

Rural Health Guidebook

2022 Edition



Curtin Rural Outreach Health Club

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Cover photo: Porongorup National Park (Phoebe Blaxill)

Purpose of this Guidebook

The 2021 CROHC Committee realised that many medical students at Curtin University were interested in Rural Health but didn't know how to get more involved in the area. So, the 2021 and 2022 CROHC committees have created this book with the hope that it will inspire students to get involved in rural health opportunities at university and beyond.

We are very grateful for all the students, doctors and staff who have contributed to the project and would like to thank them for their continued support.



Esperance (Jarrad Burges)

Your 2022 CROHC Executive Team

This is the fantastic team running CROHC in 2022. Please take the chance to learn a bit more about them!

CROHC President – Thomas Darwin

president.crohc@gmail.com



Hi everyone, my name is Tom and I am the 2022 CROHC president. I'm originally from a farm located in the Great Southern, Denmark WA but moved to Perth to continue my education. I am very passionate about rural health and plan to return to the country in the future. My role as president of CROHC is to oversee and lead in CROHC operations, delegating tasks, coming up with event ideas and liaising with the Curtin Medical School, Rural Clinical School, Rural Health West, and all other external stakeholders/sponsors. Curtin Medical School has also created a rural working group which will include a variety of staff within the medical school. As CROHC president I will be on the committee to represent the students of CMS and put forward the ideas and feedback of students directly to the medical school's team. As CROHC enters its third year of existence with a great foundation already set by the previous committees, I hope to lead in continuing many of the successful events and established programs; including the Alumni Ambassador program, rural high school visits and various on-campus events and sponsorships to rural health conferences. This year I hope to see the club increase its on-campus events including information/career sessions, upskilling workshops and social events. If you have any queries, suggestions or feedback about CROHC or rural opportunities in CMS program feel free to contact me via email or come have a chat with me on campus.

CROHC Vice-President – Meg Baker

vicepresident.crohc@gmail.com



Hey everyone, my name is Meg and I am the Vice President of CROHC for 2022. I am a third-year CMS student. I grew up in the little coastal town of Kalbarri, before moving to Geraldton in year 10 to finish school where the ATAR stream was offered. I am interested in rural health as I have experience first-hand the discrepancies in health access in rural areas and I believe that people should not be disadvantaged in health services based on location. As Vice President, I assist Tom in decision making, event planning and helping other committee members as required. A large part of my role involves organising merchandise production and creating new products or ideas as requested by our members. This year I am excited to release both new and classic CROHC styles, increasing the visibility of our club around campus. Feel free to introduce yourself and any ideas, questions, comments or suggestions you may have for me or CROHC when you see me around or through my email. Bring on 2022!

CROHC Secretary – Cassidy Emmott

secretary.crohc@gmail.com



My name is Cass and I am lucky enough to be the 2022 secretary for CROHC. I'm originally from a town 300km south of Perth called Manjimup on a small cattle farm. I moved to Perth at the end of 2017 to attend boarding school in Perth before beginning medicine at Curtin in 2021. I have always had a passion for rural areas and have been extremely lucky to grow up in such an amazing town. With this experience my whole life, I have always had the dream of returning to a rural area to practice medicine one day. This year, as CROHC's secretary, my role includes general admin for the club like taking minutes in meetings, contributing ideas for events and merchandise and being part of guiding the direction of the club. My role has a bit of range within it, which gives the opportunity to make it my own, something that I'm thoroughly look forward too. If you ever have any questions, comments, or feedback, I'd be more than happy to hear from you! The best way to contact me is in person or by email.

CROHC Treasurer – Danielle Riha

treasurer.crohc@gmail.com



My name is Danielle Riha and I am the treasurer of CROHC 2022 committee. I'm not originally from the country but I have had the pleasure of spending many family holidays and weekends travelling throughout rural WA. These rural experiences have allowed me to appreciate the country and has fostered a passion for rural health. As treasurer for CROHC my role includes dealing with the financial side of the club as well as coming up with new ideas for the direction of CROHC. One of my goals as treasurer is to act as an advocate for non-rural students who are interested in gaining rural experience or a career in rural health. This year in CROHC we aim to increase club participation and provide more learning opportunities for our members. Please feel welcome to contact me or come up and chat if you have any questions about CROHC and rural health.

Guide to Rural Health Opportunities

Please keep in mind this list is not exhaustive and is up to date as of end of 2021.

Read more about people who have been involved in these opportunities in the following pages.

NRHSN Rural Clubs

CROHC

- Rural information nights and other events
- Committee/Executive roles
- Rural High School Visits
- Ambassador program (rural background students)
- Rural health conference sponsorship
- www.facebook.com/CROHCcurtin
- www.nrhsn.org.au/all-clubs/crohc/
- Register via: www.nrhsn.org.au/register/

SPINRPHEX

- The equivalent of CROHC but for the other universities in WA
- www.nrhsn.org.au/all-clubs/spinrpheX/
- www.facebook.com/SpinrpheX

University-based opportunities

Wheatbelt Immersion trips

- Part of the Curtin Medical School 2nd year curriculum

Rural Clinical School

- Spend the whole of 4th year on placement in a rural town
- *See page 7*
- www.uwa.edu.au/schools/medicine/rural-clinical-school

Rural Health Organisations

Rural Health West

- Conferences (incl. sponsorship)
- Immersion trip for bonded students
- www.ruralhealthwest.com.au/students

