

STUDENT MANUAL

MEDICINE

UPDATED AUGUST 2010



For further information please contact the
Broken Hill University Department on 08 8080 1200

www.sydney.edu.au/medicine/drh

ACKNOWLEDGEMENTS

This guide was prepared by staff/members of:
Barrier Division of General Practice
Broken Hill Regional Diabetes Centre
Community Health Services, Broken Hill
Greater Western Area Health Service
Maari Ma Health Aboriginal Corporation
Maari Ma Primary Health Care Service
Medical Staff Council, Broken Hill Base Hospital
Menindee Health Service
Mental Health Services, Broken Hill
Population Health Unit, Broken Hill
Royal Flying Doctor Service (South Eastern Section)
University Department of Rural Health, Broken Hill
Wilcannia Health Service
Photography: Boris Hlavica, Images of Australia & Emad Tehrani

The comments, directions and feedback from the various University Medical Faculties and Australian College of Rural and Remote Medicine (John Flynn Scholarship Scheme) are thankfully acknowledged.

The assistance and advice of the Department of Education Development and Evaluation is gratefully appreciated.
Barrier Highway towards Broken Hill



A MESSAGE FROM THE HEAD OF DEPARTMENT

A warm welcome to all students from the Broken Hill University Department of Rural Health (UDRH).

The rural attachment program has been planned for students to further develop their professional skills, learn about rural health, experience life in an outback town and view our wonderful semi-arid environment.

It is tailored to meet the specific needs of individual students and universities. Teaching occurs at the bedside, in small outlying communities, in general practice, other community-based settings and in the classroom at Corrindah Court.

These placements will enable you to develop a mosaic of snapshots that reveal the true character of rural lifestyle and medical practice. Together they create a composite picture that is Far Western NSW.

Furthermore I trust that you will gain an understanding of:

- How rurality impacts on the doctor-patient relationship
- How management decisions are influenced by the rural setting
- The use of novel solutions to ensure rural communities have access to health care
- How to overcome the potential pitfalls of professional isolation
- The unique role of the doctor in a rural community
- The dynamics of rural communities, including cross-cultural issues
- The positive aspects of living and practising in rural communities.

The UDRH at Broken Hill is part of the University of Sydney, Sydney Medical School. We are one of many academic departments set up around rural and remote Australia, supported by generous grants from the Australian Government.

I trust your time in the bush is both enjoyable and rewarding.



David Lyle
Head of Department

Contents

About the Guide	6
Background.....	7
Broken Hill and Far Western NSW	7
The people	7
Rural Lifestyle.....	7
Broken Hill Web Sites:.....	7
Health Services in Far Western NSW	8
The University Department of Rural Health, Broken Hill	8
Library	9
UDRH Contact Details.....	9
Maps	10
Map of Broken Hill	10
Map of Western NSW	11
Map of UDRH and Hospital, Broken Hill	11
Staff of the University Department.....	12
Overview of Student Placement Program.....	13
Aim.....	13
Attachment schedule	13
Accommodation and transport.....	13
Assessment.....	14
University Requirements	15
Overview	15
The University of Sydney.....	16
The University of Sydney.....	17
PLACEMENT PROFILES	24
Overview	24
Medicine.....	25
Medicine.....	26
Surgery.....	27
Surgery.....	28
Accident & Emergency	29
Aboriginal Health	30
Aboriginal Health	31

General Practice.....	31
General Practice.....	32
Royal Flying Doctor Service	32
Menindee	34
Menindee	35
Wilcannia.....	36
Wilcannia.....	37
Composite Placements.....	38
Child Health Composite	38
Community Composite.....	38
Community Composite.....	39
NSW Ambulance Service.....	39
Diabetes Centre	39
Mental Health Service	39
Lifeline	39
Women’s Health Composite.....	40
Conclusion	41

About the Guide

The guide has been put together to assist students get the most out of their time at Broken Hill and in Far Western NSW.

Students come here from a number of Australian and overseas universities. We aim to ensure that all students get a broad exposure to rural medical practice while still meeting the educational objectives set by their respective medical schools.

Attachment schedules are individually prepared and discussed with each student on arrival at Broken Hill. The attachments usually include placements at the base hospital, in a remote community, and with a community health service provider.

There is a strong emphasis on Aboriginal health.

The guide has several sections:

- **Background information on Broken Hill and Far Western NSW.** Basic details about the region are presented. Further information is provided in orientation and cross-cultural workshops held during your time in Broken Hill.
- **Overview of the Student Placement Program.** This section summarises the overall aim of our program, the clinical placements on offer to students, the availability of accommodation and transport, and the local assessment requirements.
- **University Requirements.** Outlined are the particular requirements set by your Medical School for the clinical attachment at Broken Hill
- **Placements Profiles.** This section provides a detailed overview of the various clinical placements on offer in Far Western NSW.

Conclusion. Local assessment and student feedback procedures are considered.



Background

Broken Hill and Far Western NSW

Broken Hill is set in beautiful outback New South Wales and is home to many artists drawn to the landscape and far horizons. Situated in the Far Western corner of the state, Broken Hill's major industries are pastoral, mining and tourism. It was founded on the silver, zinc and lead deposits discovered in 1883 but has subsequently become a tourist destination and home to many television and film crews taking advantage of the sunlight, warmth and open country. 4WD adventurers use Broken Hill as a springboard for exploring the 'Accessible Outback' and then disappear in a cloud of dust to all points of the compass.

The climate of Broken Hill is warm and dry. The average maximum temperatures range from the low 30s in summer, in the 20s during spring and autumn and down to a cool 15-18oC in winter. However, it can get hot. In January and February it can soar into the mid forties and stay there for days at a time.

Far Western NSW defines an area one third of the state, located principally in the sparsely populated regions north and west of the Barwon-Darling river system. It borders on three states (Queensland, South Australia and Victoria). This region is divided into two administrative clusters of the Greater Western Area Health Service – in the north west of the state (towns such as Walgett, Brewarrina and Bourke), and to the west and south of the state (towns include Wilcannia, Menindee, Wentworth, Balranald and Broken Hill).

The people

The population of Far Western NSW is 48,524 with 21,314 people living in Broken Hill. There are around 665 births annually in the far west and one quarter of the population is over 55 years. Overall 13% of the population is Aboriginal. (Source: Australia Bureau of Statistics 2002)

Rural Lifestyle

Most people coming to Broken Hill comment on the relaxed pace of life, friendliness of the townsfolk, and the range of social activities available to them.

Students are given the opportunity to meet with local people at their homes, pubs, clubs, sporting groups and community organisations around town. There are various social functions throughout the year that ensure students have a good time both on and off the medical scene.

Broken Hill Web Sites:

www.visitbrokenhill.com.au/afontpage.asp

www.brokenhill.nsw.gov.au



Health Services in Far Western NSW

Health care services in Far Western NSW include; the Greater Western Area Health Service (NSW Health), Royal Flying Doctor Service (South Eastern Section), Maari Ma Health Aboriginal Corp. and Divisions of General Practice (Outback, Barrier and Mallee Divisions).

These organisations provide 24 hour access to primary health care and some specialist services, supported by an IT and telehealth network. The area is also served by a number of visiting medical and paramedical specialists from NSW, Victoria and South Australia who run clinics and other services as well as providing advice and support remotely to resident health practitioners.

Access to primary medical care is through resident general practitioners in the larger towns and by the RFDS in smaller, more isolated locations. Some General Practitioners work as VMOs in the local hospitals. These doctors have the opportunity to practice clinical, procedural and public health medicine.

Patients are referred out of the area for some specialist services:

- to Adelaide from Broken Hill and the North Western corner
- to Dubbo and Sydney from Bourke to Collarenebri and Goodooga, and
- to Mildura and Melbourne from communities adjacent to the Victorian border.

A number of area-wide services operate in far western NSW such as critical care services, renal services, public health services (eg communicable disease control), mental health and counselling services, diabetes care, sexual health services, and public dentistry.

