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May I present...

I am delighted to introduce Associate Professor Sue Kilpatrick, the newly appointed Director of the University Department of Rural Health.

Sue has come to us from the Faculty of Education (University of Tasmania) where she was Director of the Centre for Research and Learning in Regional Australia, and Senior Lecturer in Adult and Vocational Education.

She brings to rural health a holistic understanding of rural and regional Australia and is well equipped to build on our excellent foundation of partnerships and community engagement. Her active contribution to policy and community development marks out her leadership in research and in professional and community service.

Sue has wide research interests that are complementary to those of rural health. These include the development of strategies to increase social capital in regional areas and to address health workforce issues. She has published significant articles on community change and has



Professor of Rural Health Dr Judi Walker

recently examined the benefits of and barriers to on-line learning for regional Australians. These fields are among those that academic rural health is keen to develop.

Sue also has excellent relationships across disciplines, schools and faculties within the University of Tasmania. On the broader community level I know that she is looking forward to working with the Schools in the Faculty of Health Science to build a centre of excellence in rural health at the University of Tasmania.

**Professor Judi Walker,
 Professor of Rural Health,
 Deputy Dean, Faculty of Health Science**

From the Director's Desk...

I am very pleased to be sitting at the Director's desk in the University Department of Rural Health, Tasmania. As I write this I have been in the job for just one short month. In that time I have got to know the UDRH team and found them to be a dedicated and skilled group who are committed to improving health outcomes in rural Tasmania.

The biennial National Rural Health Conference which was held in Alice Springs in March gave me an early and comprehensive overview of the issues facing rural health. I was able to hear a number of Tasmanians present their work, and was very pleased to note that all these papers were well received by the national audience. Listening to the presentations at the conference, it was apparent that our growing focus on inter-professional learning is highly appropriate. This approach promises to produce a rural health workforce equipped to work together to best deliver quality health care for our rural communities into the future.



Associate Professor Sue Kilpatrick, Director, UDRH

The National Rural Health Conference proved to be an excellent opportunity for me to meet my counterparts from the nine other UDRHs in rural and remote Australia. There will be many opportunities to work with this group, known as the Australian Rural Health Education network (AHREN), for the benefit of Tasmanian rural health.

I am keen to expand the research profile of the UDRH, particularly through collaborative projects with rural health practitioners and other parts of

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the university, particularly within the Faculty of Health Science. Elsewhere in this Bulletin you will see that we are seeking expressions of interest from clinicians wanting mentoring in specific research projects. I see this as a way of using the research and evaluation skills we have to assist rural practitioners to get the answers they need to address local health issues. I come from a research centre which expanded rapidly, the Centre for Research and Learning in Regional Australia. I intend to use the knowledge I gained from that experience to develop and grow the

capacity of the UDRH and academic rural health with the aim of Tasmania becoming a key national player in rural health research. There is scope for us to specialise in health inter-professional education and training research, and research into community engagement around health.

One of my key tasks over the coming months is to work with Professor Judi Walker and the Faculty of Health Science to progress the recommendations of the Future Directions Process, which was undertaken in 2004. I will be meeting with various stakeholders individually and as part of a more formal process over the next couple of months.

As part of this process, I will be looking at the staffing we will need into the future, including the scope for short and longer term joint appointments and collaborations with other parts of the University and with external stakeholders. We will be working toward the recommendation identified by the Future Directions process of establishing a collaborative centre for excellence in rural health.

I look forward to meeting those of you whom I have yet to meet over the coming months

Sue Kilpatrick
Director, UDRH (Tasmania)

Agreed Recommendations from the 8th National Rural Health Conference March 2005

1. The distribution of health resources should be based on health need and not on access to health services or providers. To improve this situation there need to be further changes to Medicare to extend its cover to a greater number of interventions by health providers other than doctors. The remote and rural Medicare deficit in areas where fee-for-service is limited can be offset through a number of means, such as cashing out entitlements and allocating the money to alternative service models.
2. Conference calls for targeted resources for a national public health intervention to focus on child and maternal health for Indigenous people as a means of reducing chronic disease in the next generation. Specific parts of the intervention would include birthing, safety and nutrition programs; education initiatives; and investment in infrastructure for health. Work on this would include training and support for Aboriginal Health Workers.
3. There should be an immediate national review of the state schemes that assist patient and carer transport and accommodation. The purpose would be to introduce a uniform approach which provides people from remote and rural areas with reasonable reimbursement for accessing services that are not available in their own communities.
4. Noting that the impact of alcohol misuse is disproportionately felt by rural and Indigenous communities, the Conference calls on the Australian Government to undertake a review of the alcohol taxation system with a view to:
 - a) making it more equitable by treating alcohol as alcohol, regardless of the form it comes in, eg beer, wine or spirits;
 - b) giving consideration to public health and safety as well as industry and economic concerns; and
 - c) identifying mechanisms for hypothecating a proportion of revenue from alcohol excise to be directed towards programs
5. Conference notes the increasing number and influence of advocacy bodies in a range of sectors impacting on health outcomes. As a means of making an immediate and significant contribution from non-government organisations to intersectoral collaboration for better health, it is proposed that a national project on human and ecological well-being in small remote communities be initiated. The bodies which could work together for this specific purpose will include those from the health, education, ecological, transport, police and justice, community services, retail and disaster response sectors.
6. Noting the current debate about the need for additional investment in physical infrastructure to support Australian exports, Conference calls for substantial re-investment in the infrastructure required in remote and rural areas for delivering high quality, sustainable health services. The foremost requirements are water supply and quality, reliable telecommunications, and housing. Contemporary developments with Telstra and national water management provide opportunities for the health sector to make the case that both are fundamental to health outcomes.
7. Conference recommends that State and Federal Ministers for Health and Higher Education immediately ask higher education institutions to include inter-professional education in undergraduate health curricula. This is an essential prerequisite for more effective future clinical practice teams.
8. Conference reiterates the sector's call for a funded national strategic approach to remote and rural health research, building on the existing infrastructure in rural, regional and remote areas. The research should be relevant, the design appropriate, the results communicated, and the outcomes useful for better health.
9. Conference calls on professional organisations involved in remote and rural health to develop protocols for their members that enable individuals to challenge and validate their habitual values, assumptions and judgements with evidence to help ensure the effectiveness of their work as caregivers, managers, researchers and policy makers.
10. It is recommended that delegates who were at the 8th National Rural Health Conference make a commitment to use ideas from Alice Springs in their home, community and workplace to strive for equivalent health for people in remote and rural areas by 2020.



Jason Fello, UDRH Executive Officer

Reflections on the 8th National Rural Health Conference - Alice Springs, March 2005

The wide range of interests of UDRH staff, and the scope of project areas that engage their attention, were apparent in this sampling of personal reflections on the recent rural health conference, held in the nation's 'red centre'. The UDRH Tasmania contingent included representatives from various program areas.



