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From the

Directors' Desk

UDRH Director, Associate Professor Ian Blue with Kathy Bell, Australian Rural Health Education Network, during her visit to Launceston in September

This final edition for 2003 of the UDRH Rural Health Bulletin focuses on undergraduate, postgraduate and continuing education support for students and health professionals.

We have heard much about 'lifelong learning' and how important it is to adopt this philosophy in order to keep up to date. For health professionals this is particularly important due to the continued advances in knowledge and technology fed by a demand to improve health and delivery of health care services. Some estimate that knowledge gained during an undergraduate health science degree reaches its 'use by' date within 3-5 years after graduation and is seriously degraded after 10 years.

The challenge therefore is to find ways to keep abreast of new advances in knowledge and technology and current professional thinking once a basic undergraduate degree has been completed. For many this means taking on postgraduate study or continuing education. For some health professionals this commences in the first year after graduation while others commence it later.

The decision to undertake more study is not an easy one. The recency of just completing an initial degree, the need to work and earn income and to balance all this with family responsibilities are all factors which influence the decision to undertake further study. A major factor to consider is cost.

All postgraduate study programs cost money and take time to undertake. Some are very expensive and out of the reach of all but a few. This is where postgraduate scholarships can make a real difference.

The number, type and eligibility criteria for scholarships can be confusing and I hope you find the ones listed in this Bulletin of use when considering your particular needs. The list is not exhaustive but does provide information about major rural health scholarships. If you are planning to continue your lifelong learning journey in 2004, please consider these scholarships and bring them to your colleagues' attention if you are not.

I would like to take this opportunity to thank all of you for your welcome into my new position from August this year. I look forward to developing newfound relationships and building others as the UDRH moves into its 9th year of operation. Your continued engagement with us is very important, as we cannot achieve mutually shared rural health objectives without it. Thank you.

I wish you all a very happy and safe Christmas and New Year season.

Ian Blue
Associate Professor and Director

THERE'S GOLD IN THEM THERE HILLS - BUT WHERE?

Prospecting for Rural Health Scholarships

At a meeting of the Tasmanian Rural Health Partnership Group the marketing of rural health scholarships in the fields of nursing, medicine, pharmacy and allied health was raised. Members noted the plethora of these scholarships and support programs at state and national levels, but observed that the people who might derive most benefit from such programs are not accessing them.

The following is a list of the major websites where information about scholarships and professional development opportunities for prospective health science students, recent graduates, intending researchers and practising health professionals may be found. The list is not exhaustive.

1. Rural Health Website –

<http://www.health.gov.au/ruralhealth/scholarships/index.htm>

- Rural Australia Medical Undergraduate Scholarships Scheme (RAMUS)
- HECS Reimbursement Scheme for Rural Doctors
- John Flynn Scholarships Scheme (see also <http://www.acrrm.org.au>)
- Medical Rural Bonded Scholarships, see also <http://www.health.gov.au/workforce/scholar/index.htm> or email MRBscholarships@health.gov.au
- Commonwealth Undergraduate Remote and Rural Nursing Scholarships (CURRNS) Scheme, also known as the Australian Government Remote and Rural Nursing Scholarship Programs: Undergraduate, Postgraduate, Conference, Re-Entry and Upskilling Schemes, email scholarships@rcna.org.au or visit the Royal College of Nursing Australia (RCNA) web site <http://www.rcna.org.au>
- Commonwealth Aged Care Nursing Scholarship Scheme (CACNSS) – as above
- Rural Pharmacy Scholarships, Rural and Remote Placement (Internship) Allowances and other scholarships under the Rural and Remote Pharmacy Workforce Development Program (RRPWDP) – visit the Pharmacy Guild of Australia website <http://www.guild.org.au/public/rrpwdp.adp>

- Commonwealth (or Australian Government) Allied Health Rural and Remote Scholarships: Postgraduate Scheme (CAHRRS:PS or AGRRHPSS) – see also the website of Services for Rural and Remote Allied Health (SARRAH) <http://www.sarrah.org.au/Scholarship/FAQ.asp> or email on rhps@ruralhealth.org.au
- Aboriginal Health workers are invited to apply for AGRRHPSS scholarships to assist in undertaking a range of continuing professional development activities (website and email addresses as above)
- Indigenous Health Scholarships Scheme, the 'Puggy Hunter Memorial Scholarships' – see also <http://health.gov.au/oatsih/phms/index.htm> and <http://www.rcna.org.au>

2. Royal College of Nursing Australia (RCNA) – <http://www.rcna.org.au>

- Nursing – RCNA administers Australian Government funded undergraduate, postgraduate, conference, re-entry and up-skilling programs, Indigenous and aged care nursing scholarships (see also Rural Health information)
- Indigenous – RCNA administers undergraduate nursing, medicine, allied health (excluding pharmacy) and UG/PG Aboriginal Health Worker – 'Puggy Hunter Memorial Scholarships Scheme (see also Rural Health or RCNA web sites)
- Polo Ralph Lauren Rural Nurses Scholarship Scheme – funded by the National Breast Cancer Centre from sponsorship to support the further education and training of currently employed rural and remote nurses who provide care to women with breast cancer, information on www.nbcc.org.au or email director@nbcc.org.au
- RCNA National Research Scholarship Fund (NRSF) – eight scholarships/grants, (some state specific) for registered nurses to undertake tertiary and/or postgraduate education and research activities, with varying selection criteria available on 1800 117 262 or by email on scholarships@rcna.org.au

3. The Pharmacy Guild of Australia – <http://www.guild.org.au>

The Rural and Remote Pharmacy Workforce Development Program (RRPWDP) is an Australian Government initiative that was developed to maintain and enhance services in rural and remote Australia. Scholarships and grants provided under this scheme are described on the Guild website (see web address above).