The University Department of Rural Health, Broken Hill

The University Department of Rural Health at Broken Hill (UDRH) is a multi-disciplinary department, responsible for meeting the education and training needs of rural health practitioners. It also assists city based health care professionals interested in furthering their training and practising their clinical skills in a rural and remote setting. Staff working in the department come from various health professional backgrounds including medicine, nursing, public health, Aboriginal health and allied health.

The UDRH is part of the Sydney Medical School, The University of Sydney. It is one of ten academic departments set up around rural and remote Australia, funded by the Australian Government Department of Health and Ageing.

The Broken Hill Department runs three educational streams in: primary health care, clinical medicine and research and development. In addition to its student programs, the UDRH offers formal courses in Indigenous Primary Health Care (Diploma/Advanced Diploma) for Aboriginal Health workers and to prepare health practitioners for isolated practice. The Department also contributes to post-graduate medical training and is actively involved in research.

Library

The medical library is located in the UDRH building and includes an increasing selection of medical textbooks and journals. There is an emphasis on rural health, public health and Aboriginal issues. In addition there is access to electronic journals, and the library computers are also accessible for student use after hours. The librarian is available for assistance with literature searches and other library associated matters.

UDRH Contact Details

Address: Broken Hill University Department of Rural Health
Corrindah Court (PO Box 457)

Broken Hill, NSW, 2880

Phone: 08 8080 1200

UDRH Web Site: www.sydney.com.au/medicine/drh

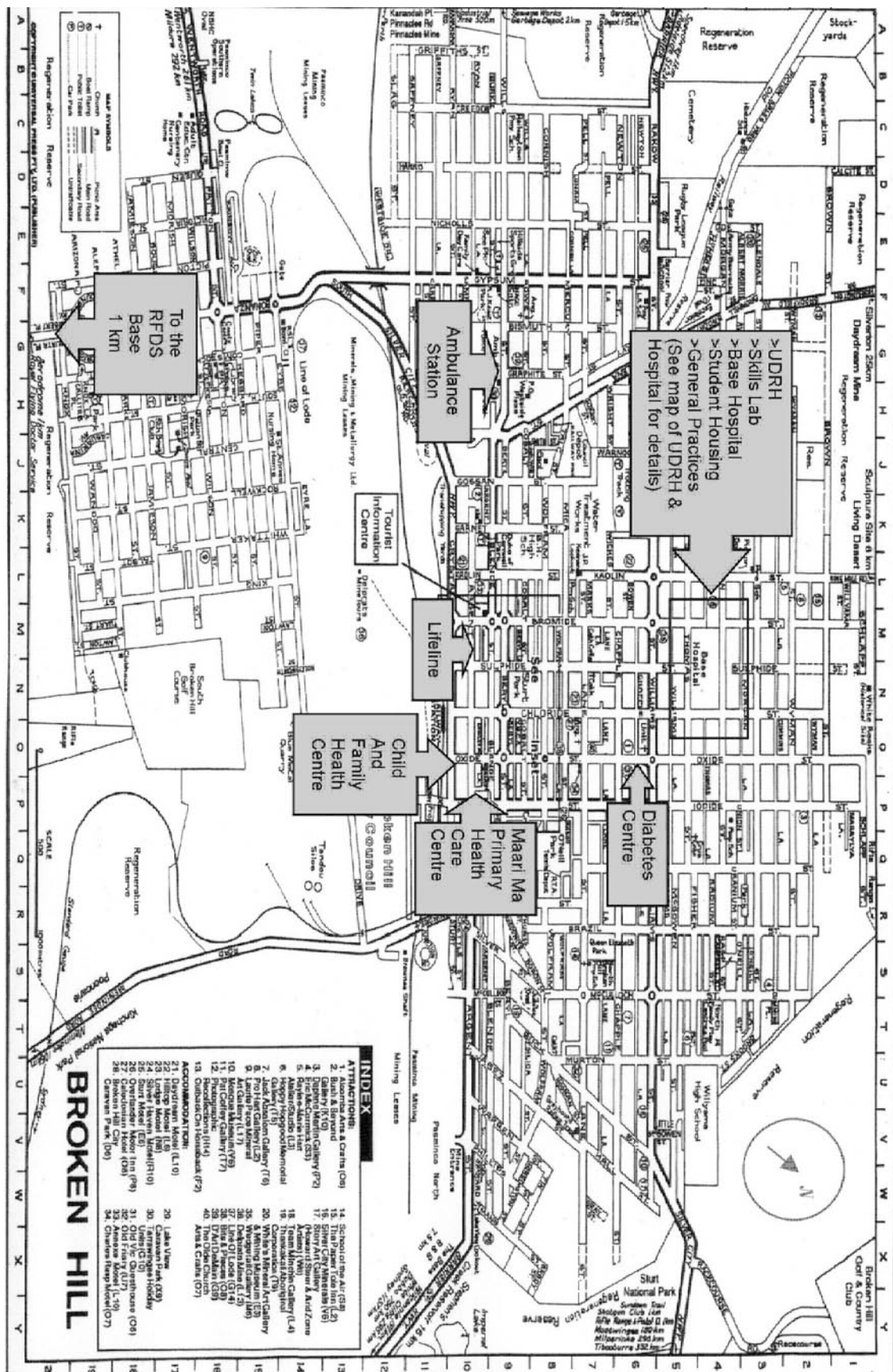
<http://www.medfac.usyd.edu.au/about/schldscp/disciplines/bhudrh.php>



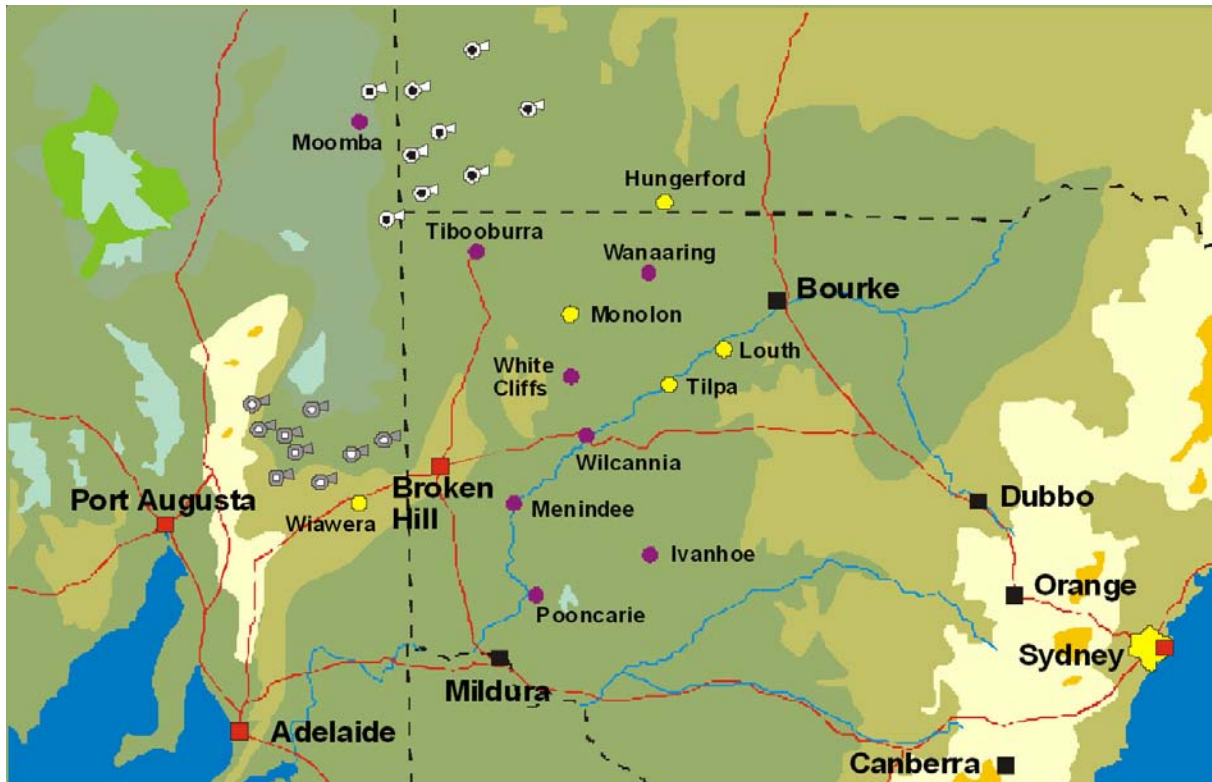
Broken Hill University Department of Rural Health