Peter Orpin: Program Manager, Research and Evaluation

'The strongest impression I took away from this conference was the breadth of environment, culture and experience that is encompassed by the term 'rural'. Apart from anything else, the country around

Alice Springs is so spectacularly different from our own beautiful state that I sometime felt that I was in another country. Similarly, I was struck by the cultural gap between my life experience and culture and that of the indigenous people of central Australia.

In general, it was the plenary speakers, John Humphreys, Neill Wright, Peter Sutton, Pat Anderson and John Wakerman, who most challenged my thoughts and ideas by placing our work in the wider context and testing some of our/my assumptions. At the session level I was most struck by the energy and passion of those people who are getting out there and just making it happen where it matters

The NHMRC workshop was intense and productive but again reinforced for me the need to unpack what we mean by 'rural health' to encompass the range of rural experiences around this huge and diverse land. There is a very different but equally real set of issues facing those who, like many Tasmanians, may not live many hundred of kilometres from major centres but who are still very rural in terms of health outcomes and health services.

I now have to grapple with how we can configure our research to contribute at both of these two levels- the wider political and theoretical context and the everyday 'on the ground' practice - without falling ineffectually between the two. I also come back with a renewed determination to contribute in the areas we are best placed to do so: in the health of 'regional rural' people.'



Rosalind Bull, Deputy Director and Coordinator, Graduate Research

'The conference proceedings and the pre-conference workshops I attended (ARRWAG and NHMRC) represented something of a turning point for the way

in which issues in rural health are being approached. Multidisciplinary and inter-professional practice, education and research were all on the agenda and the importance of the team to the delivery of rural health care was emphasised throughout the conference.

As a co-author on a paper addressing education and support for rural pharmacy preceptors, it was apparent that our work had wider application to the rural health workforce.

I gained greater insight into the application process for NHMRC grants and understand the relationship between ARC and NHMRC much better. I also gained a greater appreciation of the work of other UDRHs and the diverse contexts that we work in, and I was inspired by some of the practitioner-led projects that are changing local rural health services and outcomes.'



Stuart Auckland, Program Head, Rural Community Engagement

'The conference provided an excellent opportunity for me to tap into some of

the priority issues on the national rural and remote health agenda. Of particular interest to me were the key note addresses that provided a dour but fair assessment of rural health in that things would be getting worse and worse again before they got better. The challenge for us as rural and remote health practitioners is perhaps how we can minimise the impact of these difficult times and work more efficiently with our scarce resources.

I found the discussions around indigenous health to be particularly distressing, more so in the fact that little progress appears to have been made over the last decade or so. There are some lessons here for our own indigenous program.

There were excellent presentations on the bigger picture of issues that impact on the health and wellness of rural communities such as fire, drought and water management. The UDRH is well positioned to look at the impact of these issues at a State level through partnerships with TFGA, CWA, SES and Centrecare.

I was particularly impressed with the presentations on interdisciplinary learning. It was pleasing to hear that the work that the UDRH has been undertaking through its Inter-professional Rural Program (IRP) is leading the way from a national perspective. There is much work to be done in this area and Tasmania is ideally placed to pilot new initiatives in this field.'



Rosalie Maynard, Coordinator, Health Careers Program

'I was able to organise a meeting of people doing similar health career promotional roles in other

states who were at the conference, with some very productive outcomes from this face-to-face meeting. These included an agreement to re-establish regular nation-wide teleconferences to enable sharing of ideas/successes/resources in this area. This group also met with some of the new key executive members of the NRHN (National Rural Health Network - the Australia-wide network of rural health undergraduate student clubs) -

including the new Chair and Executive Support Officer, and made some recommendations as to the network's interaction with state health careers program coordinators.

The benefits that will flow from these meetings will be many, and already have included the possible adaptation of a training manual for undergraduate presenters. This has been developed with Department of Health and Ageing funding by the Queensland Health Careers in the Bush program. It will be used nationally by clubs such as *Rustica* to enable their student volunteers to confidently approach volunteering for health career program activities such as school visits and health careers workshops.

Other benefits included hearing about some significant research which has again been done for the Queensland Health Careers in the Bush program. It involves a tracking study of students who have undertaken secondary school activities similar to those of the UDRH health careers program since 1995. While the full research document is not available just yet, we were privy to its main findings, and to the manner in which it has been approached. I am hoping will be very useful for a proposed similar study of the Tasmanian situation.

I caught up with some of my former 'star' role models - Kellie Seymour, Sara Cameron and Phill Pullinger. Sara and Phill are working as graduate doctors at the Alice Springs Hospital, and Kellie is practising as a pharmacist. I also enjoyed discussions with current medical students, and former Health Careers Program participants, Alannah Smith and Jo Ambrose.



Jason Fello, Tina Pinkard and Yvette Massey; Administration

Yvette Massey

'The sheer scale of the place amazed me, for a start,' said Tina. 'From the tourist brochures I had imagined that Uluru was

"just up the road" from Alice Springs, not 460 kilometres away!

We were all "chuffed" at how impressive our UDRH Tasmania staff were when presenting in a national forum. It was also encouraging and enlightening to see how the work that we do here fits into the big national picture, and to appreciate just what a broad scope of activities the national rural health network encompasses. It is like a complex and varied tapestry, with Tasmania being a vital and unique part', said Jason.

'Jason and I found working on the ARHEN booth a great entertainment,' said Yvette. 'We met a lot of people, like rural and remote area nurses, who expressed great appreciation of the work done by administrators'.

Jason and Tina, with others from the UDRH Tasmania contingent, particularly enjoyed the experience of ballooning at sunrise.



From a draft article for *Links Quarterly* by Professor Judi Walker **Partners in Health Workshops on Workforce Planning and Education Facilitated by Distinguished International Academic**

Professor Debra Humphris,
University of Southampton

Partners in Health (a collaborative Partnership between the Department of Health and Human Services and the Faculty of Health Science, University of Tasmania) was delighted to host a recent visit to Tasmania by internationally recognised academic Professor Debra Humphris from the University of Southampton.

Professor Humphris is the Director of the Health Care Innovation Unit, and Director of the New Generation Project on Common Learning at the University of Southampton. She has a very distinguished career in health and was a keynote speaker at the March National Rural Health Conference in Alice Springs. Her visit to Tasmania was an exciting opportunity for DHHS and UTas to learn from innovative, cutting edge programs undertaken overseas.

Professor Humphris facilitated three regional sessions which included a presentation on workforce role redesign and inter-professional learning opportunities followed by workshops focusing on workforce and education issues specific to the Tasmanian environment.

The first workshop was held in Ulverstone on the 27th of February with a theme of "New regional models of health services: opportunities for career development" and focused on healthcare in the north west region. Participants were asked to consider the current situation and workshop potential scenarios. The future of three key services of mental health, oral health and aged care in five years time were considered from a consumer perspective and key actions to achieving that vision were identified. As a conclusion to the workshop each participant identified one action that they would progress in the next 12 months. These actions fell into four categories of using the workforce differently,

meeting community needs more effectively, retention of staff and sharing knowledge and resources – things we all think are important.

