

Your guide for UNSW Phase 2 and 3 medical students on long term placements in 2017

A joint initiative by

The UNSW Medical Society

The UNSW Rural Allied Health Medical Society

1st Edition Chief Editors: Evan Browne (MedSoc VP), Olivia Chua (RAHMS President) and Emily Heffernan (RAHMS Publications Subcommittee)

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We'd also like to thank the UNSW Rural Clinical School and the UNSW Faculty of Medicine for their policies attached and images sourced from the [RCS website](#).

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## Why you should go rural for Coursework, Research or Phase 3

Going rural is a pretty damn fine time. Going to a campus outside of Sydney opens up massive opportunity to make moments, learning and friendships you'll truly value once we graduate as doctors. This guide, made by students, for students has personal anecdotes of the real rural experience, links to the Clinical Allocation Policy, the Who's Who of the Rural Clinical School (RCS) and MESO and Faculty-provided information on a School-by-School basis. Here's a quick rundown on some of the major advantages for students going rural for their long term placement compared to the city-slickers.

### Academic opportunity


While Sydney hospitals are saturated with students from UNSW and elsewhere, rural health campuses have far less competition meaning rural placements offer virtually any ward-round, clinic or scrub in on any day of surgeries. Increased time in hospital brings greater clinical experience, for example: cannulation and clinical skills, sitting in birthing suites, and better understanding CXRs and ECGs. It's not uncommon for consultants to know students' names, giving amazing opportunity to make connections in specialist areas from as early as Coursework. Smaller classes mean lectures are run as tutorials often run by the consultants who guide you in syllabus matter they implement clinically everyday.

The University has invested millions of dollars in the campuses, making them beautiful environments for study and leisure. Students have out-of business hours access to uniwide, air-con, free printing and a fully-stocked medical library, plush sofas and plenty of large screen TVs for after class movie screenings.

### Your MedFam

The RCS ARC Clubs are really involved with their student bodies; for Albury, Coffs, Port and Wagga, there are around 50 students from years 3-6 and Griffith hosts 6 students from Coursework or ILP/Hons. The RCS societies run everything from one-on-one mentoring, academic and clinical tutorials, social and sporting events. Whether you're interested in getaway road-trips to sprawling beach, the snow or the wine country (#culture), heading out of the city has a lot to offer.

Your Arc Clubs are your main point of call, but throughout the year, they also engage with RAHMS for rural focussed support and MedSoc as the peak representative body for



Rural advocacy to the Faculty of Medicine and video-conferencing to events based in the city.

The administration and teaching staff are incredibly approachable, understanding and accommodating. To the point where students feel more like colleagues than staff going to trivia, dragon-boat races, pool parties and *Bachelorette* screenings on the weekends too.

### **Life as a Rural medical student**

While we all as students cringe at Sydney's traffic jams, rent in excess of \$250/week and pretty cramped in lifestyle, the rural campuses have great options for super cheap accommodation close to the RCS. While these places are a walking distance from your air-conditioned lecture theatre, houses and apartments either in a National Park or on the Beach are an easy drive away from the hospital and are much cheaper than in the Greater Sydney Area. Everyone gets one \$1000 relocation allowance for moving rural (no other pay outs for moving back to Sydney or back for Phase 3)

Some students have also made [Phase 2 preferencing advice page](#) which focuses more heavily on the RCS' metropolitan counterparts.

## The Faculty of Medicine's Clinical Allocation Policy

While there are many rumours distributed by students, the Faculty has published a specific Allocation policy for complete transparency.

[>>> See the Clinical Allocation Policy published in 2014 here <<<](#)

### DISCLAIMER

This policy is valid for placements in 2017. As *Your Going Rural Guide* grows, we look forward to adding in your questions to make this an even more useful reference in conjunction with advice from the Faculty of Medicine as per their Clinical Allocation Policy which takes precedence over this word-of-mouth article.

### Frequently Asked Questions:

#### **Q: Is swapping allowed?**

A: While this is not specifically mentioned in the policy, students are able to swap their clinical allocation for the fortnight following the release of the placements.

#### **Q: Does ILP/Hons or Rural Obs/Gyn placements count as a long-term placement?**

A: No, this policy, and the requisite for RSES students to have a long-term rural placement is for CSW and/or P3.

#### **Q: I am a rural entry student. What are my chances of staying in Sydney if I preference all metro sites for CSW or P3?**

A: Very little. The expansion of the Rural Clinical School has resulted in increased capacity in Phases 2 and 3, and therefore more than 25% of clinical placements are in rural environments.

The mandatory requirement of 25% of students allocated to rural clinical sites will be filled first by students who are Rural-entry. If you are a rural-entry student, you are likely to be allocated a rural campus for phase 2 and phase 3 unless you organise a swap or have special consideration.

If your first rural preference is over-subscribed, you will be allocated an under-subscribed rural campus, but faculty will try to give you your next preference.

If there are unfilled placements after the first round of allocations. RSES students will be allocated to a rural site, according to their preferences for rural sites, This will override the RSES students' preferences for metropolitan sites

Any leftover places (because there are apparently more rural places than rural entry students) will then be filled by local-entry students.

