

# East Gippsland Regional Clinical School

## School of Rural Health

Newsletter, Winter 2012

### Director's Report

#### It's All About... Community

The concept of social accountability of medical education programs was first defined in 1994 by the World Health Organisation (WHO) and the World Organisation of Family Doctors (WONCA). Since that time there has been an international trend towards university medical education programs being more relevant to the workforce and health service needs of the communities they serve, including more meaningful engagement with these communities.

In Australia the most prominent example of this trend in the past 20 years, at the national policy level, has been the advent of the Rural Clinical School program. This program was officially launched on February 6, 2001 by the then Minister for Health and Aged Care, Michael Woodridge.

At the ceremony in Bairnsdale on that day to announce the proposed locations of the rural clinical schools, Dr Woodridge said this new rural health education and training network would create a multitude of benefits for communities, health professionals and medical students.

At Monash University, the rural clinical school program has been delivered by the School of Rural Health. This has included the establishment and consolidation of four Regional Clinical Schools, at Mildura, Bendigo, Traralgon and East Gippsland.

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### Student Exchange to New Zealand

Two students from EGRCS had the opportunity to exchange with two Otago University Rural Medical Immersion Program students for a 2 week period in July. **Jemelle Spriggs and Katherine Wilson**, who are current Year 4C students studying in Sale and Bairnsdale have been placed in Blenheim and Balclutha respectively.

This is Jemelle's report on her experiences so far:

My first glimpse of New Zealand was from the plane, as we flew into Christchurch I was lucky enough to see the spectacular southern alpine ranges covered in snow. I then boarded another tiny 19 seater plane whereby we flew low over kilometres of vineyards, landing in Blenheim. This set the scene for an exciting two weeks in the beautiful south island, specifically the Marlborough region. Blenheim is the largest town in the Marlborough region, world renowned for sauvignon blanc wine produce.

I spent my first day at Wairau hospital, an 86 bed rural hospital in Blenheim. Here I spent the day seeing a variety of patients in ED. I quickly became familiar with a major part of New Zealand's health system – the Accident Compensation Corporation (ACC), which provides all residents (and visitors) with a no-fault personal injury cover. My day in ED involved many ACC claims as the injuries rolled in.

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**MONASH** University

**M8**Alliance

## Director's Report

*Continued from front page...*

The East Gippsland Regional Clinical School (EGRCS) consists of campuses at Sale and Bairnsdale hospitals. In addition, EGRCS has contracts with health services and private practices in Omeo, Orbost, Lakes Entrance, Bairnsdale, Sale, Maffra, Heyfield and Yarram, with students placed for the full academic year in each of these towns.

The history of EGRCS over the past decade has been characterised by extensive engagement with local communities in East Gippsland, as well as bringing infrastructure and employment to these towns. At the regional level, EGRCS has been supported by an active Community Advisory Committee, made up of representatives of local service clubs, other secondary and tertiary educational bodies, local, state and federal government and leading community members.

One of the most significant developments arising from the Community Advisory Committee has been the implementation of the East Gippsland Scholarship Fund, with support from the Rotary Club of Sale and individual benefactors, providing direct financial support to medical students originating from East Gippsland, to assist with their studies.

The Community Advisory Committee has also been very active in identifying strategies to improve the numbers of local secondary schools students who undertake tertiary studies in a health-related field.

EGRCS has also been strongly engaged with the local Aboriginal community, in particular

through support for the East Gippsland School for Aboriginal Health Professionals. This has given rise to a research project investigating the factors involved in promoting health-related tertiary studies to local Aboriginal families, to increase the number of Aboriginal students undertaking medical, nursing and allied health studies. This project has received Monash Ethics Committee approval and advertising for the position to conduct the research will occur in June.

Office-space for this research project will be provided within the recent extension to the EGRCS campus in Bairnsdale.

This extension has also enabled EGRCS to host the Monash Gippsland School of Nursing program in Bairnsdale. In 2012 there are 28 School of Nursing students at EGRCS undertaking Year 2 and 3 of the nursing degree, allowing for local residents, including students bridging from the East Gippsland TAFE Division 2 program, to continue their studies locally without the need to travel to Churchill.

