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Welcome to Northern Highlights

Welcome to the first edition of *Northern Highlights* - the Extended Rural Cohort's new newsletter.

Partnership trains rural doctors

In 2006, the growing shortage of doctors in rural and regional Australia prompted the University of Melbourne and Monash University to collaborate on an ambitious educational project. Both Universities already had a network of clinical teaching sites in northern Victorian and Rural Clinical Schools, but the development of the Extended Rural Cohort (ERC) project will significantly expand it.

Research suggests that students with links into a rural community or experience living in rural areas are more likely to choose a career in rural medicine. So recruitment for

the ERC stream focuses on rural and regional students, especially those in northern Victoria. Most of their clinical training will be undertaken in rural and regional centres around northern Victoria.

The ERC created an extra 60 Commonwealth supported places (CSPs) which are split between the two Universities and the first intake of students have nearly completed their first year of study.

Where do 60 new students each year go for clinical training? That is the challenge now being met by the Melbourne/Monash partnership. Both are working to develop new community-based training 'hubs' in and around Benalla, Bendigo, Castlemaine, Mildura, Shepparton, Swan Hill, Wangaratta - even as far south as Woodend.

The first cohort of ERC students leap into action



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The Extended Rural Cohort was developed through the Northern Victoria Regional Medical Education Network (NVREM) project, an initiative of:



MONASH University



THE UNIVERSITY OF MELBOURNE

Longitudinal Learning In A Rural Centre

Rural placements and rural clinical schools are designed to give medical students a taste of country life. For ten years Flinders University has extended the principle, offering students in its graduate entry program a full year in Year 3 in a rural placement.

In the planning stages of the ERC, representatives from the Schools of Rural Health of the University of Melbourne and Monash University visited Hamilton and Mt Gambier and spoke to staff, GP educators and students.

The Flinders University Year 3 curriculum covers six disciplines: medicine, surgery and anaesthesia, women's health, paediatrics, psychiatry and general practice. Rather than rotating through a series of discrete terms, students in the Parallel Rural Community Curriculum program learn in an integrated fashion over the course of the year.

They spend two half-day sessions per week with their GP supervisor and are rostered onto ward rounds, theatre sessions and for some weekend on-call work in accident and emergency.

In Mount Gambier GP supervisor, Dr Malcolm Gale, has developed an adapted parallel

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Study tour:
The partners visited Mt Gambier to learn about Flinders University's rural placement program. L to R Professor Geoff Solarsh, Chris Rolton, Di Doyle, Dr Lucie Walters (Flinders University), Natalie Radomski.

A Student Perspective: Matt Morey

A 'super cool' cohort

The ERC was announced during my Year 12 at Goulburn Valley Grammar School in Shepparton. It evoked a buzz response from my classmates who also wished to study medicine. We were all so excited about a cohort full of super cool country kids.

The ERC gives us a metropolitan experience for a number of years, then the remainder studying and living in the country—the best of both worlds.

Us 'country kids' are a close group and have become good friends. It is not a stigma to any of us; it is a title we are proud of. It is so good having other students around who have come from a similar background and who you can relate to. We have all had to leave home to come to Melbourne.



Awesome concept: Matt Morey has enjoyed his first year in the ERC.

We are making the most of living in the city. Often the only problem is too much to do and not enough time.

We are also looking forward to our country placements. Being part of the ERC, these competitive rural placements are guaranteed to us. Many of my non-ERC friends are keen to spend some time in the Rural Clinical Schools, but will have to apply for a limited number of positions.

It is an awesome concept—a couple of years living in an energetic city is a good opportunity to have some crazy fun. Then the remainder of our course in the country - a more relaxed style of living with less distractions for study.

Matthew Morey



Vision: the Brooke Street Medical Clinic sees the future of rural medical practices in students.



Brooke Street Medical Centre, Woodend

Purpose built in 1993 and expanded in 2002, the Brooke Street Medical Centre in Woodend has ten consulting rooms, a large emergency room, and on-site pathology collection and radiology/ultrasound. A practice nurse assists GPs and we also have on staff two diabetes nurse educators and a dietician. A number of specialists consult intermittently from the surgery including a paediatrician, ENT surgeon, psychologist, speech pathologist, general surgeon, gynaecologist and physiotherapist.

All basic 'non-procedural' procedures are performed at the surgery and there is access to an operating theatre at Kyneton Hospital. Patients are seen by appointment using a fifteen minute schedule, but all doctors share responsibility for seeing emergencies that attend or are brought in by ambulance. Registrars see new patients, as well as existing clients who require appointments, and are actively encouraged to establish clinical relationships with them.

Dr Richard Bills: Woodend Committed To Training

Training has been a huge looming issue for some time. For the last seventeen years, the Brooke Street Medical Centre has hosted students; not only medical, but nursing and allied health students.

We've seen them in their early undergraduate years for a day or two, and later for up to five weeks. We've had John Flynn scholarship students for two weeks at a time. It's all part of our vision for the future of general practice: a team-based GP model that works collectively on improving patient health.

Students are an important part of that. They stimulate everyone, not just the medical staff, to think about how they practise. So we are genuinely excited about the development of a training hub in Woodend.