The Faculty of Health Science, University of Tasmania sponsored a well attended workshop in Launceston on "Inter-professional learning and common learning approaches". This was a stimulating opportunity for academics and health professionals to learn more about the New Generation Project at the University of Southampton and to explore the models and process required to achieve an inter-professional learning environment for health care education and training in Tasmania.

Inter-professional Learning (IPL) was defined as :

"Occasions when two or more professions learn with, from and about one another to improve collaboration and the quality of care" Centre for Advanced Inter-professional Education (1997)

Participants considered their vision in two years and five years time in terms of IPL to deliver team-based services. Key learning outcomes were identified and implications for learning and teaching in practice and in the University were explored. The workshop concluded with groups of participants formulating action plans for the year ahead and a reminder that what was proposed is fully possible if people remain engaged in a partnership of education and service delivery.

"Workforce development – a strategic approach to new roles" was the theme of the third workshop sponsored by DHHS on Tuesday 1st March which explored the issues involved in establishing and implementing workforce role redesign. Workshops focused on role redesign in 5 areas of unscheduled care, mental health, diagnostic services, palliative care and admission avoidance

and intermediate care. Participants were asked to consider the current pathway to these services, opportunities for redesign and critical steps required to achieve change. The half day interactive workshop was followed by an opportunity for several DHHS Workforce Reference Group (Medical Nursing and Allied Health) to meet with Professor Humphris to consider how to apply the information from the morning session to the issues they have identified.

A write-up of these workshops is currently underway and will be distributed to all participants and posted on the *Partners in Health* website. A strong commitment has been made by *Partners in Health* to advance workforce education and training issues – watch out for updates in future *Links* editions.

A local perspective:

Susan Rasmussen, Project Officer for the UDRH's Inter-Professional Program was enthusiastic about the value and significance of the workshop that she attended.



Susan Rasmussen

'The whole event reflected the growing trend towards cooperation between the schools and the disciplines, and between the administrative, clinical and training arms of the health service.

'For five years the UDRH has given students from the schools of nursing, medicine and pharmacy the opportunity to be in practice together so that they can learn from each other and from other health professionals from other disciplines. That way they know how important it is in a rural setting to function effectively as a member of an inter-professional team,' she said.

'It was an enjoyable and informative day that dovetailed well with what the UDRH and now the Rural Clinical School are doing in their respective regions,' said Ms Rasmussen.



L-R: Dr Beth Mulligan, GP North; Assoc. Prof. Sue Kilpatrick, Director, UDRH; Professor Gerry Farrell, Head, School of Nursing and Midwifery, Jo Osborne, Faculty of Health Science



L-R: Judy Spencer, Lecturer, School of Nursing and Midwifery; Susan Hanson, State Manager, Palliative Care, DHHS; Paula Hyland, Acting Manager, Speech Pathology, North; Michael Wingrove, Chief Speech Pathologist, LGH

New Responsibilities for Sue Whetton



*Sue Whetton, Lecturer,
On-line Educational
Development and Deputy
Associate Dean,
Teaching and Learning,
Faculty of Health Science*

Sue Whetton is Program Manager, Education and Support and Lecturer, Online Educational Development at the University Department of Rural Health (UDRH). In March 2005 Sue became Deputy Associate Dean, Teaching and Learning in the Faculty of Health Science.

'Sue has excellent skills for this role and will also be raising the profile of the Department of Rural Health within the Faculty,' commented Associate Professor Sue Kilpatrick, UDRH Director, in advising staff of the appointment.

Sue believes that effective information management is fundamental to quality health care. She coordinates the E-Health (Health Informatics) program offering health professionals the opportunity to become effective users and managers of these systems. The program consists of a suite of part time external post graduate courses, undergraduate units, and non-award professional development courses. The courses use the latest in flexible teaching and learning technologies.

Sue remembers her early days at the UDRH when health informatics was regarded with awe and some trepidation. She developed 'easy to use' handbooks for her colleagues, and then set out to enhance her own skills and knowledge through higher degree study. She graduated from the University of Tasmania's Master of Information Systems program in December 2002, and is currently studying for a PhD.

In her role of lecturer, Sue has positive dealings with students from all over Australia, though she knows that they will probably never meet 'face to face'. One was Steve Cottrill, a graduate in the Graduate Certificate in E-Health (Health Informatics) and senior radiographer at Innisfail in central Queensland. Steve sees the use of modern information and communication systems, as taught in the Health Informatics course, as part of the solution to workforce and health service management problems in rural and remote Australia.

'For example, the provision of technology for easy access to databases will allow transmission of images and reports into an efficient, effective, single electronic patient record,' said Steve.

Sue is the primary author and editor of a health informatics textbook for the Australian and New Zealand market. The book will be published by Oxford University Press and will be available in

June 2005. The book consists of ten chapters with other authors (several from within the UDRH and from related disciplines across the University of Tasmania) contributing to individual chapters in their areas of expertise. Sue recently had a paper accepted for the International Conference on Success and Failures in Telehealth, with a journal publication to follow.

Now that the Graduate Certificate and Graduate Diploma in E-Health (Health Informatics) are well

established, Sue sees the undergraduate level as a potential growth area in Health Informatics.

'How great would it be for a student doing a Bachelor degree in another discipline to incorporate one of my units into their program? This is certainly in keeping with the trend to encourage a cross disciplinary approach and to utilise multimedia in teaching and learning,' she said.

Sue Whetton may be contacted on 03 63 24 4025 or by email on Sue.Whetton@utas.edu.au

**E-Health
(Health Informatics)**
Graduate courses
for health professionals

DEPARTMENT OF RURAL HEALTH

GRADUATE COURSES

HSE Graduate Certificate in E-Health
(Health Informatics)

The course consists of three compulsory units and one elective. All are one-semester units. The compulsory units focus on orienting the student to the theory and practice of health informatics. The elective offers the opportunity for specialisation in an area of interest. Compulsory units are:

- CRH500 An introduction to health informatics
- CRH501 Data, information and knowledge
- CRH502 Health online

HSE Graduate Diploma of E-Health
(Health Informatics)

This course builds on the Certificate course, consisting of an additional two compulsory units and two additional electives. Additional required units are:

- CRH503 Legal and ethical issues of emerging health technologies
- CRH504 The diffusion of health technology: change management issues

Electives include:

- CRH505 Electronic health records
- CRH506 Understanding health informatics research
- CRH507 Health informatics research methods
- CRH508 Health information systems
- CRH509 Rural and remote e-health

Students currently enrolled in another program are able to study e-health (health informatics) units as electives. Approval should be gained from the coordinator of the course in which you are currently enrolled, plus the course coordinator of the e-health (health informatics) program. The fee for an elective unit is the same as the fees for the course in which you are enrolled.