Australian College of Rural and Remote Medicine

- Student membership (\$30 for duration of degree)
- Conferences
- *See page 5*
- www.acrrm.org.au/membership/student-membership

Rural-related volunteering

Curtin Volunteers

- John Curtin Weekends
- Remote and Indigenous trips
- www.students.curtin.edu.au/experience/volunteering

- www.facebook.com/CurtinVolunteers
- Register via:
<https://app.betterimpact.com/Application/?OrganizationGuid=c71445e3-8e25-45b4-9ebe-8546633f62eb&ApplicationFormNumber=1>

Dr YES

- Rural trips to rural high schools
- www.facebook.com/DrYesAMA
- www.facebook.com/groups/dryes

Fair Game

- www.fairgame.org.au
- www.facebook.com/FairGameAustralia

Teach Learn Grow

- www.teachlearngrow.org.au
- www.facebook.com/TeachLearnGrow

Ronald McDonald House Charities

- www.rmhc.org.au/volunteer

Wheatbelt & Beyond Youth Mentoring Program

- www.wbym.com.au

Local Rural Volunteering

- Especially suitable for rural background students or RCS students
- St John's
- Local Bushfire Brigade
- Contact local organisations for many other volunteering opportunities

Rural Health Organisations

Australian College of Rural & Remote Medicine (ACRRM)

See more. Do more. Be more.

Discover Rural Generalism

Rural Generalists (RGs) are highly skilled GPs who lead the way in rural and remote medicine. They specialise in providing a broad scope of practice giving them the skills to make a real difference in rural and remote communities.

They understand there are no geographic boundaries to illness, disease, emergencies, catastrophes and preventative care that people experience throughout their lives. They are committed to going above and beyond and providing human-centred healthcare. The Australian College of Rural and Remote Medicine (ACRRM) is the home of rural generalism.

Member Story



Image courtesy of GEPx

“I want to treat people, not just parts of those people. Rural medicine is truly great because you become a part of peoples’ lives and it gives you the opportunity to really get to know them. You become involved in the entire community. You are a part of the good times and the bad, as tough as that might be. But every day you get to have a laugh, to listen to a yarn, to show some kindness and invariably get offered to be taken fishing - one day I just might go”

Dr Kyle Fairclough, ACRRM Registrar

Fellowship of ACRRM

ACRRM Fellowship is a four-year program with the rural context embedded in the curriculum from day one. Achieving Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) gives you:

An extended scope of practice – Build a broader set of skills to confidently support rural and remote communities. Specialise in your area of interest with Advanced Specialised Training.

Globally recognised qualification – FACRRM is your passport to practice globally in a diverse range of roles.

The ability to choose your own adventure – Whether it is working with private practice, hospitals, Aboriginal Health Services, the Royal Flying Doctor Service, or Médecins Sans Frontières, you will see more, do more, be more.

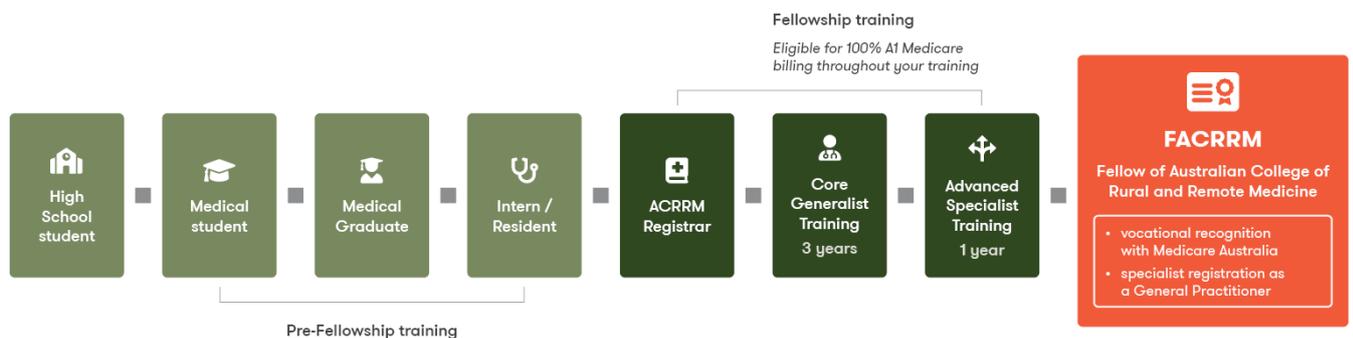
Specialise in your area of interest

As part of your ACRRM Fellowship training, you get the opportunity to dive deeper in your area of interest with 12 months of Advanced Specialised Training (AST). Choose one of 12 ASTs:

Aboriginal and Torres Strait Islander Health
Academic Practice
Adult Internal Medicine
Anaesthetics
Emergency Medicine
Mental Health

Obstetrics & Gynaecology
Paediatrics
Palliative Care
Population Health
Remote Medicine
Surgery (2 years)

Journey to Fellowship



Become a student member

For a one-off membership fee of \$30, you will be a member of the College for the duration of your undergraduate or post graduate studies in medicine or a health-related discipline. As you complete your degree, you will have the option to upgrade to our Ordinary Member - Resident/Intern type, giving you all the member benefits of the College.

