors had prescribed themselves antibiotics. It was also found that doctors look after themselves very poorly.

The themes of this problem are centred on:

- “But I am a doctor” – The doctors felt that this allowed them to self diagnose.
- “I’m a doctor, and therefore can’t be a patient”
- “Can my colleagues be my GP?” – The doctors who found themselves relying on their colleagues for help sometimes found that no one listened or helped them.
- “I need a doctor who is not my partner” – Partners of doctors often have difficulty when there are few (or no other) doctors in the community. It can be hard for the doctor to be objective about their family.

To overcome some of these problems, it is important to educate the doctors, and their families about some of the issues they may face. This needs to begin at an undergraduate level. Medical training can play a large part in removing some of the barriers to consulting another doctor. Also, programs that help doctors with these obstacles are vital, such as ‘GPs for GPs’. Another important issue for doctors is the stigma that’s related to mental illness, it’s important that the doctor has people who can help them and people that they feel they can ask for help. The evidence also shows how medical students do not look after themselves, for example, 1st year med students showed significant changes in health habits over their first year (particularly in relation to alcohol) and 24 per cent of 1st and 2nd year medical students were found to be depressed. It is therefore very important that the doctor learns how to look after themselves from their initial stages as a student, so that they are able to look after themselves, and their families, later on in life.

OHA Clubhouse 2

Scribe: Caroline Mooney

NSW RHCs: Together in Good Rural Health

Charbel Badr – president of MIRAGE, 3rd year med

He gave an account of the workings of the New South Wales Rural Health Club Network (NSWRHCN), a “baby NRHN” that incorporates the six rural Health Clubs in NSW: Woolongong’s SHARP, UNSW’s RAHMS, Albury’s MAHRS, Wagga Wagga’s WARRIAHS, Newcastle’s BREAATHHE, and Uni of Sydney’s MIRAGE. Established in 2001 as an evolution from the Multidisciplinary Undergraduate Rural Health Network, the main aim of the NSWRHCN was to stimulate communication and cooperation between the New South Wales (NSW) Rural Health Clubs (RHCs) on a similar model to the National Rural Health Network (NRHN). Following teething problems, the NSWRHCN became functionally inactive, to be re-activated at the NSW RHC executive weekend in April 2003. It is proposed that the NSW Rural Doctors Network (RDN) will be the funding and administering body. The main focus of the network will be on improving the communication and cooperation between the NSW RHCs through quarterly teleconferences and annual face to face meetings. In addition to improving communication between the clubs, the NSWRHCN aims to increase awareness of things such as Scholarships, cooperate on things such as Rural High School Visits (RHSVs), decrease the duplication of events, assist less established NSW RHCs, use funds more efficiently, provide a more united voice and accordingly, stronger representation on a state level. The NSWRHCN aims to complement the NRHN at a state level. All NSWRHCN clubs will remain NRHN members and work with the NRHN. To date, the biggest cooperation between the clubs has been in terms of RHSVs. Interclub bonding has been encouraged at social events such as the Harbour Cruise and NSW RHC Ball. It is hoped that with time the network can become stronger and increase support for rural health at a state level similar to the work of the NRHN on the national level.

Annual Health Screening Program on the Blackall Range, Queensland, directed at low access members of the population.

Edward Vergara, a 4th year Medical student at the University of Tasmania, undertook a pilot screening program in Maleny on the Blackall Range, Queensland, as part of his John Flynn Scholarship. The aim of the project is to introduce an annual health screening program to allow free and open access to the community, specifically targeting undifferentiated members with less access to services due to lifestyle issues. Unequal access to simple screening tests such as hypertension, diabetes mellitus, and melanoma often occurs in the rural area because of issues such as isolation, lack of transport, costs (temporal or financial), or societal constraints, and the project was designed to try and limit these issues in order to increase the community’s access to screening services.

The pilot study for the project had two parts. The project was advertised in the local newspaper, and people were invited to take part. Part 1 involved taking blood sugar levels and blood pressure measurements, free of charge at a nominated venue. Results were reported and referrals suggested where necessary. It was discovered that many patients did not have a GP and all agreed to the suggestion for follow-up. Hypertension was determined by blood pressure measurement, with a systolic value of ≥ 140 mmHg being deemed referable. Risk for diabetes mellitus was determined by blood sugar levels with fasting blood sugar levels of ≥ 6.0 mmol/L and non-fasting blood sugar levels of ≥ 8.0 mmol/L being referable. Part 2 was associated with melanoma screening, and involved the publication of a self-evaluated questionnaire in the local newspaper. Participants calculated their own risk score and were encouraged to present to their local GPs. Follow up will occur through communication with GPs in the area. The follow up rate of compliance will be assessed in 2003.

Community support was paramount to the success of the pilot study. Issues to be taken into consideration in light of the project included information dissemination strategies, project validation, participation support and community ownership, and project sustainability. The author is considering approaching drug companies to sponsor the project. The project was deemed successful despite limitations. Outcomes included, a number of undiagnosed cases of both hypertension and diabetes mellitus detected, adjustments to the project will further improve screening process, and expansion of the study will lead to increased awareness of access to screening services for the Blackall Range communities.

Thanks was made to various bodies helping make the project possible including John Flynn Scholarship Scheme, Dr Jonathon Outridge, Blackall Range Communities, Witta General Store, and Rustica.

Addressing Rural Oral Health Workforce Issues at the Undergraduate Level

A group of students including Ailin Teo, Simon Watson, Irene Angelis, Weiwei Chua, James Lailah, Albert Le, Bhavani Panneerselvam under the guidance of Dr Matthew Hopcraft and Associate Professor Mike Morgan from OUTLOOK Victoria conducted a study reviewing current methods and strategies across Australia for addressing the shortage of rural dentists at the undergraduate student level. A further aim was to propose relevant interventions and a model for an undergraduate student rural placement program for the University of Melbourne's School of Dental Science.

With more than 90% of dental services in Australia run privately and in urban centres, there is a great need to provide services to those in rural and remote areas. Many rural and remote people have non-flouridated water supplies and poorer access to dental services and poorer oral health outcomes than those living in urban areas.

There are many studies examining the effects of students' interventions on rural practice, but there is no randomised controlled trial. It is well known that having a rural background makes you more likely to practice in a rural area, yet there are very few rural students meeting entry requirements for dentistry (5% of dental students are of rural origin) with significant financial and social issues associated with relocating for education. Undertaking a rural placement program (RPP) is the second strongest predictor of rural practice, yet currently only three of the five dental universities have compulsory RPPs (Queensland and Melbourne will introduce RPPs in 2004). An overwhelming number of participants had a better impression of rural practice following a RPP. There is also the issue of the huge change in demographics in the courses. Many families (particularly those from southeast Asia) aren't comfortable with students going "bush", so there is the need to introduce incentives for rural placement, for example, scholarships similar to the Medical Rural Bonded (MRB) Scholarships, or offering short concentrated stays – which may be better, but the aim is to retain practitioners.