UNIVERSITY OF TASMANIA

A section of the new E-Health (Health Informatics) brochure

Graduate Research Induction Workshop



L-R: Shellagh Lowe, Masters by Research student, Heather Brookes, PhD student,

The start of the academic year saw Graduate Research Coordinator, Dr Rosalind Bull, convene the first workshop for the graduate research program. This induction session brought together six commencing research students and five supervisors for a frank and informative discussion of issues of importance to beginning researchers.



Dr Rosalind Bull

Three of the new students are undertaking research Masters degrees, and three the Doctor of Philosophy. All of the candidates are health professionals with extensive experience in rural practice in such fields as nursing, social work, sonography, psychology and physiotherapy. Four of the graduate research students have been awarded Rural Health bursaries to support the first year of their studies. To be eligible for a bursary the student must have the capacity to contribute to, and assist in, the development of advanced rurally focussed research.

The workshop was attended by supervisors Professor of Rural Health Dr Judi Walker, Dr Rosalind Bull, Dr Peter Orpin, Dr Quynh Le and Associate Professor Sue Kilpatrick, then Director-designate of the UDRH.

Some personal perspectives:

Undertaking a graduate research course presents different challenges to different people.

Peter Morgan is an ambulance officer who sees the benefits of his Masters degree study in these terms.

Having been in the Pre Hospital Care industry for 30 years, I have seen significant changes in the development of Ambulance (Pre Hospital Care) from a first aid and transport style organisation to an emerging profession.

When I started in the job, I would never have thought about myself at this stage of life starting out as a Masters Preliminary student. As a profession, we still have a long way to go before we can claim to have professional status. Part of the growth that is needed is for us to establish our own field of practice, our own research and develop the direction that we wish to travel.

Over the years I have spent a lot of time trying to encourage our new ambulance officers to continue their studies beyond the base in order to develop and promote the profession. It dawned on me one day that I could have more effect, if I also started to do some more formal study and demonstrate that

even an old fella could do it. Over the years I had developed a quite a few soap boxes to stand on and these have given me plenty of scope to dwell on.

I am particularly motivated to look at the way we can expand the scope of practice for Rural Ambulance Professionals. I believe that there is a huge scope to improve the way we provide emergency care in rural areas. Our colleagues in the UK and the States are moving in this direction, and while we can learn from them I think we can develop further.

Kate Squibb is a Scottsdale-based sonographer who is testing her personal boundaries by attempting the ultimate academic challenge, a Doctor of Philosophy degree.

In my professional practice I am very interested in x ray interpretation by radiographers and in research I would like to investigate the ethical dilemmas faced by rural radiographers/sonographers living and working in small communities.

Like many mature-aged students Kate initially found the computer's domination of the academic landscape daunting.

I learned to use a computer in a "hands on" way and so was, and still am, unaware of some of the terms used. Until relatively recently I thought a desktop was the timber surface supporting the computer.

Balancing competing demands for my time and attention is another major challenge - something will always be left wanting! I have decided that my family is my first priority - then the rest. House work is last, but in that area I am lucky to have a very supportive husband and two teenage sons who always like to earn extra pocket money.

The Graduate Research Support Program



Amanda Feely, Executive Assistant, Graduate Research (to April 2005)

Coordinator, Dr Rosalind Bull, assisted by Amanda Feely, has developed a comprehensive support program for commencing and continuing students. It extends from February to November and offers informative, interactive workshops on a regular basis in Hobart and Launceston, and by video-conference.

Topics covered include :

- the relationship between theory and research
- using theory as a framework for research
- handling qualitative and quantitative data
- using databases
- formulating ethics proposals
- the relationship between ethics and research
- developing a literature review
- developing academic writing skills
- developing research questions
- developing the research proposal

Presenters are drawn from inside the UDRH and from specialised research areas throughout the University. They include UDRH supervisors and Dr Emily Hansen

(Discipline of General Practice), Dr Thao Le (Associate Dean, Research School) and Dr Andrew Robinson (Director of Research and Higher Degrees, School of Nursing and Midwifery). Staff of the University of Tasmania Library gave guidance regarding databases, and Ms Margaret Falk, a freelance editor, will facilitate a workshop on technical writing.

'As the rural health graduate research program is relatively new we're keen to collaborate with other schools and organisations to ensure that our program is strong and lively. Including academics from other schools is an important collaborative aspect of our program and reflects its multi-professional nature,' explained Dr Bull.



Professor Judi Walker, Rural Health research supervisor

Higher Degree 'Hat Trick'

Professor of Rural Health and Deputy Dean of the Faculty of Health Science, Dr Judi Walker, advises that UDRH has achieved a 'hat trick' - the department's first three research higher degree completions, including a PhD in rural health.

'This is enormously significant, obviously, for the candidates but also for me personally, as I fought hard to get Rural Health on the research higher degree agenda,' said Professor Walker.

The role of the supervisor is often overlooked, and the June graduation of Alistair Campbell, with the doctorate, and Darren Pullen and Helen Howarth with research masters degrees, represents the culmination of a busy and productive time for Professor Walker.

'It is noteworthy that after three or four years of rather hard work as a supervisor I saw all three reach their goal within three months of each other,' she said.

Alistair Campbell's thesis was entitled *Psychological Problems in Rural Primary Care: Evaluating a Model of Mental Health Service Delivery in Rural Tasmania*. His co-supervisor was Professor Gerry Farrell of the Tasmanian School of Nursing and Midwifery.

Helen Howarth is UDRH's Hobart-based Rural Pharmacy academic, and researched *Pharmacist Participation in Health Promotion Activities: Facilitators and Barriers* for the Master of Medical Science degree. Her co-supervisor was Dr Roger Rumble of the School of Pharmacy.

Darren Pullen wrote his Master of Medical Science thesis on *Health Care Professionals Learning on-line: A Case Study Review of Educational Effectiveness*. Dr Peter Orpin from the UDRH was his associate supervisor.



L-R: Dr Quynh Le, Dr Peter Orpin, UDRH research supervisors; Shandell Elmer, PhD student

SA Ambulance Service: An Organisational Response to Volunteer Research

In 2002 UDRH researcher Christine Fahey and then UDRH Director Professor Judi Walker undertook a collaborative study with Australasian ambulance services called the *Stand Up and Be Counted* project, which looked at recruitment, retention, training and support issues for volunteer ambulance officers. The South Australian Ambulance Service (SAAS) was a participant in this study.

SAAS provides a state-wide ambulance service for South Australia using a mix of paid and unpaid staff. It has approximately 1300 operational Volunteer Ambulance Officers, and 400 non-operational volunteers. Volunteers make up the largest group in SAAS and the delivery of services to rural and remote areas fundamentally relies on these volunteers.

