



WILDFIRE and MUMUS present

RURAL GUIDEBOOK



WHAT IS THIS “guidebook”



Hello everyone and thanks for taking the time to read the Rural Guidebook!

The rural guidebook is a collaboration of students who are currently in different rural sites and their opinions about what is great (and not so great) about their sites.

The guidebook aims to allow students to make a more informed choice about where to go in 3rd, 4th and 5th year. It was created because there is an understanding that different students learn in different ways and all the sites have different learning styles, teaching, hospital time and community placements.

The reason I wanted to make this guidebook is because when I was choosing my ERC placements, I felt like there wasn't very much information available to me from a student perspective. So I hope that this helps all of you to make a more informed decision.

Happy Reading

Elyssia Bourke

MUMUS ERC & Rural Rep

WILDFIRE Secretary

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Jenny Timmis

MILDURA REGIONAL CLINICAL SCHOOL YEAR 3 COORDINATOR

Built in 2002, with major extensions occurring in 2009, the Mildura Regional Clinical School is co-located with the Mildura Base Hospital, thus ensuring that students have ready access to the wealth of learning opportunities in the wards and ED. A recent addition to the school has been a skills lab complete with Sim-man and loads of other equipment.

The centre of a large rural and remote area, Mildura Base Hospital handles all serious accident or emergency cases first-hand before sending on to metropolitan hospitals as required. This, and the very busy nature of the hospital, means that students have many opportunities to deal face-to-face with patients under the direction of their mentors.

Mildura has a large primary and secondary catchment area, extending into rural NSW and SA. Visiting specialists travel from both Melbourne and Adelaide to consult and/or operate locally.

The hospital is very welcoming to students and because teaching groups are small, there is the opportunity for students to gain extra experience in clinical and examination skills.

H O U S I N G

Year 3 students will live in shared rental housing in the community within walking distance to the Mildura Regional Clinical School. These houses are generally 3 bedroom houses, fully furnished and provide kitchen and laundry facilities, as well as broadband internet access, telephones for incoming calls, TV's and DVD players.

Students need to bring their own bed linen, coat hangers, and towels. Basic cooking equipment is provided, but you may wish to bring your own favourite appliances.

S T U D Y

The curriculum for Year 3 is structured and maximises teaching and learning opportunities. Small group activities are a feature and you will participate in a range of student-centred learning activities that include clinical bedside teaching, ward and operating theatre experience, problem-based learning (PBL) as well as theme-based teaching.

Added extras into the 3rd year program may include

- 3 day trip to Broken Hill at start of the academic year
- Skills lab – sim man sessions
- Our onsite Indigenous Health Unit can provide linkages to Mildura Aboriginal Health Services
- Orthopaedic Rounds
- Turning Point software – 'clicker – clacker' revision sessions
- Methadone clinic placements
- AV placements
- Mock exams and mock OSCE's

Elyssia Bourke

MILDURA 3RD YEAR 2010

Mildura was an amazing placement in every way and I definitely have no regrets about going there for my 3rd year.

T H E A D V A N T A G E S :

Great teaching – especially ECG tutes, lots of hands on tutes, nephrology tutes and PBLs

Really nice staff and a really "family" sort of atmosphere

All of the registrars are really friendly and relaxed because their workload is less than the Melbourne hospitals, which means they have a lot more time to help you with various things, teach you, buy you coffee etc.

All of the consultants (especially Dr Cook and Mr Chambers) are very friendly. Don't be put off by their challenging questions on ward rounds – they usually expect you to get them wrong anyway and it's just an added bonus if you get them right

The revision – the revision "series" seems to go on for months at the end of the year with revision quizzes, practice osces and revision tutes nearly every week. Plus full practice exams and osces when you near the end of the year. We were all amazingly prepared by the time exams came around.

The food – Thai-riffic, all Stefano related restaurants and the wineries about town have amazing food. Make sure you get out and about on the weekends to things like the farmers market and go out for dinner or for cheap movies. One advantage of Mildura is because it is so far away from Melbourne, no one really goes home and so it is like having one big family who go everywhere together. It's pretty amazing.

Howie. You will understand what I mean when you get to Mildura. Probably one of the most hilarious people you will encounter. Ever.

THE HOUSING :

The housing is awesome. The house I lived in was almost better than my actual house, which is pretty amazing when you think you are only paying \$50 a week for it. Pretty much everything is supplied expect personal items.

GENERAL MEDICINE :

Gen Med is amazing. You go to ward rounds at 8am every day and then hang around the hospital til you have tutes. If something interesting is happening you go back, interview patients, be generally friendly to the team or hang around with the 5th years and interns until something is happening. If nothing is happening it is fine if you go home in the afternoons to study or go to the gym or whatever you like.

Make sure you are proactive and ask to do things such as put in an IV or catheter or listen to a heart murmur. Most teams will also let you write notes and this will help you get more involved with the team.

GENERAL SURGERY :

Gen Surg is good because you get to be on a few different teams. Admittedly, I'm not the biggest fan of surg but I had a reasonable time on this rotation. It does suck because it starts at 7am but the team is friendly and ward rounds are usually over pretty quickly. If there is a list on you are expected to go but otherwise it is the same deal as Gen Med – talk to interesting patients or head home. Make sure you are nice to Gwenda who is the charge theatre nurse by letting her know what you are doing when you are going in and out of theatre - it will make your life a lot more pleasant. Make sure you go to the surgical meetings on Friday mornings because they can be quite enlightening and it's pretty funny to hear the surgeons bickering about a whole variety of things.

HOSPITAL EXTRAS :

There are heaps of tutes you can go to in the hospital including ECG tutes run by Dr Soward, the super friendly and super intelligent cardiologist and radiology tutes as well as Wednesday forums (definitely go to the interesting ones for the free food).

There is a good library where you can borrow lots of books and study in your free time.

Steve the orderly – similar to the janitor on scrubs (and I'm not even joking), Steve seems to be everywhere you go in the hospital making remarks about how you never do anything, don't know what you are doing etc...but I must say, make sure you develop this relationship because he can actually be quite helpful and underneath his gruff exterior is a nice guy.

Cam Sharp

MILDURA 3RD YEAR 2011

Mildura is a rural city located in the north-west most corner of Victoria (about 600km from Melbourne) with a population of just over 30000, and a hospital with over 170 beds. It is smaller of the two options for 3rd year clinical placement.

Year 3 of the Monash University MBBS consists of two core rotations in one hospital, General Medicine and General Surgery. In most hospitals, 3rd year is spent flitting about from specialised area to another (eg renal dialysis, anaesthetics, rheumatology) however in Mildura the only rotations you do are 8 weeks General Medicine, 6 weeks General Surgery and 2 weeks Orthopaedic Surgery each semester. This gives those students who undertake their placement in Mildura the advantage to those in other locations, as they are continually exposed to the fundamental and common diseases found in hospitals.

Contact hours (meaning tutorials) in Mildura are on average 15-20 hours per week and the wide variety of tutors, GP's, consultants, nurses and even the occasional eager 5th year means that there is a vast knowledge pool available that the students can utilise. Due to the small number of 3rd year students (only 12 students) the registrars and other staff at the hospital are always keen to teach, meaning that students can organise extra tutorials if they want some more information on specific areas of medicine.

The accommodation in Mildura is some of the best student accommodation in Australia. 3rd year students are put up in four very modern and good looking houses of three students all situated just a 10-15 minute walk from the hospital. The students are also given parking spots at the Clinical School if they choose to drive, a big advantage when you need to be there for 7am ward rounds. The houses are also only a 15 minute walk from the main shopping area, supermarkets, restaurants and importantly "local watering holes."

Being so far away from Melbourne is really the only draw backs to Mildura. The bottom line is that if you come to Mildura you will not be able to get to Melbourne every weekend for "social gatherings." Flights in and out of Mildura if booked in advance can be as low as \$50 each way, but if you need to get to Melbourne I recommend finding some other people to go with you and car pool.

Overall Mildura is a great place for third year, excellent facilities, keen and friendly teaching staff and amazing housing are only a few of the reasons to choose Mildura for your 3rd year clinical placement.



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Clare Gillett

MILDURA 3RD YEAR 2011

TEACHING

Good:

- Small class sizes so you get a lot more one-on-one help and attention.
- Sim man – an interactive simulation machine which is invaluable to help learn about numerous different emergency situations
- Tutorial format for all learning – taught by hospital consultants, registrars, and local GP's
- Flexible format – if you want more tutes in a certain topic they can be arranged

Bad:

- Small groups – people notice if you don't turn up / sleep through class / haven't prepared for class
- Some personalities can be hard to deal with for a whole year with so few students

HOSPITAL

Good:

- Small – can't get lost, and you get to know the consultants and registrars pretty quickly
- Only two students to each surg/med team – you get to write notes, check obs charts and feel part of the team
- You get to see as many surgeries as you want while on surg – and scrub into a lots as well
- The small number of students means that the patients haven't already been interviewed by lots of others
- Ladies in the cafe give you extra freckles with your coffee.

Bad:

- Don't have a lot of the specialties available on a full time basis – the surgeries you see are general, not neuro or cardio but they can still be very interesting
- Can be very quiet at times, with not a lot of excitement
- The ward rounds start EARLY -7-8am (I'm not a morning person – this is the same at all hospitals)

ACCOMMODATION

Good:

- Rent – only \$200/month
- Awesome houses – really nice, pretty big, fully furnished with lots of kitchen stuff, big flat screen TV's
- Close to the hospital – 10-15min walk or very quick drive on cold mornings
- Wireless internet which is very hard to use up
- Gardener comes to keep the garden in shape, and there's a handyman to fix things and change light bulbs etc

Bad:

- Houses are of three – it can be hard if you don't particularly get along with the people you live with -you can request to be put with people
- Living with people you study with all day can get pretty...intense / frustrating...or can be amazing fun

OTHER

The clin school tea room is awesome – lots of computers, wireless internet, couches, workspace, fridges

All of the people at the clin school are really easy to approach – if something in your house breaks, you need more help on a topic, you want a morning tea provided to meet the new 5th years every six weeks....just ask

Free secure parking at the clin school

Get involved in the community – play netball, hockey, footy, get a job, do a play, join the gyms... otherwise working and playing with the same 12 people all year WILL send you crazy and HAVE FUN!

Cheryl Sutherland

BENDIGO YEAR 3 CO-ORDINATOR

Bendigo offers Year 3 students a clinical experience unmatched by metropolitan placements. By blending both the Monash and the University of Melbourne students into a joint cohort, the Bendigo Regional Clinical School delivers an outstanding, proven, enriched ERC clinical program.

Associate Professor Chris Holmes the Yr 3 Clinical Co-ordinator and Cheryl Sutherland the Yr 3 Academic Manager, both work closely with all students to support and guide them during their time in Bendigo.

In Years 3 students spend most of their week at the hospital with hospital staff and tutors. A large part of the Yr 3 clinical training is structured, to make sure all students gain the experience and exposure they need for PBLs, tutorials and skills workshops through a comprehensive timetable, which include, 'added extras' such as pharmacology, extended ECG, ophthalmology and patient clinics.

All Yr 3 students are housed at Lister House, in student accommodation centrally located in Wattle Street, just behind the Bendigo Cathedral on High Street. All students have single bedrooms, with wireless computer access, communal bathrooms, and lounge/TV and kitchen areas. From Lister House, students have an easy 15 minute walk to the BRCS teaching and administration building, located in Mercy Street, just opposite the Bendigo hospital.

Dan Lane

BENDIGO 3RD YEAR 2011 (NON-ERC)

Just a pre-warning, since I have not experienced life at any other site, this is not in any way a fair comparison.

SOCIAL LIFE

Living in communal accommodation is not everyone's cup of tea, but in general you are living with a group of like-minded people who you have a lot in common with, so generally it is easy enough to find people, whether you want to eat, study or drink. Bendigo is also only 90 mins away from Melbourne CBD; so most people go back home or visit Melbourne each weekend. This is fantastic, because it is an opportunity to get out of town, see other people and avoid isolation and cabin fever, but it does mean if you choose to stay it is pretty quiet.

ACADEMICALLY

Bendigo has treated me well. The lecturers are (mostly) very good, and all of my tutors are excellent. There are lots of opportunities to spend quality teaching time clinically (at the hospital), and several of the doctors you meet will genuinely engage with you and want to help you learn. Certainly I think that being in Bendigo is an advantage, not a disadvantage, academically, particularly if you are a person who enjoys and learns from practical experience.