The study made a number of recommendations, which included, enrolment of a minimum quota of rural students; expansion of targeted access programs, provision of financial and ongoing support; inclusion of comprehensive rural oral health within curriculum – of which a key component will be RPPs. The need for further research, particularly on issues of access and equality on selection to the schools was discussed.

Huge gaps exist between the have and have-nots in terms of oral health in Australia, particularly rural oral health, and this needs to be urgently addressed.

Living la vida Chilena: Students that volunteer

Leanne King, an occupational therapy student with breathhe gave an account of her volunteer work with a group of students in Chile.

Every year numerous students organise and run programs called 'los trabajos voluntarios de verano', the summer volunteer works throughout the country. Each university runs individual Government assisted programs focussing on rural and remote communities with the aim of improving health and wellbeing. These are readily accessible programs because of their low running cost. Proposals for projects are submitted during the university semester. Goals for projects provide groundwork for ongoing community health and involvement and must be realisable within two weeks.

Projects King was involved in included construction projects, for example, safety issues and repairs on local parks, and the maintenance of roofs. Involvement of locals is encouraged and local governments cooperate on the projects; the running of drama workshops for youths in rural communities which create hope and a sense of empowerment for the youths in the area; and also a health promotion project which incorporated a clinic for blood tests, counselling and general health advice. Other projects run by students included legal advice, childcare, parent education, free dental clinic, gynaecology, and family planning. Extracurricular activities included sport, performances, community festivals, travel over the weekends, and of course parties.

There are many benefits that can be obtained from the undertaking of such a program. Benefits to the student on both group and individual levels can include, experience, the broadening of horizons, the meeting of new people, a cheap holiday, and of course the warm, fuzzy feeling that is associated with volunteering. Benefits to the community can include the provision of practical solutions to problems (for example the parks, and the roofs), education, health promotion, data collection for the government and local health services, and the feeling of being a valued community.

It was suggested that Rural Health Clubs (RHCs) might be able to set up similar projects in Australia as the ideas of the programs relate well to the ideals of Australian RHCs. Implementation of the programs would allow the practical application of skills and could be associated with Rural High School Visits (RHSVs), thus taking the experience and resources we have to less fortunate communities that are often overlooked.

Keynote Speaker

Scribe: Melanie Wuttke

Senator Kay Patterson Minister for Health and Ageing

The minister started off by stating that it is unfair that people in the city get better access to health care than those in rural and regional areas although mentions that some communities have been very creative and innovative providing high standard primary health care. She sees as a priority aboriginal health care particularly aiming at decreasing pneumococcal deaths and STD's.

The government has developed a plan that involves each of 10 departments being assigned a tough area in Australia of which they are to focus on and improve. This will hopefully lead to positive outcomes and serve as a model for improving other similar regions. Senator Patterson states that setting the initiative up like a competition also increases drive and enthusiasm. The health department has been assigned Pitlands.

The controversial bonded places in medical schools, set to start next year, were also mentioned. These aim to correct the workforce shortages found only 15kms from some cbd's, the requirement of this scheme being that the recipient work in such a locality as this (defined as an area of need). An extra 234 places have been funded by the government costing them \$42 million over 4 years. This financial outlay to create these extra places justifies the lack of scholarship received by the student as they are benefiting from a place in medical school.

Another recent initiative is making the Cochrane Review Database available to all Australians via the internet for free.

Senator Patterson describes the network as 'exciting' stating that we are the ones who will shape the future.

Saturday 30th August

Keynote Speaker

Scribe: Edward Vergara

Trust me...I'm a Nurse.

Christine Haar

Director of Nursing/Health Services Manager

- This paper gave an account of her career – a brilliant rainbow of experiences in the rural setting.
- Highlighted the changes that have occurred in the profession.
- Highlighted the special skills, abilities and experiences gained by rural nurses.
- However, there are some disadvantages as well as you work in a rural setting but you learn to adapt...may need to adapt.
- "Don't abandon your dream because of those who lack the vision."

Concurrent Session C

Marquee

Scribe: Wendy Henderson

My Days in the Desert – Life and Work in Papunya, A remote Aboriginal Community

Rebekah Ledingham - NT

Rebekah spent 6 weeks in Papunya at the end of 2002 as part of final year Nursing rotations. Papunya is a small settlement of 450 people 246km NW of Alice Springs. The community is home to many Aboriginal painters and musicians, as it was here 40 yrs ago that commercial dot painting originated. Rebekah worked in the 2 room health clinic that served as a base for the RFDS (a min of 4hrs away) with 3 other nurses. As a community Papunya reflects the shocking state of Aboriginal health that Rebekah felt was largely "swept under the rug" by officialdom. Issues she dealt with included; petrol sniffing, youth suicide, extensive ear and eye problems, post-natal deaths, alcohol abuse and petrol sniffing. Rebekah decided at the end of her stay that she would take up a health promotion position with World Vision within the community. She felt this more fulfilling than her nursing experiences because she was able to "take proactive action to make positive changes in the community." Her current work includes establishing a meals-on-wheels service, recording/arts studio (with the help of Peter Garret!) and a regular teenage girls night.

Rebekah felt she learnt much about perspective and cultural differences giving many funny and insightful accounts of her adjustment to life and the people of Papunya. Rebekah commitment and passion for her work showed through in her fierce advocacy of Aboriginal issues. She hopes in the future that stories like hers will inspire change in Aboriginal health problems in Australia and that one day her job might be redundant because the mantle has been taken up by kids from Papunya itself.

How I Can Make the Difference **Georgina Bonilla - ROUSTAH**

Georgina shared her experiences of living and studying medicine in El Salvador. She gave us a quick overview of the differences she has experienced since moving to Australia. El Salvador is a small central American country of 6 million people which has been ravaged by civil war for the past 12 yrs. Georgina studied at the University of El Salvador for 8 yrs as a medical student in a class of roughly 200 people. Most of the students came from middle class backgrounds. The University was autonomous of the government and students paid \$5 a month in tuition fees. Training and equipment was poor but students were encouraged to make the best of their surroundings often carrying a box to each class to sit on. As part of her training, Georgina completed a project in which she was assigned a rural community of approximately 5 large extended families for whom she was expected to monitor their health and educate them on public health issues. It was hoped that this would encourage the medical students to take up rural GP posts after completing their degree. Coming face to face with the abysmal poverty of her farming community was not surprised that only 1 in 150 graduating students choose this difficult path. In 1991, Georgina's family fled to Australia as refugees after frequent violent attacks on her neighbourhood and the University. She knew no English when she arrived but learned quickly hoping to gain entrance into a University course as her medical degree from El Salvador was not recognized in Australia. She completed a Biomedical Science degree and is now currently in her 3rd yr of a Nursing degree. She has taken a "rural direction" to her studies and loves it. She has a great appreciation for how lucky she is to study in Australia and how proactive the University's and Government are about turning improving rural health. She believes we have a "responsibility to our rural communities" and encourages us to "take the 1st step" towards solving the problems associated with rural health.