Christine Fahey has just produced a second report, entitled *SA Ambulance Service: an Organisational Response to Volunteer Research* that assesses the changes occurring within the SAAS since the *Stand Up and Be Counted* project. The purpose of the study was to provide feedback to the SAAS on the change process and the degree of progress towards change, as well as to provide suitable data for Christine's doctoral studies.

'It's always politically and strategically correct to have tangible and objective assessments made of our growth and development,' explained Ingrid Marshall, Director, Strategy & Organisational Development of SAAS.

The 2005 report discusses key changes that have occurred at SAAS since 2002, finding that SAAS has either begun to, or attempted to, address many of the issues identified in the initial *Stand Up and Be Counted* project. It noted that whilst most changes are not yet obvious to volunteers out in the field, there is plenty of evidence that SAAS is committed to supporting volunteers and to implementing a wider strategic vision in which ambulance services will work more closely with the health services and communities they serve. Importantly there seems to be a change in thinking about volunteers:

"The data indicate that there is also a new understanding within SAAS about the critical role that volunteers play in the delivery of regional services, and that the retention of volunteers through flexible and supportive management practices is vital to the sustainability of SAAS regional services." (Fahey 2005)

The report concluded that SAAS had achieved much since 2002 and has progressed through the early stages of contemplating and planning change to the action stage of change.

'Your research has supported our thinking and confirmed what we felt that the focus needs to remain,' commented Ingrid Marshall to UDRH.

However, the report warns that long-term success will depend on the provision of adequate funding and effective management systems, including those

that ensure communication with volunteers and further facilitate change to the culture of volunteer management.

Ms Marshall welcomed the work done by Christine Fahey in preparing the report.

'We will be able to feed this into our ongoing planning for volunteers, but, more importantly, into the organisation as a whole as the areas for development are organisation wide,' she concluded.

The original report for the *Stand Up and Be Counted* project is titled *Emergency Services in Australia and New Zealand: problems and prospects for volunteer ambulance officers* and can be accessed on www.ruralhealth.utas.edu.au/band-aid/index.asp

Christine can be contacted on Christine.Fahey@utas.edu.au for those interested in obtaining copies of the SAAS report.

Fahey, C. (2005) *SA Ambulance Service: an organisational response to volunteer research*, Unpublished Report, University of Tasmania.



Christine Fahey's work examines the role of volunteer ambulance officers

Recognition of International Journal for Tasmanian Research

Researchers everywhere are justly 'chuffed' when their work is accepted for publication in respected refereed journals. This feeling of achievement is even greater when that journal is a prestigious international publication such as the Canadian Journal of Rural Medicine (CJRM).

UDRH researcher Dr Erica Bell did careful research into the major issues engaging this Canadian journal, as well as Canadian physicians generally, to ensure that her article was responsive to their concerns. The result was a topical paper of wide interest and relevance, set in a Tasmanian context, and titled 'Self-management of chronic conditions: Implications for rural physicians of a demonstration project Down Under'.

'I also had lots of encouragement from my UDRH colleagues in writing this paper. In particular I would like to thank UDRH Deputy Director Dr Rosalind Bull, the Program Head of Research and Evaluation, Dr Peter Orpin, and Christie Fahey for their support with this one,' said Dr Bell.

CJRM is the premier journal for rural physicians in Canada and is the official journal of the Society of Rural Physicians of Canada. It is an international, quarterly peer-reviewed journal available in print form and on the Internet. CJRM seeks to promote research into rural health issues, promote the health of rural (including native) communities, support and inform rural practitioners, provide a forum for debate and discussion of rural medicine, provide practical clinical information to rural practitioners and

influence rural health policy by publishing articles that inform decision-makers. It publishes original articles, commentary, clinical and other articles.

Dr Bell's paper sought to consider data from the Tasmanian demonstration project, evaluated by Peter Orpin, in ways that would lead to a better understanding of how to make self-management programs work in rural, regional and remote metropolitan areas.

Client survey data was obtained over an eighteen-month period from 264 clients in three sites across Tasmania and analysed using standard descriptive techniques. These data provided demographic information as well as client self-assessments of health and well-being, and health-related behaviours. Tests of significance were conducted on differences in client health data over a maximum of four data collection times.

'The data from the study are most interesting where they point to the broader social factors shaping individuals' capacities to self-manage their health,' said Dr Bell.

'In relation to demographic factors, these data show low education, employment and income levels in an aged population. There were gender differences in project participation, with many more females than males, and relatively low levels of completion of the self-management course by those who were not married and living with their family,' she added.

Yet results indicated statistically significant improvements in health dimensions were obtained for those clients participating in self-management programs (where p values < 0.05): in the areas of distress, symptoms, and depression.

Dr Bell further observed that the effects of barriers to self-management of chronic conditions are likely to be multiplied in contexts also lacking in health professionals and related health infrastructure.

'The data for gender and living arrangements suggest the importance of tailoring self-management programs to meet the needs of specific community sub-groups,' she explained.

In noting the important potential role of rural physicians Dr Bell said: 'Where they are made aware of the issues in implementing successful self-management programs in rural contexts, medical practitioners can be an important resource for more isolated communities wanting to achieve workable programs with sustainable gains.'

For further information on this paper please contact Dr Erica Bell, Research Fellow, UDRH, on 03 6226 6345 or email Erica.Bell@utas.edu.au



Dr Erica Bell

Call for Expressions of Interest from Researchers

See page 12 for the full text of an advertisement seeking suitably qualified people with an interest in research related opportunities with the UDRH.

PEP in the Step at Hobart Launch of Pills Program

'Both friends and foes live in the medicine cupboard' was the message being promoted at the launch of the Pills Education Program (PEP).

As Professor of Rural Health, Judi Walker warned in her remarks to the 40 guests at the lunchtime launch at the University's Hobart campus:

'Some people still hold the attitude that if a certain medicine worked for Aunty Mary, then it will work for them. People need to realise that they should only take the medicine that has been prescribed for them.'

The PEP launch saw representatives from project stake holders - the University of Tasmania, the Australian Government, Regional Health Groups, the Tasmanian Department of Health and Human Services and pharmacists from across the state, reinforce the message that medicines should be treated like the good friends they are - with care and consideration.

Sue Chaston, Health Promotion Coordinator for DHHS's Aged Rural and Community Health Unit, South East, put it like this:

'More than 140,000 Australians are admitted to hospital each year as a result of problems associated with over-the-counter and prescription medicines. That is more than the number of admissions for asthma and heart failure put together - and the trend is rising!'



Sue Chaston, DHHS

In Tasmania that translates to more than 3000 admissions annually - a frightening figure, but not surprising when one considers that about seven out of every ten Tasmanians take a medicine every fortnight, with the number rising to nine out of ten amongst the aged.