Laura Murphy

BENDIGO 3RD YEAR 2010

What not to say about third year in Bendigo? For a placement that offers some of the states most experienced teachers and staff who are committed to seeing you through all the third year requirements and more, Bendigo is second to none.

Majority of Bendigo teaching takes place in the clinical school's new auditorium with the entire cohort. This covers student run seminars with a variety of Bendigo Health staff, Pharmacology and Ophthalmology with the leading Bendigo ophthalmologist – trust me in fourth year this is an advantage! With 30 other students in the class, sometimes it may be come too rowdy - especially depending on your group :-/ - however it also provides the opportunity to learn from everyone in your group, hear ideas or opinions from people with different ways of thinking than your own. PBLs are done in much smaller groups of 8 in order to fully cover the topics. They are facilitated by consultants from the hospital.

Living at Lister House can be seen as a disadvantage by many, but for me it was the perfect way to move out of home for the first time. There's opportunity to escape to your room if need be, or else hang out with everyone else. If you don't necessarily know anyone before your rural placement as I didn't, then this is the perfect scenario to make friends without the pressure of living on top of each other in a share house.

Other than uni, Bendigo provides PLENTY of entertainment. Whether it's watching the boys pole dance at the local clubs – for some reason they love it! – or running around the lakes and taking time to hit the shops, you won't be bored. And if you are, Bendigo is in the centre of the state so it's a fairly short drive home if you're from the country or a 2-hour trip to Melbourne!



Bendigo is situated about an hour and a half drive from Melbourne CBD. There are approximately 20 Monash 3rd year students and 12 4/5th year Melbourne Uni students. Most people choose to live in the provided accommodation at Lister house, an unstructured college/halls like shared accommodation. There are larger-than-halls styled rooms, some divided with a cupboard down the middle to give you two 'rooms' with just enough room in one half for a double bed (if you don't like the single bed provided). There is a desk and wheelie chair, armchair, draws, pinboards, single bed and hanging space. Internet and utilities are all included for a flat rate of \$50 a week (2011). The set-up is great and it's just the right number of people to become 'family' without being too small or too big. Group outings and weekly rituals become a part of life, and family dinner and Thursday nights out aren't to be missed.

Bendigo hospital is just over 1.5km away and takes about 15min walk, or 3min drive if you're feeling lazy and lucky enough to get a close park. Ward time is spent both at Bendigo Base hospital and the Anne Caudle Centre, next door to the hospital (rehab etc, great for neuro hx, exams et al). Between the two is the clinical school or 'Mercy St'. Here there is the auditorium, tutorial rooms, clinical skills lab, hospital library, common room and kitchen, and a soon to be opening café.

The year in Bendigo is split equally into Medicine and Surgery. The year's cohort of combined Melbourne and Monash students are split into 4 groups and each rotates through general medicine, special medicine, general surgery and special surgery for 8 weeks each.

General surgery and medicine students are assigned to a team (consultant(s), 1 or 2 registrars and 2 interns + students) for 8 weeks, with one or two other students from Monash/Melbourne. For Special areas (ie Med: cardiology, renal, rehab/ophthalmology, radiology/oncology. Surg: ICU, anaesthetics, ENT, orthopaedics) students are again split into groups of 1,2 or 3 and rotate through 4 two week blocks.

A DAY IN THE LIFE OF A 3RD YEAR MED STUDENT

0750 – alarm goes off, snooze goes on

0755 – snooze button gets hit again

0800 – med student finally falls out of bed, promising themselves that there will be time for a nap later in the afternoon, eats breakfast and tries to make self presentable

0830 – rushes into hospital and onto med ward to find your team for ward rounds. Student is sometimes scared by unanswerable questions or testing of pharmacological knowledge but mainly has an enjoyable time seeing things and learning, while occasionally being useful, writing notes, performing examinations or presenting a patient they admitted the day before.

0945 – student caffeine-ates with team and consultant in hospital cafeteria, taking break in what could be a long post-take ward round, shocked but pleased that today's coffee is not burnt

1000 – ward round continues

1100 – student goes off to go back and find those patients that were interesting, practices taking histories and doing examinations. Jumps on all opportunities offered by friendly interns and registrars to put in IV's, catheters, take blood and watch cool procedures.

1215 – time to run away from the hospital and go down to Debbie's Deli for delicious yet expensive splurge on lunch,

1300 – back to the Clinical School next to the hospital for clinical skills, time to practice that long forgotten procedure and learn steps to gain OSCE marks

1500 – the time has come to make the decision: home time? There's facebook, TV, tomorrow's PBL and Fridays seminar to put together...or back to the hospital to go to an outpatients clinic where you can pretend to be a diagnostic genius or refine your clinical knowledge...

1800 – the clinical school calls again, time for orthopaedic tute

1900 – for the hundredth time student hasn't taken the nap promised in the morning, it's time to go and cook dinner, and regrets being so dedicated to going into the hospital

2000 – student makes crucial decision between going over things that need to be done, studying, spending hours on the internet or watching TV in the common room. Finally decides to go out for a quiet beer at The Rifle, or perhaps trivia at The Golden Vine.

2300 – student may find self in some less-than-classy establishments and with no sign of going home. Of course they have already done all their work or they'd still be at home doing it...

0000 – student gets into bed, goes to sleep and begins to mutter medical words in their sleep, getting ready to start again.

Of course there are many other theory and bedside tutorials, visits to specialties, doing admissions and watching procedures etc to do, as well as weekly Lister house team sport, time for sleeping in, taking naps during the day and going out with the local interns and registrars. I think most people will agree that clinical years are whatever you want them to be, you can pick and choose and find the right balance, acting keen will get many opportunities and there are many possibilities of where or what to spend your time on, whether that's study or just taking it easy for a while.

3rd is the best year of the course. You might think that the warm glow of knowledge from 5th year means you can strut around impressing doctors, nurses, and of course 1st years, who are just excited someone in the hospital knows their name. But 5th year is dominated by getting references, applying for jobs, going to interviews, ironing shirts and just growing up in general.

3rd year is the biggest change in the course, as you move from the academic lecture dominated pre-clinical years into a semi-structured, yearlong placement. If you're in the ERC, this means picking between Bendigo and Mildura. Bendigo is my old 3rd year stomping ground, do let's cover the basics for those playing at home.

Bendigo is a town of 100,000 people including the greater area, with centralised health care facilities providing 678 beds and performing over 10,000 surgical procedures a year. In 2010, Monash sent 24 3rd year students to Bendigo, 18 were ERC. Monash shares Bendigo Base hospital with Melbourne University, with 8 students in the 4th year of their program (who are also in their first clinical year) completing the Monash 3rd year curriculum. The two 18 week semesters are broken into four 8 week blocks, with general medicine and specialist medicine (2 weeks each of Renal, Cardiology, Radiotherapy/Oncology and Rehab) in one semester, and general surgery and specialist surgery (2 weeks of urology, ICU/anaesthetics, ortho and in the other.

So that's the nuts and bolts of 3rd year in Bendigo. On a day to day basis your placement will be somewhat determined by your timetabled activities, which you are given every 8 weeks. Most of the tutorials run in 8 week loops, repeating themselves for each new batch of students in a particular rotation block. The tutorials in the "gen" rotations (Medicine and Surgery) are mostly bedside and consultants will expect one student to co-ordinate a patient and the discussion for the week. The "specialist" tutorials will focus on a specific area of medical or surgical practice. Weekly tutorials for all students include PBLs (with their rotation groups), Seminars (PBLs that run as an interactive styled lecture) Pathology, Haematology, Pharmacology and Ophthalmology. As students and lecturers are both busy throughout the day, the latter two are run from 5.30pm. Although this may draw groans from pre-clinical you, it can be frustrating to be dragged from an interesting ward round or theatre case for a tutorial. In fact in 4th year, most tutorials are scheduled after hours as to limit their impact on you day-to-day placement.

The staff members in Bendigo are very helpful, although it's never stated, you really get the impression that they're going out of their way to ensure you enjoy your time as much as possible. Although the placement opportunities are great, the facilities brand new, and the nightspots so cheap it raises suspicion, it's the people in Bendigo that really sell it to you as a long term option. The academic staff are very generous with their time, 5th year students are constantly encouraged by the Professor of Medicine to make sure you're involved, and you will always be expected to contribute. Another bonus of Bendigo is the strong research theme with the staff there. If you're looking for a BMedSci project, you'll have a surprising range of options, from surgery, to psych to ophthalmology.

I can give you information on the placement specifics of Bendigo, but it doesn't do the experience of 3rd year in Bendigo justice. My favourite memories of 3rd year don't involve in the hospital, instead include 30 people cooking and eating together at lister, hitting the town for a (responsible) beverage, being part of a very average indoor soccer team and, as our captained described, a "soul crushing(ly)" bad mixed netball team. The social aspect of 3rd year can't be underestimated as it will directly influence how much you enjoy your time in a yearlong placement. I think living in student accommodation is a sort of like a bucket-list activity for university, it's a great experience to spend time really getting to know a smaller group of people in your cohort, whilst the group of 30 is big enough that you avoid the built-up tensions of smaller groups.

Overall Bendigo sells itself as a long term option the more time you spend there. Let's be honest, some people reading this are not overly keen on being in the ERC, and would swap out if they were given the choice. I implore you to choose to Bendigo and to experience what it has to offer with an open mind. Bendigo has become a very popular placement option over the past few years as the ERC groups start to pass though, not only do Bendigo students perform better academically in the Year 3 examinations than the central kids, but they benefit from living out of their comfort zones, meeting new people and enjoy a fantastic level of professional and personal support.

I look forward to seeing some of you there sometime next year!



Clinical Site ADMINISTRATOR

HIGHLIGHTS OF A PLACEMENT IN MILDURA

Mildura sits on the banks of the Murray River, with all that it has to offer. As well as water-based sports the area has superb playing fields for all major sporting activities; it is a hive of activity at night; a cafe culture is rapidly developing among 'feast street's' eclectic restaurants, and the shopping opportunities are extensive.

Learning in Mildura is supported by a number of GPs committed to medical education, and to sharing their expertise and knowledge with medical students. Women's Health and Children's health are mentored by Consultants attached to Mildura Base Hospital, and the Medicine of the Mind program runs very smoothly across the various mental health campuses of the Hospital.

During Year 4 students may be placed with one of five general practices located close to the Mildura Regional Clinical School and the accommodation houses – no need to drive to most of these, and bicycles are provided in each of the accommodation units for the use of students.

Accommodation is organised for students in either houses rented within the community, or the on-site accommodation wing – The Tin Shed.

Mildura Base Hospital is a 146-bed (level 1) tertiary teaching hospital. It provides a range of acute services including emergency, maternity, intensive care, general medicine and surgery, medical imaging, pathology, dialysis, mental health (inpatient and community services) and a range of ambulatory services.

The hospital also has agreements with four surgeons, two physicians, four obstetricians, six anaesthetists, two psychiatrists, orthopaedic, ophthalmic and ENT surgeons, a dermatologist, and an emergency physician, with visiting urologist, rheumatologist, geneticist and palliative care physicians.

The hospital is affiliated with Monash and La Trobe Universities providing undergraduate and postgraduate medical, nursing and allied health education. Mildura Regional Clinical School academic and accommodation wings are located on the same site as the hospital.

Joh Kelly and Ally Clark
BENDIGO 4TH YEAR 2011

MILDURA :

Mildura has been a wonderful place to live. The town is situated on the river and is very pretty. There is a huge range of amazing restaurants to keep you going for the whole stay, and Grinders makes delicious coffee that they will deliver!!! The town is surrounded by many lovely wineries that offer free wine tasting! After a pleasant Saturday afternoon of tasting you can let your hair down at The Setts or Doms (two semi-decent nightclubs). The tropical climate gives you a chance to escape the cold Melbourne weather for a while, and makes it a lot easier to trudge the short walk to uni at 7am... Overall I have thoroughly enjoyed my time in Mildura, which was made even better by the really friendly hospital staff. I would highly recommend anyone interested to seriously consider this placement. (Its only 6 months after all)

WHY CHOOSE MILDURA ?

- Small class size means more one-to-one learning and less competition for popular activities like birthing and theatre
- You'll get a taste of rural and remote medicine – Mildura is quite a large town, but isolated from many specialist medical services. It receives patients from a 200km radius so there is a fantastic range of cases.
- Visiting consultants from Melbourne, Adelaide and Sydney are available for teaching
- Small hospital with friendly, helpful staff who actually know your name! This means you can establish a relationship with the consultants. (This may also be helpful when considering getting references for intern year.)
- Great houses within walking distance from hospital and town centre, or stay in the "Tin Shed" on the hospital campus and very convenient for when you're rostered to ED shifts or nights in birthing.
- Most people stick around on the weekends so it gives you a chance to chill out with friends outside of the hospital situation.