No, We Are Not the Christian Club – Dispelling the Myths and Increasing the Profile of the Rural Health Club on an Allied Health Campus **Shellie Corney & Justine Vella - MIRAGE**

Shellie and Justine are both Allied Health students at the University of Sydney's Cumberland campus. The main campus of the University located in the city houses the Medical, Dental, Social Work, Pharmacy and Nursing students and hence is where the main activity of their rural health club – Mirage – is concentrated. In an attempt to raise the profile of Mirage at the Cumberland campus, Shellie and Justine encountered the following issues; communication + planning was difficult b/w the 2 campuses, Cumberland uni had little night life (due to the fact it is situated opposite the largest cemetery in the Southern Hemisphere), there was little involvement from the exec and few events at Cumberland, many Cumberland students thought the club was for med students only or confused it with the Christian club and Mirage received no support from the Cumberland student guild because due to member numbers could not gain affiliation. After much consultation with the main campus exec and the Cumberland campus Uni officials, Shellie and Justine came up with the following solutions; new membership drive at Cumberland campus, holding more daytime events as opposed to night events and introducing joint campus membership options and incentives. They also hope that the installation of Allied Health Discipline year representatives will maintain links with the exec, champion allied health issues and further promote

and publicize Mirage as a club. As difficult as installing these changes have been, Justine and Shellie are sure they will have long term positive effects.

OFA Clubhouse 1

Scribe: Melanie Wuttke

Getting into Country Town Life and the Community – Dependent on the town, or you or your thoughts?

Elizabeth Clark & Danielle Kilmurray

- Major hurdle – removal from family, friends and home environment to the unknown where you have few friends
- Surveys show that how well you fit in depends on you and also less so on the place, attitude and transient population in particular
- They suggest:
 - Involvement outside the workplace increases experience
 - Have a look at websites, phones, email enquiries about town before arriving
 - Make friends soon after arriving
 - Have realistic expectations
 - Accept offers
 - Check library and shops for local stuff going on
 - Stay there on weekends
 - Think positively
 - Get yourself known, ads
 - Learn local cultures, history
 - Take part in health promotion clinics
 - Join clubs – sporting and social
 - Remain in contact with professional support
 - Tour around local area, get to know it
- Overall point – your attitude determines your experience

Role of Mentors and Professional Networks

Koby George (ROUSTAH), second year nursing

- Life at uni can be frightening
 - Fear of the unknown
 - How do they meet other students
 - How to go about academic stuff
- Uni clubs decrease isolation
- Clubs suffer lack of continuity where members are only doing short courses eg nursing
- Florence Nightingale is an early example of a mentor
- JFSS good current example of mentoring
- Club looks beyond graduation and much documentation takes place to increase continuity
- 2 layers of ROUSTAH
 - Executive
 - General Members; all uni students able to join
- All members have the ability to become mentors, learn leadership skills and help achieve the goals of the clubs
- Funding for ROUSTAH is not the same as clubs who are predominantly med based

Optimising Dementia Care on Flinders Island – the problems and their solutions

Clare McArthur and Rowan McSwan

- The predominant industries on Flinders Island are agriculture, fishing and forestry
- 37% of inhabitants are over 85 in a population of 924 people
- A multipurpose centre is located at Whitemark, the largest town on the island
- Dementia is the most common cause for needing residential care
- Problems
 - Absence of a secure care facility
 - No respite
 - Minimal specialist support
 - Poor access to education for staff
- Search for solutions
 - Community nurses
 - Doctor
 - Site manager
 - Neurophysicist (visiting)
 - Age care assessment team (visiting)
- Problems recognised
 - Family/social contact invaluable
 - Community awareness is poor
 - Screening not accessible & patients require extensive assessment
- Diagnosis
 - Underdiagnosed
 - Prevents early treatment
 - Worsens prognosis
 - Narrowed opportunity for life considerations
 - Multidiscipline approach required for diagnosis and assessment
 - Travel constraints
 - Financial
 - Medical
- Obstacles to effective management
 - No secure care
 - Sporadic age care assessment team visits
 - Staff shortage
 - Patients relocated to Launceston to wait placement meaning that people are separated from their family and home environment leading to a decline in their condition
- Monitoring
 - Loss of mental function
 - Variable progression of disease
- Care for carer
 - Need to support as this leads to improved patient care and satisfaction
 - No respite
 - Decreases need for respite
- Answers
 - Education
 - MPC staff
 - Carers and community
 - Aged population
 - Specialist visits
 - Neuropsychologist

- Psychiatrist
- Geriatrician
- Benefits of optimised care
 - Better care = increased outcomes (quality of life)
 - Decreased nursing home placements
 - Early diagnosis decreases cost
 - Increased patient compliance
- Now
 - Every 3 months a psycho-geriatrician visits
 - Increased opportunity for staff education
 - Trying to build onsite care and increase funding for more staff

OFA Clubhouse 2

Scribe: Edwina Coghlan

My Journey – from rural origin high school student to first year medical student Amy Camplin, SPINRPHEX

As a rural student she went through the rural student recruitment program. This boosted her confidence as she got to meet other students who were in the same position as her.

Rural student recruitment program, looks at the issues affecting rural students, and believes that rural students are one of the long-term solutions to the shortage of medical practitioners, and because they are of rural origin they are more inclined to go home.

She sat UMAT/interview and received ongoing support throughout selection process from the RSRP. She didn't get in the first time she applied but WACCRM still offered support when she didn't get in.

Now in med, she is still getting ongoing support, and can organize interview with WACCRM to discuss problems etc.

The rural student entry scheme: support, recruitment or changing opinions? Angela Titmuss, Stuart Hoffman and Jodi Osborn – RAHMS

Background: significant time in country = different entry scheme.

Again based on theory that rural students are more likely to pursue a rural medical career. Before applying need to meet certain criteria, all 4 are weighted equally. RSES offers not just a separate quota but also a support network. Increased the numbers of rural students, because in 1998 only 4.1% of students were from rural backgrounds. In 2000 at UNSW 29% of students are on RSES 3.5% are of rural origin but enter on general entry in 2003 25% of med students at UNSW are from rural background. Need to watch stigma placed on this entry scheme?