The PEP initiative recognises the decentralised nature of Tasmania's population and the tendency of people living in smaller communities to turn to friends and family for advice. To encourage rural people to heed professional advice, country pharmacists will be presenting displays and talks at Swansea, Nubeena, Ouse, Bothwell, Bicheno, Orford and Bruny Island.

The following topics will be covered - safe storage of medicines, side effects and interactions of drugs, complementary medicines, the Home Medicine Review, the role of the pharmacist, the medicine phone help line and medicines for children. These general points may be linked to the management of particular conditions such as sleep and anxiety disorders, depression, arthritis, osteoporosis, heart disease and diabetes.

At the launch Swansea pharmacist Susanne Hickey spoke of her experiences with rural clients and her hopes for the program, as did Nubeena's

Shane Jackson. In her opening remarks Professor Walker paid special tribute to the work of participating pharmacists, the School of Pharmacy and UDRH's Pharmacy Academic, Helen Howarth. Helen has played a prominent role in establishing the program, is herself a rural pharmacist and will be presenting a session at Orford in April. She has just completed a research Master of Medical Science on the topic of health promotion by pharmacists.



Sue Kilpatrick, Director, UDRH, (Left) and Britt Steiner, of the Glamorgan Spring Bay Regional Health Group



Suzanne Hickey, pharmacist at Swansea and Dr Shane Jackson, pharmacist at Nubeena and School of Pharmacy Researcher



Helen Howarth, whose Masters by Research Thesis looked at the role of pharmacists in health promotion, played an important role in establishing the program. April 2005

Variety Adds Spice to Daily Dose for Rural Pharmacy All-Rounder

Shane Jackson can not remember why he took up pharmacy as a profession, but he has never had any doubts that he made the right choice.

'As far as I know, there are no other pharmacists in my family. Growing up on Hobart's Eastern Shore, it just seemed like a sound and rewarding career.'

As one of the School of Pharmacy's up and coming researchers and teachers, he is able to combine a variety of roles with work in the rural pharmacy that he part-owns at Nubeena, on the Tasman Peninsula.

'I am first and foremost a practitioner in pharmacy practice, who works in a number of different settings; community, hospital, research and academia. I endeavour to spread myself across these main areas as I feel that a practitioner who has a firm grasp of these different areas of practice has the potential to benefit each of these areas in a number of tangible ways,' said Dr Jackson.

'I work approximately ten hours per week in the rural setting. I enjoy applying research and evidence to practice - in fact, I am always looking for practical applications through my work in community pharmacy,' he explained.

Together with Luke Bereznicki, also of the UTas School of Pharmacy, Dr Jackson is one of nine National Institute of Clinical Studies (NICS) inaugural Scholars and Fellows. This honour recognises their commitment and drive, and their potential to become industry leaders in evidence-based health care.

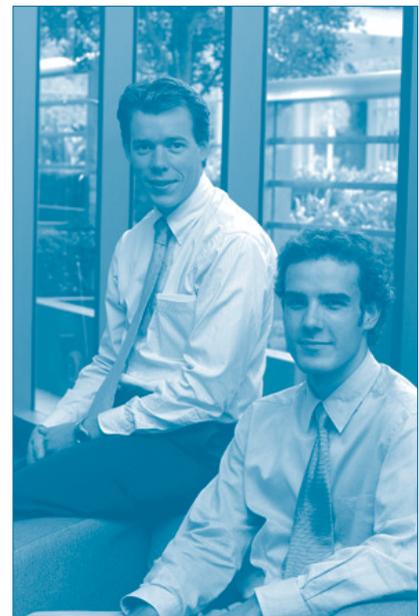
Dr Jackson's fellowship provides for a two year part time salary during which time he will use an evidence based approach to increase the use of anticoagulants (such as warfarin) in patients with atrial fibrillation. Kim Boyer, Senior Research Fellow with the University Department of Rural Health, is the local external mentor for this evidence based project.

'With her vast knowledge and experience of health policy and DHHS funding issues, Kim has facilitated my learning and helped me identify gaps between evidence and practice,' he said.

Dr Jackson was awarded the Doctor of Philosophy in Pharmacy Practice in 2004 for various research projects aimed at improving the outcomes of anticoagulation. The research projects focused particularly on expanded roles for pharmacists in a number of health care settings and the quality use of medicines, patient safety and pharmacy practice. This research studied the benefits of a pharmacist visiting newly initiated patients on warfarin in their home after discharge from hospital.

'In conducting the research, I appreciated the importance of pharmacists working closely with other health professionals to improve patient care and reduce health costs,' he explained.

Dr Jackson is deeply committed to his teaching role and has worked extensively involved in the delivery of training courses to pharmacists and pharmacy assistants in Tasmania. This has involved facilitating education sessions on medication reviews, pharmacy-only and



Dr Shane Jackson (left) with Luke Bereznicki, recipients of awards under the inaugural National Institute of Clinical Studies (NICS) Fellowship and Scholarship Program.

pharmacist-only medications, anticoagulants and the Needle Availability Program. He has striven through committee and professional representation to improve the delivery of drug-dependency services in Tasmania.

'I continue to be involved with the delivery of medication review services in the form of HMRS and I currently conduct medication review services for over twenty nursing homes and hostels in Tasmania. A number of these are in rural areas. I also have involvement in Medication Advisory Committees and conduct education sessions for nurses in some of these facilities,' he added.

'I find my work environment challenging and stimulating and enjoy the diversity that a combination of community, hospital, research and academia allows me to do,' concluded Dr Jackson.



Professor Judi Walker launches the Pills Education Program



Rebecca Smith, DoHA, stands in front of a Margaret Fulton poster

Sandy's Skills Save Tsunami Suffering

Tasmanian Faculty of Health Science graduate Dr Alexander (Sandy) Gale was holidaying in Sri Lanka with friend Annabel Fowler when the Boxing Day tsunami struck. Though both are well travelled, having lived in Brazil and Denmark respectively at various stages of their student careers, nothing could have prepared them for the tsunami experience.

Soon after the event Annabel's father John Fowler, of Bothwell, told 'The Advocate' newspaper that the pair was staying in a coastal bungalow on the north east of the island when the wave hit.

'They both had to swim for their lives to reach safety on higher ground. Then they rang relatives on a borrowed mobile phone to say they were okay, but that the scene was one of absolute devastation and horror,' said Mr Fowler.

Sandy and Annabel were two of the first Australians interviewed by the Australian media following the catastrophe. Their account, broadcast in two interviews on the Nine Network, brought home the enormity of the suffering and the courage of local victims.

'Despite the shock and loss that the local Sri Lankans were enduring on an ongoing basis, they were still unbelievably generous and caring to visitors like us,' said Sandy.

'Both Annabel and I felt that we would like to stay on for as long as we could be useful, given the skills that we had acquired through our training in Australia,' he added.

Sandy had no trouble making himself useful. He purchased basic supplies, including IV antibiotics and fluids and suture equipment, and travelled to

disaster stricken areas to give clinics and help set up emergency facilities in under-equipped regional hospitals.