Other examples of the extent of EGRCS's engagement with the community include support for practice nurse education within local general practices, supporting paramedic training with Ambulance Victoria, and continued contribution to Intern orientation and training at Bairnsdale hospital. A recent grant from Health Workforce Australia of nearly \$500,000 for simulation-based education will enable EGRCS to expand our education program supporting health service agencies throughout the community.

Each year EGRCS hosts up to 30 medical students spending the full academic year

in the region. These students immerse themselves in the local community, often joining local sporting clubs, church groups, etc, as well as securing part-time employment, such as tutoring local secondary school students. In the past two years, Bairnsdale students have conducted a health education program for students with disabilities, at the local Bairnsdale Special School. This has been extremely well-received, and evaluation of this program was part of our research activities in 2010.

A key component of this community engagement and community service program has been the contribution of EGRCS staff. Many of the above initiatives have arisen from the active role undertaken by staff as members of their community; professional and academic staff alike have quickly embraced the "multitudes of benefits for communities" (in Minister Wooldridge's words) provided through the establishment of rural clinical schools. EGRCS is characterised by the willingness of staff to contribute to School activities after hours and on weekends, and to work at a level far in excess of their contracted position. This commitment is the backbone of the East Gippsland Regional Clinical School's current and future engagement with the community, and provides a large part of the identity and success of our School.



**David Campbell**  
Director  
EGRCS

## Manager's Report

April saw the Bairnsdale Campus capital works completed. Due to the building works, the first couple of months of semester one for both the medical and nursing students was quite challenging, however all have now settled in to the fabulous new premises.

The expanded premises have attracted a lot of attention from local health education providers with the tutorial rooms being highly sought after. Both our Sale and Bairnsdale campuses boast fantastic Simulation Suite facilities, excellent student facilities and a welcoming environment for all. The Official Opening by the Hon David Davis for the new Bairnsdale extension will be on August 1, 2012 at 10 am.

A recognised need for short term housing for nursing students has been addressed with the purchase of two four bedroom homes, one in Sale and one in Bairnsdale. The Bairnsdale property has been available since the beginning of the semester and the Sale property will be available from late July, accommodation being available at a nominal nightly rate,

for nursing students visiting the Gippsland/ East Gippsland areas on short term placements. The Bairnsdale house has been very well received by the students as will the Sale house I am sure.

2012 is also the 20<sup>th</sup> Anniversary of the School of Rural Health and to celebrate the East Gippsland Regional Clinical School will be holding simultaneous Open Days at the Sale and Bairnsdale Campuses. The day is designed to showcase our schools, why we are here and what we do. Our theme is "Health Education – A Community Approach" and we will be holding a Teddy Bear Hospital for juniors, plastering for the teens and CPR practice for the adults. We have asked our local hospitals to be involved and there will be Ambulance and research displays. It will be a fun day with both the Medical and Nursing students getting involved.

Last year we hosted two Otago University New Zealand students for a two week placement. This year we will do an exchange with two of our students, Jemelle Spriggs

and Katherine Wilson heading to New Zealand, and Kirsten Taplin and Caitlin O'Rourke from Otago will be placed in Bairnsdale and Sale respectively. Jemelle's report of her first few days is featured on page 1 of this newsletter and you will be able to read more about Jemelle's and Katherine's experience in our next newsletter. Students have enjoyed a well-earned break, returning full of enthusiasm for the final semester."

The East Gippsland Regional Clinical School is lucky to have such a wonderfully supportive team of Academics and Professional staff who work well together. All staff members are prepared to go the extra mile and believe that the work we are doing here will benefit the local communities in addressing health workforce shortages and supporting health education to local health professionals.

**Debra Johnston**  
Manager  
EGRCS

# Rural Emergency Skills Training – REST

In collaboration with Loy Perryman, Academic coordinator/clinical educator at the East Gippsland Regional Clinical School, a group of 20 participants, six instructors and three observers, took part in a Rural Emergency Skills Training program recently. Held over two days at the Sale campus of the EGRCS and conducted by Southern GP Training in conjunction with the Australian College of Rural and Remote Medicine (ACRRM), the program offers participants a hands-on, flexible and interactive approach to training.