ON THE DOWN SIDE ...

- It's a 6 hour drive from Melbourne, however planes fly out regularly and are reasonably priced if you book early.
- The distance also makes it harder to maintain paid work.
- No neonatal ICU, and severe cases (including premature births <34 weeks) are quickly flown to a tertiary centre.

Lyndsey Brown

ACADEMIC MANAGER YEAR 4

Bendigo is a thriving large regional centre with a fairly moderate climate, although some of our mornings can get pretty chilly, although as I'm writing this it's a typically sunny winters day. If you decide to choose Bendigo for your year 4 regional rotation, you will be one of twelve students who will complete rotations in Women's Health, Children's Health, General Practice and Medicine of the Mind. You will undertake Women's Health, Children's Health and Medicine of the Mind in two rotations of six week and one rotation of five weeks. Students are randomly allocated to rotations over the semester although the Academic Manager could occasionally be bribed with Lindt chocolates (no dark ones) and bottles of Oyster Bay Sauvignon Blanc (kidding). With the exception of when you are in your Women's Health rotation, you will undertake your General Practice placement every Friday. We use eight medical clinics around Bendigo including one in Strathfieldsaye and in Elmore. If you don't have your licence or a car, you must let Lyndsey know early on so she doesn't allocate you to either of these medical clinics. However, non-driving students will still be expected to get themselves to placements around Bendigo, Strathdale and Kangaroo Flat. Lack of transportation won't be met with any sympathy, particularly when we have a pretty decent bus timetable

Your academic teaching timetable is from 4 – 6 pm Monday to Thursday with an extra Children's Health tutorial thrown in for good measure on a Wednesday giving you a 7.00 pm finish. You have only the finest consultants at your disposal for your academic teaching. Dr Phil Tune is your primary lecturer for Medicine of the Mind with Associate Professor Pam Snow coordinating the program in Bendigo also contributing to the teaching timetable.

She also runs a couple of fun evenings over the semester, called DSMIV at the movies where you get to watch a movie of Pam's choosing which the story line has links to mental health and a healthy discussion is held afterwards. This is one of the few occasions you will get a free dinner on the school so we recommend attending!!

Your General Practice curriculum is coordinated by Dr Dennis O'Connor and he and Dr Mary Hatzis, both GP's of many years experience, will deliver tutorials between them over the semester. Both are happy to give any extra assistance and guidance as requested. Mary has been even known to teach the Zorba dance, although I'm pretty sure not in tutorial time.

The Children's Health curriculum is coordinated by Dr John McLennan. John is a private consultant and happily has students with him in his consulting rooms on a Monday and Thursday as well as delivering a large part of the tutorial program. Professor Geoff Solarsh is the Director of the Bendigo Regional Clinical School and is also the year 4 coordinator and runs tutorials in children's health. You will see both John and Geoff together with other paediatricians in the hospital on ward rounds during the semester. John is an avid skier and loves his Apple gadgets and enjoys showing off his new toys.

The Women's Health overall coordination is managed by Associate Professor Ian Pettigrew who is based in Mildura. However Dr Peter Roessler is the coordinator for the Bendigo region. Although Peter has been involved with teaching the students in his consulting rooms and in the hospital for the last few years, he is new to the coordination role in Bendigo in 2011 and we are thrilled to have him as part of our team. He will happily tell you about his plane if you ask him.

Lyndsey Brown is the Academic Manager and is responsible for your timetabling and all other things administrative. She is also very strict on attendance and has contacts throughout the placement program who let her know if a student hasn't attended a placement. We have an extremely high expectation that ALL students attend ALL placements (illness and family emergencies aside) and will be quick to try and contact you if you absent yourself from a placement without notification.

If you choose Bendigo you are part of a small and privileged group that has access to many specialist consultants, GP's and other allied health staff. You may also be witness to the thriving new health precinct that is being built around us and will continue to be for the next few years and hopefully that will convince you to make your life here in Bendigo once you've graduated.



GENERAL LIFE IN BENDIGO

Well the good news is that you're probably in one of the best training sites that Monash has to offer for fourth year. Without doubt this semester you will feel as though you haven't wasted any time and have had a decent battle with that monstrous curriculum grid. The downside is that unless you are skipping class you will be saying goodbye to your social life for the next 18 weeks. Expect to be at the hospital or on placement from around 8AM-4PM every day, depending on the rotation. Followed by class from 4-6PM on a good day, until 7PM on an average day and 8.15PM on a long day. The advantage of having these long days is that you aren't interrupted when you want to follow a patient into theatre, attend family meetings, or try and catch a baby.

ABOUT TOWN

Bendigo has most things that are on offer in Melbourne. For a decent breakfast try out t'Hooft and get your parents to take you to Wine Bank for tappas. A walk up View street is worthwhile and you can always get a reliable coffee. The gardens near the fountain are also good for a pleasant stroll. Bath Lane behind the Bendigo Bank building is also a great place to check out on the weekend. None of the supermarkets are particularly close to the student housing so quite often the easiest option is to go to Marketplace, the main shopping centre. There's a great seafood shop opposite Woolworths inside. Like most country towns, the night life is questionable with most evenings ending in Star Bar. I have heard though that you can try out something a little classier – there's a cocktail bar under the Shamrock called the Golddust lounge which you could try out.

CLINICAL SCHOOL

You will visit this place quite often. The library is full of resources which is handy and there's wireless everywhere. You can ask Pauline for a padlock at the start of semester and you can score a locker. Something that will be new is the Monash café, right next to the student common room. It will be operating this semester so we will have to wait and see how it goes. Lyndsey Brown is your first port of call for any general bits and pieces as the 4th year coordinator.

HOME SWEET HOME

The fourth year houses are leased out to the uni and serve their function as a place to eat and sleep quite well. They are very new, the footpaths in the North Bendigo area are still being constructed and Saville court still doesn't register on most computers as an actual address but a bare paddock. The furniture is there, there are three single bed rooms and one double bed room with an ensuite. You can take your own bed up and put the other in storage. All the rooms have a desk, chair, built in robe and lamp. If you already own some cutlery, pots and pans and kitchen knives they wouldn't go astray.

THE ROTATIONS

PAEDS

The Child and Adolescent Unit in Bendigo is a busy little place and accepts patients from an area around of the state. You spend about half the week in the hospital based in this ward, SCBU the Special Care Baby Unit (sometimes affectionately termed Scoobie-Doo), paediatric outpatients and dropping in on complicated births and doing baby checks on the maternity ward. Ward rounds will generally start at the handover room in the middle of the ward. Prof. Pennington's outpatients clinic is an absolute highlight and will help you learn about inguinoscrotal lumps and bumps in bubs and toddlers. Prof. Solarsh is also a great help and is happy to work through presentations in medial outpatients. Your other days are spent with the paediatricians working out in the community with a variety of special interests. Ken Armstrong sees lots of kids with behavioural problems eg. ADD, ASDs and Dr. Elderhurst does lots of work with allergy and immunology (works some of the week at the immunology clinic at RCH). There's also John McLennan and Dr. Wearne who can really show you some of the magic that can be woven into paediatrics with games and tricks to get through clinical assessments.

PSYCH

The first day on psych you spend with Jocelyn, a psychologist and you visit the services close to the clinical school and get your observed interviews signed off in the logbook. About half of psych you spend in ABC, the acute hospital service. There's lots of psychosis, schizophrenia, severe depressive episodes and delusional disorders to be seen here. You have lots of opportunities to interview patients as part of ward rounds and can spend time doing jobs with the psych intern. ECT happens on Monday, Wednesday and Friday so if you can get in there early one morning then you can get that signed off. Thursdays start earlier for journal club, which lots of the psychiatrists in town attend and is followed by registrar teaching which you are welcome to go to. There are heaps of community placements on psych, especially out at the John Bomford Centre. Always take a book to read since there is a huge variation in the number of patients that show up. The most important thing is to try and understand what the service is and how it fits in to a psych patient's overall care. I think most of the previous semester 4th years would be happy to drive you around town if you would like to see where everything is.

Also worth mentioning – Dr. Phil Tune runs the teaching program. He is incredibly approachable and down to earth despite being director of Bendigo's psych services. Pam Snow also covers the psychology aspects of the program. Psych can be a placement that some students don't look forward to much, but once you're in there you will wonder what you were worried about. The patients are almost always cooperative and think it's great there's someone that would like to hear their story. It's a great chance to hear firsthand what it's really like to have a chronic and often stigmatised illness.

WOMEN'S

It fun and for some it can be exhausting. If you're lucky in the first week you will be at the right place at the right time and get the three catches you are waiting for signed off. If you're not you may spend a number of nights at the hospital to get your deliveries signed off. If you show up and demonstrate an interest, most midwives are happy to call you at night to come in to the hospital rather than staying up all night. Going to handover at 7am in the room at the end of maternity ward is good (both Drs and mids attend this one) as is handover at 9.30PM for nightshift in the tea room. Introduce yourself to everyone you see, keep a smile on your face and make friends with the coffee machines (that appear everywhere on this rotation) and you will be brilliant. It's also good if you can ask a nurse to show you where things are on the ward eg. Tearoom for visitors,

linen, hot cupboard for blankets etc. and you will be much more useful. It is also polite to help clean everything after the birth and help the midwives wash the instruments. Now we've got that out of the way, I should mention that you also spend time in gynae and antenatal clinics (get your pap smears and CEXs signed off here), MAMTA (the midwif clinic) and in theatre. It's not a bad idea to review your scrubbing with a theatre nurse the week before you start – it keeps everyone happy. There's a book in one of the nurse managers offices it's a good idea to sign to say which lists you are attending. Because there are so many students at Bendigo you may be asked to leave if there are more than two students in a theatre (including nursing, midwifery, 3rd and 5th years). Try and get your VE's signed off in theatre by talking to the woman in pre-op and asking her to sign one of the consent stickers. This is then added to the surgical consent form and it's all good.

GP

Placements are incredibly varied and depend a great deal on your supervisors. Something I would suggest to everyone though is remembering that you can get your CEXs and procedures in women's/paeds/psych signed off here. This is useful given your supervisors in the hospital can sometimes be too busy to do them.

Good luck everyone! If you have any questions feel free to get in contact with me at 0408868932 or jacla7@student.monash.edu

Rosie Radford

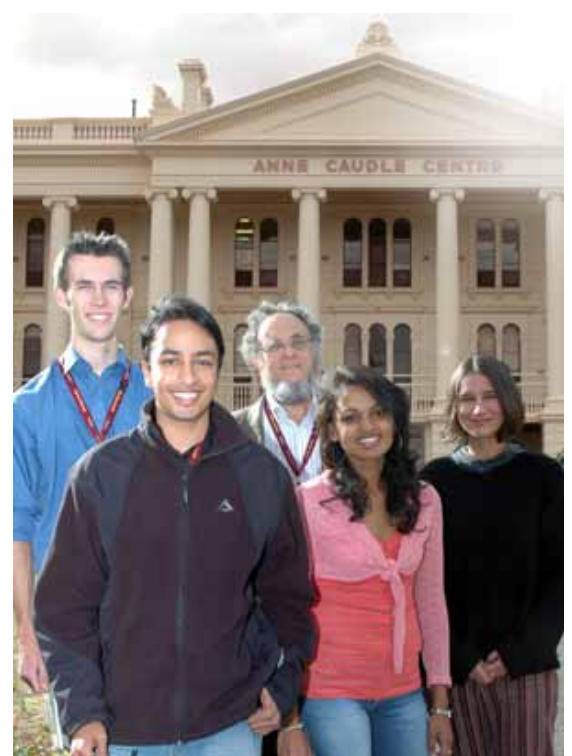
BENDIGO 4TH YEAR 2011

BENDIGO FOR REGIONAL/SPECIALTY ROTATION.

Bendigo was a really good but frantically busy site for regional semester. The actual placements and teaching are really good in terms of their content. Placement is from starting time in the morning till (8 for Paediatrics, 9 for Psychiatry and variety of times for Obstetrics) to 4pm. Then lectures/tutorials are from 4pm till 6/7pm Mon-Thurs. It is not uncommon for tutorials to run late. During Psych and Paediatrics there is GP day on Friday, although the consulting is fun - try to use it as an opportunity to start learning the GP curriculum and relating that to real patients.