As a student member, you will have access to a range of free online educational modules, the College's electronic logbook, the Mentoring Program where you can be mentored by a senior member of the College, the opportunity to attend the College's annual conference Rural Medicine Australia (RMA) and much more. Learn about the benefits of becoming an ACRRM Student member here: acrrm.org.au/membership/student-membership.



THE RURAL CLINICAL SCHOOL OF WA

ABOUT US

The Rural Clinical School of Western Australia provides medical students with an intensive year-long enrichment experience in rural communities throughout Western Australia. Our students work in a wide range of clinical environments, including hospitals, general practice, community and remote clinics, and Aboriginal Community Controlled Health Services.



CLINICAL EXPOSURE

Our students have increased opportunities to experience a diverse range of patient presentations and clinical exposure as rural communities have fewer medical students and junior doctors when compared to the metropolitan area. Structured Clinical Assessments based on clinical interactions are undertaken to provide feedback from preceptors to guide future learning.



TEACHING & MENTORING

The formal teaching program aligns with the University curriculum. RCSWA students complete the same examinations as their University cohort.

Our medical coordinators are passionate about sharing their skills, and knowledge whilst also mentoring a new generation of rural doctors.



PROGRAM ELIGIBILITY

The program is undertaken in the penultimate year of study. As a leading and competitive health education program only 25% of eligible Curtin, Notre Dame and UWA medical students can participate each year.



ADVANTAGES OF RCSWA

- Greater access to clinical presentations: fewer medical students means less competition to spend time in consulting rooms, community visits and operating theatres and more chance to get hands-on experience.
- Significant one-to-one time with clinical supervisors.
- Exposure to a broad range of clinical environments: many rural medical professionals work across different settings such as general practice, ED, surgery and outreach visits, which gives our students the opportunity to see medicine practiced in many different environments.
- Rural medicine is highly varied and patients present with a wide range of clinical conditions that you may not come across in a metropolitan area.



RCSWA Karratha 2021 Alumni
Tim, Nino, Beth and Aharon

NINO ANTONUCCI

RCSWA KARRATHA 2021

"I knew that moving to Karratha for RCS was going to be a great year. I grew up here and anticipated that I would rekindle old friendships and relive past experiences. Instead I saw the town in a new light. My time here has been spent meeting new people, forming lifelong friendships, and challenging myself to try new things. Since starting RCS, I have taken up footy for the mighty Karratha Kats, immersed myself in spearfishing culture, and explored the magnificent Pilbara with people I barely knew. Communities like Karratha are so welcoming and you soon find yourself making friends with people from all different backgrounds. I have thoroughly enjoyed my time in the Pilbara and have gained clinical skills and exposure that are unique to rural practice. RCS has been a truly special experience and I look forward to seeing what else rural practice has to offer!"

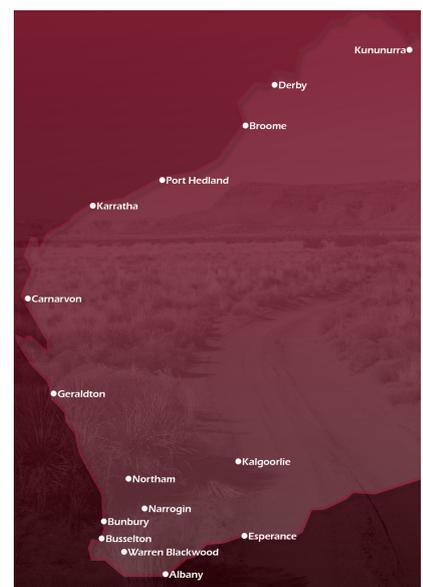
Follow us on Facebook
Scan the code to join.



FOR FURTHER INFORMATION:

- www.rcswa.edu.au
- admin@rcswa.edu.au
- 08 9022 5666

SITE LOCATIONS



Student Perspectives

Phoebe Blaxill

Class of 2023

CROHC Secretary 2021

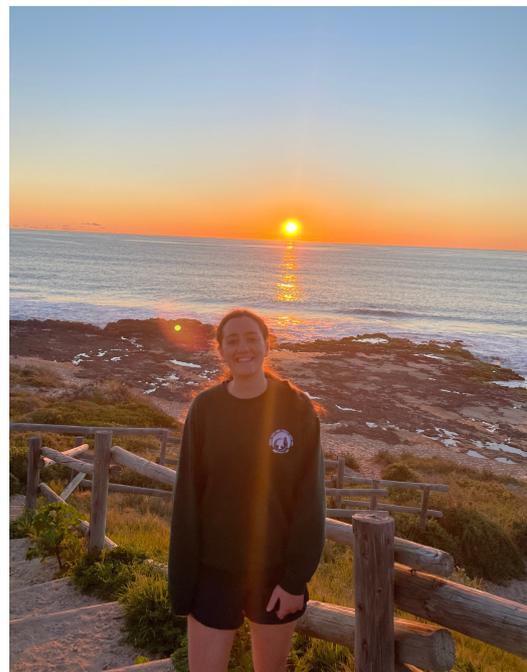
For as long as I have wanted to do medicine, I've wanted to be a rural doctor, despite the fact I have never lived rurally! The clinical variety, community focus and independence of being a rural doctor has always been appealing to me. I also love the idea of living in a smaller place, close to nature.

Because I've always wanted to work rurally, I have thrown myself into rural opportunities at uni from first year.