They include the:

- CPE/Professional Development Allowance Scheme
- Undergraduate Scholarship Scheme
- Aboriginal and Torres Strait Islander Undergraduate Scholarship Scheme
- Internship (Placement) Scholarship Scheme (additional information available from the School of Pharmacy)
- Guidelines, eligibility criteria and application forms are available on the Guild website. Further information may also be obtained by emailing fiona.thornberry@guild.org.au

4. Joint Academic Scholarship Online Network (JASON) – <http://www.jason.unimelb.edu.au>

This academic scholarship on-line network is a program developed jointly by a number of universities to assist students wishing to undertake postgraduate studies, and gain access to current information regarding funding opportunities through various scholarship programs run through universities, charitable foundations, government and private institutions.

JASON will search for scholarships in categories specified by the enquirer. It provides a student profile service that offers students the opportunity to create a personal profile of their funding requirements. This service will automatically alert students, via email, to any new scholarships which may fit their requirements in addition to notifying them of any changes to existing entries.

JASON is an information service only and does not provide further assistance in the application process. It is linked to other sources of scholarships.

5. My Future - <http://www.myfuture.edu.au>

This website is a joint initiative of Australian, State and Territory governments. To access scholarship information enquirers should go to the site, to 'The Facts', then to 'Funding - Awards and Scholarships' where search or browse mechanisms are provided.

Enquirers may search at basic or advanced levels or browse as follows:

- alphabetically
- by region
- by organization
- by subject

ships

6. Tasmanian University Department of Rural Health - <http://www.ruralhealth.utas.edu.au/healthcareers/money2.asp>

This site, located on the Tasmanian University Department of Rural Health (UDRH) web site under the heading 'Money Matters' provides information on the following:

- Tasmanian National Undergraduate Scholarships
- Tasmania University Scholarships
- West North West Bursaries
- Joyce Griston Memorial Tasmania Scholarships
- College Accommodation Scholarships and Bursaries
- Tasmania Accommodation Bursaries

as well as material on the Commonwealth funded scholarships listed above in the Commonwealth Rural Health website section.

The UDRH Health Careers Newsletter (see <http://www.ruralhealth.utas.edu.au/healthcareers>) provides updates of scholarships to prospective health science students, such as the Regional Imaging Limited (RIL) Radiography Scholarship for students enrolled or considering enrolling in a Bachelor of Applied Science (Medical Imaging) course. Interested students should contact Leanne Broxam on 03 6430 6711 or leanne.broxam@ril.com.au

7. University of Tasmania and Faculty of Health Science

A comprehensive listing of University of Tasmania and Faculty of Health Science scholarships and bursaries (most of which are awarded by the Faculty or on institution-wide equity or merit-based criteria) may be found at <http://www.scholarships.utas.edu.au> or, in the case of Faculty bursaries and scholarships, on <http://www.healthsci.utas.edu.au/medicine/prizes/index.html> and <http://www.healthsci.utas.edu.au/tson/scholarships/index.html>

8. Others

The following are just a few of those sites that provide health science scholarships related information on a limited or state-specific basis:

- Australian College of Rural and Remote Medicine - <http://www.acrrm.org.au>
- NSW Rural Doctors Network - <http://www.nswrdn.aust.com>
- Australian Medical Students' Association (AMSA) - <http://www.amsa.org.au/initiatives/scholarship/index.cfm> (access limited to members) and, for competitions and bursaries, <http://www.amsa.org.au/competitions/index.cfm>



Alannah Smith, first year Pharmacy student (right) with Calvin Christian School students during Rural Health Week.

Scholarships Awareness

a big part of Rural Health Careers role.

Rosalie Maynard, UDRH Health Careers Program Coordinator, meets University health science and rural secondary school students all the time. She knows better than most what a difference a scholarship can make to a student considering or undertaking a demanding and often relatively lengthy health science course.

'The Health Careers Program promotes scholarships via newsletters, school visits, University Open Days, health careers workshops and the UDRH Health Careers website. I also have regular contact with school careers counsellors to provide up-to-date scholarship information for their students as they seek information about future study choices and work out the financial aspects of moving away from home to go to university.'

Rosalie cites the example of Sara Cameron, a fifth year medical student who is currently studying at the North West Rural Clinical School (NWRCS) and living in Burnie.

'Winning a John Flynn Scholarship enabled Sara to work with remote Aboriginal communities in the Northern Territory, so gaining an appreciation of the health issues affecting their communities,' she said.

