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Sibling rivalry takes on the ERC

Growing up in Boorhaman, a small farming community 15km out of Wangaratta, my sister Jessica and I were always keen on our education. We both loved to stretch ourselves mentally. Through work experience with local doctors, we fell in love with the career prospects of health care. However it was only going to be possible with a big move away from home to attend either Monash or Melbourne Universities. Luckily for us both, the Extended Rural Cohort is there for country kids, supplying support through mentoring programs and giving us first preference to the rural clinical schools.

Me, being one year senior, had to face the uni application process first. With my ENTER score of 97.75 I wasn't confident that I would get into medicine, knowing that I was up against some of the smartest people in the country. I was fortunate to receive an ERC place at the University of Melbourne. I passed my first year

with good marks and a smile on my face, thanks to the support of the people involved in the ERC and the North East Victorian Division of GP. Jess's year 12 results were amazing, so she got her first preference of ERC at Monash.

Naturally, as brother and sister, there is rivalry between us, which is accentuated by us being at different universities. As most students of these med schools will attest, a 'healthy' rivalry exists in terms of who is better. It's all in good fun of course, but I can definitely picture the first conversation we will have this summer after exams: 'What were your marks? I BEAT YOU CAUSE MY UNI IS BETTER!!!!'

The ERC will definitely make the experience of uni in the city easier for us. We can taste the hustle and bustle of the city, but get back to the country when we need and want to.

Matthew Elliott

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Health rivalry: siblings Matthew and Jess Elliott now represent their family at both Universities.

Melbourne appoints new ERC Director

The University of Melbourne has appointed a new Director of the Extended Rural Cohort (ERC) scheme.

Dr Peter Keppel took up the position in February and immediately got on the road to meet general practices which will be hosting two students each for their community-based year.

University of Melbourne ERC students will spend semesters 10 and 11 immersed in rural communities in the north-east of Victoria with the first group of students beginning their community-based placements in July 2010.

'We already have strong support from a number of practices and we'll be finalising contracts and infrastructure support this year,' he said.

Dr Keppel has always enjoyed being involved in medical education and will continue as a Senior Medical Educator at Bogong Regional Training Network and working at the Yarrowonga clinic where he began as a registrar in 1985.

He has seen many changes in Yarrowonga in 24 years. The practice has grown with the town and the new hospital now delivers over 100 babies each year as well as maintaining emergency and theatre services. But the difficulty in recruiting suitably trained new GPs to rural areas has not changed.

'I hope I can bring about change in this critical area through my new role,' Dr Keppel said.



Long-term commitment: Dr Peter Keppel is dedicated to rural health.

Medical centre due to open August 2009

Construction of the University of Melbourne Shepparton Medical Centre is now well under way with the clinic due to open mid-August 2009.

Located opposite Goulburn Valley Health and adjacent to the School of Rural Health offices, the new medical centre is designed to meet the educational needs of medical and other health science students. It will also increase the capacity

to meet the health needs of the communities of Shepparton and the Goulburn Valley, a region underserved in many health areas.

The clinic has the capacity for 10 practitioner consulting rooms, side by side with 10 learning consulting rooms. The separate consulting rooms for learners working beside practitioners allows supervised active learning. The clinic will also contain procedure rooms, specialist consulting rooms,

offices and a student teaching hub. The student teaching hub will encourage multiple interactions between students and different practitioners, providing breadth to the student learning experience and a true learning environment for all.

There will be some specialist medical teaching and experience in general medicine and surgery, women's, children's and mental health. However, the bulk of the medical student experience will be in general practice, addressing the need for greater general practice experience for our students. Increased exposure to general practice for our students might also aid future recruitment to this area of special need.

Subject to negotiation with schools of nursing and allied health and postgraduate general practice training schemes, the clinic will offer the opportunity for these students to be involved in this exciting teaching environment.

The clinic will be owned by the University of Melbourne and managed by UMEE, the University's commercial arm.



Establishing the framework: the new University of Melbourne Shepparton Medical Centre will be open by August this year.

Balint groups introduced in Central Victoria

A visiting UK GP trainer is hoping to start local GP/health professional Balint Reflective Practice groups. Dr Shake Seigel is introducing Balint Reflective Practice to the Monash Year 5 curriculum on a trial basis. At the same time he is offering to give general practitioners and other interested health professionals in the Bendigo region a 'taster'.

Dr Seigel is working with Monash University's Bendigo Regional Clinical School this year developing the Year 4 community-based curriculum, among other things. He has a 25-year association with Balint Reflective Practice in the UK and is an accredited Balint trainer.

Balint Reflective Practice aims to deepen health practitioners'

understanding of the patient – practitioner relationship. Originally begun in England in the 1950s by Hungarian analyst and general physician, Michael Balint, the practice is now common throughout Europe and America. It has only recently been introduced in Australia, with the Balint Society of Australia established in 2005. (See www.balintaustralia.org.)

A Balint group is generally made up of six to nine health practitioners who meet regularly under the guidance of one or two facilitators. One member of the group will present a case or situation for discussion. No notes are used; presenters simply relate what they remember of the case. The group then discusses the case. But this is not about finding

solutions or 'right' and 'wrong'. Nor is it a therapy group. Rather it is an exploration of the case's emotional content, ethical dilemmas or different perspectives in order to broaden practitioners' understanding of the practitioner-patient relationship.

Balint groups meet regularly over an extended period of time—often one to two years—and participants get to know and trust each other. It becomes a nurturing and enlightening environment in which to explore with peers the broader human side of practice.