Maps

Map of Broken Hill

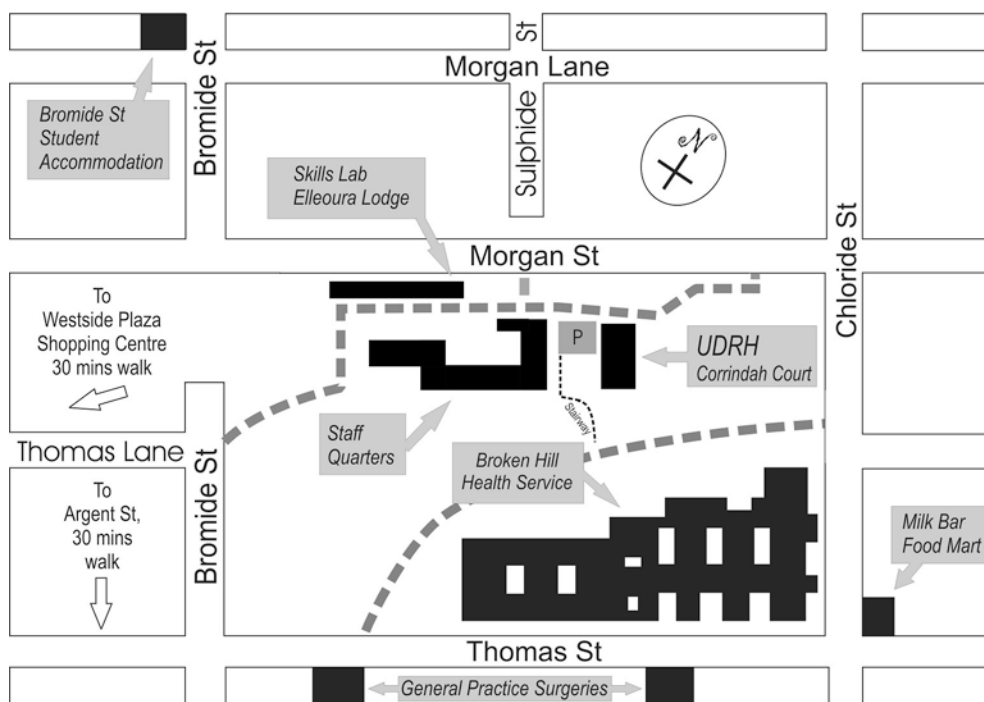


Map of Western NSW



LEGEND	
■ HOSPITAL	● COMMUNITY CLINIC
■ RFDS BASE	⊗ QSA STATION CLINIC
● COMMUNITY HOSPITAL	⊗ FS STATION CLINIC

Map of UDRH and Hospital, Broken Hill



Staff of the University Department



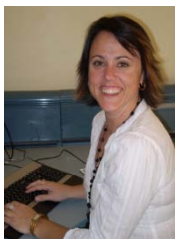
Prof David Lyle
Head of Department
BH UDRH
DLyle@gwahs.health.nsw.gov.au

Steve Fazulla
Accommodation Manager
BHUDRH



Dr David Garne
Director of Clinical Medicine
BH UDRH, RFDS
DGarne@gwahs.health.nsw.gov.au

Veronica Barlow
Student Program Support Officer
BHUDRH
VBarlow@gwahs.health.nsw.gov.au



Ms Honor Beck
Manager, Student Placement Programs
BHUDRH
hbeck@gwahs.health.nsw.gov.au

Danielle Keenan
Program Coordinator
BHUDRH
dkeenan@gwahs.health.nsw.gov.au



Dr Mike Hill
Clinical Lecturer
BH UDRH, RFDS

Don Keast
Research Librarian
BHUDRH

Mr Ron Wilkinson
General Surgeon
Broken Hill Hospital

Dr Bill Hines
Clinical Lecturer
BH UDRH, RFDS

Ms Mandy Royle
Executive Officer
BH UDRH

Karen Hooper
Administration Officer
BH UDRH

Mr Brett McInnes
Finance Officer
BH UDRH

Overview of Student Placement Program

Aim

Our aim is to promote a positive attitude to rural lifestyle and medical practice by developing in students a greater appreciation of, and familiarity with, rural communities and the challenges of medical practice.

The clinical placements contribute to the development of medical knowledge and skills while encouraging students to consider:

- How rurality impacts on the doctor-patient relationship
- How management decisions are influenced by the rural setting
- The use of innovative solutions to ensure rural communities have access to health care
- Overcoming the potential pitfalls of professional isolation
- The role of the doctor in a rural community
- The dynamics and psychosocial dimensions of rural communities, including cross-cultural issues.

Attachment schedule

Attachment schedules are individually prepared and discussed with each student on arrival at Broken Hill. Students are allocated a mentor to assist with clinical supervision during their attachment, and our Rural Attachment Program Coordinator and Education Support Officer are also available to deal with other concerns.

Most attachments include placements at the base hospital, in a remote community and with a community health service provider.

The selection of placements and the time spent at each placement is tailored to meet the overall objectives and outcomes set by the student's medical school.

We run an orientation seminar and workshops for students and staff in Broken Hill. Most students will be able to participate in these during their first week and at other times during their placement in Broken Hill.

The program includes a day workshop on cross-cultural perspectives in Aboriginal Health, and seminars on Far Western NSW, its people and places, and the challenges to health service delivery in remote NSW.

A weekly skills workshop enables procedural skills to be developed on clinical models under supervision. These tutorials occur on Thursdays and include sessions on health issues in rural and remote areas.

Accommodation and transport

Hostel style accommodation and flats are provided for students at Broken Hill and other remote sites. Australian based students are not charged for the accommodation, while overseas students are required to pay a weekly tariff.

Food can be purchased at reasonable cost from the hospital cafeteria and volunteer run cafe, however full cooking facilities are available in the student accommodation complex.

Because these are shared facilities visitors are not permitted to stay with students in their rooms.

The Student Coordinator will advise as to the best options for travel to outlying communities and social functions.

Broken Hill is accessible by daily flights from Sydney and Adelaide. In addition there is a daily train and bus service from Sydney (plus the Indian Pacific twice weekly) and a bus service to and from Adelaide and Mildura.

Assessment

Each medical school has its own assessment requirements. Students should contact their clinical school if uncertain of these requirements.

We encourage students to keep a record of the cases they study, the procedures they undertake and the rural health issues they explore during the clinical placements.

Student appraisal and feedback on the Broken Hill Attachment is very important to us. Every student should complete an evaluation form prior to departure and return it with their access card. We take your views very seriously, both those things you find good about the attachment and areas where we can improve.



Dr Bill Hines with students in the Skills Lab

University Requirements

Overview

Students come to Broken Hill from The University of Sydney, University of NSW, The University of Adelaide, University of Newcastle, other Australian Universities and as John Flynn Scholars. A limited number of overseas students also spend time in Broken Hill.

The following section contains the particular requirements set by your medical school for the clinical attachment.

UNIVERSITY REQUIREMENTS – FORMAT

- **University**

- **Term name**

- **Term profile**

Brief description of the clinical term within which the attachment is placed

- **Objectives**

Term objectives set by your university

- **Structure of attachment**

Range of placements negotiated with your university for the attachment.

- **Educational approach**

Structure developed for the Broken Hill attachment to meet your university's requirements

- **Learning outcomes**

A statement of the desired outcomes for the rural attachment

- **Supervision and evaluation**

A summary of the attachment supervision, your university and our local assessment plan.

The University of Sydney

INTEGRATED CLINICAL ATTACHMENT (ICA) - GMP Year 3

Term profile:

Sydney University Medical Program students are required to complete at least 8 weeks of rural experience as part of the course (RUSC program).