Rural High School Visits the Central Australian Way Carly Dolinski and Dr Jim Thurley – CARAH

Started in Alice Springs in 2002 undergrad students flew to Alice Springs to participate. Aboriginal cultural awareness program careers night at the centre for remote health.

Background to indigenous population in NT: 24.1% of population is indigenous. Have to fly in some allied health under grad students.

Important things to note when doing this kind of high school visit: traditional manner of high school visits wasn't going to work.

What kind of issues would stop the kids going onto tertiary education?

Scholarships were not understood because most of the students were already getting paid to go study.

Gender issues meant girls worked with girls, boys worked with boys. Lots of the kids couldn't read so in some cases posters etc were useless. Many of the kids has minimal experience with health professionals, normally being just doctors and indigenous community people making them unaware of allied health.

The kids made posters of perceived health issues in the community. The perceived barriers from stopping the kids going onto uni as noted by them were drugs and alcohol.

At end of the week reflections included: to visit indigenous high schools not just from health viewpoint but probably to help build kids confidence. The event inspired more undergrads to go bush.

During the trip also visited the RFDS at Yulara.

Keynote Speaker

Scribe: Melanie Wuttke

R-E-S-P-E-C-T (find out what it means to me)

Gina Williams

Award winning indigenous journalist, part-time jazz diva, full-time mother of 2 and some-time community networks consultant

She feels that all problems stem from inadequate communication.

Gina was adopted at a young age, then was placed into foster care after her adopted parents separated and her mother couldn't cope. She received a cadetship which put her on the path to becoming a journalist. Her life could have gone very differently and she credits her role models with where she is now. She figures we, the students present at the conference and colleagues, will later fill that role.

R Remain calm
 Respond (don't react)
 Recognise expertise

E Educate
 Encourage
 Easy does it

S Speak less
 Show courtesy
 Smile

P Persist
 Persevere
 (stay) Positive

E Expect (modest) results

Endure
Enjoy (the experience)

Gina states that she sees attitudes changing as a result of people trying to change things

C Celebrate difference
Co-operate
(stay) Calm

T Take time
Trust
Tell others (of mistakes so they don't keep repeating them)

What's important to her and her people:

- Your name
- Where you are from
- Who are your people

Discussion Topics

Mental Health

Scribe: Melanie Wuttke

Facilitated by: Tristan Fraser
Alex Holdsworth
Tom Halliday

Aim: Formulate recommendations outlining what student clubs should be doing to promote mental health and NRHN lobbying.

Opening Discussion:

- People feel more comfortable talking to GP's rather than psychologists as stigma associated
- Different mental health profile for country areas
- Ursula (a GP) states that it has taken her years to become comfortable with dealing with mental health and knowing where to refer. She feels course should aim to develop this sooner
- Self care of health professional
- Being prepared and knowing where to find resources is important

Major perceived issues in rural areas:

- Stigma → normalisation required
- Suicide
- Lack of resources eg social workers
- Domestic violence
- Isolation → for treatment, need to be taken out of community
- General boredom
- Education about early detection and intervention
- Prevention vs cure

Our mini-group then went on to discuss how to breakdown stigma & increase awareness

Stigma involves:

- Negative attitudes

- Dangerous
- Person viewed as non-functional in society
- Burden, can't contribute
- 'get over it' attitude
- over-reacting
- Gender issues
- Barriers – self stigmatisation
 - Crazy
 - Will be isolated
 - Having to take drugs
 - Labelled
 - I'm not worth helping

∴ Definition: negative attitudes and actions that affect the way that people perceive mental health.
Breaking down the stigma

Student Level

- Promotion of positive mental health & that the problem is treatable
 - Holistic approach
- Information on where services are available eg internet, phone numbers
- GAPP mental health program
- Curricular training
 - Workshops
 - Case based learning
 - Sensitivity training (similar to cultural awareness training)
 - Warning signs education
 - Guest speakers who don't fit the stereotype

Note that some of the above should be commenced at high school level

Community Level

- Education
- Support groups
- Personal testimonials – use of appropriate role models
- Use an appropriate statistic such as comparing incidence of mental health with heart disease in an attempt to help normalise

Nurse Practitioners Facilitated Undergraduate Placements

Scribe: Rachelle Evans

In this discussion topic a brief overview of the history of Nurse Practitioners in Australia and the newly implemented Nurse Practitioner program in Western Australia was given, followed by discussions on facilitated undergraduate rural placements for nursing students.

The nurse practitioner in Australia gained official status 12 years ago in New South Wales when the first Australian Registered Nurses began recognised advance practice, filling the Nurse Practitioner Role. Currently there are 13 Nurse Practitioners in New South Wales and 2 in South Australia. Recently the need for a facilitated post graduate university program to train Nurse Practitioners in Western Australia has been recognised.

In 2002 the Nurses Amendment Bill in Western Australia was passed with the following amendments to allow the Nurse Practitioners Scope of Practise to be recognised by the legislation. With 3 Upper and 3 Lower Houses readings the Nurses Amendment Act was passed. The next step

for Western Australia was to put Nurse Practitioner education up for tender with Curtin University winning the \$500,000 tender.

The one year full time equivalent course was then developed and implemented through Curtin University with 43 students enrolled in the inaugural year. The functions of the nurse practitioner include

- The possession, use, supply or prescription of poisons, as defined in the Poisons act 1964,
- The requesting, or undertaking, of diagnostic testing or therapies,
- The undertaking of treatments by a nurse practitioner,
- Such other functions as are necessary or convenient with respect to the practise of nursing as a nurse practitioner and the conduct of nurse practitioners,
- And anything incidental or conducive to those functions.

The discussion then moved onto facilitated under graduate rural placements. The group raised numerous topics, and then these were narrowed down and discussed in smaller groups. Several recommendations were made and will be revealed in the NRHN's conference report.

Aboriginal Health

Scribe: Nia Evans

At the NURHC that was held at Pinjarra (WA) students studying health curricula at Australian Universities used a discussion group as a forum to formulate a planned approach to improve the understanding of aboriginal health.

The poor health status of Australia's Aboriginal people was outlined; life expectancy is 20 years less than the Australian population average and infant mortality three times higher (13.6% compared to 4.0%).

Discussions relating to Aboriginal health have been held at previous NURHC's and it was felt that this group should try to move on from previous discussions and form some sort of action plan to create some changes in the way Aboriginal health is prioritised in health services and educational institutions.