Obstetrics rotation is busy and days on the labour ward include competing with midwifery students and going in for night shift to get births. It is essential to get on well with the midwives as they are the ones who you are working with to get your deliveries. Days with at Yarrington house (antenatal visits with midwives and lactation consultant) start and finish at different times each day, so drop in or call the day before - the person to speak to is Alison. Paediatrics was my favorite rotation of the semester, there is consistency in that you attend ward rounds every day and then attend occasional consultant clinics. It is easy to get used to the ward and log book activities easy to complete. Psych is quite a disjointed rotation and there is a lot of time spent in community placements, the time on the acute ward is around two lots of three or four days. Be prepared that with any psych rotation there will be a lot of patients who don't show up and days when doctors are in other places so always take a book! When on psych rotation there is a visitor's key now available (you need it to get through all the doors to interview rooms, the toilets etc) from the ward clerk.

Hope you make the most of it!



HIGHLANDS HUB

YEAR 4

Ann-Marie Elliot HUB CO-ORDINATOR

The Highlands hub has 2 practices- one at Woodend (Brooke St Medical Centre), with 4 students and one at Gisborne (Gisborne Medical Centre) with 2 students. Accommodation is provided in purpose built accommodation near the Kyneton Hospital (every room has an ensuite for your personal use)

GOOD THINGS :

Practices are purpose built with onsite Allied Health practitioners, Pathology and Radiology. Both have a team work approach to care, with nurses being integral in the patients' care. Supervisors are friendly and keen to teach. Different Supervisors bring varying areas of expertise, such as Sports medicine, Women's health and Mental Health. You will have exposure to many different practicing styles. They are also very approachable and available to help.

The academic day is on Wednesday every week and is well organized and fun (although that does depend a lot on you, the students, as you prepare most of the content to share with your fellow learners!)

You have exposure to a variety of community placements and learning plans are in place to maximize your learning.

We have a Clinical Care Coordinator who is also the liaison for Monash students. She is available most of the time if any questions arise.

We have lovely patients who are willing to see students and have them do "it" for the first time (e.g. injections, PAPs, removal of lesions)

We have a full day orientation driving around the shire facilities as well as orientation in your practices – we want to help you settle in before you consult with patients yourselves.

We have a Psychiatrist giving 14 hours of tutorials on mental health issues during the academic days. (2 hours per week for 7 weeks)

The Macedon Ranges Shire is a beautiful place and it is not too far from Melbourne!

NOT SO GOOD THINGS :

We are very strict about attendance and enforce the Monash policy so that any absences must be validated with a medical certificate.

Accommodation in Kyneton is 15km from Woodend and about 25km from Gisborne, so a car is a must (even car pooling is hard as you all have community based placements at different times etc.) or are prepared to take the extra time to commute (trains are available, but there is walking involved)

You will have to be proactive and keep in contact with your buddy midwives to get your deliveries as our birthing centre is at the Kyneton Hospital

Nicola Rodd BROOKE ST PRACTICE 4TH YEAR 2011

CLINIC

Highlands is split between 2 GP clinics, one at Gisborne (2 students) and one at Brooke St Medical Centre in Woodend (4 students). Both are brilliant, dynamic, multidisciplinary clinics and the teaching is fantastic. Brooke St has a very structured program with students rotating through different supervising doctors and days, all of which are fantastic for seeing different consulting styles and patients. You have a lot of autonomy in terms of seeing patients, and are expected to do complete history, examination, have a differential diagnosis and devise or implement a management plan with the patient, before the doctor comes in to review it. That said, there is plenty of support if you are stuck!

Overall both clinics are fantastic, have great support and offer a wide range of patients, procedures and facilities for learning. You are extremely well supported and given plenty of opportunities to practice more advanced practical skills.

The one down side to these placements is that if you don't have a car, it would be difficult to do these placements as Gisborne is a 25min drive away and Woodend is 10mins by car, and it is necessary to drive to one or both of these areas most days. You may also want to take into account if you are prepared to drive to Gisborne 2-3 days a week, however the faculty does pay for petrol for Gisborne students.

COMMUNITY PLACEMENTS

Highlands has one of the highest numbers of community placements out of all the NVRMEN hubs, which means that you have less time off than students at other hubs. However, almost all of the community placements were extremely valuable this year, and the coordinators are very open to hearing your feedback on what was and wasn't useful so that they can be changed for following groups. Highlands are stricter on attendance at community placements than some other hubs, but as they are for the most part worthwhile, this is not really a big issue.

One difficulty at Highlands is getting births. Although not essential in rural rotation, attending deliveries is a little tricky here, and if you want to have births signed off, you need to be very proactive in contacting and working with your assigned midwife.

TEACHING

Teaching day is Wednesdays at Highlands, and takes place at Brooke St in Woodend. It is coordinated and run by a few doctors from the practice, as well as visiting specialists for things such as fortnightly psych tutes. They are well run and the tutors are knowledgeable and willing to be guided by what you want to learn within the guidelines each week. You are also taught after each consulting session by the doctor who supervised you, and this can cover any questions you might have about patients you have seen. Overall, the teaching is of a very high standard

ACCOMMODATION

Accommodation is in a single 6 bedroom house behind Kyneton hospital. The house is very new, and each of the 6 bedrooms has a double bed, desk, wardrobe and small ensuite. Overall the house is very well equipped, with a large BBQ, washing machine, flat screen TV and dishwasher, however there is no oven at the house, just a convection microwave. We coped, but it was a little tricky at times. There isn't any airconditioning, but we didn't need it anyway as Kyneton is freezing!

AREA

Kyneton and the surrounding area is absolutely beautiful and there is lots to do. Kyneton has Piper St, which is a heritage listed street full of amazing restaurants, which we have frequented most weekends! Also nearby are Mt Macedon and the infamous Hanging Rock, both of which host a variety of event throughout the year.

Kyneton has a gym and indoor swimming pool, and plenty of places to exercise, however this is limited a little by the freezing weather during the colder months of the year. This year we have had heating on since the end of February and many days don't get above 8-10 degrees, dropping to below zero at night.

Highlands hub is also very close to Melbourne, and it only takes an hour to drive from Kyneton to the city along the freeway. There are also regular trains from Kyneton, Woodend and Gisborne to Melbourne which is a cheap and easy alternative to driving, however, the train station is a fair distance from the house in Kyneton.

Overall, I have had a brilliant experience at Highlands hub (specifically at Woodend) and would highly recommend it!

Elyssia Bourke

GISBORNE MEDICAL CENTRE 4TH YEAR 2011

ADVANTAGES :

Amazing GP practice with super friendly GPs and nurses (I was in Gisborne)

We have GP placement 2 days a week. These days are split into a morning and an afternoon (so 4 sessions altogether). 3 out of the 4 sessions are GP consulting and one is a treatment room session which is where people come in to get their sutures removed, have immunisations, get wounds redressed and some more acute emergency stuff if that pops up.

Academic day – our academic days are really structured and you learn a lot. You also do a lot of work at home preparing for these days (similar to PBLs)

Depending on who you are, the community placement days in highlands can be viewed as an advantage or disadvantage. They are very structured and there are quite a lot of them. The advantage however is that they are actually all really useful and you do learn a lot, so in that respect they are pretty good.

DISADVANTAGES :

Distance – Gisborne is about a 25-minute drive from Kyneton down the highway everyday, so if you don't like driving this might be a problem

There is basically no time in the hospital compared to some other sites

At Gisborne you swap GPs all the time – there isn't much continuity, which in some ways makes it hard to establish a relationship. However, they are all really friendly and willing to teach.

HOUSING :

In Kyneton you live in a 6-bedroom house with all of the other students

The house is nice and new

My only advice would be to bring some bedroom furniture because there isn't much

There is a nice lounge room with a big TV

There is no oven so if you love baking that might be a disadvantage

Overall – this hub would be good for people who like structured learning and are interested in being a GP who doesn't spend much time in the hospital



GOLDFIELDS HUB

YEAR 4

Ann Allenby
HUB COORDINATOR

Laura Keogh
ADMINISTRATOR

Those who are placed at Maryborough will often be taken to theatre by their GP's – could these students please ring Sherree (as above) who organises placements of other students to theatre to make sure there is not a clash of timetables.

Hub days are held on Wednesdays where there are a range of speakers coming in to deliver the curriculum – generally these days are 9-5pm. Usually the program for the upcoming week is emailed out.

There have been some problems with the placements held at the community mental health and despite best efforts students have turned up for their placement to find that the psychiatrist isn't there that day (because they changed the clinic). We request that even though the visit is organised in advance the student is advised to ring and check that the clinic is still on and that they are expecting them (contact details will be provided).

The experience of students between first and second semester is very different students coming in first semester tell us they are uncertain about undertaking paediatric and mental state examinations. Whereas, the students in second semester are much more comfortable undertaking these tasks. The trade off for the first semester group is that they have their specialist training just before exams. We are constantly revamping the program to try and address these concerns – so constructive feedback is really important.

Refining the community placements has been a challenge with some groups of students valuing them and having some great experiences and others having the opposite. Again we are refining these in line with the goals of the curriculum and feedback from students.

There are many opportunities for students to follow their areas of interest and staff in both towns is more than happy to accommodate these if the student asks. Contact numbers will be given at the beginning of semester and you are more than welcome to negotiate placement time with anyone you wish.

Both towns have good supermarkets, shopping and cinemas. Castlemaine has many cafe's and restaurants and Maryborough a couple. The GP's in most practices will ensure the students are involved in social and Division events during the semester.

Enjoy and remember we don't have a crystal ball and if something needs attention or improving please let us know (in a constructive fashion) and we will take your comments seriously.



Helena Lolatgis and Libby Buchholz

MARYBOROUGH 4TH YEAR 2011

Maryborough is a town of 8,000 people on the Pyrenees HWY, halfway between Ballarat and Bendigo. It's two hours to Melbourne, which isn't too bad. It has a small, GP-run hospital with an Urgent Care Centre (Emergency Department), operating theatre and acute ward. Two fourth year medical students stay in Maryborough in a spacious, self-contained house with two bedrooms and two bathrooms.

There are two GP clinics, Nightingale and Clarendon, and one student is assigned to each. Two days a week are for parallel consulting, during which time we see our own patients and formulate diagnoses and management plans. Placements in Maryborough have many advantages - we get chance to perform many small procedures such as excisions, biopsies, wedge-resections and intra-articular injections. The set ups at both clinics allow independence in decision making and practicing many clinical skills. We have had the opportunities to deliver several babies, perform D&Cs in theatre, give general and spinal anaesthetics. Students and the GPs can form close bonds because of the small size of the town and limited numbers of students. The GPs are very warm, approachable and willing to teach. Staff in both clinics are also fantastic and willing to help with everything and anything. Regular ante-natal clinics are also very helpful, and are not offered consistently at every rural site.

Some disadvantages include a heavy load of community-based placements, but this program is currently being amended and updated. There are honestly not many other disadvantages! Travelling to "Hub Days" from Maryborough to Castlemaine every Wednesday for group teaching takes only forty minutes, and students are given an allowance for petrol.

The quality of Hub Day teaching in Castlemaine varies according to who is presenting cases and presentations on the day. However, students have plenty of time for personal study.

Georgia Downing

CASTLEMAINE 4TH YEAR 2011

Castlemaine is a former goldmining town, which was once larger than Melbourne, and is situated between the junction of three creeks (thank you, Google). Just 120km from Melbourne and with a population of 8,000, Castlemaine is a gorgeous town with lots of nice cafés (Saffs, Togs, Coffee Basics) delicious restaurants (Public Inn, The Good Table) and beautiful public buildings in the Georgian style (again, cheers Google).

Recently crowned by the Age's A2 as Victoria's "New Foodie Destination" Castlemaine has a lot more to offer than your average rural town - a sushi restaurant, amazing bookstores, an abundance of op shops and a dumpling restaurant. Some would say Castlemaine is somewhat 'alternative,' with a thriving Steiner school and an active group which strongly opposes any fast food stores being established in the town (Subway is a recent exception).

The proximity of Castlemaine to Melbourne has seen a recent influx of Melbournians in search of a 'tree change,' which ensures that Castlemaine is a very welcoming town with a bit more variety than your average country town.

Many locals commute daily to Melbourne for work (only 1 hour to Southern Cross Station on the express train with the median house price being significantly higher than neighbouring Bendigo, Maldon and Maryborough. Subsequently the town is "economically doing better than the rest of regional Victoria" (according to Castlemaine.org).