RUSC students can choose a 4-week attachment whereas Rural Clinical School students can spend up to 8 weeks in Broken Hill. This attachment is offered between January and September. For full details of the ICAs please see the current handbook linked from the USydMP website: www.gmp.usyd.edu.au

Objectives:

By the end of the attachment the student will have:

- Developed clinical skills in clerking patients and gaining additional information required to address the patient's problems
- Had experience in applying an evidence-based approach to diagnosis and management, in the light of benefits and harms of the available options, patient preference and use of health care resources in a rural/remote setting
- Demonstrated an understanding of, and appropriate behaviour in relation to, other health professionals and their contribution to patient care.

Structure of attachment:

The 4 week ICA attachment at Broken Hill includes:

- 3 week hospital attachment in Medicine or Surgery plus outpatients
- 1 week on an outreach or community placement.

Rural Clinical School students complete both medicine and surgery placements in two four week cycles.

Educational approach:

For each 4 week placement students will:

- attend an orientation seminar and other workshops as available in Broken Hill
- spend 3 weeks on hospital placement and 1 week in a remote community
- have structured teaching each week including PBL's, PPD, CDT, centralised lectures via teleconference and other tutorials

Learning outcomes:

Insight, experience and reflection on:

- Medical and surgical practice in a rural/remote hospital
- Cross-cultural perspectives in Aboriginal health
- Health service configurations and delivery in rural/remote areas

Supervision and assessment:

Supervision: • Mentor for the four week attachment and local supervisors at each placement

Assessment: • Complete the assignments and assessments set by the University of Sydney

The University of Sydney

COMMUNITY TERM ROTATION - GMP Year 4

Term profile:

Graduate Medical Program (GMP) students are required to complete at least 8 weeks of rural experience as part of the course (RUSC Program). RUSC students can factor in a 4-week attachment at Broken Hill. Rural Clinical School students can complete a full 9 weeks in Broken Hill and with the RFDS. There is a Geriatric Medicine Rotation option offered in conjunction with local geriatric agencies and teams. For full details of the Community Term Rotation please see the current handbook linked from the USydMP website: www.gmp.usyd.edu.au

Objectives:

By the end of the attachment the student will:

- Have had experience of health care in a rural community, in the context of general practice and community health
- Gained knowledge, understanding, skills and abilities that are relevant to community based medical practice
- Gained knowledge, skills and cultural sensitivity that are appropriate to working with Aboriginal peoples and people of non-English speaking background

Structure of attachment

The 4 week block of CRPP attachment will involve placements in general practice, community or outreach services. Rural Clinical School students can complete a full 8 weeks of their training in Broken Hill, including 4 weeks with the RFDS in remote communities.

Educational approach:

Students will:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Spend 4 or 8 weeks in a combination of community and outreach placements
- Have structured teaching for students completing the full 9 week rotation in Broken Hill

Learning outcomes:

Insight, experience and reflection on:

- General practice and primary health care in a rural/remote setting
- Cross-cultural perspectives in Aboriginal health
- Primary care service configurations and delivery in rural/remote areas

Supervision and assessment:

Supervision: Mentor for the attachment.

Local supervisors for each placement.

Assessment: Students will:

- Complete the assignment set by the University of Sydney
- Give feedback on the attachment

University of Newcastle

RURAL HOSPITAL TERM - Year 6

Term profile:

Year 6 medical students complete a 6 week Rural Hospital Term between March and October. For more information please see the UNSW Rural Health Unit Website: <http://rural.med.unsw.edu.au>
<http://rcs.med.unsw.edu.au/rcsweb.nsf/page/Broken+Hill>

Objectives:

By the end of the attachment the student will have an understanding of:

- Rural hospital practice from admission to discharge
- The differences between rural and urban health care provision.
- Aspects of the rural environment, cultural and geographic, that impact on the provision of health care
- The differences in health profiles of rural and urban populations
- Special issues for service providers in small towns and remote areas
- Cross-cultural issues in indigenous health

Structure of term:

The 6-week attachment in Far Western NSW will comprise both placements in the Broken Hill hospital and community and in Wilcannia.

Educational approach:

Students will:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Spend 6 weeks on a combination of hospital, outreach and community placements
- Have structured teaching each week\

Learning outcomes:

Insight, experience and reflection on:

- Living and working in rural/remote Australia
- The health status and needs of rural/remote people
- Medical practice in rural settings
- Health service configurations and delivery in rural/remote areas
- Cross-cultural perspectives in Aboriginal health

Supervision and assessment:

Supervision: Mentor for the 6 week attachment.

Local supervisors for each placement.

Assessment: Students will:

- Complete the assignment set by the University of NSW (due 2 weeks before the end of term)
- Give feedback on the attachment

University of Newcastle

SPECIAL COMMUNITY AMBULATORY PLACEMENT (SCAP) Year 6

Term profile:

Year 6 medical students have 16 weeks allocated to Specialist Community Ambulatory Placements (SCAP) – 4 weeks each of Medicine, Surgery, Psychiatry and Primary Care. Broken Hill offers a 4 week Primary Care or Medical SCAP for students from February to October of each year. For more information please see the website:

www.curriculum.medicine.adelaide.edu.au

Objectives:

By the end of the attachment the student will:

- Have had exposure to approaches that focus on the integration and coordination of care of the whole patient
- Have gained experience in a range of primary care issues and community services
- Have revised and extended their communication and counselling skills
- Have gained experience of practical procedures carried out in general practice

Structure of attachments:

Primary Care SCAP includes Emergency, Wilcannia and General Practice.

Medical SCAP includes Emergency, Medicine, Child Health and Wilcannia.

Educational approach:

In Broken Hill students will:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Spend 4 weeks in either a combination of community and outreach placements (primary care) or hospital and outreach placements (medical)
- Complete the work book provided by the University of Adelaide
- Have structured teaching each week

Learning outcomes:

Insight, experience and reflection on:

- Living and working in rural/remote Australia
- The health status and needs of rural/remote people
- General practice in rural settings and competency in practical skills
- Role of primary health care in rural/remote areas
- Cross-cultural perspectives in Aboriginal health
- The cooperation of different agencies to provide health care for the community

Supervision and assessment

Supervision: Mentor for the 4 week attachment.

Assessment: Students will:

- Complete log book requirements for the University of Adelaide
- Complete local assessment requirements
- Give feedback on the attachment.

University of Newcastle

ELECTIVE – HEALTH EQUITY SELECTIVE- YEAR 3

Term profile:

In year 3, University of Newcastle medical students do an 8 week elective, available during 4 periods throughout the year. For further information, please consult the university website on: www.newcastle.edu.au/school/medprac-pop/

Objectives:

Students are expected to define their own objectives in consultation with their mentor. Students research an issue of health inequity in a geographical area and present their research and suggestions in a report.

Structure of attachment:

The Elective is for 8 weeks and is negotiated with the mentor at the local site or student coordinator. It may include outreach, general practice, public health and community placements.

Educational approach:

Students undertaking their elective in Broken Hill will:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Have placements in the hospital, outreach and community settings to meet their term objectives.

Learning outcomes:

Insight, experience and reflection on:

- Issues relevant to the student's objectives for the attachment
- Living and working in rural/remote Australia
- Cross-cultural perspectives in Aboriginal health

Supervision and assessment

Supervision: Mentor for the attachment.

Assessment: The emphasis is on the process of defining the project and evaluating the learning experience as much as in the information obtained.

Students are also required to give feedback on the attachment.

University of Newcastle

ATTACHMENT - YEAR 5 Community/ Public Health

Term profile:

In year 5, University of Newcastle medical students do a compulsory 4 week attachment, available during 8 periods throughout the year. For further information please see the university website: www.newcastle.edu.au/school/medprac-pop/

Objectives:

Students are expected to define their own objectives in consultation with their mentor. Students are expected to act as a member of the primary health team and may take histories, perform physical examinations, develop management plans, participate in case conferences, do home visits and attend educational events under the supervision of a team leader or GP.