The interest stimulated by this experience has led Sara further afield. During the 2002/2003 vacation Sarah spent three months in a very remote and under-resourced community in Tanzania, in Eastern Africa.

Rosalie is quick to point out that opportunities also arise mid-course for medical students.

Amanda Harper, of Howrah, in Southern Tasmania, won one of three RACT/University of Tasmania Scholarships (the others are in nursing and tourism), valued at \$3000 per year for three years.

Next year Amanda hopes to study in Burnie at the NWRCS. Here she will be able to take advantage of the new facilities and the highly integrated nature of the clinical experience that is on offer at the Rural Clinical School.

The Rural Health careers website is at www.ruralhealth.utas.edu.au/healthcareers



Sara Cameron

New Cancer Council PhD scholarship

The Cancer Council Tasmania will fund a new three year PhD scholarship in cancer and chronic disease prevention and management in rural areas.

The scholarship will provide \$24,000 to a suitably qualified individual to undertake a PhD commencing in 2004.

Council Chairman, Mr Harvey Cuthill, said the Tasmanian research would be administered and supervised within the University of Tasmania

Department of Rural Health with the scholarship winner expected to work closely with The Cancer Council and members of the Tasmanian Chronic Disease Prevention Alliance.

'The scholarship criteria will focus on primary health care intervention leading to lowered risks of developing cancer and or improvements in the management and self-management of people with cancer once diagnosed,' he said.

The closing date for applications is 15 December. The application form and further information can be downloaded from http://www.research.utas.edu.au/rhd/schol_forms.htm or contact the Research Higher Degrees Unit by phone 03 6226 7495, fax 03 6226 7497 or email (scholarships@research.utas.edu.au).



Stephen Cottrill

E-health and rural health practice

Steve Cottrill is the recipient of an Australian Government Allied Health Rural and Remote Scholarship, and is employed as a radiographer at Innisfail in rural Queensland. He is enrolled in the Graduate Certificate in E-Health (Health Informatics) a course developed and coordinated by UDRH Lecturer in Online Educational Development, Sue Whetton. Here he talks frankly about his career, his scholarship and the impact of information technology on allied health practice in a rural and remote environment.

'I graduated 29 years ago from RMIT in Radiography. I then commenced work and study in Ultrasound and have been involved in both since that time – so, in one sense I may be at an end stage of my career. But the advent of new technology, including the use of communications and information technology, has rekindled the fire and I feel that I am just hitting full stride!

'Receiving a Commonwealth Allied Health Rural Remote Scholarship (CAHRRS) has meant I do not have to worry about the cost of undertaking further study. This was previously a major hindrance. It has also been very well received by my peers and my employer as recognition of hard work. Receiving a scholarship adds extra motivation for me to complete the course, and to do it well, as other people's money is invested in me!

Steve's path to radiography was an unconventional one.

'After high school I was a Royal Australian Navy officer cadet at the Royal Australian Naval College. From there I was going on to study Nuclear Physics but I ultimately resigned from the Navy and worked as an assistant geologist for a while.

'Then I saw an advertisement for student radiographers at Royal Melbourne Hospital and thought, "Beaut - I'll have a go at that!" The course was then run with a "sandwich" type structure that enabled some income while studying. That was vital to me at that time.

'I did not get a lot out of Radiography until after I became involved in Ultrasound and rural and remote practice. It is to this type of practice that I want to apply the knowledge I gain from the Health Informatics course.'

Steve remembers the feeling of elation and achievement at graduation from RMIT giving way to a daunting realization that health science is about life and death. As well, some of the technology that we take for granted now was in its infancy in the seventies.

'Moving to Ultrasound was at that time a little risky as the modality was still looked upon as a mix between magic and technology. Many felt it would never develop as a serious investigative diagnostic tool. I disagreed and jumped in feet first.

'This was a good move as I was able to study and work overseas at advanced institutions, gaining skills and knowledge unobtainable in Australia. In particular, studying at Yale University School of Medicine and Bowman Gray School of Medicine gave me insights into where this technology was going and dramatically shaped my career decisions. I thought that these skills and technologies should be available to any patient, anywhere.

'Back in Australia, rural and remote practice had little knowledge of these skills and less use for them. However, I was convinced that it was this aspect of Medical Imaging that needed equipment and staff updating. Nowadays there are not many rural or remote imaging facilities that do not have these Ultrasound capabilities, although they may have no staff.

'The implementation of modern communications and information technologies is an extension of this vision of mine - to get rural and remote services up to the standard expected by other Australians. Hopefully that is where my future development will be.'

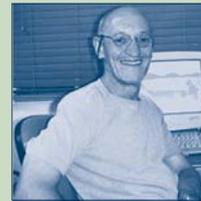
Steve sees the current challenge as not the Imaging Technology availability but the actual provision of the services with an undermanned workforce. He sees the use of modern information and communications technology, as taught in the Health Informatics course, as part of the solution to this problem.

'This will require a broad understanding of many different systems, not just Medical Imaging systems, and the methods used to integrate them. It also will require an understanding of what it is we need to know, where we get that information from and how we best utilise the knowledge we derive from that information to achieve better delivery of health care everywhere.'