But enough about the town (is it obvious I really like it? And really like food?). The clinical experience you have in Castlemaine is fantastic. The clinic I was fortunate enough to be placed in has been teaching medical students for the past 30 years, and they are very good at it. All of the doctors are very keen to teach, and they perform procedures such as excisions of skin lesions on a regular basis.

There are 3 clinics in Castlemaine, two of which have GP's with Diploma's of Obstetrics and Gynaecology. This is a great aspect of GP as you are able to follow expecting mothers through their entire pregnancy and hopefully have the opportunity to be with them throughout their labour. Conveniently the student accommodation (which incidentally isn't overly nice - one less positive aspect of Castlemaine) is located just up the hill from the hospital, making a 3am birth slightly more bearable to get to!

Teaching days are generally ok; we have had some fantastic tutes and some significantly less interesting ones, although I suppose this is the case everywhere.

Overall I've had a great experience in Castlemaine and would definitely recommend coming here during 4th year.



Nalin Dayawansa

KERANG 4TH YEAR 2011

POPULATION :

Greater than 4000, supported mainly by crop and cattle farming.

TRANSPORT: a little under 3 hours drive to Melbourne CBD, 1:20 to Bendigo, 40 min to Swan hill. V-line services run either straight by train to Melbourne or bus/train via Bendigo about twice a day.

THE ACCOMODATION :

The Sisters of The Good Samaritan will be your home for the semester, a charming, well equipped 3 bedroom house with an abundance of space for two people; complete with the blessings of the nuns who previously lived there. 10 min walk to the clinic and 100m from the hospital.

THE GENERAL PRACTITIONERS :

Your supervisors will be Lindsay and Dianne Sherriff, a dynamic married GP duo who are fantastic, accomplished GPs. Between them they have extra qualifications in obstetrics, child health, family health and anaesthetics. Over the course of the semester they will become your mentors and pretty much surrogate parents. Seriously – family dinner, movie nights and screenings of the footy become almost the norm.

GP SCHEDULE :

There is no schedule. The Sherriffs believe in independent learning so beyond hub day what you do is your own responsibility. Both of them facilitate parallel consulting quite well however by virtue of their patient loads they deal mostly with chronic disease management and less with the classic acute GP issues. There are many opportunities for procedural work including skin lesion removals, joint injections etc. Community placements are up to you to organise, and there are many willing agencies in town provided you are willing to chase them down and arrange a time.

HOSPITAL WORK :

Kerang District Hospital is entirely GP run and the Sherriffs do ward rounds most mornings and on-call nights for emergency cases. You will accompany them for ward rounds, admissions and emergencies. Lindsay also does anaesthetics for visiting ortho, ENT, ophthal, urology, gynae and gen surgery lists which you are usually free to assist either surgeon or anaesthetist, a good opportunity to round off 3rd year knowledge or pursue personal interests. The hospital and theatre staff are fantastic and you will soon feel very comfortable at KDH. Unfortunately the Sherriffs are ceasing their obstetric services at the end of 2011, but arrangements will be made to get mid experience in Swan Hill instead.

HUB DAY :

Dr. Ernan Hession runs the hub days in Swan Hill every Tuesday and ensures that you cover the entire year four curriculum including the three specialties over the course of the semester, complete with weekly assigned readings in all disciplines. This makes for either a solid foundation if you're in Murray 1st semester or useful ongoing revision in 2nd semester. As they are available input is also available from other GPs, ED doctors, visiting psychiatrists and paediatricians and community health providers. Overall quite useful hub days.

Mandy Law

KERANG 4TH YEAR 2011

K-town is the place to be. The clinic up here are incredibly welcoming and love having students. Everyone from the GPs to the nurses to the reception staff are all lovely. The patients are also very understanding that the clinic is a teaching clinic. We have never been refused for any consult or procedure.

You not only get to do regular GP consulting, but also have a hand at anaesthetics as two of the GPs at the clinic do lists at the hospital regularly. The local hospital is also GP run so there is lots of general medicine to see as well. The GPs do a round every morning. Furthermore there are many visiting consultants from Bendigo who consult and do surgical lists so you'll get to see a variety of things if you're keen (urology, ophthalmology, dental, general surg, gynaecology, orthopaedics, oncology, paediatrician, physician). All the nursing staff at the hospital are wonderful and want to get you involved in everything - you will get to scrub for lots of procedures. Unfortunately there is no longer any obstetrics being done in Kerang from next year so it is unlikely you will get births - unless you make the trip up to Swan Hill. The female GP does see a lot of women's issues though, and both the GPs do see lots of antenatal care.

The GPs here have an incredible case load and therefore see lots of chronic patients. You will get very good at managing chronic issues. They probably don't see as much basic GP complaints, but the registrar and other GPs will see more of them. They are generally quite welcoming of students and are happy to have you sit in.

The hub days have been problematic in the past but are now fantastic. The GP that runs hub day in Swan Hill is well organised and aims to run you through paed, psych, GP and womens topics with allocated readings weekly. If you are studious and don't mind self-directed learning, it is fantastic for studies. The drive to Swan Hill from Kerang in the winter is difficult ... but you get used to it.

The house in Kerang is great. The Sisters of the Good Samaritans are very welcoming. The brass crucifix sits over the mantelpiece with a giant large text Bible which is rather condemning but you get used to it. The house is certainly not new but everything is clean (now that we've cleaned everything) and they supply kitchen utensils etc. The only downside is that there is no couch. If you are fond of couches, BYO. There are also no wine glasses. Nuns didn't drink wine. There are more rooms than needed so lots of space. And its one person to a bathroom, unless your housemate insists on using yours as well.

Kerang is great for an overall experience. You're welcomed up here into the family, and they certainly look after you.

Ps. Community days are to be self-directed. Fortunately or unfortunately. Decide for yourself.



Kerry Jewell & Joseph O'Brien

SWAN HILL 4TH YEAR 2011

HILL OF THE LEGENDARY SWANS

Located twenty minutes south of Nyah West, and approximately twelve minutes and four seconds north of Lake Boga, there lies a fabled township famous for its sparkling rivers, tranquil gums, and delicious gingerbread. Lost for a short period in the 1970's, the settlement of Swan Hill was rediscovered in 1974 and has since evolved into a thriving rural hub... unlike its totem fish the Murray Cod, which is stuck at the train station dreaming of the day it too can morph into the mighty Gyarados.

Life for a fourth year medical student in The S.H. is as lavish as it is practical. Two mornings a week you will be given your own consulting room at Swan Hill Medical Group; the perfect opportunity to diagnose like the wind as you manage your own patient list. There is no shortage of syllabus-applicable medical conditions on offer, as is the frequency of middle-aged mothers who would love a future doctor as their in-law.

Afternoons are spent parallel consulting, completing community placements, and chilling with the wonderful folk at the SHMG nurse's treatment station. Here you'll suture, punch, burn, flush and dress your way to a high distinction in clinical skills.

After a relaxed weekend playing a few holes at Murray Downs Golf Course, dining in the grass huts of Java Spice restaurant, or boogying down at Barrels Nightclub, you'll be super pumped for Hub Day Tuesday. Featuring tutorials from SHMG practitioners, community health staff, visiting specialists and even agents of the law, the academic program on offer will see you zoom through the core curriculum faster than you can smack down a five-dollar parmi at the Federal Hotel on Thursday nights.

This riverside placement continues to deliver across the road at the district hospital – enough deliveries in fact that you can complete all your requirements for women's health in the maternity department with ease! And for the extra keen, there are plenty of other on-site areas to be explored: dialysis & chemotherapy, allied health, the emergency department, acute ward, and a Well Women's Clinic for pap smears.

So escape the dreary, wet, cold, miserable, rainy, haggard confines of a southern Victorian placement, and join us under the sunny blue skies of Swan Hill; the heart of the Murray and your gateway to a most excellent fourth year.



EAST GIPPSLAND

REGIONAL CLINICAL SCHOOL

Lisa Gilbert

SALE/GIPPSLAND BASE HOSPITAL YEAR B 2011

Sale Hospital aka Gippsland Base Hospital is the largest campus of the Central Gippsland Health Service (which includes health services at Heyfield, Loch Sport, Maffra, Stretton Park and Rosedale). It has a total of 62 acute beds, Accident and Emergency Department, Theatre facilities, Critical Care Unit and Level Two Neo-Natal Nursery and Maternity facilities. The Division of Community Care administration offices are located here, as is the Wilson Lodge Nursing Home and the Central Gippsland Health Service Community Rehabilitation Centre.

THE GOOD :

- Student accommodation is provided in very well equipped, large, neat, 4 bedroom houses, for \$50 per week all inclusive (no bills!) except for use of the phone. Also includes wireless broadband however currently has a small download (30gig) for the house..
- The consultants themselves do a lot of our teaching and all of our MCRs - very easy to get access to some incredibly experienced and talented physicians and surgeons.
- The physicians there are true general physicians - their wealth of knowledge is endless, and they are incredibly approachable, we are on first name basis with them all.
- Small group of 8 Year B Students means that patients do not get sick of students or over-examined by eager learners and thus are always compliant and good subjects. I have never been refused to chat/examine a patient.
- Nursing staff welcome students, especially on the surgical ward where the NUM took all our phonenumber and would call us to do cannulas/catheters/dressing changes etc etc
- Small hospital and limited rotations means you actually learn who just about everyone in the hospital is, and everyone knows you as well so you never feel awkward or unwelcome on rounds/roaming the wards/getting a stash from the supply cupboards.
- Small but ample CCU with incredibly experienced nurses who can educate you on everything from respirators/CPAP/ECG telemetry
- Many hospital-wide further education opportunities such as "Free Lunch Thursday" where a visiting medical officer gives a lunchtime lecture of their specialty while we enjoy free lunch. Also the post-grad nurses do further training and simulation sessions which they are happy to have med students attend.
- As there isn't many students, we are welcome just about anywhere and this includes rocking up to metcalls or ED when it suits us. There is no roster or schedule we just self regulate. So you can get plenty of procedural practice in ED if you are willing to spend the time, or not.
- Very cheap cafe, with free coffee/hot choc!
- Incredibly dedicated support staff who are available just about 24/7 via email/telephone and really go above and beyond to help us with our every need/concern - a real community with plenty of support
- Great rural location, and we almost always get an early finish or the whole day off on Fridays!

THE BAD :

- We only do the following rotations: Gen Med (2x9 weeks), Gen Surg (2x7 weeks), Anaesthetics (2x2 weeks)
- There is no specialty surg so if you know exactly what you want to sink your teeth into now and it is anything exotic then you won't be able get that exposure in sale. But that said, it is great for all of your bread and butter medicine (lots of cardiac/resp/renal pts) and all the common abdo surgery such as hernias/cholecystectomies/endoscopies/bowel resections etc (which I personally think is more important for year B)
- It is more or less 3hrs from Melbourne CBD
- Some of the teaching is out of hours, tutes that don't start until 6.30pm (finish around 8/9ish for example), which is a hell of a long day if you started rounds at 7.30am. So you can expect to do around a 13 hour day at least once or twice a week (although you would have a few hours free in the middle probably)
- Due to the laissez-faire approach it can be difficult to get meaningful feedback on your progress

THE UGLY (OR WHAT I WISH I KNEW BEFORE CHOOSING)

- There is a fair bit of travel involved (you need to have a car and licence) however you are compensated for its use for travel
- Pathology teaching is one afternoon a fortnight in Traralgon (40 mins away)
- PBL sessions are frequently held in Maffra and Heyfield (20 and 30 mins respectively)
- Autopsy/Breast Screen and a few other random teachings are held at various locations - sometimes in Melbourne
- Some lectures are videoconferenced from Traralgon and this has been fraught with technological issues

Becky Suhr

BAIRNSDALE 4TH YEAR 2011

I'm currently halfway through my 4th year placement in Bairnsdale and having a really good time. The structure is unique to East Gippsland, with all four disciplines being studied concurrently. This is overwhelming at first, but right about now it's all falling into place and I'm beginning to feel confident. It also means I've been able to complete the vast majority of my logbook in first semester – leaving plenty of study time leading up to the end of year exams! There is a large emphasis in getting 80% of the core material covered in first semester, again leaving plenty of time for study!

For tutes from psychiatrists and paediatricians we videoconference into Sale and Traralgon, which is also where we travel for our placement days. There is a fair bit of driving, especially if you choose to live in Orbost or Lakes Entrance (who this year are trialling placements in Omeo), but the faculty do give plenty of money for petrol.