Structure of attachment:

The attachment is for 4 weeks and is negotiated with the mentor at the local site or student coordinator. It may include outreach, general practice, public health and community placements.

Educational approach:

Students undertaking their elective in Broken Hill will:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Have placements in the hospital, outreach and community settings to meet their term objectives.

Learning outcomes:

Insight, experience and reflection on:

- Issues relevant to the student's objectives for the attachment
- Living and working in rural/remote Australia
- Cross-cultural perspectives in Aboriginal health

Supervision and assessment

Supervision: Mentor for the 4 week attachment.

Assessment: The emphasis is on the process of defining the project and evaluating the learning experience as much as in the information obtained.

Students are also required to give feedback on the attachment.

John Flynn Scholar Scheme

Term profile:

Established in 1997, the John Flynn Scholarship Scheme is an integral part of the Australian Government's long-term strategy to attract more rural doctors and improve the quality of health care in rural areas. Scholarship holders commit to a two-week placement in a rural or remote community each year, over four consecutive years of their medical course.

Objectives:

It is usual for the medical students to develop their own objectives in consultation with the principal supervisor or mentor. Students will be involved in the life of a rural or remote community and gain a broad understanding of the context of rural health care through involvement in a wide range of possible activities, such as health education projects and research projects.

Structure of attachment

In Broken Hill we work hard to accommodate and facilitate student interests.

However this depends on the time of year and available placements. The usual sequence for the JFSS student's two week placements is as follows:

Visit 1. Broken Hill Hospital – attached to two areas in the hospital

Visit 2. Broken Hill Community Health Clinics and/or Primary Health Care

Visit 3. Remote Community Health Placement – in Wilcannia or Menindee

Visit 4. Royal Flying Doctor Service - attending remote clinics and observing the RFDS in Broken Hill as available.

Educational approach:

Students will:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Attend placements as arranged

Learning outcomes:

Insight, experience and reflection on:

- Issues relevant to the student's objectives for each attachment
- Living and working in rural/remote Australia
- The health status and needs of rural/remote people
- Cross-cultural perspectives in Aboriginal health
- Working as part of a multi-disciplinary team in collaboration with different health care agencies

Supervision and evaluation:

Supervision: Mentor for the two-week attachment.

Assessment: In accordance with the requirements of the Scholarship.

Students are required to provide a written report and evaluation at the end of each placement and at the completion of the scholarship.

Web Site: www.acrrm.org.au/main.asp?NodeID=194

Other Australian Universities

ELECTIVE PERIOD

Term profile:

A number of Medical Schools around Australia encourage their students to do electives of varying duration.

Objectives:

Objectives and requirements for the elective periods vary between different universities.

Structure of attachment:

The Elective is negotiated with the local supervisor or student coordinator and depends on placement availability. It may include hospital, community and outreach placements.

Educational approach:

Students undertaking their elective in Broken Hill are encouraged to:

- Attend an orientation seminar and other workshops as available in Broken Hill
- Divide their time among placements in the hospital, outreach and community setting to meet their term objectives.

Learning outcomes:

Insight, experience and reflection on:

- Issues relevant to the student's objectives for the attachment
- Living and working in rural/remote Australia
- The health status and needs of rural/remote people
- Medical practice in rural settings
- Role of primary health care in rural/remote areas
- Cross-cultural perspectives in Aboriginal health
- Working as part of a multi-disciplinary team in collaboration with different health care agencies

Supervision and assessment:

Supervision: Mentor for the attachment.

Local supervisor for each placement.

Assessment: Will vary according to the requirements of the Medical School

Students are also required to give feedback on the attachment.

PLACEMENT PROFILES

Overview

Each student will have their placements individually negotiated with them on arrival at Broken Hill.

To help students get the most out of their time at Broken Hill, we have compiled background information on each Placement and presented it in the following format:

PROFILE OF CLINICAL PLACEMENT – FORMAT

- **Setting**
- **Objectives**
- **Weekly timetable & arrangements** (if appropriate)
- **Required activities**

Activities that students are expected to participate in.

- **Other possible activities**

Other activities for students that are not always available.

- **Suggested questions**

Questions to stimulate student enquiry during the placement

- **Supervisor arrangements**

You will have a mentor for the duration of your rural attachment, but for each placement there is a local supervisor to assist you.

Students are encouraged to consider the following issues about rural and remote practice during each of their clinical attachments.

At the end of the rural attachment students should take the time to reflect on what they have learnt about each of these issues.

ISSUES FOR CONSIDERATION DURING RURAL ATTACHMENT

1. How does rurality/remoteness impact on the patient-doctor relationship?
2. How does the rural/remote setting influence management decisions?
3. What approaches and solutions have you observed that ensure the rural communities have access to health care?
4. How have potential pitfalls of professional isolation been overcome?
5. What is the role of the doctor in a rural community?
6. What dynamics of rural communities, including cross-cultural issues, influence the way medicine is practiced?

Medicine

Setting

Broken Hill has two resident physicians who manage a comprehensive general medical service (assisted by telemedicine facilities). A number of visiting specialists and sub-specialists¹ offer a regular outpatient and inpatient consultation service to Broken Hill.

The medical team includes a registrar and JRMO. Along with the physician, this team is responsible for the care of patients with medical conditions in the medical ward, ICU & CCU within Broken Hill Base Hospital. Students are expected to participate in, and contribute to, the daily work of the medical team. At Broken Hill the usual advantages of rural placements occur including higher student/patient ratios and closer working relationships with RMO's and consultants. Being remote from tertiary facilities, the challenge is to practise to the highest standards of patient care. This involves planning ahead with greater reliance upon clinical skills and judgment.

Objectives

By the end of this placement students will have:

- An understanding of rural hospital practice from admission to discharge
- Applied clinical skills in clerking patients and gaining additional information required to address the patient's problems
- An understanding of common medical conditions presenting to rural hospitals and the methods of diagnosis and treatment employed for their management
- Worked as part of a multi-professional team.
- An appreciation of indigenous health issues

Typical Week on the Medical ward

8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30
MON																	
Ward round: Ward rounds start at 8:00 am daily in ICU/CCU																	
4.00pm																	
Tutorial																	
TUE																	
Ward round																	
WED																	
Ward round																	
5.00pm																	
Journal Club																	
THU																	
Ward round																	
FRI																	
Ward round Structured teaching																	
12 noon						X- Ray Meeting											
12.30						Grand Round											

¹ Visiting Medical Specialist Services: Cardiology, Endocrinology, Gastroenterology, Oncology, Radiotherapy, Renal (Please consult hospital specialist roster for times)

Medicine

Required activities

Participate in, and contribute to, the daily work of the medical team as follows:

- Clerk patients under supervision
- Present cases to their supervisor either on the wards or in a clinical meeting
- Attend clinical and team meetings
- Attend specialist clinics
- On-call for after hours as arranged
- Attend bedside teaching on ward rounds
- Apply evidence-based approaches to the diagnosis and management of patients.

Other possible activities

Additional activities can be arranged, on approval from the placement supervisor, by contacting the Student Coordinator. They include:

- Extended patient follow up: into the community or to other referral hospitals.
- Attendance at the paediatric clinics
- Attendance at ophthalmology clinics
- Attachment with other non-medical hospital-based practitioners as appropriate
- Student lead tutorial sessions
- Videoconferencing links to other hospitals for clinical and teaching purposes.

Suggested questions

1. What common medical conditions affect country people?
2. What is the effect of remoteness and distance on referral patterns?
3. What methods of diagnosis and management are used on patients with medical conditions in Broken Hill?
4. Which patients are transferred to tertiary hospitals for further management?
5. What professional support is available for the medical team?

Supervisor arrangements

Students will meet the on-call physician on Monday morning 8am at ICU/CCU. The on-call physician will supervise students during this placement

Web Sites:

GWAHS Web Site: www.gwahs.nsw.gov.au

Broken Hill Health Services:

http://www1.health.nsw.gov.au/services/Default.cfm?S_UNITNAME=broken+hill

Surgery

Setting

One general surgeon and a locum surgeon manage a surgical service at Broken Hill Base Hospital. A number of visiting specialists and subspecialists² provide regular outpatient and specialist surgical care to Broken Hill.