Four aims for this discussion group were identified;

- 1 – build on previous recommendations
- 2 - recruit indigenous people into health care professions
- 3 - retain indigenous people as health care workers
- 4 - have aboriginal studies as a core subject in the curriculum

It was agreed that the rural health clubs had an important role in creating the groundswell change that would be required for some of these things to happen and it was only very early days in the process required for this to happen. Some of the changes are required to be made at a government policy level and we should all play a part in making politicians aware of the issues involved and actions needed.

The group formed three recommendations to research and bring to the next NURHC. These were

- 1 – identify how rural health clubs can lobby and influence change at a policy level (government or university administration)
- 2 – create accurate culturally safe practices in rural health clubs and the university environment
- 3 – instigate networks with relevant indigenous groups and organizations to enable a co-ordinated approach to influencing change

It was decided to issue a press statement upon our return to our home states in an attempt to put the idea of aboriginal health in to the public arena. It was felt that this may make some people think about the issues surrounding aboriginal health, possibly lay the groundwork for future community discussions and in due course lead to change. Thanks to Sara for the photo and article in Tasmanian newspapers.

The discussions were helpful for many people to gain further knowledge about Aboriginal health and highlighted the poor attempt by our educational system to provide any understanding of the culture of the original inhabitants of this country. The path to community understanding is a long one and will take considerable time and energy to achieve. This group of students and educators hope that from this discussion actions will flow that do lead to change in our education system and ultimately an improvement in the status and health of aboriginal people.

Social Overview

Melanie Wuttke

Wednesday

Rustica delegates arrived in warm and sunny Perth at 12:30pm and were taken by bus to Fairbridge, located 1½ hours south east of Perth near Pinjarra, by a cheeky bus driver who told us why he was not a fan Tasmania and how our women weren't much!! We arrived just in time to grab some lunch and run on over to the oval where the rest of the delegates had sorted themselves into 24 groups and were ready to commence the Team Challenge – Challenge by Choice, the Ultimate Ice Breaker. The groups were given a series of tasks to perform within certain time limits such as dressing two group members up as recognisable celebrities using only newspaper and tape, working as a pit crew on a go cart which had to be disassembled then reassembled within 20 seconds, choreographing a tribal dance & walking blind folded people through a maze using non-verbal & non-contact means to do it. At the end of the allotted time the groups came together and performed their tribal dance, showed off the latest in designer newspaper garments and read out the points tallies.

The delegates became a little apprehensive as a car loaded with jelly was driven into the middle of them. Students were asked to take a cup and stand opposite their partner at a distance of around 3m and throw the jelly back and forward. But if you are the instructions dude standing in front of a group of 300 excited students holding a microphone you are going to be a bit of a target. Consequently most of the jelly ended up being catapulted in the co-ordinators direction!!

Delegates then got the chance to relax a little before a bbq and drinks around a bonfire down by the oval where much fun had been had earlier in the day.

Thursday

Day one of the academic sessions kicked off with breaks roughly every 2 hours for food – most likely everyone came back a little heavier from their trip to Fairbridge! The day concluded early with a number of delegates then attending NRHN reps and presidents, RAMUS and academic meetings while everyone else made themselves beautiful for the Yirra Yaakin Noongar Theatre – the entertainment for the evening. If we thought we were in for a pleasant night, sitting back and watching the actors up on stage then we were grossly mistaken. Following dinner in the marquee, around half of the delegates were whisked away to transform a number of scripts into a work of art, while the rest relaxed. Various groups were assigned to using their creative skills in the form of lighting, sound, actors and stage decoration. What resulted after 45 minutes was beyond expectation. In total, 6 short plays were presented related to aboriginal issues and culture. The audience's top pick for acting performance was given to the artists who so accurately portrayed the role of dying fish.

Friday

Delegates were provided with the opportunity to attend skills sessions including such topics as clown doctors, first aid on the run (which Alice will provide a bit more info on), grief and loss, clinical dentistry, massage, suturing and wellness. The massage session went down a treat where participants learned an unusual style of foot massage that led to flashes of light, if you were lucky, being seen by the receiver when the technique was ceased. Our Ed took to the stage and gave his presentation entitled “Annual Health Screening Program on the Blackall Range, Queensland, directed at low access members of the population”.

The medical rural bonded scholars and the John Flynners met up at the end of the day for a meeting in which ACRRM presented their new website which provides scholarship holders with information and learning tools. Attendants were then treated to pre-dinner drinks (including the WA beer ‘Emu’) and nibbles while watching the sun set over the rolling hills around Pinjarra.

All the blokes and fine sheilas then got dolled up in their country finest and made their way down the frog and toad for the night’s shindig, the flannel quiz night. The delegates from MIRAGE made a grand entrance in their matching blue check flannels and lack of pants. They had stylishly attached sticky tape to their backs spelling names like Woz, Shazza and Norm. Once fed and watered the quiz night started up with a bit of team bonding as zinc cream was used to decorate team member’s faces. Then one member from each group provided a spine tingling interpretation of the classic ‘Achy Breaky Heart’. All sorts of shenanigans went on between rounds with spot prizes being awarded for the first person to stand on their chair and.....hold up their false teeth, have all their clothes on inside out (our very own Caz took this challenge to extremes!!), flash their upper chick bits and hold up a condom etc. The crowd became noisier with each round until finally a victor was announced.

Saturday

Clare and Rowan today gave the lowdown on “Optimising Dementia Care on Flinders Island – the problems and their solutions” at one of the concurrent sessions. We then were treated to the vocal talents of Gina Williams before we wrapped up the discussion topics and the findings of these sessions were presented. In a break during the academic sessions a few Rustica members made a whirlwind trip into the town of Pinjarra and scored themselves a flat tire. Never fear, Caz was here and promptly attached the spare while Rowan looked on.

The delegates were then given a few hours to get ready for the conference dinner. The marquee was transformed into a stunning dining area so participants could eat, drink and be merry. Presentations were made to some key people involved in organising the conference and those who had won scholarships and prizes. The DJ then pumped out a few tunes and the dancing went on well into the night.

Sunday

Weary delegates rose early and were treated to a hot farewell breakfast before boarding buses to make the flight home. It was a glorious sunny day and so some Rustica members stopped by Fremantle to soak up the sun and have a poke round. The drive back to Perth airport took them past miles of beaches with surfers and swimmers making the most of the conditions. Although the cbd of Perth was viewed through the car window it looked like an awesome place. Goodbyes were said at both Perth and Melbourne airport and those returning to Hobart were horrified that it was only 4°C outside. Back to reality, I guess.

Skills on the run

Alice Downie

For one of my skills sessions I did First Aid on the Run. This was a fantastic programme that involved a two hour crash first aid course where we learnt to bandage wounds, fractures, treat shock, call for help and lots other stuff. After the intensive two hour crash course our skills were put into practice at simulated accident sites.