In first and second year (before CROHC was fully established) I attended some rural events run by SPINRPHEX. This year (third year), I have been secretary for CROHC. As one of the few non-rural students on the committee, this has been a great opportunity to learn from rural students about their backgrounds and interests as well as being part of promoting rural health in the med school. It has opened lots of doors for me, including going to Kalgoorlie for the Curtin Kalgoorlie Campus Open day and going to the Rural Health West conference. All of these were great opportunities to meet rural doctors and learn more about pathways into rural medicine.

This year I also went on a 'Curtin Volunteers!' Remote and Indigenous trip. I would highly recommend these trips. It's a fantastic opportunity to learn about Indigenous culture and give back to a local community. I found it a really good talking point in my RCS interview too. I also did a John Curtin Weekend (JCW) with Curtin Volunteers in first year, another good opportunity to get a taste of rural life.

In second year, I volunteered at Ronald McDonald House Charities. This is a place for rural families to stay whilst their kids are being treated at PCH. I found that this was a great way to be exposed to the challenges of rural families accessing treatment in Perth.



Phoebe on GP placement in Bunbury

My genuine interest and proven involvement in rural health earned me a place on RCS in Kalgoorlie for 4th year!

So, as you can see, I have got involved as much as possible in rural health (and there are many more things I would have done if I had the time). If you are a city student thinking about working in rural health, my advice would be to go along to as many rural events as

possible - learn about rural pathways and meet rural doctors. Get involved in CROHC, find volunteering opportunities that suit your interests and just say yes to rural health opportunities!

Feel free to contact me via email (phoebe.blaxill@student.curtin.edu.au) or Facebook if you want to hear more about my involvement in rural health.

Jarrad Burges

Class of 2023

CROHC President 2021

When asked to write about how to get involved in rural medicine it gave me a chance to reflect on all the amazing opportunities we are offered in Medicine. My key piece of advice to those who want to get involved in rural health is to really seek out opportunities and make the most of everything we are offered.

I am lucky enough to have grown up on a farm in Meckering, 2 hours east of Perth and to have a Mum who is a GPO in Northam. With this upbringing I was exceptionally lucky to be exposed to both the healthcare system in the country but also the incredible fun that can be had whilst growing up on a farm. This is where my passion for Rural Health really stemmed from and is why pretty much everyone who knows me knows about my obsession to end up in the country at the end of our degree.

I think it is very important to first understand how country people operate and how communities work. I know from the outside many towns in WA don't look incredible with their lack of facilities and fancy buildings compared to Perth, but it is the people that really make towns a pleasure to live in. People from the country have an inherent sense of community spirit as they always seek to make their town a better place. Whether this be from dropping everything and going to put out a fire on your neighbours farm on a 40 degree summer day or packing out the local footy oval every weekend in winter. the community spirit is truly exceptional. To me, this is what makes working rurally so appealing and so special.

To get involved in rural health the easiest and probably the best way is to get into RCS and live in a town for the entire year. I am lucky enough to be spending 2022 in Busselton for RCS. However, I know the process of getting into RCS is competitive with 45 students applying for 28 spots in 2021 (roughly). To help make yourself stand out, keep in mind that it is your prior dedication and demonstrated passion to rural health that counts.

To get involved I would recommend:

- CROHC - the best and easiest way to break the ice and get involved. Whether this be attending events or applying for the committee. This is exceptional fun and as president in 2021, it is something I couldn't recommend highly enough. As part of CROHC I have been lucky enough to attend the Rural Health West Conference, visit Geraldton and Esperance and be involved in meeting some amazing people. All of these different experiences aid to deepen your understanding of rural communities and rural health.

- Dr YES - each year Dr YES runs 3-4 rural trips to different parts of the state. To get involved is super easy, however it takes a semester's worth of consistent attendance to get selected for a Rural Trip. I was lucky enough to go to Kalgoorlie for mine and I loved it.
- John Curtin Weekends - run by Curtin Volunteers at Uni they cost \$50 and involve you and a group of mates going out to a town for the weekend and spending a day volunteering at the local show, community garden or anything else the town needs. I went to Dardanup for the Burning of the Bull Festival and had an awesome time. This is even better if you get a group of mates and all sign up for the same one.
- Volunteering in your local town - this one is catered to those from the country but is something that you will learn so much from. Simply joining the local Bush Fire Brigade, St Johns or helping out at footy/netball is a great way to get involved and get to know people in your town. I am part of the Meckering BFB and go to fires over the harvest season with my dad.
- Generally having a life outside of Medicine - I know this sounds obvious but a lot of students believe that once we get into Medicine that's all we can do with our spare time. This is completely incorrect and I could not encourage people to do other things in their spare time. Whether this be playing sport, volunteering, researching, travelling, joining clubs (CROHC), all of this will help you be a more well-rounded person which is essential in the country.

I hope that this has provided a small insight into how I got involved in Rural Health at uni and how you can get involved too. I know it can seem a little daunting, especially if you have grown up in the city. I cannot stress enough how important a “have a go” attitude is and how it can take you very very far.

If you have any questions or would like to chat more don't hesitate to send me a message and I will happily help out.



Jarrad in Kalbarri

Jessica Hiller

Class of 2023

CROHC Treasurer 2021

Reflecting on the days when I first started Med School, I knew that I wanted to work rurally in the long run yet had never completely considered my motivations behind this. Fortunately, my more recent rural experiences facilitated by Curtin Med School, CROHC and various other organisations have encouraged me to better understand this.