The clinical school has a brand new skills lab and the rest of building is being renovated at the end of this year (ready for you guys next year). The staff are very good at helping new students settle in. The GPs I'm with are also very welcoming. Everyone in the clinic knows your name and goes out of their way to help you. The patients are very used to medical students (as they've had them for the last 7+ years) and very rarely turn you down.

As a location East Gippsland is what you make of it. The town itself is pretty quiet, but the surrounding areas are beautiful and there's always a market or festival happening not too far down the road. The amount of wineries around and delicious local produce is also a big plus. The train is a long ride (about 3:30 hours) but comfortable and goes through the Eastern suburbs on its way into Melbourne.

Ash Witt

EAST GIPPSLAND 4TH YEAR 2011

In Year 4/C, placements in Gippsland are offered to both GMS and central students. Most sites consist of a mix of undergraduates and postgraduates. The 3 centres in Gippsland are Central Gippsland, South Gippsland and East Gippsland

The East Gippsland 4/C program runs as an integrated curriculum, which means the 4 disciplines (GP, Children's, Women's and Psychiatry) run throughout the year. The two academic schools in East Gippsland are the Bairnsdale Regional Clinical School and Sale Regional Clinical School.

Each student is allocated a General Practice clinic for the year which becomes your 'home clinic'. This is where you spend a lot of your time. Students have individual timetables which rotate through 'specialist days' of paediatrics, obstetrics and gynaecology surgery, gynaecology outpatients, inpatient psychiatry, community psychiatry and antenatal clinics. Generally each week consists of 3-4 clinical days and 1-2 academic days where students attend tutorials at their respective clinical schools.

Students live in (amazing) university houses in the town of their practice and travel to speciality and academic days by car. Placement at East Gippsland means a lot of driving! (But we are given fuel cards to help pay for petrol)

BAIRNSDALE CLUSTER GENERAL PRACTICES

- Bairnsdale Medical Group, Bairnsdale
- MacLeod Street Medical Centre, Bairnsdale
- Gippsland Lakes Community Health Service, Lakes Entrance (30min from B'dale)
- Cunninghame Arm Medical Centre, Lakes Entrance/ Omeo Hospital
- Orbost Regional Health Service (60min from B'dale)

SALE CLUSTER GENERAL PRACTICES

- Clocktower Medical Centre, Sale
- Maffra Medical Group, Maffra (20 min from Sale)
- Heyfield Medical Centre, Heyfield (40 min from Sale)
- Yarram Medical Centre, Yarram (60 min from Sale)



GIPPSLAND

REGIONAL CLINICAL SCHOOL

Michelle Ryan

GIPPSLAND REGIONAL CLINICAL SCHOOL SITE
COORDINATOR YEAR 3 / B

In Year 3/B, the clinical content is delivered in a yearly rotation of clinical work, students will study 'Integrated medicine and surgery' which will be taught with a series of problem-based, core-based learning sessions, patient-oriented presentations and discussions in small tutorial groups with our qualified team of GP Tutors and Physicians.

Where are Warragul and Traralgon?

The main GRCS campus is based at Traralgon, in a building that is part of the Latrobe Regional Hospital (LRH). The Warragul GRCS office and tutorial room are located on Ley St behind the West Gippsland hospital (WGHG). Students based at Traralgon or Warragul have the majority of their tutes at the facilities in their local site. Some videoconferencing between sites is also used to reduce travel time, and a few clinical sessions are attended at other various sites around Gippsland. Students with a car find it much easier to get around, as public transport is not always available where and when it is needed.

- Small student numbers mean more individual attention. We have capacity for 20 students at Traralgon and eight at Warragul . Traralgon students are split into two groups.
- Small student numbers means more hands-on experience and mentoring.
- Latrobe Regional Hospital (LRH) and Warragul Hospital (WGHG) cover the full range of clinical conditions you need to experience.
- Students in Traralgon will also have short term placements in Maryvale Private Hospital (Morwell)
- Experiences and training are ideal as a lead-in to your intern work.
- Our physicians and surgeons cover all aspects of general medicine and surgery.
- The clinical and academic staff here are great and it's a very harmonious environment.
- There are enough other students (year 4 and year 5 medical students, nursing and physiotherapy students) and young professionals around to build a good social life.

Do you have what it takes to spend Year 3/B at GRCS? Attributes we are looking for in our students:

- Passionate about rural health
- Self-reliant
- Self-motivated
- Adaptable and flexible
- Have own transport (car/motorbike)
- Keen to meet new and interesting people from all walks of life
- Willing to "have a go"

The Gippsland region has so much to offer and occupy you. Here is just a sample of what you can expect:

- Miles of sandy beaches
- Wineries to tour and savour
- Gourmet food trails to wander
- Historic towns to explore
- Too many sports to mention!
- National parks to enjoy
- Penguins on parade
- Snow
- Cinemas
- Go-Karting
- Bowling
- Shopping Centers

High level medical training in outstanding facilities providing broad experience offered by regional practice

L A T R O B E R E G I O N A L H O S P I T A L

Latrobe Regional Hospital provides a regional public health service for the whole of Gippsland. The Hospital, a part of Gippsland Health, is a purpose built 257-bed, fully integrated health service located at Traralgon West. Services offered at the Hospital include aged care, cancer care, elective surgery, maternity, mental health, pharmacy and rehabilitation.

W E S T G I P P S L A N D H O S P I T A L

West Gippsland Hospital (WGH) is an 83-bed acute facility in Warragul, providing Medical, Surgical, Obstetric, Sub-Acute, Paediatric, Emergency and High Dependency Services, with a full range of allied Health Services.

Judy Lawless

GIPPSLAND REGIONAL CLINICAL SCHOOL SITE COORDINATOR
YEAR 4 / C

Year 4C at Gippsland Regional Clinical School is made up of students from both the Undergraduate and Graduate Entry MBBS programs.

In 2011 the program was delivered across 3x12 week blocks, with each block consisting of placements within their GP practices as well as intensive time immersed in one of the three other disciplines on the wards at either West Gippsland or Latrobe Regional Hospital.

Students are placed within GP clinics across the Gippsland area, (Drouin, Warragul, Yarragon, Trafalgar, Neerim South, Moe, Morwell, Traralgon, Leongatha, Korumburra, Foster and Wonthaggi) for the whole year and strong relationships are formed between the students and the members of their respective clinics.

Students who are placed at some of the South Gippsland General Practices will also spend time at the local hospitals in that area due to the fact that the local GP's are the ones who service those hospitals.

Accommodation for students is in either rental houses as close as possible to their GP clinics or on site at Warragul Hospital.

A placement at a Gippsland Regional Clinical School means a lot of travel and we highly recommend that students who come to GRCS have their own transport. The lack of public transport in some areas means those students without cars rely heavily on their housemates for lifts to and from tutorials and placements and whilst this works most of the time it is not always the case.

Students are reimbursed for travel above 20km's for timetabled activities.

Due to the large area that the students are placed across many of the tutorials are delivered via video conference to help reduce the travel time for the students and whilst this delivery method has had its technical issues in the past we now have new updated facilities and the students and staff are becoming quite used to this method of delivery.



HOW CAN I GET MORE INFORMATION?

Contact Gippsland Regional Clinical School
Traralgon

PO Box 424, Traralgon 3844

Phone: 03 5122 7232

Email: michelle.ryan@monash.edu

Warragul

PO Box 723, Warragul 3820

Phone: 03 5122 7113

Email: asra.bechaz@monash.edu

Elyse Fyfe

SOUTH GIPPSLAND YEAR 4C 2011

SOUTH GIPPSLAND CLUSTER

TEACHING :

First class support and teaching – I've never experienced such support, Dr David Iser (cluster coordinator) and Marlene Archbold (education support coordinator) go well above and beyond all expectations. They create a fantastic environment to learn in, are ready to take your call whenever you need a hand, and using their own networks, seek out invaluable learning experiences and exam prep for students. I could not speak more highly of them or the teaching provided by David and his team. Much the same with the teaching on your intensive placements (which is at LRH/Warragul) – generally very impressive.

In terms of self-directed learning – there's plenty of it. But plenty of supported learning as well.

The downside is that when you are on GP, you will receive your intensive classes via video-conference (VC) at Leongatha. While it does cut-down on the driving that you have to do, VC can be difficult to follow and to interact with the tutor. I'd rather the crappy quality VC than the drive though

ACCOMMODATION :

The accommodation is neat, fairly new and mostly furnished. If a single is not your style, you may need to supply yourself a bed in some sites.

Depending on how you work it out, in some sites you will be living by yourself most of the time. If you plan on living there full time throughout the year – you might find it a bit isolating. If you think this might be an issue for you, then it might be worth thinking about how you plan to manage this, for example getting away on the weekends.

When you are on intensive you will be provided accommodation at your site (LRH/Warragul). It's a nice change – the houses are good, and it's nice to have a bit of company. Plus, moving around the place breaks the year up into manageable chunks.

TRAVEL :

The travel is pretty intense at times - and thanks to Monash protocol can be frustratingly unnecessary - particularly when you are on GP placement (it isn't as bad during intensive placements though). After a certain distance (about 20km per trip) the uni will reimburse you for the travel – they calculate it at the beginning of the year and you receive a lump sum. Which is very helpful.



ANONYMOUS

WARRAGUL YEAR 3B 2011

I am based at Warragul Hospital this year for my Women's and Children's intensive placements, both of which I will be undertaking in semester 2. Currently, I am on my GP rotation, and earlier this year I was on my GP/Medicine of the Mind rotations. The intensive part of my MoM rotation was at Latrobe Regional Hospital in Traralgon. As a Year 3B student last year, I spent the whole year @ Central Gippsland Hospital in Sale.

What is good about placement?

Small-group tutorials are the best. It gives the tutors and us an opportunity to get to know each other, and there is less intimidation about asking questions for fear of sounding 'stupid'.

Most of us are friends and support each other's learning really well.

GP rotations are wonderful. GPs give us plenty of opportunity to do hands-on things, eg. give injections, do obs, general stuff like that, but also consult with patients on our own and then check up on us after seeing their own one/two patients in the same time using the Wave Model of consultation.

One-on-one contact with GPs is particularly productive to learning as the teaching is focussed on my individual learning needs, with more help given if I indicate an area of weakness to my supervisor.

Country GPs often have special interests and can develop skills in areas that (I have been told) city GPs tend not to. For example, there are many GP obstetricians, GP anaesthetists, and those who perform skin lesion removals. Being a part of a clinic that offers these services means that I, as a student, get to see a wide range of things at GP.

Administration at the Gippsland Regional Clinical School is generally excellent. Staff are very well organised and helpful when called upon.

WHAT IS BAD ABOUT PLACEMENT?

Taking this year as a whole, there is a lot of travel involved. I know this is worse for students in other areas, eg. South Gippsland-based students travel a LOT, however there are still a number of hours stacked up over a week or fortnight.

From 3B: The physicians in Sale are brilliant, however, given that there are only general surgical and general medical wards, I felt that the intensive exposure that metropolitan-based students get in specialty wards, eg. cardio ward, renal ward, would be an advantage to them in that they learn the most current information and management from the experts in those fields.

From 3B and 4C: Some managements are different in the country to those in the city, simply by virtue of the fact that the same specialists/specialty equipment, investigations and treatment facilities are not necessarily available. This may be a disadvantage for the exams where we are expected to know the most up-to-date and most optimal treatments (though we may not have seen these at all on placements).

As someone who has a car and drives, I don't have as big a problem but I know of students who don't drive. This can be exceedingly difficult for them (and sometimes us) alike, as they rely on other people and/or public transport to get around. I have driven my housemate to placement in the opposite direction to my site multiple times, which is ok but does require extra time spent travelling/less time sleeping! City has better/more accessible public transport networks.

ACCOMMODATION:

Am in student accommodation here in Warragul this year. Overall, can't complain as the rate is excellent (\$50/week) with all amenities included. However, house is very old and very cold! Driveway extremely steep, prefer to park on the road to avoid using it.

Best thing about the accommodation is free wireless internet. A necessity! Don't know how I'd deal without it!

Was in Sale accommodation last year. WONDERFUL place, great for hosting interns' going-away gatherings as well! Landlord was exceptional, when our heater broke there was someone around to fix it on the same day, and when it couldn't be fixed immediately, another unit was installed the following day to get us through until the main heating system could be fixed.

Michael Li

MOE 4TH YEAR 2011

I'm a 4th year undergraduate student placed for a year in Moe. If you have heard of Moe, you have probably heard of its reputation. Are they well-founded? In the main, they are not. Detractors would have you believe that the Moe punch, an ever-so-slightly more aggressive version of the Aussie handshake, is commonplace in this part of the world. In reality, the Moe punch is little more than a parable told by wandering travellers. The moral of the parable is this: if you're a bad person, you'll get punched in the face. There's nothing Moe about the Moe punch, so let's get to the real stuff.