The surgical team includes a registrar and JRMO. This team is responsible for the care of patients with surgical conditions in Broken Hill Base Hospital. These patients may be found on Surgical Ward, ICU/CCU and the Paediatric Ward.

Students are expected to participate in, and contribute to, the daily work of the surgical team. They are also encouraged to share information and reflect on their experiences with other students to learn as much as they can about rural hospital practice.

Objectives

By the end of this placement students will have:

- An understanding of rural hospital practice from admission to discharge
- Applied clinical skills in clerking patients and gaining additional information required to address the patient's problems
- Assisted in the operating theatre
- An understanding of common surgical conditions presenting to rural hospitals and the methods of diagnosis and treatment employed for their management
- Worked as part of a multi-professional team.

Typical week on the surgical ward

8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30
MON																	
Ward round Start at 8:00 am daily. Meet on the surgical ward Surgical Outpatients																	
TUE																	
Operating theatre																	
WED																	
Operating theatre – alternative weeks																	
THU																	
Ward round Surgical Outpatients																	
FRI																	
Ward round X-Ray Meeting(Radiologist) Grand Round 1.30 Minor Operations Clinic Learn and practice technical skills																	

² Visiting Surgical Specialist Services: ENT, Plastics, Urology, Ophthalmology, Advanced Trainee Eye Registrar, Orthopaedics (Please consult hospital specialist roster for times)

Surgery

Required activities

Participate in, and contribute to, the daily work of the surgical team as follows:

- Assist in operating theatres
- Present cases to their supervisor either on the wards or in a clinical meeting
- Attend clinical and team meetings
- Attend specialist clinics
- On-call for after hours emergencies by mutual arrangement
- Attend bedside teaching on ward rounds and feedback observations to surgical team
- Apply evidence-based approaches to the diagnosis and management of patients
- Gain practice in specific basic surgical skills eg suturing, catheter and IV cannula insertion, wound management

Other possible activities

Additional activities can be arranged on approval from the placement supervisor, by contacting the Student Coordinator. They include:

- Extended patient follow up: into the community or to other referral hospitals.
- Attendance at the Obstetrics and Gynaecology clinic
- Attendance at the Ophthalmology clinic
- Attachment with other non-medical hospital-based practitioners and therapists
- Student lead tutorial sessions
- Videoconferencing links to other hospitals for clinical and teaching purposes
- Attendance at emergency department for acute cases as appropriate

Suggested questions

1. What common surgical conditions affect country people?
2. What is the effect of remoteness and distance on patient referral patterns?
3. What methods of diagnosis and management are used for patients with surgical conditions in Broken Hill? What are the limitations of the rural/remote environment?
4. Which patients are transferred to tertiary hospitals for further management?
5. What professional support is available for the surgical team?

Supervisor arrangements

Students will meet the on-call surgeon on Monday morning at 8am in Surgical Ward. The on-call surgeon will supervise students during this placement.

Web Site:

www.gwahs.nsw.gov.au

Accident & Emergency

Setting

Broken Hill Base Hospital is a regional hospital with a busy Accident & Emergency Department. Approximately 60 patients are triaged, assessed and managed each day. Staff includes two rostered doctors during the day and one at night. Consultant and Registrar/RMO doctors are always available for further consultation and advice. Experienced nursing staff complete the team.

Students are a normal and welcome part of the Accident & Emergency team. The department is familiar with their needs and expectations. They are encouraged to assess patients and present their findings to the medical staff. In addition they can perform minor practical procedures and have the opportunity to reflect upon the people who seek hospital care. This includes considering their conditions, background, social circumstances and best medical management.

Objectives

By the end of this placement students will:

- Have an understanding of how a busy rural casualty department functions
- Have applied clinical skills in clerking patients and gaining the additional information required to address the patient's problems
- Have an understanding of common medical and surgical conditions presenting to rural hospitals and the methods of diagnosis and treatment employed for their assessment and management in a remote area
- Have acquired practical skills in the treatment of minor surgery conditions

Required Activities

- Clerk patients under supervision and present to attending doctors
- Learn and practice basic medical and surgical skills
- Apply evidence-based approaches to the diagnosis and management of patients in casualty and after discharge

Other possible activities

With approval, and under the supervision of the attending Medical Practitioner, medical students may:

- Assist nursing staff as they perform triage procedures and initial assessments
- Follow patients as they undergo radiology and other procedures
- Accompany patients as they are admitted to the wards, theatre or ICU
- Attend casualty after hours

Suggested questions

1. What common conditions are observed in the Accident & Emergency Department?
2. By what means are patients referred to and arrive at the Department?
3. How do the dynamics of a rural community and the remote setting of Broken Hill influence management decisions?

Aboriginal Health

Setting

In Broken Hill Aboriginal people have access to a community controlled Aboriginal Primary Health Care Service. This is called the 'Maari Ma Primary Health Care Service.' The multi-professional team includes a medical practitioner, primary health care nurses, Aboriginal Health workers and community development officers.

The Health Service offers a range of services including:

- Community care
- GP clinic service available 4 days per week
- Primary care clinics daily – aboriginal health workers and registered nurses
- Visiting clinic services – Oral Health, Nutrition, Diabetes, Women's Health, Eye Health, Mental Health, Early Childhood Care and Paediatric Clinics
- Programs – Well Children's Program, Lead Level Reduction Program, Antenatal Program, Well Men's Program, Chronic Illness Program
- Client transport – to improve access for Aboriginal people to health services

Objectives

By the end of the placement the student will have:

- Participated in providing multi-professional primary health care to Aboriginal people
- An understanding of the need for accessible, culturally appropriate health services for Aboriginal people
- An understanding of the role of Aboriginal health workers.
- An appreciation of the social and structural issues that affect Aboriginal health in the community

Required activities

- Attend daily meetings at 9:00am
- Participate in the Health Service Programs
- Accompany Health Care Workers on community visits
- Attend GP clinics

Other possible activities

- attend Aboriginal community events if appropriate

Suggested questions

1. What are common health concerns of Aboriginal people in Broken Hill?
2. What are some of the barriers to Aboriginal people accessing health services in Broken Hill?
3. Why does Broken Hill have an Aboriginal Health Service?
4. What is the role of an Aboriginal Health worker?
5. How does a GP practice in an Aboriginal Health Service?

Supervisor arrangements

Placement contact: Manager, Maari Ma
Clinical: Medical Officer
Community care: Manager, Maari Ma

Aboriginal Health

Information

Clinic location: Maari Ma Clinic 428 Argent Street

Clinic Opening Times: 9.00am – 5.00pm

Phone No: 08 8088 5544

Web Site: www.maarima.com.au

Chronic Disease Strategy: <http://www.maarima.com.au/CDS%20-%20with%20logo.pdf>

General Practice

Setting

Some General Practices in Broken Hill take medical students. These run as small group practices with two to four practitioners. Most practices manage a wide range of primary medical problems while making use of the referral services in Broken Hill, Mildura and Adelaide.

The Barrier Division of General Practice is based in Broken Hill.

Objectives

By the end of the placement the student will have:

- Gained clinical exposure in a rural general practice
- An understanding of the common health problems presenting to a rural GP and the methods of diagnosis and treatment employed for their management
- An awareness of the range of support services available to General Practitioners in BH
- An understanding of IPTAAS (Isolated Patient's Travel, Accommodation and Assistance Scheme)
- Understood the role of the Barrier Division of General Practice
- Insight into the benefits and social aspects of being a General Practitioner in a rural community

Required activities

- Attend Doctor's rooms daily
- Go on home visits as required
- Examine patients, record histories and develop case management plans under supervision
- Spend time with all the members of the practice team including practice nurses, reception staff, different doctors and the practice manager
- Observe different styles of general practice

Other possible activities

With approval and under the supervision of the attending General Practitioner, medical students may:

- Perform basic surgery procedures such as blood pressures, pap smears, injections, ECGs, urinalysis
- Accompany the General Practitioner on other professional duties.
- Visit Nursing Homes
- Attend educational meetings for general practitioners
- Understand the role of the Barrier Division of General Practice

General Practice

Suggested questions

1. What are common presenting problems in rural general practice?
2. How do people access general practice services in Broken Hill?
3. How do General Practitioners access specialist medical services for their patients?
4. How do General Practitioners relate to, and use, the local hospital?
5. What is IPTAAS?