Although I do not classify as a rural pathway student, I spent a significant amount of my childhood living in Cumnock, a small country town in rural NSW, as well as, exploring remote Australia in a caravan for a year. This experience has allowed me to appreciate the beauty of a rural lifestyle, whilst still understanding the challenges of entering the rural health sphere as a 'city kid'.

When asked to share some tips on how to get involved with rural health, I thought I would do so by sharing a few of my experiences.

Most importantly, get involved with your university rural health club (CROHC), whether you are a member or on the committee. CROHC provides numerous opportunities throughout the year to participate in rural events and network with rural health professionals. With thanks to CROHC, this year alone I was sponsored to attend the Rural Health West Conference (RHW), Remote Medicine Australia Conference (RMA21), Obstetrics/ Gynaecology Rural Think Tank, Rural Health Dinner, and many other impressive events. These experiences are invaluable to developing connections within the rural health care setting. Importantly, the RHW conference provides an opportunity to meet the medical coordinators of the Rural Clinical School (providing guidance on RCS locations and tips on rural involvement prior to RCS applications), as well as the team from ACCRM and Rural Health West. Further, as treasurer of CROHC for 2021, I was asked to join Jarrad (president) as a panellist for the Remote Medicine Australia conference on 'showcasing WA's rural health clubs', an incredible opportunity to learn about other health clubs in WA, as well as share our own successes over the few years that CROHC has been established. Like the RHW conference, attending the RMA21 conference facilitated networking opportunities and the chance to engage with various topical rural health presentations.

Another great way to get involved in rural health is to volunteer. There are numerous organisations that would love to have you on board. Throughout 2021, I was involved in the Wheatbelt and Beyond Youth Mentoring Program (WBYMP), and although it is not specifically a rural health program it provides the all-important opportunity to immerse yourself in a rural community. WBYMP is a school-based volunteer program that provides one-on-one mentor support to year 7-10 students at rural District High schools across the Wheatbelt of WA. This program is facilitated by online communication which is perfect for the busy schedule and fluctuating timetable of med school. This year I was lucky enough to travel to Bruce Rock twice, immersing myself in the local community and meeting like-minded rurally driven people from all backgrounds.

In my opinion, Rural Clinical School is ultimately the best way to get involved in rural health and experience it first-hand. This year, all our 3rd year CROHC committee have been fortunate enough to secure a place for RCS 2022, which emphasises that getting involved and showing your genuine interest for rural health is truly recognised. I will be relocating to Kalgoorlie with 11 other students to experience rural health in the Goldfields in January 2022.

Finally, remember to take any opportunity that comes your way. Earlier this year I was asked to travel with another student to Kalgoorlie to take part in two Curtin Promotional Videos 'Welcome to Curtin Kalgoorlie' and 'Living and Studying in Kalgoorlie'. This trip provided me with greater insight into life in the Goldfields, the opportunity to help set up OSCE rooms/ training facilities, as well as to meet the Kalgoorlie based Curtin rural health team.

At the end of the day, the best way to get involved in rural health is to just get your foot in the door somewhere, as soon as you find one opportunity, the people, and communities you meet will continue to provide you with many more.

On a final note, don't be afraid to ask, from my experience everyone involved in rural health is extremely passionate and would be more than happy to send you in the right direction.

Please feel free to reach out if you have any questions.
jessica.hiller@student.curtin.edu.au



Jess on placement in Albany

Pravin Edward

Class of 2023

CROHC General Committee Member 2021

As someone that grew up in the city, I always thought that a rural town would be the last place I would go to, whether to live in or visit, let alone practice medicine. I have wonderfully been proven wrong with the numerous positive experiences that I have had in the different communities across a range of country towns.

In first and second year, I had very limited involvement in rural opportunities, due to the naïve mindset I had adopted against rural health. However, after my rural immersion week with Curtin in second year, where I had the opportunity to go to Westonia, everything changed for me.

CROHC was the first place for me to get involved in rural health, as everything was still very new to me. I decided that I would be an active member of the club and get as involved as possible. This involved attending CROHC events, as well as being involved in the organisation of the events and attending the Rural Health West Conference, where I got to meet many doctors and other health professionals from rural backgrounds. I was able to get plenty of information on different organisations as well. There are plenty of opportunities with various organisations as they are always looking for students that are keen to get involved.

As I became more curious and interested in rural health, I joined Fair Game Australia, a volunteer organisation that donates recycled sports equipment as well as delivering health and fitness programs to remote and under-served communities. I have had the opportunity to travel to many different communities in rural WA, and now have a better understanding of country life.

I am still a newbie and have much to learn, however these experiences so far have helped me get a spot in Kununurra next year for RCS! I honestly think that since rural health is such a huge part of our practice, it is our responsibility, whether you're from the city or the country, to be able to contribute to it.



Alecia Martin

Class of 2022

I'm currently a fourth year student doing my RCS (rural clinical school) year up in Port Hedland. I remember being pretty intimidated and confused as a first year with making sense of all the rural and other opportunities I could be part of! I kind of felt like everyone was telling me to get involved in all sorts of different things, and I felt like picking any one thing would narrow my opportunities (FOMO!). So here are my quick tips for getting involved with rural health and staying balanced in med school.