Although he is only in semester two of the course Stephen considers that it has already helped him in his practice.

'There have been several areas within the hospital to which I have been able to apply recently acquired skill and knowledge, including a multimillion dollar redevelopment which will bring quite dramatic changes in my department, including a move away from the traditional hard copy provision of films and reports.

'The course has cemented my conviction that the solution to the workforce crisis in Medical Imaging is the same as the solution to the problem of multiple patient records in different locations. The provision of information and communications technology for easy access to databases in rural and remote areas will allow transmission of images and reports and integration of all this into an efficient, effective single (electronic) patient record,' said Steve.



*Stephen Cottrill,
recipient of an
Australian
Government Allied
Health Rural and
Remote Scholarship*

He cites Internet access as important in allowing rural practitioners to upgrade their professional knowledge and skills.

'Most places now have internet access and the availability of on-line courses, combined with scholarships, now make study practicable for most people.'

Steve's views on interprofessional training and practice are very much in accord with the philosophy that underpins the UDRH's Inter-professional Rural Program, successfully run for the second time in rural Tasmania in 2003.

'Rural and remote practice definitely requires a person who can think outside the square and has a wide range of experience, including cross professional experience. The inter-disciplinary relationships built in rural practice are very strong due to the dependence of practitioners on one another.'

He is philosophical about the politicization of the medical landscape in Australia.

'Health is an issue that should not be a political issue – however, it is, and we must live with it. Controversies such as the medical indemnity issue have certainly had a measurable impact.

'For example, in my rural area there are no longer any private obstetric services available. Strangely, this has not stopped women becoming pregnant and the public system (including me for ultrasound) has had to shoulder that workload. This has multiplied the already existing effect of rural workforce shortages, particularly in imaging. The whole scenario has then been aggravated by public health spending shortfalls.'

Fortunately, this has not dented Steve's enthusiasm for a career in allied health in a rural setting.

'It frustrates, annoys, aggravates and otherwise gets my goat up, but after head butting the wall a few times I generally feel much better.

'In rural practice you have the opportunity to become a true member of a community – both the health service community and the general community - and are usually held in high regard by the members. There is a definite sense of contributing to the health team, to your profession and to the community in which you are working. I don't think that can always be said for city practice,' he said.

For further information on the Graduate Certificate in E-Health (Health Informatics) or other E-Health options, please contact Sue Whetton, Lecturer in On-line Educational Development on 02 6324 4025 or Sue.Whetton@utas.edu.au

Profile: Alice Downie John Flynn Scholarship



Alice Downie (left), recipient of a John Flynn Scholarship, at a Rustica Skills Night, with Ana Phillis.
Photo: Mark Mather

Third year University of Tasmania medical student Alice Downie grew up on a farm in rural Relbia, just outside Launceston in Northern Tasmania. The Downies, including Alice's general practitioner mother, Claire, and her ophthalmologist father, Nick, were keen equestrians. When an experienced riding teacher started giving lessons at the property, the farm became the home of a fledgling pony club, with Nick Downie as patron. Surrounded by livestock of various kinds, it was small wonder that, in her mid teens, Alice yearned to be a veterinarian.

However, that phase passed, and Alice returned to her longstanding ambition to study medicine. In addition, she successfully applied for a John Flynn Scholarship, a factor that has had an immense impact on her perceptions of her course and of medicine as a career.

'So far I have been on two out of my four placements. My placement is in Minlaton which is half way down the Yorke Peninsula in South Australia. Every year I go there for a two week stay where I gain clinical exposure in a rural setting. I also had the opportunity to gain some Indigenous health exposure as I spent some time at the Aboriginal Community at Point Pearce last time I visited.'

Alice was particularly struck by the difference in the rural environment of this posting, as opposed to the lush setting in which she had grown up in Tasmania.

'Although Relbia is classed as rural, Minlaton is more isolated and has a smaller population - which is great as it gives me an even better understanding of what it will be like to work and live in a small country community, which is what I hope to do one day.'

Besides giving Alice an insight into different cultures and types of rural life, the John Flynn Scholarship placements have helped hone her clinical skills.

'It really has been a fantastic experience as my clinical skills are, in some respects, more advanced than those of my fellow medical students. This is because of the opportunities I have had to learn skills that are not taught till the later years or intern year. Some skills that I have gained during my placements are suturing, blood taking, cannulation and GP consultation skills.'

Based on her experiences to date, Alice sees a number of advantages in rural practice. These include the relationships that the doctor builds with the local community, the broad range of medicine that is practised and living in areas of great natural beauty. However, the prospect of rural practice is not without its daunting aspects.

'The lack of support from other health professionals, as there aren't enough health practitioners in rural areas, must be a drawback. As well there is the isolation and being far away from metropolitan areas where the big hospitals and specialists are. As a rural doctor you know that you are pretty much "it" in an emergency situation.'

However, this has not prevented Alice from being attracted to one of the last frontiers of Australian medical practice.

'I'm interested in the Flying Doctor Service and doing some locums. After that - who knows? Emergency Medicine and Ophthalmology are looking pretty good at this stage,' she said.