Supervisor arrangements

Students will be supervised by one of the practice doctors.

Information

Other relevant information:

Students are personally responsible for travel to and from the doctors' rooms.

Web Site of Barrier Division of General Practice:

<http://www.barrierdivisiongp.com.au/index.htm>

www.adgp.com.au/site/index.cfm?leca=189

General Practices in Broken Hill

Royal Flying Doctor

Setting

The Royal Flying Doctor Service of Australia is a not-for-profit charitable service providing aeromedical emergency and health care services in Australia's remote outback.

The South Eastern Section is located at the Broken Hill Airport and serves remote communities in far western NSW, south western Queensland and north eastern South Australia (including the Moomba gas fields).

The RFDS provides a 24-hour medical on call and emergency service as well as running general practice, selected primary care and specialist clinics throughout their Network. The RFDS also transports patients between Broken Hill Base Hospital and city based tertiary referral hospitals.

Objectives

By the end of the placement students will have:

- An understanding of the role of the RFDS in remote Australia
- An appreciation of how remote medical consultations are conducted
- An understanding of how the RFDS approaches the diagnosis and treatment of common problems presenting in remote locations
- An understanding of the needs of the different community groups served by the RFDS.

Flights:

Due to the heavy demand, student flights are **only** organised by the Student Coordinator with the appropriate staff at the RFDS. Flights are not guaranteed, but the RFDS tries hard to include students on flights as arranged. However, this depends on clinical demand, weight considerations, seat availability, pilot agreement and other factors.

The RFDS requires **notification of the weight of students prior to flights** (as it does for staff). This is necessary to plan for the fuel load to be carried, equipment and baggage allowances, the weight and balance of the plane and passenger numbers. **Appropriate clothing**, including “closed in shoes”, is essential.

Transport:

Students are responsible for arranging transport to and from the RFDS Base
– Please seek advice from the Student Coordinator.

Confirmation of Flights:

If flying to a remote clinic with the RFDS, it is necessary to phone the communications officer at the Base on 08 80801777 to confirm the flight. This must occur **no later than 4pm on the weekday prior to the flight**. (Please confirm a Monday flight on the Friday before).

Required activities

- Participate in the daily activities with the RFDS team
- Fly to clinics as arranged
- Sit in on telephone or tele-health consultation
- On-call after hours by arrangement

Other activities

A student may accompany a doctor or flight nurse on a medical evacuation flight or on a flight to a medical clinic. The availability of these flights will depend on patient and service needs and the final decision rests with the Medical officer in consultation with the Flight Nurse and Pilot.

As part of the University of Sydney Community Term Rotation in GMP Year 4, students will stay in Wilcannia and fly on with the RFDS Clinic Plane for further exposure to other remote clinics.

Suggested questions

1. What is the most important service role of the RFDS?
2. What are the limitations of a remote medical consultation?
3. What is the role of the doctor and flight nurse in a medical evacuation?

Supervisor arrangements

- When at the RFDS Base students are under the supervision of the duty doctor with the duty nurse as secondary supervisor
- For ‘fly outs’ students are under the supervision of the doctor. If there is no doctor, they are under the supervision of the Flight Nurse
- For placements at Remote Health Services, students are supervised by the Nurse Manager or the doctor when in attendance.

Information

The RFDS release monthly rosters.

Website: www.flyingdoctors.org

Menindee

Setting

Menindee is a river township of about 400 people located 110 kms east of Broken Hill. One third of the population is Aboriginal. The local primary health care facility is staffed by Registered Nurses and Primary Health Care Workers.

The RFDS runs General Practice clinics up to three days per week. Patients requiring hospitalisation are transported to Broken Hill either by road ambulance dispatched from Broken Hill or by aeroplane (RFDS). A number of health specialists visit from Broken Hill (Drug & Alcohol, Mental Health, Women's Health, Early Childhood, Sexual Assault, Domestic Violence, Diabetes and Oral Health).

Objectives

By the end of the placement the student will have:

- An understanding of how a remote primary health care service operates
- Gained clinical exposure in a remote general practice setting
- An understanding of the common health problems presenting to a remote GP and the methods of diagnosis and treatment employed for their management
- An awareness of the range of support services available to remote health services
- Managed a patient and sought medical advice over the telephone
- Gained exposure to the provision of medical services to Aboriginal people.

Required activities

- Attend General Practice Clinics
- Attend Primary Care Clinics
- Assess patients under supervision
- Present a case to their supervisor in the clinic or in a clinical meeting
- Participate in the community programs
- Present patients to the RFDS by telephone

Other possible activities

As arranged

Suggested questions

1. What are the unique features of Menindee that impact on its health service?
2. What common problems present to the health service and how are they investigated and managed?
3. How does Menindee Health Service organise and access clinical and professional support?
4. How does primary health care work in Menindee?
5. What is the role of the Primary Health Care Worker?

Menindee

Supervisor arrangements

Students are under the clinical supervision of the Nurse Manager or the RFDS clinician at all times.

The Nurse Manager is ultimately responsible for the work of students in the clinics. Students are supervised by a registered nurse or medical officer until the student demonstrates that they are adequate in history taking and examination. After this students can see patients prior to presenting each case to a registered nurse or medical practitioner for confirmation of findings and discussion of management. Students are encouraged to ask for help and support at any time and are expected to discuss case problems, remote practice issues, and community & population health considerations.

Information

Opening Hours:

9.00am – 5.00pm Mon – Sat. 24 hour on-call cover for emergencies

Accommodation & food:

Students must provide their own food; there are mini-markets in Menindee.
Accommodation provided.

Transport:

By the Mailman – all weekdays. Departs Broken Hill at 9:00am, departs Menindee at 12:30pm. Small fee applies (\$5 each way)

Orientation Package:

Available on arrival

Web Sites:

Menindee Tourist Site:

<http://walkabout.com.au/locations/NSWMenindee.shtml>

Area Health Service - Menindee

http://www1.health.nsw.gov.au/services/Default.cfm?S_UNITNAME=menindee

Menindee Health Services Directory:

<http://maarima.com.au/Newsletter/GWAHS%20Menindee.pdf>

Menindee/Broken Hill Bus:

<http://centraldarling.locale.nsw.gov.au/community/1024/1035.html>



Wilcannia

Setting

Wilcannia is an historic river town of around 700 people 200 kms north east of Broken Hill. Most of the population is Aboriginal. The health team operates out of a multipurpose centre providing a 24-hour primary health care service, including inpatient and emergency care. Resident staff includes Registered Nurses and Primary Health Care Workers.

The RFDS run General Practice clinics four days per week. Patients requiring hospitalisation are evacuated by the RFDS to Broken Hill or Adelaide. A number of medical and health specialists visit from Broken Hill (Drug & Alcohol, Mental Health, Women's Health, Early Childhood, Sexual Assault, Domestic Violence, Diabetes, Paediatrics, Psychiatry, Endocrinology, ENT, Ophthalmology, Physiotherapy and Speech Pathology).

Wilcannia has been the site for one of the Commonwealth Government's Coordinated Care Trials. This trial aimed to develop and implement an integrated, more cost effective approach to the delivery of health and human services.