1. You don't have to do everything! Once I got over my FOMO, I found that picking one or two consistent things to be involved with throughout any given year was far more beneficial than trying to spread my time thinly over a lot of things. So my advice is be picky with what you say yes to, and then throw yourself fully into those few things: you'll contribute and gain more out of depth than superficial exposure.

2. My honest philosophy: I've always wanted to live and work in rural Australia or the developing world, so my question during med school was 'what extra-curricular activities can I do that align with my long-term goals and values'? I'm passionate about rural and developing world health care because it tends to fly under society's radar and go largely ignored, and because I believe in a world where you deserve good health care no matter who you are or where you come from. This question led me to volunteer with Prison Fellowship in my second year of uni and mentor high school students in my third year. Now you might be thinking that neither of those have much to do with rural health. True. But they have a lot to do with groups of people whom society tends to ignore, and they both championed the innate dignity of every individual. So just because you can't just pack your bags in first year and head out to the country, it doesn't mean you can't find ways to get involved in your current community. It will be a meaningful way to contribute, and it will ultimately help you to figure out and be the kind of doctor you want to become.

3. Keep an eye and ear out for opportunities for rural health exposure. In the earlier years of med, SPINRPHEX and Teach Learn Grow (TLG) come to mind as good ways to get out to rural Australia and see what it's like for yourself. In fourth year, RCS is an awesome way to live and study in the country for a whole year and really see what it's like. After having spent the past year up in Port Hedland, I would seriously recommend RCS to anyone with even a small interest in rural medicine: aside from confirming for me that rural medicine is something I want to do, I've learned a deeper cultural understanding and a generalist skill set that will serve well in my future practice. Doing some time rurally, regardless of whether you want to end up in the city or country is invaluable: make the most of the opportunities you have at it!

Jake O'Brien

Class of 2023

CROHC Rural Health Advocate 2021

Since beginning my medical training, I have been passionate about advocating for the health needs of people from rural backgrounds. This passion also extends into hopefully one day pursuing a career in rural medicine. As someone who grew up in rural WA, I understand first-hand the challenges people experience in seeking medical care, particularly those living with chronic diseases. This personally, has been one of the major drivers in my passion for rural health and wishing to pursue a career rurally.

Growing up on a farm in WA, I have had the absolute privilege of experiencing what country WA has to offer and truly believe this has shaped my views of rural health. I have seen how the limited access to resources and staff drives the healthcare professionals to upskill and continue to provide the best access to high quality care for their patients as possible. This reinforces the genuine desire and care that rural healthcare professionals have for their patients.

Practicing medicine in a rural setting is something that I am incredibly excited to be involved in. In 2022, I will be spending my year in Busselton as part of the Rural Clinical School. I am looking forward to putting my medical skills into practice and interacting with patients. This really is the crux of medical education, and an experience which will be incredibly challenging yet equally rewarding. I think a career in rural medicine provides the same phenomenal work satisfaction as practicing in a metropolitan setting, whilst emphasising the doctor-patient relationship in a personal setting.

I can't wait to pursue a career in medicine in a rural setting. I'm excited to put my skills into practice and develop life-long relationships where I can truly make a difference to the lives of so many people from such varied backgrounds!



Siobhan Martin

Class of 2023

Rural health has always been an aspect of medicine that excites me on a whole bunch of different levels.

Firstly, it's the clinical aspect. Having experienced 2-3 week placements intermittently up in Karratha and having the opportunity to become a part of life in the hospital body there opened me up to some super interesting clinical situations which I just wouldn't have been able to be a part of in Perth. A lot of the patients (especially in the more remote regions) only come in to see the doctor when they're really sick, so it means that a condition which may have originally started out as a benign or an easily treatable problem (e.g. a UTI) ends up presenting itself in the form of a hypotensive, tachycardic, septic patient in shock. As a result, the constant thinking-on-your-feet, where genuinely every-hand-is-required component of working in a less well-resourced setting holds a huge appeal to me.

What I think this an almost equally as appealing is the community and nature aspect of life in the country. Even just knowing most of the doctors in the hospital and slotting into community through sport (underwater hockey is the sport of choice in Karratha), church, and getting to explore and go camping on weekends is truly such a unique gift to be able to both satisfy my adventure cravings and feel completely at home in a place faraway from Perth. On some level, I have found that living out in the country has helped me reset in terms of realising the things that really matter instead of getting caught up in the rat race of busyness that is so easy to get strangled in in the city. The demands on time feel far less but also far more meaningful than what I see and experience in the non-rural setting.



Siobhan on placement in Karratha

Rural Doctor Perspectives

Dr Brett Lamb

GP in Denmark, WA

Working as a rural generalist is an absolute delight for many reasons but especially because of the immense variety... you never get bored! In this role, we are fortunate to be involved in many different aspects of medicine. We work in the private sector in GP land, we have inpatients at our little local hospital, we attend emergency presentations, we visit people who are terminally ill in their own home, we attempt to impart our wisdom to medical students and junior doctors and some of us have other special skills to challenge us and share with the community.

I was fortunate to do my undergraduate years in the Territory. It's a unique place to work, partly because of the diversity of patients and presentations you see, but also a wonderful playground to explore. One of the real pleasures of becoming and now working as a doctor are the opportunities you experience travelling around our spacious nation. The Territory is full of nooks and crannies worth a look. It is also a place rich in diverse multilingual cultures and has a high proportion of first nation Australians who can teach you a thing or three if you stop and listen.