If you'd like to take part in a session call Dr Seigel for details: (03) 5440 9035 or email shake.seigel@med.monash.edu.au

Variety the spice of rural practice

The afternoon we visited Monash's newest hub in Maryborough, a helicopter landed behind the hospital. It was no joy flight. One of the doctors we had come to visit at the Clarendon Street Clinic had been called away to attend the emergency and was sending the patient off to Melbourne by air. Dr Rob Carson's other patients waited a little longer that day to see him. The following day he was rostered on at the hospital as the anaesthetist.

In a small community like Maryborough the hospital relies heavily on the local GPs. While Year 4 students on extended placements in the rural hubs will be mainly based at general practice clinics, they'll also be seeing surgery, emergency medicine and the delivery of babies with their supervising GP. There will also be time with community-based health services such as maternal and child health.

From 2010 Year 4 ERC students will be hosted by two general practices in Maryborough—the Clarendon Street and Nightingale clinics—which are within walking distance of each other and the hospital. The hospital will be providing accommodation for the students.

CEO, Peter Appledore, said recruiting and retaining doctors in small towns

Hub: hospitals in small towns rely on local GPs and medical students get broad experience when they train there.



is always difficult. 'GPs are pivotal to the hospital. If you can get students to come to country areas, we can try and tempt them to stay. We're doing what we can to support that.'

Dr Dani De Villiers of the Clarendon Street Clinic has experienced the same difficulties and training students is part of their practice's strategy to alleviate that. With a background in teaching before he entered medicine, he said he almost gets more out of the experience than the students. 'With a student you have to be able to justify the management of your patient. It forces you to bring science back into your practice and question your own assumptions.'

It's not only the medical training that delights him. He remembers a group of students from Singapore who were on their first visit outside a city. It was the first time they had seen stars at night.

Hub profile

Located 170 km from Melbourne and about 70 km from both Bendigo and Ballarat, Maryborough retains its goldfield heritage of historic buildings. These days its population of about 7,700 supports an agricultural district and maintains a large printing and publishing industry.

MARYBOROUGH HOSPITAL

Maryborough District Health Service extends over Avoca, Dunnolly and Maryborough. The hospital in Maryborough has 35 inpatient beds, six day surgery beds and a birthing suite. Consultant surgeons in Ear, Nose and Throat (ENT), Orthopaedics, Gynaecology and Urology from Bendigo and Ballarat complement the services offered by the resident general surgeon. Local GPs provide support in the urgent care centre, anaesthetics, obstetrics and in-house medical treatment.

CLARENDON STREET MEDICAL PRACTICE

The practice has five doctors and five practice nurses. Four doctors provide care for patients at the Maryborough hospital and one performs surgery at the hospital. Minor surgical procedures are also undertaken at the practice.

NIGHTINGALE CLINIC

The Nightingale Clinic is situated on the Maryborough hospital grounds. The practice building incorporates a beautiful old sandstone miners court, part of the goldfields legacy. It has four doctors, four practice nurses, five consulting and one treatment room.

A reasoned approach

The NVRMEN collaboration provides opportunities for new ways of looking at how both Universities meet the learning objectives of our current curricula in Northern Victorian sites. Monash is planning to introduce a stronger focus on clinical diagnostic reasoning. Teaching and learning methods in Years 3 and 4 will not only cover the usual content but will ask students to engage with it in a way that makes it much more retrievable when they are faced with the undifferentiated complaints that patients bring to the consulting room. For example, patients with pneumonia present to us with 'cough' or 'shortness of breath' or 'fever' or some combination of these symptoms. Students need to have an approach to distinguishing pneumonia from a number of other conditions that may present quite similarly.

We are mapping common and important conditions against the many presenting complaints with which these conditions are associated. An online forum, particularly for students at distribute sites, will allow students to present patients they encounter at their sites for discussion with expert tutors and their fellow students at other sites. We are looking to develop teaching and learning methods and resources for this on-line forum that allow students to take a leading role in working through these patient problems while linking these real encounters to the knowledge that they need for solving these and similar diagnostic problems in the future.

This is one of many new approaches that will be undertaken within the NVRMEN framework over the next 2 to 3 years. The fact that we now have a single cohort of students with us for an uninterrupted period of almost 3 years makes it much easier to tackle educational processes of this kind. This freedom to innovate is energising our staff and this energy and enthusiasm will, we believe, spill over into our tutorial rooms as we move into 2009.

Professor Geoff Solarsh
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Early taste of rural practice

The University of Melbourne offers all medical students a chance to experience rural practice through its Rural Early Elective Placement (REEP). ERC student, Katie Snow, couldn't wait to try rural life and spent a week in Shepparton with the program.

Everyone knows medical students are nerds. It must be so, otherwise why would dozens of us be applying to spend a week basically doing uni? The answer is, REEP is one of the most amazing experiences available in pre-clinical years. Some of us knew this before, others took it on faith but all discovered it pretty soon on arrival at their rural clinical school.

I chose Shepparton, and over the next few days would experience hospitals as I had never experienced them before. Hands on? You bet. From mixing up IV antibiotics and helping someone shower in the medical ward to cutting up wound dressings in someone's living room with hospital in the home, we were more than just observers.



Amazing experience:
Katie Snow got an early taste of rural practice.

REEP was a great opportunity to practise bedside manner and also learn a few things before ICM, for example stethoscopes and the correct use of a sphygmomanometer. We also got a taste of theatre, where we could see how much of our semester 2 anatomy had survived the break as well as learn about anaesthetics and how to intubate a patient. We all spent time with a GP and at a specialist clinic, which for me was midwifery.

I have now entertained young children while their sibling is getting an injection, felt a baby kicking for the first time and experienced some of the counselling a GP is expected to do, simply because the patient wanted to talk to someone they trusted.

It's an awesome thought to think that one day we will have that position in the community.

Katie Snow



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



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