'In the immediate aftermath we had to cope quickly with fractures and infected wounds caused by the traumatic injuries inflicted when the wave hit,' said Sandy.

'Then the damage escalated in stages – without infrastructure patients were very susceptible to mosquito borne illnesses such as dengue fever and malaria, then malnutrition started to occur, bringing on another set of medical problems. Cases of cholera and typhoid were starting to be reported.

'Confronted with all this it was small wonder that some patients suffered post-traumatic stress disorder, anxiety and depression,' he explained.

Annabel, a lawyer, was able to assist relief workers with her legal and communications skills.

Both are now practising in Launceston, where Sandy is working as an Anaesthetic Registrar at the Launceston General Hospital, and Annabel has taken a position with a Launceston legal firm.

In 2003 Sandy undertook a 13 week rural general practice term in Scottsdale, an hour north east of Launceston, under the Rural and Remote Area Placement Program (RRAPP). This scheme is administered in Tasmania by the UDRH and benefits pre-vocational junior doctors who have unconditional registration in their PGY2 or PGY3 (resident) year.

In November 2003 Sandy told the Rural Health Bulletin that he had had to rely on his professional acumen more working in Scottsdale than at his

previous appointment as a resident at the Royal Hobart Hospital.

Asked whether his spell as a rural doctor had enhanced his ability to deal with the unique set of circumstances presented in Sri Lanka,

Sandy commented that the Scottsdale experience had not been as relevant as the time that he had spent working in the Northern Territory as a locum doctor with an Aboriginal health organization.

'I gained skills in assessing and treating culturally different patients and getting over communication problems – all under less than optimal working conditions,' explained Sandy.

'It goes without saying that in Sri Lanka I found that I needed to adapt and make do with limited equipment and trained staff, and here I found that my experiences in Brazil as a medical student taking an overseas elective also stood me in good stead.

'Working in remote locations had also made me very conscious of the importance of such medical basics as clean water and adequate food, and the relationships between poor sanitation and communicable diseases like cholera and typhoid.

'I also saw first hand how accommodation issues could lead to a range of diseases like pneumonia, as overcrowding in sites on higher ground, such as temples and schools, became a factor,' he concluded.



Dr Sandy Gale, former Rural and Remote Placement Program doctor at Scottsdale (2003)

Giving the University a Friendly Face

The Indigenous Nurses Education Working Group has funded a project entitled *tunapri Nursing* – putting the faces back into the vision of a University to be administered by the University Department of Rural Health (UDRH). The project brought Indigenous Year 8-10 students from around Tasmania to Launceston on the 9th and 10th of December 2004 to take part in a familiarisation program based around the Tasmanian School of Nursing and Midwifery.

UDRH Indigenous Health Science/Higher Education Officer Sharon Dennis and Barbara Newman from the Rural Clinical School framed the submission for the \$20,000 project funding. Ms Dennis is encouraged by the assistance she has received from the Indigenous health community and from government departments.

'The Congress of Aboriginal and Torres Strait Islander Nurses has been very supportive and the Department of Health and Ageing has provided the students with information bags,' she explained.

The secondary school students experienced campus-based accommodation facilities, and visited the different health science schools, the student support services and the library. They received a taste of university life and were briefed on study options, entry requirements and financial support arrangements, including scholarships and bursaries. As the program coincided with a weekend of University graduation ceremonies the students visited the impressive Albert Hall venue and saw the preparations for the event.

'At the end we had a wind down and the students created an artistic representation of their day on one canvas to present to the University when framed,' said Ms Dennis.

'*tunapri Nursing* is all about understanding and giving students something positive to remember so that they can visualise themselves in a university picture choosing nursing as the career for them,' she concluded.

For further information, please contact Sharon Dennis on 03 6430 4506 or email Sharon.Dennis@utas.edu.au



Sharon Dennis

Brad Wray, the Medical Way

In 2004 the Australian Government funded an additional 234 medical school places under the Bonded Medical Places Scheme (BMP). The number of places increased to 246 in 2005. Students who accept one of these additional places are given an opportunity to study medicine and then practise for six years in areas where there are fewer doctors than the national average.

Brad Wray holds a BMP Scheme place at the University of Tasmania and a scholarship under the Rural Australia Medical Undergraduates Scholarship (RAMUS) Scheme. He undertook secondary education in Launceston, at Scotch Oakburn College and Newstead College, and then enrolled in 2001 in the Launceston-based Bachelor of Biomedical Science degree. In 2002 he was awarded the Australian Institute of Medical Scientists - Gary Peace Memorial Prize for being the most improved second year student in the course.

Brad commenced medical studies at the start of 2004. As he had not quite finished his Biomedical Science degree he was permitted to undertake an overload during that year to complete the course. Brad was admitted to the degree of Bachelor of Biomedical Science in December 2004, obtaining a distinction in Medical Laboratory Practice.

The first year of the Bachelor of Medicine and Surgery was a satisfying one for Brad, despite the heavy workload. He achieved excellent results,

including a high distinction in Integrated Structure and Function (ISF), an outcome that he put down to hard work, the experience of having just completed a degree in a health science discipline and, particularly, being that bit older.

'Being older definitely helped me realise what I want to do with life, and increased my willingness to work as hard as I could to make my dream a reality,' he said.

The requirement that he works for six years in an area where there are fewer doctors than the Australian average presents no hardship to Brad.

'Accepting a bonded place still leaves me plenty of scope from which to choose a place to practise, because for general practitioners, most rural and regional areas are districts of workforce shortage, as are many outer metropolitan areas in the capital cities. If I decide to be a general practitioner I can work wherever I choose within these areas,' he said.

Under the BMP Scheme, if a bonded doctor decides to take up a specialty, then the type of specialty will affect where he or she works. For example, a neurosurgeon will need to work near a major hospital with a neurosurgical facility, and so the scheme would ask that the doctor chooses a unit where there is an under-supply of neurosurgeons.

Brad is uncertain at this stage whether he wishes to take up a specialty.



Brad Wray, Bonded Medical Places Scheme recipient

'I undertook work experience at Launceston Pathology where I worked in the areas of haematology, blood banking, immunology, histology and microbiology; however, I spent the longest time in haematology. I enjoyed the area of micro the most as a medical scientist because it was the most hands on - areas like haematology and biochemistry are extremely automated which takes most of the fun out of them.

'If I did enter the area of pathology after finishing medicine, however, I would most probably like to become a histopathologist at this stage. This is because we did a histology unit as part of 1st year ISF in medicine and I enjoyed it a lot,' said Brad.

'One interesting feature of the scheme is that if, as a bonded doctor, I decide that I really like a particular place, I can stay as long as I want, even if the area no longer has a shortage of doctors. On the other hand, if I wanted to move around, the BMP Scheme will not prevent this, provided I choose areas that have fewer doctors than the national average,' he explained.