Just two hours east of Melbourne, Moe is an idyllic but well-furnished town situated on the cusp of the Latrobe Valley. Part of the Central Gippsland cluster, Moe is one of the potential sites of accommodation. There are at least four GP clinics in the Moe CBD, three which take up to two medical students. Women's Health (WH), Children's Health (CH) and Medicine of the Mind (MoM), or 'intensive' rotations, take place at the Latrobe Regional Hospital (LRH), fifteen to twenty minutes drive from Moe. The GRCS program divides its program into three blocks: GP/WH, GP/CH, GP/Psych, each which last for twelve weeks. The WH and CH components go for six weeks, followed or preceded by a GP placement of six weeks. The MoM component goes for four weeks, with the GP component lasting eight weeks.

This program works well if you are keen on GP, but it still affords decent experience in the other areas as well. At my clinic, Moe-Newborough Health, I was allowed to perform procedures such as injections, suturing and punch biopsys. My particular clinic had three fully-qualified GPs, one trainee GP, a mental health nurse and a psychologist. The staff were very friendly and easy-going with a measured dose of comic value. My clinic's GPs specialise in a variety of fields including diabetes, hepatitis C, drug and alcohol abuse, and women's health. In general, Central Gippsland GPs will give you more freedom in consultations than is given in metropolitan areas, but less than those in East Gippsland (Sale, Bairnsdale, Orbost).

GP placement has you going to clinic once or twice a week with GP lectures at LRH one day a week. Self-directed learning days during GP placement

are plentiful, with up to two days off a week. I was allowed to attend the clinic on my self-directed learning days if I wanted to.

The LRH is a 257-bed facility and is the major hospital in the Gippsland region. Often students from other clusters have to go to the LRH as their local hospitals do not have the appropriate facilities. Barring GP and community placements, the LRH provides everything you need for 4th year. Most of my tutorials and lectures were done in person at the LRH, but there was the odd occasion when we had to video-conference with tutors. On these occasions, learning was difficult due to transmission problems and the sheer difficulty placed on the tutor or lecturer to be able to engage multiple audiences at once.

Those hoping to get easy births in WH will be disappointed, as there is still competition from midwifery students in the labour ward. However, negotiation with the friendly GRCS staff can get you a room at the hospital, meaning that births are just that much easier to get to and from. There are also no rostered night shifts, but you can show up whenever you want if you don't have other commitments. The bottom line is that you still have to work hard, but you are given a lot more freedom to do as you please.

Exposure in MoM is slightly reduced, as we only get four weeks intensive placement. During the coupled GP component, I was placed at a community mental health service for one day of the week. For the four weeks of intensive placement, I was placed in the acute psychiatric ward for two weeks, the old age psychiatry ward for one week and child and adolescent psychiatry for one week. I found this to be sufficient exposure in psychiatry, but those serious about getting their psych fix might find this a dealbreaker.

As of writing this piece, I have yet to experience CH, but from what I hear, it is quite similar to metropolitan hospitals.

As someone who hadn't previously moved out, the prospect of doing so was definitely a huge attraction. Coupled with the \$50 a week rent including utensils and internet, this was just too hard to resist. I am currently living with another undergraduate and two post-graduates in a three-year old four-bedroom house, decked out with vegetable garden and a chicken pen (no pets allowed unfortunately). On arrival, the house was mostly furnished, and it took one car trip to bring everything I needed.

Since I'm from Melbourne, I'd visit the parents from as often as once a fortnight to once every couple months. Driving can be a hassle for those who dislike long-distances or paying for petrol, but most Central Gippsland towns have a Vline station, which cuts the cost of travel in half and doesn't strain your car as much. Having a car on hand is essential if you don't want to rely on others for lifts, but I know at least two of the five undergraduates placed in Central Gippsland who don't have cars, so it's manageable. Most journeys to placements will take less than twenty minutes. Less driving time equals more sleep.

While Moe can be quiet, everything you need is nearby and there are plenty of extracurricular activities you can jump into in order to get stuck into the community. There are three soccer clubs in the Moe area, an Australian-rules footy club, a gun club, a bushwalking club, an indoor soccer arena and plenty more. There is a shopping centre and a cinema in nearby Morwell. I joined one of the soccer clubs and it was great to meet some of the locals, some who were patients. Moe also has a decent number of restaurants to eat out at, ranging from quality Italian restaurant Da Nunzo's to the affordable local RSL, the as-much-as-you-can-fit-on-one-plate Silks to Chinese takeaway. If you're looking for upper-class meals, there's Gaztronomy in Morwell and Nielsons (average main is \$40) in Traralgon. GPs often invite medical students to conferences at these places.

Little can be said for the nightlife in Moe, with Traralgon being the nearest destination for clubs and bars. I can say from experience that it's not the same as Melbourne, but it's worth checking out if just for the novelty. House parties are definitely the order the day here.

Your experience in Central Gippsland is definitely how you shape it to be. Don't be intimidated by the postgraduates--they may seem older, but they're just like your typical medical student. If you absolutely detest GP, are a nightlife animal, have strong attachments in Melbourne or don't like driving long distances, Gippsland is probably not for you. But if you like short travel times, cheap rent, small friendly communities, and FREEDOM, then you should seriously consider checking it out.

Kate Rahman

WEST GIPPSLAND HOSPITAL YEAR 4 C 2011

For my Year C rotation, I am based at West Gippsland Hospital in Warragul for my hospital rotations, and Neerim South Medical Centre for my General Practice rotation. In terms of accommodation, I was assigned to the student accommodation on Burke Street, which is approximately less than 5 minutes drive from the hospital. Neerim South Medical Centre is approximately 30 minutes from the student accommodation.

ADVANTAGES :

Neerim South is a fantastic place to do your General Practice rotation, as it has wonderful GPs and staff members who are warm and welcoming, and very enthusiastic about facilitating your learning

You get your own consulting room in the brand new GP practice (which is a very nice and spacious building), in which you can choose to see your own patient in between sitting in on consultations with the GP and/or Nurse Practitioner

Hospital placements can vary a bit depending on the staff on-duty and the kind of experience that you're looking for. I can't honestly say that all my experiences there have been positive, however there certainly have been plenty of positive experiences to make up for the negative ones

DISADVANTAGES :

In terms of structure, hospital placement days can seem incredibly unstructured, as "ward time" involves full-days on wards or in clinics and these can either be incredibly busy or otherwise, depending on the day. Therefore, it is very hard to anticipate your schedule for the day and satisfying your learning outcome may be challenging depending on your luck

Although there are staff members who are quite happy to have medical students around the wards, be prepared that there may be some staff members who are less enthused at having you there and this may make your placement on wards a little challenging

On your Women's Health rotation, there are a lot of midwives around, but with the shifts they do, they change all the time, which may make it difficult to form a good working/learning relationship with them

Also with Women's Health, everyone on the ward including midwives, midwifery students and registrars are looking to get births and therefore,



completing your required catches may be difficult with all the competition. When it comes down to it, I have found that nursing students, whether on wards or in theatre, are prioritised by the nurses in their teaching, so in the interest of being strictly honest, you might notice on your rotation that medical students are probably the last on the priority list in the labour ward. Given that, it is important for you to be proactive during your time on the ward to ensure that you obtain your required births and a good learning experience

If you are a "pedestrian for life" or do not own your own vehicle, you may be disadvantaged in this placement, as the hospital is a good 45 minute walk from the accommodation, and the only reliable means of getting to Neerim South Medical Centre for your placement is by car

In terms of the accommodation, the house on Burke Street is an old house that gets very cold in winter and very warm in summer. At best, it is a basic house with all basic necessities available, so if you're not that fussed on comfort, it should be sufficient for your needs. My advice is to bring a small heater for your room to get you through the long, cold, winter nights, and likewise a portable fan to get you through the hot summer nights

Andrew Huang

LATROBE REGIONAL HOSPITAL YEAR 3 B, 2011

GREENER PASTURES

Week one of my first clinical year unfurled a little like this.

Location: Latrobe Regional Hospital(LRH), ICU

Length of stay: 2 Weeks

Mood: a little nervous...no... a lot nervous

Making sure I gave the impression that I was the "concerted" student, I showed up a good 15 minutes before rounds started. 9am, consultant strolls in. I tail closely behind our resident, hoping not to generate any ripples and quietly fly under the radar. Less than sixty seconds into seeing our first patient (Acute-on-Chronic Renal failure, complicated by Metabolic Acidosis and Hyperkalaemia) question gets thrown: "Andrew, what are some treatment options for hyperkalaemia?" Instinct: crawl up into a ball and die. Actual response: "umm... ahhh...(red in the face) restrict the potassium intake?" Consultant's response: "(bemused smile + chuckle) that's okay, we'll go through that later."

Having narrowly avoided public humiliation in front of the whole team, I didn't think my day could get all that much worse. In between seeing our next patient, we were given a quick run-down on the effects of salbutamol and insulin on ion channels (those lovely "sandwich-looking" things we learned about in first year) and their use for electrolyte balance. Surprisingly, that dumbed-down student edition made sense to me. The subsequent topics for in-between-patient tutes included: septic shock, re-feeding syndrome and diabetic ketoacidosis (I have deliberately avoided the DKA acronym here. It can also be used to describe a student syndrome: Don't-Know-Anything syndrome - the feeling of utter uselessness... usually precipitated by a consultant asking you some ridiculous question)

Despite my initial apprehension, by the end of two weeks, the frequent on-the-spot tutorials in the mornings, imaging reviews at the workstations, procedural opportunities done (cannulations, suturing) and observed (central lines, arterial lines, peritoneal taps, bronchopulmonary lavages) left me extremely enthusiastic and somewhat more competent in my understanding of acute medical management. This of course was probably enhanced by the frequency of consultant-enforced tea breaks.

To say that all rotations in LRH are as enjoyable as my ICU stint would be an overstatement, but I would say that the majority(General surgery, General medicine, Anaesthetics, Endoscopy, Orthopaedics, Radiotherapy, Chemotherapy) are not far off. Student to medical staff ratios are low, leaving lots of opportunities to field and propose questions. There's also no stampedes to fight off when it comes to procedural stuff (and I don't mean giving injections... it just doesn't seem to give that same rush anymore). And unlike many hospitals where ED is reserved only for the final year students, being rostered every few weeks to spend a few hours in the evening gives you a whiff of what emergency medicine can taste like.

Having spent a lot of time in the hospitals (physiotherapy was my first degree) I've learnt that the general 'niceness' of your supervising doctor can have a huge impact on your learning experience. Generally speaking (because I don't want to get any hate mail) medical staff in the country seem to have more patience for students (perhaps, it's because they're not as saturated with students, or perhaps it's some secret directive to lure everyone into rural medicine). Regardless, the friendly environment at LRH has been central to helping me build up self-confidence, and develop an unashful enthusiasm to seek out extra opportunities and broaden my learning.

The support from the administrative staff at the School of Rural Health (based at Latrobe) is like a mastercard add (priceless... sorry, I know that's lame). Lectures and tutorials are scheduled with specialists and other medical staff and the one-on-one bedside tutorials(you can sometimes request which doctor you want) give great openings to ask many seemingly stupid questions(my favourite being: "so what do I ACTUALLY need to know?") Additional teaching is scheduled quite regularly for those who ask for it, something I think that many sites would find hard to cater for.

Living in the country is not as bad as I had imagined. There's lots of opportunities to develop "friendly" rivalries with colleagues in tennis, squash. Team sports like soccer and mixed netball (there's competitions at the Churchill Monash campus, roughly 15 minutes from Traralgon) are a great way to get to know everyone else a little better. If you like to let your hair loose every now and again, there's a few "notable night clubs," (apparently Thursday nights are big, I guess it helps that there's no scheduled rounds on Friday mornings)

But mostly my recreation includes a lot after-dinner beers and FIFA wars.

Two years ago (having been a city-slicker my whole life) I would have never imagined writing (what now looks like, upon re-reading) propaganda for the rural medical school.

But in truth the pastures are actually greener in the country(you can take that literally or figuratively!). In short, when considering your options for placements, keep in the back of your mind that at LRH learning opportunities are abundant, medical staff are easier to approach and extra tutoring(so long as you have the ability to ask-for-help) is almost always available.