Alice cannot speak too highly of the benefits of membership of the club for rural health science students, *Rustica*, of which she is year 3 representative.

'*Rustica* offers many opportunities to gain a rural "hands on" experience. Membership offers adventure weekends, clinical skills nights, opportunities to attend rural health conferences, CME weekends, social events, and many more.'

The turbulent nature of the health debate is cause for concern to Alice. Again she sees a role for *Rustica* in giving doctors of the future a voice in a debate that has the capacity to affect them in later years.

'It really makes me worry when I hear about issues such as medical indemnity, rural workforce shortages and inadequate health funding, as I know that they will probably affect me in the future. I just hope that most of it is sorted out by the time I've finished and start practising.

'However, being involved in the medical students society and the rural health club I have been keeping up to date with what is going on and when students are offered the chance to have a say I always do,' said Alice.

AN INTERVIEW WITH MELINDA CHILVERS, UDRH NURSING HONOURS 'SEEDING GRANT' RECIPIENT



Why study a Bachelor of Nursing degree with a rural flavour?

As a teenager growing up on a hobby farm and attending a rural high school I knew that I wanted a career that focused on working with people and helping them, and had both good job prospects and

variety. My two clinical placements within a rural setting were the highlight of my time in studying a Bachelor of Nursing and rural health continues to be an area that interests me.

Where were these rural placements?

The first, in my second year, was at the Scottsdale North East Soldiers Memorial Hospital and the James Scott Wing. In third year, for my Community Health Nursing placement, I did a week within the Ringarooma and Gladstone area and the rest of my placement at the West Tamar Health and Community Service.

Why do the Honours year?

After three years of working as a Registered Nurse within both acute and aged care I wanted to pursue two areas of interest - rural nursing and nursing research.

Has the UDRH 'seeding grant' of \$10,000 helped you this year?

The 'seeding grant' made the past year possible. Without a grant I would not have been able to study within a rural setting. As part of the Honours program I was required to travel 2.5 hours from my home to the site of the study where I would stay in accommodation that I was required to pay for. I would not have been able to do this without a grant.

What was the topic of your research thesis?

The research project had a distinctively rural flavour, being entitled 'Rural caregivers of aged persons with dementia: what impedes or improves care? A Tasmanian pilot study.' Through a qualitative methodological approach I investigated the experiences of caring for aged persons with dementia from both a Community Health Nurse and family caregiver perspective. From those experiences I identified factors that either impede or improve provision of care.

Why did you choose this topic?

I chose the topic as a result of a discussion with a former Community Health Nurse Manager at the site of my study. The manager repeatedly referred to issues concerning care of clients with dementia. A review of the literature revealed a paucity of

research on dementia care in a rural setting. Care of persons with dementia is emerging as an issue with both national and international importance.

What have you learned from the research project and from the Honours program generally?

This research project along with the Honours program has enriched my understanding of factors that influence and challenge the delivery of health care in a rural setting. It has also allowed me to appreciate the dedication of people undertaking research within nursing and a rural setting.

What would you like to do now?

My plans for my future include completing a graduate certificate in Primary Health Care and Community Health (through a mainland university) and gaining employment within a rural setting. Later, I would like to undertake further research.

For further information contact Dr Andrew Robinson, Senior Lecturer, Tasmanian School of Nursing on 03 6226 4735 or email on Andrew.Robinson@utas.edu.au

STOP PRESS! The two students to receive First Class Honours (Nursing) were both UDRH 'Seeding Grant' recipients - Rachel Wigg and Melinda Chilvers

Profile:

Blair Adamczewski

Blair Adamczewski (left) contemplates the future while on the Inter-Professional Program in Tasmania's North West. Blair is the recipient of a Medical Rural Bonded (MRB) Scholarship.

Blair Adamczewski is a third year Medical student studying at the University of Tasmania. He is in receipt of a Medical Rural Bonded (MRB) Scholarship, one of a hundred offered annually to new students enrolling in medical schools at Australian universities. This Commonwealth funded scholarship scheme is part of an integrated package to deliver more doctors and better health services to rural and regional communities.

The MRB Scholarship is valued at \$20,950 per annum, and is indexed annually. It is tax free and is not subject to a means test. Students must agree to practise in rural areas of Australia for six years upon completion of basic medical and postgraduate training. To receive the MRB Scholarship prospective students should apply to study medicine through the usual medical schools admission process. Universities then manage the application and selection process, for which the usual deadlines apply.

Blair is enthusiastic about the positive impact of the MRB Scholarship.

'It has removed certain pressures from my life as a medical student. It has given me the ability to pay my HECS fees, buy any text books that I need and pay my parents board, rather than have them bear the burden of housing me as a dependent. It has also allowed me the freedom to study without the need to work for monetary support.'

In September Blair was one of a number of University of Tasmania Faculty of Health Science students who undertook the two week Inter-professional Rural Program (IRP), run in North West Tasmania by the UDRH and developed by the Department in conjunction with the Schools of Nursing, Medicine and Pharmacy.

'I see the importance of an understanding by health professionals of the necessary interactions of complementary health care providers. I see this as an important way to promote optimal health of the individual and in turn the community.'