The first accident site was set in the bush. Two youths had hijacked a horse and joy ridden it around a paddock. The horse got a fright and ditched the two boys. One boy was a mute and was very hard to communicate with, he had sustained injuries to his shoulder. The second boy had suspected spinal injury and was going into shock. To make things more interesting there was a fire coming up the hill and so time was of the essence.

The second site was situated near a fallen tree. There was a large audience of politicians watching this one so we were working under pressure but we performed like a well oiled machine. The patient at this site was trying to cut up the tree with a chainsaw, she slipped and severed her leg. There was oozing blood and she was also going into shock.

The third site was great. The man here had been trapped under his tractor, and his leg had been completely severed off. There was a fake leg, with blood oozing out of it. He was in extreme pain and was also going into shock.

The last site was situated at an emu farm. A young hooligan was trying to steal the emu's eggs and then the bird got cross and attacked. He pecked at the hooligan's eyes. The hooligan ran for it and jumped through a fence, he also suffered from Asthma.

For all these scenarios we were working against the clock, and against other teams. For each new site there was a new team leader appointed and they made sure things ran smoothly. We had to run from site to site and act and think quickly.

It was a great day, had by all and in the end my team ended up winning which was great as we were rewarded with a block of choc. It really was a fantastic programme and something that Tassie should look at setting up.

End of NURHC Report

NSW Rural Doctors' Spring Refresher Conference

South Stradbroke Island, Queensland, September

Nadine Flanagan

On Sunday 31st August, four Rustica members set out for South Stradbroke Island, off the southern Queensland coast, to attend the NSW Rural Doctors' Spring Refresher Conference. Richard Hodgson, Mark (Sparky) Mather, Nadine Flanagan (all from 6th year medicine) and Tone Levang (3rd year medicine) - funded themselves to attend this 5 day meeting, with some financial assistance from Rustica. The conference was advertised as a refresher course for GPs in rural NSW in the areas of Emergency Medicine, Dermatology, ENT and Radiology. Given this, it was pretty much guaranteed to be really educational, no matter what stage of our medical training we were at. Our

mission: to learn lots, meet some rural docs and their families and have some fun in the beautiful Queensland sun.

It began with some welcome drinks on the Sunday night followed by a dinner at one of the island's restaurants. The aim was to get to know a few people, since many of the doctors attending had never met each other prior to this occasion. It was the perfect opportunity for us to get acquainted with the GPs, too. Although I was a little timid at first, a glass of champagne and an invitation to come and join a table was all the encouragement I needed to leave my shyness behind. These doctors were clearly the laid-back, down-to-earth kind of people that anyone could relate to. This positive atmosphere set the tone for the whole conference.

Monday morning, we arrived at the conference room for an early start. This was a morning with an ENT specialist. I personally thought that this was the best talk of the conference. He dealt with many common problems, including benign positional vertigo, Meniere's Disease, ENT tests (audiograms, tympanograms, etc) and the list goes on - all delivered in the context of rural diagnosis and treatment.

Monday afternoon was spent getting acquainted with the island. We went jet-skiing (which was amazing fun) and bike-riding. Bikes were pretty much the main means of transport, since the resort was scattered throughout a forest and beach setting, over a couple of kilometres. Some braved the cold surf for a quick dip before we all went to the heated pool.

Tuesday morning involved an early guided walking tour of the island for four hours. After a lovely morning tea on the beach admiring the gorgeous landscape and the big fat pelicans near-by, we returned to the resort in a speed-boat that greeted us with lots of cold drinks aboard. Let me tell you, we had really earned them.

Tuesday afternoon, the conference continued and we listened to an Emergency Medicine specialist. He taught by giving multiple scenarios that might be faced by the rural doctors. Two of the female GPs impressed him by being able to assemble a bag and mask set which - I might add - seemed like you needed a degree in rocket science to assemble from where I was sitting. Then on Tuesday night, the island staff prepared a beach party theme night with fun and dancing galore.

Wednesday morning was taken up with a Dermatology talk. In the afternoon, there was another organised activity for the doctors and their families. We split up and went into groups for a treasure hunt around the island. That night we went to Dreamworld for three hours. They opened about five rides/activities just for our conference, which was a pretty amazing experience.

Thursday, the Radiology tutorial was cancelled and we spent our day bike riding, relaxing by the pool, rock-climbing and kayaking. We also felt that it was our duty to get a free half-hour massage in the island health spa, courtesy of the Rural Doctors' Network. Yes, it was tough - but we battled on! There was a farewell dinner that night and then back to our little cabin to bed because we were all checking out early the next morning' back to Earth.

On behalf of the four of us, I would like to thank Rustica for assisting with the costs of the conference and the Rural Doctors' Network for allowing us to come along and making us feel so welcome. It was a wonderful opportunity to learn in a pleasant environment, meet some great people and enjoy ourselves.

Windgrove Centre & Tasman Peninsula

20th-21st September

Report by Mark Mather

Fifteen people met at the Nubeena bakehouse to talk with local health workers about their life in this rural area of Tasmania. We then toured the surrounding region and gained an appreciation of what it is like to live and work in this beautiful area.

A comfortable night was spent at the Koonya field station socialising and discussing issues pertaining to study and practice as nurses, pharmacists and doctors.

This small but diverse group headed to the stunning Windgrove Centre for Peace and Learning for an early respectful meditation on our relationship with the earth, which was followed by lively discussion of our interaction with the planet and our roles as future health professionals in shaping and improving our world.

People wandered some more in the beautiful surroundings before slowly heading home, refreshed and revitalised. This should be a regular feature on the Rustica calendar.

CRANA Conference, Katoomba

21-24th September

Nia Evans

Firstly I would like to thank the Rustica and associated parties for providing me with the opportunity to attend the CRANA/AARN Conference in Katoomba held from 21-24 September 2003.

There was a broad range of speakers, from politicians, to educators, union officials to remote nurses. Thus there was an equally broad range of topics including policy formation at state and federal level, assisting student nurses in general and promoting rural nursing, clinical competency and mini case studies of remote nurse experiences and work environments.

Several keynote speakers were a highlight of the conference personally. Linda Burney, the ALP member for Canterbury, who is of aboriginal descent provided an inspiring insight into what it means to be aboriginal raised in a foreign environment and how it shaped her life and ambitions. She then elaborated on the necessity for Australia to become more equal and that Australia has always been a multicultural society since European settlement. Mary Chiarella, Chief Nursing Officer NSW, who is a registered nurse and has a law degree as well, spoke about her experiences in nursing with regard to legal issues and where to from here for nurses. Why do we strive to be called a profession yet have not gained the right to be independent in practice? 'If nursing is a profession the right to independent practice comes with that title' was the theme of her address. The closing address delivered by Dr Steve Morton from the Wentworth Group. The Wentworth Group was formed to influence government on matters relating to ecological concerns relating to water usage, water quality, agricultural use, public responsibility and contribution to reach a workable solution to such complex issues. He explained the requirements to have an influence in government and that all information provided needed to be based on research and facts. Anecdotal comments are not sufficient. He then extrapolated the groups experience into effecting change to the health system.