But being a doctor is not always easy and although I have always and will always work rurally, it has its challenges. Resources, alternatives, options and help in the country are scarcer. There is more work than sometimes you want. If you stuff up people quickly know about it. Anything can come through the door and all you have is your clinical acumen, some talented nurses, basic bloods and an ECG machine!!! Aaaaahhhhhh!!

Fortunately, there tends to be a healthy comradery that's nurtured amongst medical staff in rural towns. You have to lean on each other a bit and fortunately the majority are aware of some of the hardships and hence are more than happy to lend a hand. So, when a colleague on call posts a note that an arrest is on route to ED, people jump to offer help and support. You're reminded you're not alone and 'mates' have your back.

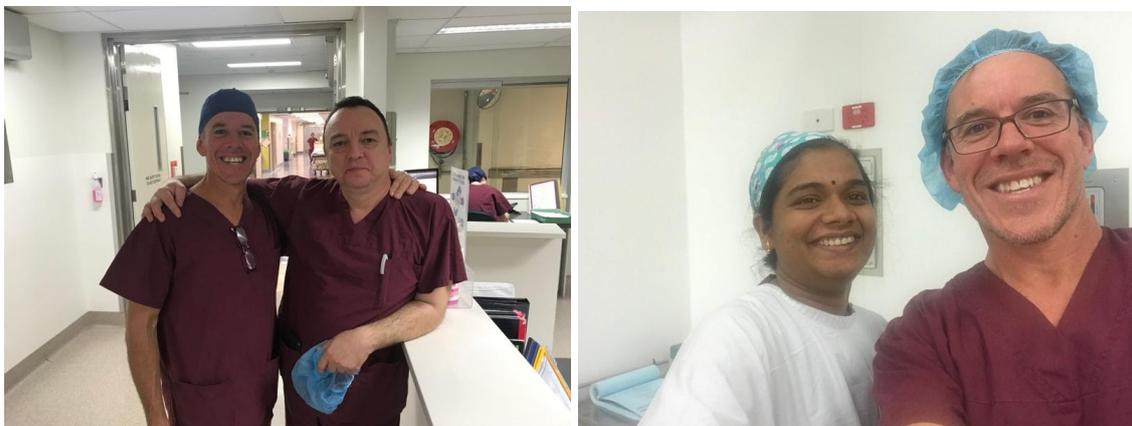
Interestingly, we all have our skills and talents to offer. I feel fortunate to have anaesthetics as part of my skill set and it definitely reduces my anxiety levels when working in ED. I am occasionally asked to help out with an airway or a difficult venous access but then again, it's rare that colleagues call me. The truth is all my colleagues are 'special' rural generalists and can handle most things that come through the door.

The greatest privilege about being a doctor, besides being able to feed your kids, is the uplifting personalities you meet on the journey. They include the colleagues, the students but none are more inspiring than the brave person on the last leg of the journey of life. It keeps you grounded, reminds you life is finite, and you had better get busy living!

Medicine is a big ask. It's a massive amount of learning and the half-life of medical knowledge is waning. That is, our current medical knowledge is becoming obsolete faster

than ever. Patients have access to lots of information and some of them are better at finding it than us more chronologically gifted doctors. It's testing. You have to stay healthy as a doctor. I believe it's a mistake to make medicine your whole life. You have to maintain or pursue a life outside of medicine. Whatever tickles your fancy, chase it, practice it, explore it. Don't stop your other joys in life. If you're a dancer, dance, if you're a footballer keep kicking. Ultimately these skills and pastimes add to your capacity to communicate with that plethora of patients you will meet and need to relate to in order to help them get well.

Congratulations on your efforts and your current journey on the road to becoming a doctor. I hope to meet you one day if you have the good fortune to experience our unique little hospital. But if you come my way you should come for a surf, it's healthy and it'll make you a better doctor!



Dr Lamb in Alice Springs Hospital

Dr Sally Edmonds

Medical Officer with the RFDS

My job is with the Royal Flying Doctor Service in Broome, but often I don't spend much of my working day in Broome itself. In a typical week I might fly to Kalumburu, Fitzroy Crossing, Derby, Karratha, and Paraburdoo, as well as one or two flights down to Perth. Adding up kilometres flown last week, I'd have been about 15,000 km which is the same as going all the way from Perth to London. It would be nice to get frequent flyer points!

We fly out in a small team of a nurse, doctor and pilot in an aircraft that has two stretchers on board. We carry a lot of medical equipment and medications, and we look after our patients in the air while flying the many hundreds of kilometres to the larger towns or to Perth. There is a lot of planning and coordination to moving 30-40 patients a day around the state in this way. Our aircraft carry one, two or three stretcher patients and we often stop along the way to pick up others. Our plans change as needed and our days can be long.

Here's my background:

After graduating from UWA I worked a couple of years at Royal Perth Hospital including a formative 3 months in Port Hedland where got my first taste of life in our North West. For the next 4 years I headed off to the UK as many young doctors did back then. I gained a broad skillset in anaesthetics, obstetrics and paediatrics with a couple of diploma exams. The hours were long in the NHS, but it gave me lots of experience and the courage to face sick and injured people and do my best.

Back in Australia I started GP training and my RFDS work around the same time. I did both these jobs based in Perth for a few years, and then moved to the North West for 6 years. This was one of the most challenging times as I was one of the few flying doctors who was also a working mum of 3 young children.