'The IRP, with its integrated approach and community immersion component, showed me that this model, though complex to apply, is theoretically very sound, and will lead to much better health outcomes in the future.'

Blair is not deterred by the prospect of rural practice after graduation.

'I have mostly grown up in rural areas across Tasmania and know to an extent what to expect. The idea of being bonded by contract to a rural area for 6 years does bring concerns - such as the removal of some freedom of choice - but so far it has acted more to direct my future practice rather than dictate it,' Blair explained.

Blair first considered medicine as a career during high school.

'The defining influence that determined whether I did medicine or not was my faith - it was a matter of prayer, coupled with the fact that I met the academic requirements to undertake the course.'

Blair's positive experiences with General Practitioners have had a profound influence on his thinking regarding his future in medicine.

'Sitting in and seeing them deal with people on many levels - not just their physical health and diseases - but the personal nature of the job, has reinforced my hopes to be a GP in the future,' said Blair.

Despite the popularity of medical dramas on television, Blair emphasises that student career decision making is influenced by other factors.

'Medical "soaps", documentaries or news programs have little effect on students. The fact is, we are surrounded by doctors everyday who we look up to for their clinical ability. They have the largest effect on what we aspire to become,' said Blair.

National Recognition for Work with Volunteers



Christine Fahey (second from left) is pictured with (from left to right), Andrew Lea of the State Emergency Service, Professor of Rural Health, Judi Walker, the Hon David Llewellyn, Minister for Health and Human Services, Mary Knowles, President of the Volunteer Ambulance Officers Association and Grant Lennox, CEO of Tas Ambulance

Christine Fahey, Research Fellow at UDRH Tasmania, advises that the recently released NHMRC booklet 'Working with Volunteers and Managing Volunteer Programs in Health Care Settings' lists UDRH Tasmania's two volunteer reports as 'Further Resources' under Appendix 2. This is national recognition that UDRH is one of the few groups working in this area. It is only one of two universities listed. For those interested in volunteer management issues the NHMRC manual is available at <http://www.nhmrc.gov.au/publications/synopses/nh48.htm>

Staffing

Assistant Director, UDRH

As part of the re-structuring undertaken over the past few months in the three core program areas of the UDRH a new executive support position of Assistant Director, reporting directly to the UDRH Director, has been created. It is anticipated the position will commence in early 2004.

The appointment of Dr Rosalind Bull to the position was approved by the Dean of the Faculty of Health Science after UDRH Program Managers recommended her for the position. Dr Bull has an outstanding record of achievement within the UDRH Education and Support program area, a role

in which she will continue but with some workload re-distribution. As part of the Assistant Director role Ros Bull will also take responsibility for Postgraduate Higher degree Coordination.

Sharing Health Care (SHC) Project Research Assistant

Leonie Coskun has been appointed at 0.6fte to the SHC project for the next 12 months to assist with the evaluation phase. She will be working with Dr Peter Orpin, Research and Evaluation Program Manager and Sue Frendin, SHC Project Manager. Leonie will continue to be based in the Anne O'Byrne Centre in Launceston but will work in Hobart as required.

Rural Placements, John Flynn Scholarship Scheme and Allied Health

For the next 12 months Alison Miles will undertake Leonie Coskun's previous area of responsibility - Rural and Remote Area Placement program (RRAPP), John Flynn Scholarship Scheme (JFSS) and the Community-Based Training Terms for Junior Medical Officers at Clarence House, Hobart. In addition she will continue her work on the Allied Health support initiative, the Indigenous Theme Bank and a teaching and learning project commenced in 2002.

Rural and Remote Area Placement Program (RRAPP)

The Rural and Remote Area Placement Program (RRAPP) is a 13 week rural general practice term offered to prevocational junior doctors with unconditional registration in their PGY2 or PGY3 (resident) year. In Tasmania, RRAPP attachments have occurred at George Town and Scottsdale in 2002, and, more recently, at Scottsdale in the state's north east.

Dr Sandy Gale, a resident at Royal Hobart Hospital, commenced his Scottsdale RRAPP term in August 2003. He was attracted to the rural practice at Scottsdale, an hour's drive north east of Launceston, by the lure of the noble and ancient art of fly fishing.

Once established, however, he found that the people were also attractive: 'I don't think that I have had one patient in Scottsdale who hasn't been nice. I think that it has to do with the progressive culture of the community, and with an attitude whereby health professionals are welcomed and valued,' he explained.

RRAPP doctors continue to be paid through the Royal Hobart Hospital or Launceston General Hospital and receive an on-call allowance and a secondment allowance. As overtime payments are

not available, RRAPP doctors take 'time in lieu' instead. Sandy explained that while this may be a factor to doctors with families to support, 'it doesn't worry me because I have no dependents and like the time to pursue my outdoor leisure activities.'

Leonie Coskun, former RRAPP Project Officer at UDRH, accepts Sandy's point. 'Undertaking RRAPP is partly a lifestyle choice. Junior doctors often appreciate a change of pace and scenery with more leisure time in RRAPP, where the balance between training and service delivery is carefully maintained.'

Sandy has found that he has had to rely on his professional acumen more working in Scottsdale than at the Royal Hobart Hospital.