Ten skills stations were set up and a number of scenarios were conducted over the two days with participants rotating through all stations. Among the skills included were Surgical airways, Needle thoracocentesis and chest drain insertion, Vascular access, Cervical spine immobilisation and Emergency psychology.

Written and practical assessments are included and each participant receives a REST certificate from ACRRM.



## Research Report

The Gippsland Medical School hosted the School of Rural Health South Eastern Victoria Research Day on 27 June. **Marnie Connolly** gave two presentations on this day, one presentation related to the Practice Nurse Education Group (PNEG) and the other to her Masters research looking at the effects of supervising medical students on their health professional supervisors.

In addition, **Marnie** presented a poster at the 4<sup>th</sup> Annual Health Professionals Teaching and Learning Conference, held 30-31 March in Alice Springs, and **Loy Perryman** presented an oral presentation at the Australian and New Zealand Association for Health Professional Educators 2012 Conference, held 27-29 June in New Zealand.

Some other recent and upcoming conference presentations highlighting research we are associated with are:

- Butler M, Robinson A, **Mitchell E** 'Dilemma of Rural Healthcare Careers: How does the teamwork work?' Including Care for Older People Conference, 23 May, 2012, Traralgon West.
- Khalil H, Chambers H, **Mitchell E**, Steers N, Cullen M. 'Factors Associated with Wound Healing Times and Costs.' Primary Health Care Conference, 18-20 July, 2012, Canberra.
- Kewming S, **D'Amore A**. 'Comparing Diabetes Conversation Maps with Central Gippsland Health Service 5 Week Diabetes Group Program.'

Australian Diabetes Association/  
Australian Diabetes Educators  
Association Conference,  
29-31 August, 2012, Gold Coast.

**Jennie Casey** is currently conducting an evaluation of the Year 5/D medical student aged care rotations in Heyfield and Mildura. This project compares the experiences of these rural students to students who do their rotations in larger metropolitan hospitals.

**Angelo D'Amore** has received an award to attend the Australian Academy of Science Theo Murphy High Flyers Think Tank 2012, to be held on 26-27 July in Adelaide. The topic of the think tank is 'Australia's Population: Shaping a Vision for our Future'.

Finally, please see below a list for a couple of our most recent published manuscripts:

- **D'Amore A**, James S, **Mitchell EKL**. Learning styles of first-year undergraduate nursing and midwifery students: A cross-sectional survey utilising the Kolb Learning Style Inventory. *Nurse Education Today*. 2012; 32 (5): 506-15.
- Walters L, Stagg P, Conradie H, Halsey J, **Campbell D**, **D'Amore A**, Greenhill J. Community Engagement by two Australian Rural Clinical Schools. *Australasian Journal of University-Community Engagement*. 2011; 6 (2): 37-56.

**Eleanor Mitchell and Angelo D'Amore**

## Student Exchange to New Zealand

*Continued from front page...*

My second day involved seeing post-operative orthopaedic patients, whereby I gained invaluable experience interpreting x-rays with an orthopaedic surgeon and examining patients. After a busy day, I was lucky enough to explore the local vineyards and also experience my first earthquake later that night (although I'm not sure if this is "lucky" or not). Somewhat terrifying and also exciting for me, the local residents seemed to find earthquakes relatively commonplace.

My third day in NZ involved a treacherous but beautiful drive to Nelson on the eastern shores of Tasman Bay. Here I was involved in wave consulting at a local GP practice, which ran in essentially the same way as East Gippsland Regional Clinical School. In one day I saw a variety of patients, from HIV sufferers to car accident victims. I was lucky enough to follow a C-spine injury through to ED at the local Nelson hospital. I met a high proportion of New Zealand Maori at this clinic and also interacted with an unexpected number of UK derived doctors and nurses.