LATROBE REGIONAL HOSPITAL (YEAR C)

ADVANTAGES:

- Cheap rent (\$ 50 per week including utilities)
- Friendly staff members
- Very organized
- Many day-offs during GP placement (two days off per week, not really sure whether it is a good thing or not and they may change the timetable next year.)
- More patient contact

DISADVANTAGES:

- Far away from the city
- No major surgeries. If you want to become a neurosurgeon or cardio-thoracic surgeon. This is probably not a good place.
- Depends on your GP placement, you could end up doing a lot of driving.

LRH is quite different from Frankston hospital. The environment is generally friendlier, and classes and tutorials are more organized. I talked to some of the central students, and I found out that students in LRH had a lot more patient contacts. Patient contact probably won't help you much with the exam but it will help you to become a better doctor. People here are generally helpful so make the most out of your rotation.

However, I won't recommend this placement for people who don't have a car. They will have a lot of trouble getting around. If you don't have a car, get one before you come here, or become good friends with people who own one.

SUMMARY

I am quite sure you would have read different opinions about different hospitals. All students had different experiences even if they were in the same hospital; so don't get put off by one or two people's opinions.

In addition, the students you are with do make a HUGE difference. (You are often in groups of three.) Students in the same group will spend a lot of time together, therefore, make sure your group is a fun bunch otherwise you will struggle to get through the year.

Kat Schelberger

LATROBE REGIONAL HOSPITAL YEAR B 2011

Latrobe Regional Hospital has the best of both worlds. With just over 250 beds, it is large enough to ensure we see a wide range of conditions on the wards, presenting to ED and in the operating theatre. Yet its rural location means we, the students, get opportunities our city counterparts may not. Patients are always willing to talk, be examined or have us practice our procedural skills on them. And as one of only 24 year 3B students (in 2011), patients rarely feel overly examined! Many of the clinicians at LRH are also our tutors and so know exactly how to teach appropriately to our experience level. Administration at the school of rural health is also excellent, providing extra tutorials and support if we need it. Year 3B is a year that introduces us to general medicine and general surgery and at LRH that means rotating through the general wards, the ICU, chemotherapy and radiotherapy, orthopaedics and undertaking a placement at the nearby Maryvale Private Hospital. Although located around 2 hours from Melbourne, students in year 3B at LRH are based in Traralgon for the entire year and are not required to travel long distances for placement. Unfortunately, LRH does not provide accommodation for year 3B students (but I believe it does for 4C and 5D students passing through) as some of the other sites do. But living in a rural area like Traralgon is reasonably cheap – and if you're lucky you can get a place less than 10 minutes from the hospital. I would recommend LRH (and the 'central Gippsland cluster') to anyone debating the merits of different placement options.



YEAR 5

PLACEMENTS

Meg Creely

BENDIGO 5TH YEAR 2011

So ED in Bendigo....its a great choice for your Emergency rotation for a whole bunch of reasons. The consultants are super friendly, really happy to teach and put up with any number of questions fired at them

by curious medical students. So far its the most independence I've been given in a rotation - you get to see your own patients all the way from the minute they present until they go home/to the ward and everything is up to you - history, examination, DDX, putting in IV's, doing bloods or any other investigation you think, ordering analgesics/fluids, referrals ect. There is also the chance to see all the trauma calls and be involved in them which is always exciting. If you want to practice your practical skills before intern year then ED really is the place to do it - suturing, cyst drainage, burns dressings, heaps of IV's, bloods, removal of FB's from eyes, reduction of dislocations.....and the list goes on!

Bad things - evenings tend to be the better time of day to see interesting patients which can intrude into your social life a bit. It can get really busy and you might be ignored a bit during these times but if you stick it out then you often get a chance to see really cool things. It is hit and miss with what patients you get to see - some days you may see 5 viral gastro's in a row which is a little less than desirable but you can never pick it. Also because Bendigo doesn't have

the same specialist services as the major metro hospitals some of the more serious things are shipped off so you dont get a chance to see the really serious traumas ect.

Tips -

- 1) If you're looking for a reference pick one consultant and turn up for their shifts so they get to see lots of you
- 2) Make friends with the nurses! (you're doomed if you don't and ED nurses really know their stuff)

Caz Marshall

BENDIGO 5TH YEAR 2011

BENDIGO AGED CARE :

Duration + Location

6 weeks total. Spent at the Ann Caudle Centre, across the road from the Bendigo Hospital.

Students complete the placement as a part of one of the two GEM (Geriatric Evaluation and Management) teams on the inpatient rehab wards (30 beds).

+ 4 out-of-hospital visits, organised by the faculty and the Bendigo Regional Clinical School.

Patients are typically over the age of 65, and stay for 1-2 weeks or more, receiving multidisciplinary input as they undergo rehabilitation.

Accommodation is \$50/wk, either at Lister House or one of the 5th year houses. Almost all are close to the hospital and centre of town (<5mins drive, <30mins walk).

YOUR ROLE :

- Admit new patients to the ward, with full history and examination, and assessment of function.
- Follow 2-3 patients and present them at the weekly consultant ward round and case conference.
- Perform procedural work e.g. cannulation, venepuncture, catheterisation, ABGs etc.
- Assist the intern; document patient notes on ward rounds, check obs, assess and help manage patients' medical issues (e.g. fluid status, chest pain, etc), write referrals and discharge summaries.
- Complete your modules (falls, chronic pain, complex case, delirium/dementia, continence).
- Perform one case presentation to other students.

PROS :

- Very well organised rotation. Out of hospital visits well in place and completed without issues, provided with a timetable at the start of the rotation.
- The consultants are nice and complete PIAs on time and without fuss, and give proper feedback.
- Modules well done and easily completed; easy to find patients with the relevant conditions. Tutorials on each of the topics by consultants each week, and attendance at relevant outpatients e.g. Continence Clinic, Pain Clinic, Memory Clinic.
- Rotation is pretty cruisy, you can choose how much time you spend on the ward. You can be minimalist and just get modules done, or conversely there are many opportunities to become very involved in the teams and pretty much be another intern.
- Not many other medical staff or students, so you get to practice a lot of procedural work, especially getting good at venepuncture/cannulating old people's veins.

- Wards are a nice place to work – get to know people from other disciplines very well e.g. physios, OTs; ward is laid-back, low patient turnover, get to know patients very well.
- Bendigo is pretty fun, and there are plenty of other third and fourth years around.

C O N S :

- When I was there, there were 2 students on the GEM teams, and one in the Marjorie Phillips Unit (MPU). The MPU is a 20 bed facility for long-term aged patients, and especially those with mental illness and dementia. This was not as good for a placement due to the very low patient turnover in this facility, and the student there did not enjoy it. We provided feedback to BRCS so they should have stopped placing students in the MPU, but it's good to keep in mind and request not to be there if in doubt.
- Some rotations have had too many students per team (more than 2).
- No other negatives specific to Bendigo – Aged Care itself can be boring, and the out-of-hospital visits (especially to the nursing home) are a joke, but it's like that everywhere.

Happy to answer any more questions: cmmar10@student.monash.edu

Ned Douglas

MILDURA 5TH YEAR 2011

MILDURA ED

This is an excellent rotation. All ED consultants are friendly, there is weekly hospital teaching specific to ED and weekly clinical school teaching. Flexible work hours (4 x 10hour shifts at your discretion). Usually one student does days (8am-6pm) and one evenings (2pm – 10pm). MBH receives and excellent case mix due to remote location, and lots of urgent presentations of common ED stuff. There's also a significant amount of trauma, especially from mine sites and forestry operations in the area. There's no problem with modules. You can have lots of responsibility if you want it, and there's lots of support to learn. This is a great rotation for those interested in ED, or anyone who prefers hands-on learning.

ACCOMMODATION

Accommodation is on-site with other 4th and 5th years, and is reasonably nice. The town is lots of fun, with lots of restaurants, wineries, pubs and one incredibly dodgy nightclub, Dom's (if you go there, you'll see the same people as patients in ED soon afterwards). The doctors are equally isolated as a group, and tend to include students in social stuff. The only downside is the 5 hour trip back to Melbourne.

MILDURA GENERAL SURGERY

This is a good rotation for those either interested in general surgery (in the true sense of giving anything a go) or those not interested in surgery at all. MBH does all manner of lower GI, hepatobiliary, breast, endocrine, orthopaedics and trauma operating. Being a remote centre, MBH is the primary receiving centre for all surgical emergencies in that area, which can mean access to some much sicker patients than students would routinely see in metropolitan hospitals. There is occasionally a problem with anaesthetic availability which limits elective operating and sometimes means that the number of inpatients are in single digits (which can be good or bad, depending on your point of view). The modules are easy to complete. There are often good opportunities to learn / practice anaesthetic skills in this rotation. There are four consultants, of varying degrees of eccentricity, but all are nice on the whole.

Georgina Stephens

BENDIGO 5TH YEAR 2011

GENERAL MEDICINE IN BENDIGO

Despite being "rural", Bendigo is actually a large regional centre. Accordingly, its hospital is relatively large and is the referral centre for many smaller hospitals in the area. There are three general medical units, and all the consultants are very welcoming and knowledgeable. The head of medicine, Professor Disler, is especially keen to get students involved as much as possible. There are limited medical specialty units, so you will see a lot of patients in gen med here that may be managed by more specialist units in metropolitan hospitals. Every student is given a pager and you are encouraged (but not obliged) to stay late on the evenings that your unit is on take. Clinics are one to two times a week for each unit, and there are usually enough rooms for you to see patients by yourself. However, as you will spend most of your time with the registrars and interns, their attitude towards students will largely determine how enjoyable the rotation is. More generally, all final years at Bendigo have compulsory case presentations, each student presenting once per rotation. And make sure you seek out Dr. Cleeve for radiology tutes! The medical school building is only a couple of years old and very comfortable, however it is annoyingly across the road from the hospital. Final years are encouraged to attend weekly intern teaching sessions, but just don't take the food before all the interns have eaten!

Most final years at Bendigo stay in one of several houses, which are well equipped and within walking distance from the hospital. You don't necessarily need a car for this rotation, as there is a very frequent train to Melbourne and plenty of shops within easy walking distance from your accommodation. On the leisure side of things, Bendigo has a cinema complex, good quality cafes and a variety of restaurants. I especially recommend the café and coffee roastery T'hoofft for their awesome brunch.



General Surgery at Latrobe Regional Hospital (Traralgon)

GENERAL DESCRIPTION

Part of one of two Gen Surg teams, consisting of 2-3 Consultants, a Registrar, and an Intern. Spend at least two days a week in theatre, with the rest of the time spent on the ward or in Pre-Admissions Clinic.

Huge range of procedures done: lots of laproscopic surgery (cholecystectomies, appendicectomies hernias, fundoplication, gastric banding), breast surgery, endoscopy, thyroid surgery, and miscellaneous other surgeries (such as carpal tunnel release, circumcision, vasectomies, skin cancer removals, etc).

A vascular surgeon also comes down once a fortnight, so there is an opportunity to spend time in his theatre.

ACCOMMODATION

Currently within the hospital itself, only a 90 seconds walk from your bedside to the patient's. However, there is talk that this accommodation won't be available for Monash Uni in the future, so students may be living a short drive from the hospital. Basic but good accommodation – bed, desk, chair, wireless internet, heating; plus communal kitchen/dining/entertainment area.

TRANSPORT

Roughly 1hr 40min from Monash University (Clayton) on the freeway. Can catch the V-Line to Morwell however the hospital is on the highway halfway between Morwell & Traralgon so further transport is needed from there (taxi/bus/kind-hearted fellow student).

PRO'S :

- Wide variety of patients and conditions seen - great if you want broad preparation for your surgical terms as an intern
- Lots of opportunities to go to ED, see patients first and work them up yourself
- Because there are less junior doctors/students around, Consultants are often very happy to have students scrub in and assist
- Anaesthetists rarely have students with them, so very happy to teach and have students witness/assist them cannulate/tube/insert epidurals etc.
- Staff very friendly (was taken out for dinner three times in my first week)
- Leaving your room at 6:58am for 7am ward rounds
- Comparatively close to Melbourne for a rural site – very easy to head back for weekends.
- Weekly radiology meetings (Wed), path meetings (Thurs) and cancer meetings (Friday) are a great opportunity to learn about these topics in an integrated fashion: knowing who the patient is, looking at the images and slides at the same time, and having Consultants discussing the findings.

CON'S :

- Registrar workload is very high, so little opportunity for teaching on the run
- Little formal teaching directed at Year 5's (there is quite a lot of teaching for Yr B students, however they were on holidays for much of my rotation)