'At the Royal there was a tiered system, with a filtering of decision making down through the staff hierarchy. Here you see a wider variety of cases and are obliged and encouraged to become more self reliant and back your own judgment,' he said.

Leonie Coskun agrees that the RRAPP experience significantly enhances junior doctors' knowledge base and independent decision-making.

Dr Sandy Gale, who has undertaken a 13 week RRAPP general practice term at Scottsdale in Tasmania's North East



'Rural GPs have to know more than their city counterparts as they are working further away from centres with a full range of medical and specialist services. RRAPP doctors learn in a very supportive environment and regardless of their career plans, the RRAPP experience transforms them into much better doctors,' Leonie said.

At the moment Sandy has a number of future career options in mind. To enhance his employability he is undertaking an Acute Care course, and is considering doing rural locums once his sojourn at Scottsdale is completed. Before the RRAPP Sandy had not seriously considered rural general practice as an option, but his positive experience in Scottsdale has made that option 'Number One'.

For further information on the RRAPP at Scottsdale and George Town, or the Clarence Community Placements, please contact Alison Miles on 03 6324 4062 or email Alison.Miles@utas.edu.au

PROFILE - KELLIE SEYMOUR

Kellie Seymour has a dream - to own three pharmacies and a farm.

Receiving a Rural and Remote Pharmacy Workforce Development Program Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme award represented one giant step toward the realization of that dream. Graduation with the Bachelor of Pharmacy degree from the University of Tasmania in December 2002 marked step two. In 2003 Kellie proceeded to phase three - employment in the pharmacy industry, based in Darwin.

Moving from her home in Tamworth, NSW, to the University of Tasmania's School of Pharmacy in Hobart was a major challenge for Kellie, but once established she became involved in a wide range of worthwhile activities. She was prominent in the University of Tasmania's rural health science student club, *Rustica*. She was instrumental in having *Rustica* set up an Indigenous working committee that aims to have more Aboriginal and Torres Strait issues included in pharmacy and health curricula.

Kellie made a significant contribution to the World Association of National Academies and Academic Associations of General Practitioners and Family Physicians (WONCA) Working Party on Rural Health in May of 2002. A month before that she gave an address on behalf of the Rural Students' Network at a Tamworth City Council forum 'Finding a Cure - NSW Summit on Rural Doctors Shortage'.

However Kellie's major extra-curricular achievement of 2002 was acting as convener of the 6th National Undergraduate Rural Health Conference at Port Arthur, in Southern Tasmania. 'At the time it seemed to consume most of my life last year,' she said.

Returning to the present, Kellie speaks with characteristic enthusiasm about her work in Darwin.

'I have been working for a very dynamic company that has a number of various and unusual pharmacy businesses. We hold a contract to service the Darwin Private Hospital, a retail pharmacy and two retail shops all located in the Darwin Hospital complex. There is also a pharmacy in Alice Springs. Our Darwin location is obviously the main centre and from here we do export orders to the UN, based in East Timor.'

Kellie Seymour (centre) with Neil Anderson, Chairperson of the Rural and Remote Pharmacy Workforce Development Program Advisory Group (RRPWDP) and a Queensland pharmacy owner (right), and Adam Spencer, Radio Triple J personality

'We also service a number of remote Aboriginal communities and this involves the supply of imprest items, script medications and in some cases the supply of unit dose blister packs. The business has recently expanded to include a nursing home,' Kellie explained.

Nor has the learning process stopped with graduation and employment.

'Work has kept me pretty busy learning about the various business aspects as well as honing my pharmacy skills and drug knowledge - especially in recent times, with my board exam looming in November!'

But it's not all work for Kellie.

'After all, this is Darwin and we do occasionally indulge in a social life that this year has included V8 car racing, swimming in the rain forest, picnicking, the beer can regatta, Darwin Cup Day... and I am currently preparing for what they call the Troppo Season as the weather begins to get increasingly humid with no relief - the build up before the Wet.'

In May 2002 Kellie told the *Regional Healthcheck Newsletter* that she sees a role for herself in encouraging young people of Aboriginal and Torres Strait Islander background to take up pharmacy or health related tertiary studies.

'I've done it tough all along. I've worked since I was 12 to get through my education... I want to show that sometimes it might take a bit longer but they can get there,' she said.



Community immersion whets the appetite of *Future Rural Health Professionals*

Lisa Dalton, Lecturer,
Rural Education
UDRH, at the IRP.



Susan Rasmussen, Project Officer, IRP, (second from left) with students from the Schools of Nursing and Medicine, including Blair Adamczewski (right).

Scholarship recipients profiled in this edition of the UDRH Bulletin, Kellie Seymour and Blair Adamczewski, were amongst those who took part (in 2001 and 2003 respectively) in the Faculty of Health Science's Inter-professional Rural Program (IRP). The two week program, run most recently in September this year, was developed by Lisa Dalton, of the University Department of Rural Health (UDRH), Dr Edi Albert, from the School of Medicine, Judy Spencer from the Tasmanian School of Nursing and Mark Dunn representing the Pharmacy profession.