By 2010 we will have four students living and working here full-time in addition to the other students we have on shorter placements. To accommodate them we're having to physically expand our practice into the block next door. We'd like the students to be proximate to the surgery, so they

have easy access whenever they need it. But they also need a little space so they don't feel they are living at work. The project will also allow us to reorient our practice to improve our workflows.



Dr Richard Bills

Our business simply could not have done this without the infrastructure support provided by the Monash University/University of Melbourne partnership.

While Woodend is relatively close to Melbourne, it does enjoy a different outlook. The town lets students see how people function away from the city and we have always received them warmly. Patients respond positively to students when the practice views their presence positively too. We've had students find out things about patients because they can spend more time with them than their usual GP. It all enhances the patients' experience.



Helen Cronin
Di Doyle



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“Longitudinal Learning In A Rural Centre” continued from page 2...

consulting model where the focus is completely on the students. Overlapping patient consultations with two students are booked by reception staff. Dr Gale does not book his own appointments at that time and moves between the two student consultations. Because the students rather than the GP supervisor are the primary contact, patients develop a direct relationship with the students. Indeed, bookings follow the students who may work with different GPs during the year. That ‘longitudinal’ nature of the year is seen as very valuable.

The program is based on an adult learning model and students are encouraged to actively seek out experiences within their placement settings. Cross site, student-led PBL (problem-based learning) sessions are held weekly. A series of tutorials is arranged via videoconference, with formal lectures provided to students on DVD. Weekly student-driven informal tutorials are held on a group learning day in Mt Gambier designed to cover ‘gaps’.

Access to, and the enthusiastic involvement of, the local hospital, nurses, allied health professionals and specialists is essential. (Students rated one-to-one teaching time with specialists very highly.) Equally important is strong administrative support from the University and formal recognition of the contribution of GP educators. GPs are offered recognised positions in the Flinders faculty and encouraged to be actively involved in academic and development processes such as writing exam questions. The University also offers professional development and teacher training.



A Message from Geoff Solarsh

The most striking aspect of the ERC program has been the response to it. From the business community to health practitioners, mention training rural doctors and the resulting support is overwhelming. As our first ERC cohort completes its first year in Melbourne, we are now recruiting the second cohort. It has been gratifying to see how many of our community members put their hands up to be part of the interviewing and selection process.

Preparations for the arrival of the first ERC cohort for clinical training in 2009 continue steadily. The finalisation of our infrastructure funding grants from the federal and state governments now allows us to plan our new facilities with much greater confidence. The careful process of identifying and preparing general practices and communities for placing students in community-based settings has picked up its pace.

Swan Hill has started the renovations of its educational precinct and we will shortly sign off at Mount Alexander Hospital in Castlemaine. The other hubs will follow soon. In Bendigo, we continue to

work with our established general practice partners while seeking new practices for the ERC. Again, we have been met with great interest. Throughout this period we have continued to work very closely with our partners at the University of Melbourne on the development of the Northern Victoria Regional Medical Education Network.

We are planning to align our students in their medicine and surgery rotations and will soon work on aligning our rotations in general practice, women and children’s health and psychiatry. This is an essential part of this exciting partnership and will require extensive ongoing discussions about joint placements for our students.

Heart felt thanks to everyone in the team who has contributed to the enormous progress that has been made so far.

Professor Geoff Solarsh

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A Message from Dawn DeWitt

The University of Melbourne School of Rural Health is very excited to be part of this initiative. We hope the collaboration between the two Universities will produce innovative educational and workforce initiatives.

We have identified curriculum, distance learning, extended rural placements, and community teacher development as four areas for significant innovation. Working through the legal and systems issues of two universities has been challenging; but the core team, organised by Monash University's talented Associate Professor Donna Cohen, remains committed.

Our NVRMEN Director, Associate Professor Graeme Jones, is well recognised throughout Australia for his work with the Royal Australian College of General Practitioners and has extensive experience with curriculum development and evaluation. His leadership has resulted in plans for the GP teaching hubs.

Our hubs include Echuca, Cobram/Corowa/Yarrawonga, Benalla/Mansfield, Shepparton, and Wangaratta/Bright/Mt Beauty. Di Doyle, our rural GP/NVRMEN administrative support person continues to liaise with and organise both our students and teachers. (Barbecues at her place have been hugely popular!)

The outreach into rural communities has catapulted positive relationships. Cobram, for example, is a major success story. They have used the NVRMEN ERC funding to obtain additional local funding for infrastructure. When many rural centres are being closed or amalgamated into larger regional centres this is exciting news and bodes well for great student experiences in the future.

Speaking of students, we are thrilled to have 30 very excited ERC students currently based in Melbourne, most from rural backgrounds. Ten graduate students start their clinical placements in 2009 and the undergraduate students in 2010. Meanwhile, we are having them up for visits, organising mentoring, and visiting them in Melbourne.

Finally, there's nothing like buildings to make us feel like we're getting there and Georgia von Guttner is busily nailing down contracts so that the buildings can go up!

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About This Newsletter

Northern Highlights is for our partners in the development and delivery of the Extended Rural Cohort (ERC) stream of our medical degrees. The ERC was developed by the Northern Victorian Regional Medical Education Network, a joint initiative of Monash University and The University of Melbourne.

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