Now, what is it we do? The RFDS is a network of aeromedical services across Australia. The biggest sections are in Western Australia and Queensland but there's a presence in each state including Tasmania. Our organisation was founded by the Reverend John Flynn from Victoria some 95 years ago with the motto "A Mantle of Safety". About 10 years ago we coined the tagline "The furthest corner, the finest care" which I think says it even better. Day-to-day services include transport of critically unwell and injured patients, remote GP clinics, immunisation, dental clinics and Telehealth.

Here in WA, the RFDS has 18 aircraft across five bases, and employs 300+ people including pilots, doctors and nurses and also aircraft engineers, operational coordinators, and the list goes on. As a registered charity we rely on donations to supplement the government funding so that means a raft of wonderful people to keep us in the public eye and keep those donations coming. Although we are a charity, we are all paid well, comparable to working in a hospital job in a similar town. Our aircraft are mainly Pilatus turboprop aeroplanes, and we have 3 jets for long distances, and two helicopters have recently been added for the area immediately around Perth.

Not surprisingly, I have many great patient stories after so many years as a Flying Doctor. Here are a few examples, these three have a wildlife theme:

1. Jellyfish sting – 19-year-old girl in waist-deep water, Irukanji sting. 4 hour flight to Perth, where she spent 3 days in ICU, on life support. This was 20 years ago and she is now a doctor somewhere.
2. Fit young Aboriginal man working on a Kimberley muster. Thrown into the air and gored by a bull, proper penetrating chest wall injury. We got him to Broome hospital promptly and he was out within a couple of days.
3. A worker in one of the hospitals was on the veranda and suddenly bitten by a snake, but it bit him in the eye! Telehealth was used, but he needed to be taken to Darwin promptly to the specialists. All went well.

Many more of our patients have the usual mix of injuries and illnesses you would find at an Emergency Department. 25 percent of our patients have cardiac problems, 25 percent trauma, and the other 50 percent are a mix of acute presentations in paediatrics, maternal health, mental health and general medicine.

The Covid-19 pandemic has given us many challenges, including logistics and infection control. Our PPE requirements to keep everyone safe in flight include coveralls with hoods and double gloves, with special attention to aircraft cleaning between patients.

Recently in Broome I have been adding to my skill set. RFDS provides aeromedical retrieval services to a number of oil rigs stationed about 250km off the Kimberley coast, via a separate contract with a Helicopter service. This week I went on my first flight out to an oil rig on a giant Sikorsky Search and Rescue helicopter.

I have had an amazing time so far with the RFDS and would recommend this job to those with a sense of adventure who cope well with uncertainty, travel and unusual hours. You need about 5 years postgraduate experience including solid airway skills (6-12 months anaesthetics) and acute care skills. Some ICU experience is useful as well as paediatrics. It can suit those on a training pathway towards General Practice, Emergency Medicine or Anaesthetics. Other doctors come to us after specialist training, for a change of scene. There is occasional work for non-procedural doctors in remote GP clinics as well. If you are considering work with RFDS, it's good to make some enquiries a year or two ahead.



<https://www.youtube.com/watch?v=-HkCKv4dwSM>

Dr Hector Faulkner OAM

GP in Denmark, WA

Hi all! Welcome to rural general practice in Denmark WA!

Why would you practice anywhere else?

If you like most specialities in medical school and can't decide which one you like best, then you are in luck because in rural general practice you get to practice them all. And the beauty is that if the patient becomes too difficult you can refer them on. (They will of course come back to see you after the specialist).



Emergency medicine is an integral part of rural medicine. When I first started going on call at the local Denmark Hospital, I was very anxious and often felt isolated and alone. The good news is with ETS (Emergency Telehealth Service) you can dial up a FACEM (Fellow Australian College of Emergency Medicine) and have them on the TV screen talking to both yourself and the patient.

While rural medicine is very satisfying professionally, being part of the town community is even more satisfying especially seeing babies born and grow up . Medicine in the city seems so fragmented with the patient seeing multiple practitioners but no one taking ultimate responsibility. In rural medicine there is seamless transition from general practice to the emergency department and then admission to hospital and discharge back to general practice. Usually, you as the rural GP have been involved in all these stages.

One of the down sides might be that everyone knows what you, the doctor, gets up to, but alternatively you know what every patient gets up to. So, they can't pull the wool over your eyes about lifestyle, drug dependence and relationships.

I remember surfing at a fairly isolated beach one day and my friend's car drove along the beach, and he flashed his lights at me. My friend's wife was in labour, and he had read the wind and surf conditions perfectly to find me. (I still surf with that little baby now).

Another time one of my friends rang me to say someone had broken into his neighbour's house and was acting in a bizarre manner. He rang the police who brought in a young woman carrying a dead baby wrapped in tea towels. She appeared to have a post-natal psychosis and I referred her on mental health forms for a psychiatric assessment. She was initially quite angry with me but as she left with the police, she suddenly handed me the baby! I reluctantly unwrapped the tea towels and found a mouldy loaf of bread!

As I've aged in town, several my patients have died. It has been a real honour to have been involved in their palliative care and look after them in their last weeks and months of life. Rural General practice is never boring offering a chance to practice birth to death medicine and everything in between.



Meckering wheat field (Jarrad Burges)