After an action packed few days I am eager to see what the next week and a half of placement in NZ holds for me. I will be making trips to the beautiful Marlborough Sounds, Hanmer Springs and travelling to Kaikoura for GP placement. Alongside seeing the beautiful surrounds. I will endeavour to learn more about the Cultural differences and how this manifests in medical practice. In addition, I hope to gain a better understanding of the health issues of the New Zealand Maori and the psychosocial and occupational elements of medicine in the rural setting of the Marlborough region.

# Reflections of a past student: The year so far...

As I write this it is half way through Intern year, and with the first foray into professional life have come new challenges – the learning curve has been intense, despite this being a year ostensibly offering a brief reprieve from exams on the roller coaster that is medical training.

I have often heard junior doctors exclaim how that in their Intern year they learnt more than in all of their years at medical school combined (but none of these people were EGRCS alumni: wink to Ros – was that subtle enough?). I always thought there were epic mountains of hyperbole in this sentiment – but this year I can kind of see what they're on about. One has to consolidate a great deal of knowledge compiled over the preceding years for practical day to day use, and this requires constant diligent attention – especially at the beginning – and with each new rotation, as you try to absorb the wisdom of your seniors to hone your clinical acumen in a way that will be applicable to the job at hand.



Dr Paul Marosszeky

For any students out in Gippsland reading this, know that amongst my former classmates from EGRCS, I can't think of any major anecdote (to date) about an instance where they found their clinical skills lacking such that they weren't able to recognise and act on dire clinical circumstances. I have certainly been grateful many times over for the amount of clinical exposure and instruction I got on rural placements, and whilst the benefits may be as simple as being able to confidently undertake any of the small procedures or tasks that one has to perform on the ward – this makes life a whole lot easier, because your working day will be chock full of these myriad jobs. I think I can say that this stands for many of my former classmates, who have been cast into a wide variety of settings: many of us in Melbourne, some in country Victoria, and Atkinson, no doubt suffering from some hideous jungle rot in Cairns.

I don't know whether I have or not, but it is not my intention to make things sound too daunting for any students reading this (if they are still reading this rather than enjoying their freedom) – Intern year has been challenging, but it feels good when you know you have met a challenge and overcome it – and it is great when you feel confident in a job that you are doing. Then again, I'm only half way through the year, so I hope my writing isn't too thick with hubris.

It was an absolute pleasure for me to start my career as a doctor in Traralgon at the start of this year, and it felt very fitting given that it was so close to where my medical school journey began, and in a region which has played such a large role in the last few years of my life. It was great also having classmates from both Gippsland Medical School and more specifically East Gippsland classmates along to share that rotation, and I can't recommend thoroughly enough pursuing further country and rural rotations as your careers progress.

**Dr Paul Marosszeky**  
Year 3B Sale 2009, Year 4C Bairnsdale 2010  
Year 5D rotations Sale and Graduate of Gippsland Medical School 2011

You finally start to have to remember doses for drugs and you realise that the two hour tute in back-to-base week at the end of final year probably wasn't enough to convey the more subtle complexities of writing drug charts (don't worry, you learn this one quickly). You loathe brand names and drug names some more. You actually have to do all those things that they get you to do in OSCEs for real – and you need to be switched on because occasionally it'll be one of those scenarios that you practised with Antony or Marnie. You get mighty good at smashing paperwork and of course your handwriting becomes progressively less legible. ECGs have not been a problem, thanks Caroline!

The most dramatic difference that I have noticed between final year medical school and intern year though, and the thing that underlies all the above lessons and untold more, is responsibility. The responsibility, even in the sheltered and protected role of intern, is certainly something that took a bit to get used to – and is why you should strive to be meticulous and methodical in your work – because whatever other motivations you have, you all of a sudden have an intense new degree of accountability. No doubt this is the next step of journey for us, and every further step after Intern year is going to bring new challenges and responsibilities, and I guess that is part of why we do it.

## Important Dates for 2012

### Placement Dates

Year 2 30 April – 11 May  
3 September – 14 September

### Semester Dates

Year 3B Semester 1  
30 January – 1 June  
Semester 2  
25 June – 26 October

Year 4C Semester 1  
6 February – 8 June  
Semester 2  
2 July – 2 November

Year 5D 23 January – 9 November

### Examination Period

29 October – 30 November  
(TBC)

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