Objectives

By the end of the placement the student will have:

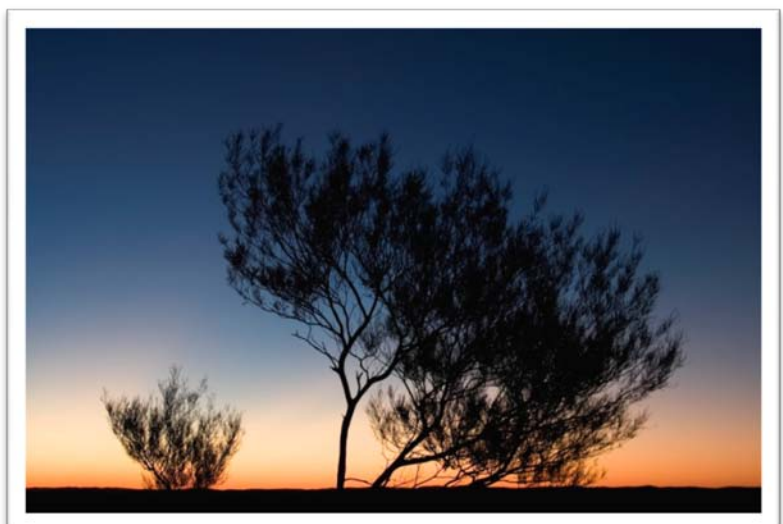
- An understanding of how a remote primary health care service operates
- Gained clinical exposure in a remote general practice setting
- An understanding of the common health problems presenting to a remote GP and the methods of diagnosis and treatment employed for their management
- An understanding of how to make services more accessible to Aboriginal people
- An awareness of the range of support services available to the community
- Managed a patient and sought medical advice over the telephone

Required activities

- Attend General Practice and Primary Care Clinics
- Clerk patients under supervision and present to the local supervisor
- Participate in community programs
- Report on a patient by telephone
- On-call after hours including going out on ambulance calls

Other possible activities

- As arranged with the supervisor.
- Wilcannia Hospital



Wilcannia

Suggested questions

1. What are the unique features of Wilcannia that impact on its health service?
2. What common problems present to the health service and how are they investigated and managed?
3. How does the Wilcannia Health Service organise and access clinical and professional support?
4. How does primary health care work in Wilcannia?
5. What is the role of the General Practitioner?
6. What is the role of the Aboriginal health worker?

Supervisor arrangements

Students are under the clinical supervision of the Health Service Manager or the RFDS clinician at all times.

The Health Service Manager is ultimately responsible for the work of students in the clinics. Students are supervised by a registered nurse or medical officer until the student demonstrates that they are adequate in history taking and examination. After this, students can see patients prior to presenting each case to a registered nurse or medical practitioner for confirmation of findings and discussion of management. However, the Registered Nurse is the person at the hospital responsible for patient care after hours. Students are encouraged to ask for help and support at any time and are expected to discuss case problems, remote practice issues, and community & population health considerations.

Information

Accommodation:

Accommodation provided.

Meals can be ordered at the hospital at a cost, however students may provide their own food. There is a mini-market and golf club restaurant nearby.

Transport:

Students are responsible for arranging their own transport to Wilcannia. Your own car is preferable. However there is a bus service which goes through Wilcannia most days.

Web Sites:

Wilcannia Community Profile: (Wilcannia Health Service Development Transitional plan prepared in 2000)

http://www4.tpgi.com.au/hope2/CWP/Booklet_3.htm

Hospital architecture:

<http://www.archmedia.com.au/aa/aaissue.php?issueid=200207&article=15&typeon=2>

Area Health Service:

http://www1.health.nsw.gov.au/services/Default.cfm?S_UNITNAME=wilcannia

Composite Placements

A number of composite placements have been formed. These usually involve both hospital and community settings as available.

Child Health Composite

Setting

Only small numbers of children are admitted to hospital in Broken Hill. Most paediatric services are community-based. Two paediatricians are employed to provide inpatient, outpatient and community paediatric services to Broken Hill and the surrounding communities.

Students spend part of the placement week with the duty paediatrician, and part of the week with the Child Health Nurses at the Child and Family Health Centre.

Objectives

By the end of this placement students will have:

- An understanding of community paediatrics in a rural setting
- Applied clinical skills in assessing children and gaining additional information required to address the child's problems
- An understanding of common medical conditions in children presenting to a paediatrician and the methods of diagnosis and treatment employed for their management
- An understanding of the environmental lead issue and how it is being managed in Broken Hill

Suggested questions

1. What common medical problems present to the paediatricians in Broken Hill?
2. How does a community paediatric service work in the bush?
3. What are the common health problems in Aboriginal children and how are they managed?

Supervisor arrangements

The on-call paediatrician will be the placement supervisor.

Community Composite

Setting

A number of organisations provide allied health services to the community of Broken Hill. These include the Diabetes Centre, the NSW Ambulance Service, the Mental Health Service and Lifeline. Students can expect to be placed with a number of these organisations, depending upon availability.

Community Composite

NSW Ambulance Service

This busy ambulance service provides retrieval and transfer services both within Broken Hill and the surrounding area.

Diabetes Centre

In 1996 a Diabetes Centre was established in Broken Hill. It was set up to provide patient education services, screening and regular monitoring of diabetes patients and better training opportunities for general practitioners and other health providers. It is staffed by trained nurses, community health workers, diabetes educators and an endocrinologist at intervals.

Mental Health Service

The Broken Hill Mental Health Service provides a crisis management service, ongoing case management for the mentally ill, and counselling services to the Broken Hill and surrounding communities. Broken Hill Base Hospital operates a Special Care Suite for people requiring inpatient care. Counselling services also cater for sexual assault, domestic violence, corrections service, and drug and alcohol. Broken Hill has a resident psychiatrist working with the team along with visiting psychiatrists from Adelaide and Sydney on a regular basis.

Lifeline

Lifeline has been offering 24 hour telephone (13 11 14) and face-to-face counselling for over 40 years. The Broken Hill centre is one of the oldest in Australia.

Objectives

By the end of this placement students will further understand:

- How allied health services of various types are delivered to a rural community like Broken Hill
- The cooperation of different health services
- The contribution of both professionals and volunteers to health care in the community

Suggested Questions

1. What is the role of each health provider and how do they fulfil this?
2. Who are the people each provider contacts and why?
3. How does training of personnel occur?
4. What are the common health issues that are managed?

Supervisor arrangements

Supervisors will be arranged at each placement.

Women's Health Composite

Setting

There is one full-time obstetrician/gynaecologist employed at Broken Hill Health Service, whose services are supplemented by a team of women's health nurses and midwives. Together they supply obstetric and gynaecological services to the town of Broken Hill and surrounding communities.

Students spend part of this placement week with the obstetrician/gynaecologist in gynaecology and antenatal clinics, part of the time with Women's Health nurses in the hospital, and part of the time with community midwives.

Objectives

By the end of this placement students will have:

- An understanding of hospital and community obstetrical services in a rural setting
- An understanding of hospital and community gynaecology services in a rural setting
- Applied clinical skills in assessing both obstetric and gynaecology patients and gaining additional information required to address the patient's problems

Suggested questions

1. What common gynaecological problems present in Broken Hill?
2. What are the challenges in providing a cervical screening program in a remote area like the far west of NSW?
3. What are the common obstetric and gynaecological problems in Aboriginal women and how are they managed?

Supervisor Arrangement

The obstetrician/gynaecologist will be the placement supervisor.



Conclusion

Assessment

Each medical school has its own assessment requirements. Students should contact their clinical school for further information.

Local assessment should be discussed and clarified with your mentor and supervisors at the beginning of your placement. This will ensure that all requirements are met during your stay here.

We encourage students to keep a record during their attachment of the cases they study, the procedures they undertake and the rural health issues they explore during the clinical placements. This may already be a formal requirement of your university.

Feedback

All students are required to provide feedback on their placement while based in Broken Hill. We welcome all constructive criticism and comment so that we can improve the teaching, learning, residential, social, and organisational environment to enhance the educational experience of students in the far west of NSW.

Feedback concerning this Student Guide would also be appreciated and should be directed to Danielle Keenan: DKeenan@gwahs.health.nsw.gov.au

Afterward

Thank you for choosing to come out to Broken Hill for your placement. We sincerely hope that your experience here is stimulating and enriching. During your time here you will better appreciate the challenges, pleasures, difficulties, advantages, concerns and wonders of living and practicing in a rural and remote area. Perhaps you may consider spending some (or even all) of your professional career in the bush. It just may be the best time of your life.