Tasmania was well represented at the conference, several current residents presented papers and also several former Tasmanians presented as well. This list included; Judy Spencer, Ian Blue, Chris Moorhouse, Jane Mills, Stacey Regan, Nia Evans, Chris Wilson, and Barbara Newman. The subjects covered ranged from; student experiences on remote placements, are the UDRHs engaged with rural health issues, nurse preceptors are they a figment of the imagination to 'a tale of two

communities, violence and remote area nursing'. Speakers from other areas covered an even more diverse range of topics and talking to a delegation from Papua New Guinea gave an insight into the realities of working in a poor overseas country and the extended roles that nurses may be called on to fill.

The conference theme of 'Frontier to Frontier, Looking Back Moving Forward' was reflected in the paper presented and provided a great balance of current happenings and using the past to make the future better for healthcare providers and consumers.

Thanks again to Rustica for the opportunity to attend this conference.

Skills Night 2 - Hobart

25th September

Report by Mark Mather

Poor weather and assignments kept a few people away but the fifty three attendees made up for this with enthusiasm and a thoroughly educational and enjoyable night was had by all. It's been a few years since the plasterers had a showing at our skills nights but their reappearance confirms the popularity of learning how to apply important basic plasters. No-one in the emergency department wants to end up with their latest creation in the 'photo album of failures' and this station virtually guaranteed that you won't.

Finding info fast on the net was particularly useful, wound care is something that even nursing students miss out on during their training, suturing had everyone in stitches and combining career, family and life was very well attended and enthusiastically received.

Many Thanks to our presenters:

- Dr Edi Albert, 'Fast info from the internet'
- Mr Glenn Brown, Plastering, with special thanks to Smith & Nephew (\$500 worth of plaster gear)
- Ms Judith Harris, 'Wound Care'
- Mr Richard Hodgson & Ms Nadine Flanagan, Suturing
- Dr Michelle Williams, 'Career, family and life'

Thanks also to our numerous Rustica volunteers who gave their valuable time to run the event.

Some people had to leave early, so missed the Lucky Door Prizes, which were awarded as follows:

Sebastian Hobson, \$50 book voucher Surgimed

Chrissy Halliday, \$50 book voucher Surgimed

Four x \$500 (max.) bursaries to support rural placement or conference attendance. These are opportunities only! The recipients must apply to Rustica and demonstrate how and why they should be funded and what they will do for Rustica and rural health in return. We look forward to hearing from Joanne Ambrose, Caroline Mooney, Prue Smith and Joh Wilson. Congratulations!

This truly multi-disciplinary turn out concluded with food & bevies with most people eager to attend the next session in early 2004. We welcomed TEN new members on the night too!

Rural Doctors Association of Victoria Annual Conference

“Family – The Focus of Rural Medicine”

2-5 October

Report by Edward Vergara

October 2, 2003

The day started out miserably. It was raining and we were running late. We had a good four and half drive in front of us and we didn't know what the condition was going to be like up on the mountain.

Our mission... to represent Rustica and to experience 2003 RDAV the Conference!

Our destination... Mount Buffalo National Park in the North East of Victoria.

Our operatives... Lucille and Edi “steady” Vergara (posing as a married couple...or were we?!).

Armed with only our enthusiasm and thirst for rural experience we set off for what would be a seriously good time!

When we finally got there, we found that we had made up some time and we were arriving in time for registration. We quickly dumped our bags and headed off to the lounge where we met a few of the rural GP registrars. I quickly learned that there would be delegates from the University of Melbourne and Monash University.

October 3, 2003

It was an early start for us as the Conference welcome was scheduled for 8:30 am. Little did I know that a number of delegates had been awake since 5:45 am. They could not resist the temptation of going for a walk around the national park. The RDAV president, Dr. Andrew Slutzkin, conducted the welcome. We were quickly dispersed however for our first Professional Development Session. On offer were sessions on Plastics, Obstetrics, Anaesthetics and Radiography.

My first session was on Radiography for rural general practitioners. This was a very good, technical two-hour session, which discussed a few aspects on taking x-rays. A brief (25 minutes??) introduction to the physics involved was done followed by a discussion on exposure techniques and doses. An overview of films, intensity and developing followed. An extremely useful portion on the different positioning discussed the more commonly used views in a rural setting. Finally, the participants had a chance to review some rejected films to see if they could determine why they were not appropriate. This gave us a chance to consolidate much of what was discussed.

Following morning tea there was a presentation and demonstration of the new Zoll Defibrillator. Many of the clinicians thought that this was a good system and Zoll had ensured that it is more user-friendly. Some lucky practice was due to win one of these lime green machines by the end of the conference.

Following this I was off to my second Professional Development workshop, this time it was plastics with Dr. Howard Webster. Dr. Webster believes in a minimalist approach to wound and skin lesion management. A plastic surgeon who believes in minimizing the cost but not sacrificing the results. His main take home message was...making a mental note on why we are doing the procedure. Is it malignant, for cosmesis or for convenience? He outlined cases where suturing was appropriate and when it would be not advised. His approach to wound dressing was also particularly interesting... a great deal focusing on only using flesh-coloured micropore tape. However, his minimalist approach requires good patient education. He also suggests that the best way to monitor pigmented skin lesions were through skin surveillance with the aid of full body photography.

The afternoon was meant to have been spent on family based activities. These included caving, abseiling, mountain biking and guided walks. Although scheduled for caving, we were unable to do this as 1) It had rained so much that the caves were inaccessible and 2) Dr. Peter Mourik was to

have a registrar's meeting and the students were invited to join. The meeting was on the medico-legal issues surrounding the practice of obstetrics for rural GPs.

October 4, 2003

Today's morning session was heavily packed with sessions and it was not surprising that the conference had ended up going overtime with some topics of discussion being shortened. The first session was "Meet the Deans". Deans or representatives of three universities were invited to speak to the delegates on the status of their rural clinical schools. A question and answer portion included a heated debate on the teaching relationship of the rural GPs with the respective universities. Many issues were brought forward from these discussions and it was interesting to hear what the GPs had to say about it. One such issue was the definition of rewards for the participating GPs. Their concern was that the financial benefit was small and doesn't really provide an incentive to continue. They also feel that they were not getting appropriate recognition for the amount of work they need to put in. Another concern was that with all that they are required to do in accumulating enough CME points and maintaining their practice, teaching just adds further to their burden.