The innovative placement provided nine medical and nursing students, including two nursing exchange students from Sweden, with the opportunity to work and learn together about health care in a rural community. After intensive theoretical and clinical sessions with community based health professionals and Faculty of Health Science lecturers all week, it was 'on with the gumboots' for a weekend in the community. The students discovered at first hand that the local rural economy is more than milking cows and growing potatoes; in Tasmania's North West it also includes exotic animals, including reptiles and alpacas, gourmet cheeses and unique farm based accommodation.

'The "community immersion" aspect of the program aims to help students gain a better understanding of the economic and lifestyle issues that shape the local community in which they will be living and working,' said Susan Rasmussen, IRP Project Officer.

In relation to the 'inter-professional' aspects of the program, Lisa Dalton said that attracting suitably prepared health professionals to rural and remote areas is an ongoing problem that programs like this seek to address.

'Health professionals in rural and remote communities work in close cooperation, but despite sharing the common goal of health care delivery, the education of nurses, doctors and pharmacists in Tasmania occurs separately. It is important that we provide students with education opportunities that reflect the reality of professional practice in rural communities,' she said.

Participants in the program worked in community based health care settings under the guidance of health professionals drawn from various health disciplines. A medical student worked with a community nurse, and a nursing student with a pharmacist, so gaining a fuller appreciation of the situation of the fellow health professional, the patient and the broader social context in which they all function.

The students were the first residents to stay in the new student houses adjacent to the North West Centre of the University of Tasmania. This accommodation complex comprises six custom built, fully furnished, five bedroomed homes and has been developed by the North West Rural Clinical School.

At the conclusion of the IRP, UDRH hosted a social function for community leaders, health professionals, the media, University staff and students of the Faculty of Health Science. Lisa Dalton delivered a presentation depicting the highlights of the program. UDRH Director, Associate Professor Ian Blue, presented 'certificates of completion' to participants and thanked members of the community who had supported the program.

For further information about the IRP please contact Lisa Dalton of the UDRH on 03 6324 4042 or email Lisa.Dalton@utas.edu.au

PROFESSIONAL DEVELOPMENT A PRIORITY IN FALLS PREVENTION

PRIDE COMETH BEFORE A FALL - THE PRICE OF VANITY TO THE COMMUNITY



Photo courtesy of Tony Cross, The Advocate

Injury prevention expert Jerry Moller addresses a seminar on the risk of injury due to falls in the ageing population.

Injury prevention expert Jerry Moller had some confronting words for one UDRH staffer 'of a certain age' who teetered into one of his workshops for the Falls Prevention Project, 'Stand Up Right – Stand Upright!

'Don't let high heels and pointy toes cost you your independence and quality of life! It's just not worth it!'

Jerry Moller told health professionals, community members and policy makers at workshops in Burnie, Launceston and Hobart that

in Australia the cost of falls injury is more than the cost of injuries in motor accidents. This is linked to the nation's ageing population, a situation that is particularly pressing in Tasmania.

High attendances at the September workshops, facilitated by the UDRH, attested to the importance that the community is starting to place on falls prevention. The seminar series followed the launch of the Project in Launceston in early August as a joint initiative of the UDRH, Tasmania, the Division of General Practice Northern Tasmania (GP North) and the Department of Health and Human Services (DHHS).

Of the nine workshops – three each in Burnie, Launceston and Hobart, the best attended were those targeted at health professionals. Participants were keen to extend their professional understanding of falls and their impact by:

- analysing the impact of population change on potential health workloads and costs;
- examining the age related risk distribution for fall injury and discussing possible intervention points based on available evidence;
- considering the range of interventions for which there is good evidence of effect, and
- observing a hypothetical involving a panel consisting of a General Practitioner, a Practice Nurse, a Physiotherapist, an Occupational Therapist and a Pharmacist.

At each workshop Jerry Moller had this basic message:

'To make a difference we must all recognise that:

- Fall injury is not inevitable.
- The most effective prevention strategy is maintaining exercise and activity after we retire.
- We can reduce risk by getting any health problems treated as soon as we can.
- We can make our homes and our public environments safer through good lighting and reducing slip and trip hazards.'

UDRH Principal Project Officer, Maree Fish explained the Tasmanian situation in these terms:

'The Falls Prevention Project is particularly significant in the light of the expected makeup of Tasmania's population. Tasmania's population is projected to age more rapidly than other states, so that it overtakes South Australia as Australia's "oldest" state in about 20 years. The number of Tasmanians over the age of 65 is expected to increase by 10,000 every five years, leading to a doubling of the current number in around thirty years.

'The Project is an acknowledgement that, besides the personal cost of falls to older people, there are crucial long term issues of management and planning which must be addressed by the health professional and broader community alike,' said Ms Fish.

Jerry Moller also emphasised the need for a coordinated approach to falls prevention, warning that time is running out fast.

'Tasmania has five years to reduce the rate of fall related injury by prevention strategies before the growing number of older people locks it into treatment as the only response it can afford. Preventing injury from falls requires a partnership between older people, community organisations and health care workers,' he concluded.

For further information on the Stand Up Right – Stay Upright! Project please contact Maree Fish on 03 6324 4020 or email Maree.Fish@utas.edu.au