Rose Tilsley, a Jolly Good Sport

Rose Tilsley is the classic all rounder. Winner of a Baron Pierre de Coubertin Award for sporting prowess, she also achieved a score of TER 98.55 in the Tasmanian Certificate of Education (TCE) examinations. This was good enough for her to be offered places in three Australian medical schools - at Monash University, the University of Adelaide and the University of Tasmania. Asked why she chose the last option, Rose's answer was characteristically direct.

'There were over twenty thousand good reasons for me to stay in Tasmania. The Medical Rural Bonded (MRB) Scholarship, valued at \$21,800, was very persuasive, together with the fact that I can pursue most of my sporting and life style interests by staying in Tasmania,' explained Rose.

A keen bushwalker, Rose has hiked in the Central Highlands and Tasmania's southwest on many occasions. She has also kept fit with rowing and athletics in the summer and soccer in winter. Last year Rose was stroke of the highly successful Scotch Oakburn College first girls' eight and joint coach of the school's Under 16 girls' eight for the 2004/5 season.

At school Rose kept her options open, even studying TCE Agricultural Science in Year 11 and winning the subject prize in 2003. She also toyed with the idea of becoming a science teacher, winning the Chemistry prize in 2004. Like many teenagers, she was briefly attracted to the idea of being a veterinarian, but this too passed.

'People presume that I just gravitated into medicine because both my parents are health professionals, but that wasn't the case. I chose medicine because it offered the best mix of all the things that mean a lot to me - my interest in science, the chance to work with people and the need to confront intellectual and personal challenges,' she explained.

In addition, Rose sees medicine as offering variety after graduation, with a range of potentially interesting specialities beckoning.

Variety was also what drew Rose to Jane Franklin Hall, where she will live during the academic year.

'I am looking forward to playing a range of sports, and not just the traditional ones offered at most independent schools. I understand that rugby is big at Jane! I also think that College life generally, and sport in particular, present unique opportunities to meet different people,' she added.

Knowing that the next fourteen years of her life is already mapped out sometimes gives Rose an eerie feeling.

'It's a bit daunting really, as medicine - the course, the residency and then the required stint in rural practice - is such a long range plan. I also know that as a rural doctor I will need to be a bit more self-reliant than a practitioner in a large metropolitan centre,' said Rose.



Rose Tilsley (right) with Jane Rego, first year Pharmacy student

However, with her father, Malcolm, a general practitioner and mother, Fiona, a physiotherapist, Rose sees the personal satisfaction that flows from helping people. She is also aware that in rural areas health professionals form special bonds with the communities in which they work.

The MRB scholarship has given Rose a measure of financial independence.

'Now I can pay my HECS fees up-front, buy text books and help with Jane fees, rather than being a continuing burden on my parents, now that both brother Robert and I are studying and living away from home,' Rose explained.

Academic Rural Health Goes West

The University Department of Rural Health (UDRH) has enhanced its state-wide network of Rural Health Teaching Sites (RHTS) with the establishment in Queenstown of a new accommodation and study facility for health science students. It was opened 'on site' in February 2005.

The RHTS, situated close to where the new Queenstown hospital will be built, comprises an established furnished house and garden. It provides comfortable living and study quarters for students from the University of Tasmania who are undertaking clinical placements in the Queenstown area. The facility may also be used by allied health students from other universities and by qualified health professionals who are working in the area on a short term basis.

Residents are able to utilise the full range of University ICT offerings, a necessity for updating knowledge, completing assignments and maintaining contact with family and friends whilst on remote area

placement. With the RHTS accommodating students from a range of health related disciplines, primarily medicine, pharmacy and nursing, students also gain a valuable insight into the interdisciplinary nature of rural and remote practice.

Development of the new Queenstown RHTS was a collaborative process. The property is owned by the Tasmanian Department of Health and Human Services. The \$75,000 refurbishment was funded by the Australian Government through the Department of Health and Ageing (DoHA).

The project was managed by the University of Tasmania, under the guidance of UDRH Rural Health Teaching Sites Coordinator, Karla Peek.

'A lot of thought has gone into layout, furnishings and fittings, including vital infrastructure such as computers. This was based on careful monitoring of feedback from students who have stayed at our RHTS in other parts of the state,' said Ms Peek.

For further information, please contact Karla Peek, RHTS Coordinator on 6324 4012, or email K.Peek@utas.edu.au



Rural Health Presence at Meander Valley Health Expo

Karla Peek and Caryl McQuestin travelled to Deloraine in early April to attend the annual Health Expo, held at the Deloraine Community Complex. This event is run under the auspices of the Meander Valley Centre for Health and Wellbeing, and comprised two aspects - a program of entertainment and activities in the Stadium and two talks by guest speaker Dr Sandra Cabot in the Auditorium.

The Stadium attracted 48 stall holders, of which the UDRH was one. The event provided excellent exposure for the Department and allowed Karla and Caryl to network with other health service providers and members from the Meander Valley community.



Rachel Lee (left) of Brisbane, and Anne Lee, of Launceston



Karla Peek (left) and Caryl McQuestin, of UDRH

Researchers - Are You Interested?

The University Department of Rural Health (UDRH) is strengthening its research focus and is seeking expressions of interest from suitably experienced and/or qualified clinicians and honours/research higher degree graduates to fulfil a variety of roles, including;

Clinical Researchers
Researchers
Researcher Mentors
Researcher Assistants
Editors

Doctors, nurses, pharmacists and allied health professionals with an interest in addressing rural health issues in their area of expertise and/or interest are encouraged to express interest in becoming part-time or casual Clinical Researchers.

Researchers, Research Mentors, and Research Assistants will be required to manage health research projects, mentor clinical researchers

and/or assist with collection and analysis of data and the preparation of reports and papers for publication. Duties may include surveys, interviews, and the use of qualitative and quantitative research methods and techniques. Experience in health, rural, or social science research is highly desirable.

Editors are required to provide substantive, copy and verification editing services as required. Editors will usually work with project reports; however, there will be opportunities to work with journal article preparation as well as draft theses.

Opportunities may be available with a state-wide or local focus; however, the primary location of the UDRH is Launceston. Those who do apply will be entered in our database and, dependent upon available positions, will be matched to the appropriate field of work suitable to qualifications

and/or experience. Hours available will vary and those people who are only available for a few hours per week are still encouraged to apply.

In the first instance and for further information please contact the Director, UDRH, Associate Professor Sue Kilpatrick on (03) 6324 4011 or email Sue.Kilpatrick@utas.edu.au

Please direct your expression of interest, including a brief copy of your curriculum vitae with the names and contact details of two referees, to reach the following address by 29 April 2005 in the first instance, or at other times during the year as you become available. Contact:

Associate Professor Sue Kilpatrick
University Department of Rural Health
University of Tasmania
Locked Bag 1372
LAUNCESTON TAS 7250