Another contentious issue was that of teaching international medical students. The feeling expressed by some of the doctors is that they do not want to be wasting what little resources they had for students that will not eventually be working in Australia let alone in rural Australia. This was by no means the main consensus. Many of the rural GPs believe in the global community and equity in teaching opportunities. It was also brought forward that maybe the universities should be contributing more to the rural education of these students. The limited funding is not sufficient for the local students let alone to our international counterparts. Unfortunately this was one session which needed to be brought to a premature end. Many more issues were raised but with time constraints it was abandoned for another time.

The urgency was due to the arrival of the Victorian State Minister for Health, Hon. Bronwyn Pike. She gave an address, which covered areas of building better buildings, Rural Workforce and Governance of existing resources. She outlined the states current strategies to address the areas stated above. A more interesting question and answer session followed with the delegates covering a number of issues, these were:

- Doctors to be allowed on hospital boards. The minister disagrees citing a conflict of interest. The RDAV however, will maintain lobbying for this issue to be resolved.
- Closure of Obstetric units
- Funding issues and calculations
- Rural public accident & emergency unit funding and inequities with the urban counterparts
- Lack of resources in rural teaching sites

On a more light-hearted note, the conference debate allowed the minister to match it against a selected panel of students and GPs. The debate topic was "You need an ENTER of 99.5 to be a good doctor." This was unofficially won by the opposing side, with best speaker awarded to Professor Sandy Reid, representing the University of NSW School of Rural Health. His arguments were filled with humor and entertainment. Most noted was his demonstration of how doctors need to be geniuses by recalling his time in training where the ranks of experience went as such:

Initially KCMG – Kindly call me God!

Then CMG – Call me God!

To finally GCMG – God calls me God!

The final session for the morning brought a sobering note to the conference as Dr. Jack Warhaft, medical director for the Victorian Doctors Health (VDH), discussed "doctors health – you and your family". He highlighted issues surrounding the management of sick doctors and their families. His take home message was that you need doctors for doctors and doctors for doctor's families. He also highlighted that the VDH was available for support and management.

During the morning sessions also, the Mitchell Community Health Pitstop Program was set-up for delegates to demonstrate this new health screening approach.

Following lunch Lucille and I were able to partake in the afternoon activities. It was abseiling time. Now neither one of us had previously done this and so our apprehension was increased in the realisation that we were both terrified of heights. However, we approached this mission with the thought of going out there and experiencing as much as we can... and that we did. Geared up as if we were seasoned veterans at abseiling we approached the edge of the mountain where we were to descend... the fast way! Mind you the scenery behind you, of a vast expanse of nothing for over 1000 metres, was scary to say the least. With hands gripped tightly over the rope I began my descent to the bottom, Dean, our guide calling from the top for me to smile as he took a photo. With what felt like a long time (I'm sure it wasn't) I finally made it to the bottom. That's one fear conquered and an addiction made. I was to follow that up with four more abseils. The only limiting factor was the sharp climb back up to the top. We left the edge of the mountain with a satisfied and adrenaline filled feeling, ready for the next challenge.

The conference was concluded for us with the Conference dinner later that evening. The dinner was excellent with music from a local band and with Professor Dawn De Witt, Head of School of Rural Health for the University of Melbourne, as guest speaker. She gave a great address on her experiences thus far, highlighting that she would not have considered anything but a career in rural medicine.

The following day saw us packing and heading off back to Melbourne following a great learning experience. My wife and I sincerely thank the generosity of Rustica for allowing us to attend this conference. It has been a valuable experience and one that has given us much insight on what life would be like for us as a family in a rural practice.

Annual General Meeting

Wednesday 15th October

Report by Melanie Wuttke

The AGM began with presentations by members outlining some of the activities they had accomplished this year with the support of Rustica following an overview of Rustica from Mark Mather. Nadine and Richard reported their experience of the RDA-NSW conference on South Stradbroke Island, Melanie Wuttke gave a rundown of NURHC and Alice Downie then talked about the skills on the run session she had taken part in at NURHC. Voting then took place for executive positions after the nominated people had delivered their speeches. The only position remaining unfilled is that of Launceston General Hospital Representative.

Attendees then feasted on yummy curry from Flavour of India and chatted before heading home.

Huon Valley Rural Health Week - High School Workshops

Friday 17th October

Report by Melanie Wuttke

Alannah Smith (pharmacy), Sarah Donoghue, Melanie Wuttke (both medicine) and Christine, a physiotherapy student from Latrobe University, took part in Huon Valley Health Week by attending a workshop aimed at attracting students from rural backgrounds to enter a career in health science. Forty-three students from Woodbridge District High, Huonville High and Calvin Christian School took part. Health professionals from the area including a retired nurse, pharmacist, GP and visiting physiotherapist gave a five minute run down of their work and the rewards of a career in their branch of health science. Rosalie Maynard then asked questions of the university students which

gave a picture of what university life and the courses they we are studying were like. The high school students then divided into groups and were able to experience 2 of the following workshops:

- Fitball fun – physiotherapy
- Plastering – medicine
- Cream making – pharmacy
- Wound care – nursing

as well as talk further with the health professionals and university students.

The group then reassembled and Rosalie gave a talk on what courses the University of Tasmania has to offer, university entrance requirements, support options and scholarships available.

Rural Placement Survey

Mark Mather and Caroline Mooney

Students in sixth year must undertake General Practice placements with rural and urban components. Rustica has been made aware that the cost of attending rural placements imposes a significant financial burden on some students. A survey was sent to students who undertook placements in the first three General Practice rotations (January to July 2003) to ascertain expenses incurred. With only 15 surveys being returned, the response was poor, but the lack of appropriate compensation was evident.

Students receive some compensation when undertaking placements, but costs involved with travel and accommodation vary and as placements range from North Hobart to Smithton to Flinders Island, the compensation awarded is often insufficient. Of the 15 responses received, 12 students had applied for reimbursement with seven receiving between \$50 and \$98 dollars, three unsure of the amount they were receiving and two yet to receive notification of reimbursement being approved. With students travelling up to 1200km for their placement, the \$50 is inadequate to cover costs, and with the majority of students using their own vehicles, the suggestion was made to include general ‘wear and tear’ to vehicles in the allocated ‘petrol money’ for example, 30c/km travelled. It was generally found that students did not incur extra costs with accommodation, but that the extra travelling costs outweighed this benefit. It was noted that travel expenses were not the only burdens incurred as students missed employment, placement catch-ups, and social engagements, including Rustica functions to go on placements.

While placements provide an opportunity to gain experience, particularly in a rural setting, more needs to be done to encourage students to “go bush”. This needs further investigation, but appropriate travel compensation should be included in the package.