**Q: The policy says: At least 25% of local UNSW medical students must undertake an extended clinical experience in rural environments. There is an expectation that students admitted to Medicine under the RSES will undertake an extended clinical experience in rural environments. Does this mean the 25% rural entry AND the 25% local must both go rural?**

A: There are more rural places than rural students. The total number of rural placements is greater than the 25% requirement that Medfac is expected to provide.

(I think) It means that the 25% of students that are rural-entry will be allocated a rural site. The leftover places at each rural site will be allocated to local-entry students.

**Q: I'm a local-entry student. If I go rural for CSW, am I less likely to be sent rural against my wishes in P3?**

A: The rural and local sites are treated the same in P3. We can say that students who preference the same P3 campus as their CSW year have a higher likelihood of being successful. When it comes down to different preferences between CSW and P3, it will come down to the luck of the random ballot with all other students sharing your first preference of all spaces are filled.

It's important to note that ILP in a rural area is not in the scope of the policy so completion of the ILP/Honours in a rural setting will not be considered as meeting the requirements.

**Q: What level of sport/music qualifies for considerations?**

A: It is assessed on a case-by-case basis, and you will be required to give a lot of evidence.

## Your Contacts for 2016/17

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## RCS Media and Engagement

FB: [Like them on FaceBook](#)

W: <https://rcs.med.unsw.edu.au/about>





# Albury-Wodonga

[>>> See the map here <<<](#)


[>>> See more about the Albury-Wodonga RCS here <<<](#)

*Lucy McCrum, Damian Gill*

The border towns of Albury and Wodonga boast the most vibrant communities of all the rural locations. With a population of 100,000 people, 3 universities, and only 3.5hrs to Melbourne, it really has everything. Servicing a health catchment of more than 250,000 people, our two public hospitals are full of a diverse range of general medicine, general surgical, paediatric, rehabilitation and psychiatric patients. Two hospitals, I hear you ask. That's right, Albury and Wodonga each have their own hospital which we work between, and that's not even counting the three private hospitals we have access to!

Albury-Wodonga also has one of the best-run student organisations in UNSW, the Albury Wodonga Medical Students' Society (AWMS). Not only does AWMS have all of your academic needs covered, it also looks after your social, sporting and community ventures. Throughout the year, some of the events AWMS run include:

- weekly student-run Journal Club
- weekly student-run academic tutorials
- mixed netball and touch football competitions
- formal dinners
- Well-Being Nights
- Winery Walkabout
- ski trips
- Secret Santa
- BBQs galore
- multiple community volunteer projects
- mock biomed and ICE exams...just to name a few!



AWMS has also set up a *doctors4doctors* program, which links students with great local GPs who bulk bill our students to encourage them to take care of their own health and giving easy access when they do need support.

### **Academics**

Academically, students are treated to a range of very dedicated tutors, who often give up their evenings and days off to give extra tutorials. In Phase 2 there are weekly neurology, pathology, intern and "Integration Tutorials". Integration tutorials are run by one of the heads of ED, and students work through a case presentation as if they are in ED, taking a history, doing an examination and developing a list of differentials, before investigating the patient. These tutorials prepare you very well for ICE. There is also weekly bedside tutorials during general medicine terms from rehabilitation and nephrology physicians for both Phase 2 and 3 students. If that isn't enough for you, there is a general medicine tutorial from a local physician every week for all students.

### **Social**

What do we do in Albury? If AWMS hasn't organised your weekend for you, there is plenty to do around Albury. A summer afternoon spent floating down the majestic Murray River, or a winter evening huddled around the warmth of the community wood fired pizza oven never goes astray. Places like Beechworth, Rutherglen and Mulwala are all within an hour drive. You can even do a day trip to Falls Creek for a day of skiing in the winter! Melbourne is also only 3.5 hours away.

### **Life Things!**

Firstly, the admin ladies are amazing and are the Mother Hens everybody needs! There is also free student parking at the hospital. In terms of living, most students live in East Albury, which is walking distance from the hospital. Rent is super cheap, and generally about \$100/week. Being so close to Melbourne there are heaps of cute coffee brunch places - make sure you check out the Proprietor and Boom Boom!

Teddy Bear Hospital is also very much a thing in Albury. In 2015 we attended 6 schools, plus two fairs!

### **Cons**

There aren't many, but it is almost impossible to get around Albury without a car as public transport is definitely lacking, and you will have to go to Wodonga. There is also no cardiothoracic or neurosurgery, and many of our category 1 patients get transferred fairly quickly to tertiary centres in Melbourne. I guess we should also mention the weather. Albury does get cold, but there is no wind like Sydney and the sun stays out, so it's a nice cold! And if that doesn't comfort you, the snow is only an hour and a half away!

### Another submission by Claire Monaghan

I have been living in Albury now for just over a year and have loved every second of life on the border. Albury provided the academic and lifestyle change I was looking for. While the hospital here in Albury is significantly smaller than the one I was attached to in Sydney, I don't feel at all disadvantaged. We have the opportunity to develop relationships with doctors down here that is not possible in the city. Doctors go out of their way to welcome us to the community, and ensure we receive every learning opportunity possible. It's not uncommon for a doctor to buy you a coffee after rounds and sit you down for an impromptu tutorial.

Since most students live within a few blocks of each other, organising study groups for the biomed exam was very easy. We would get together every week at a different person's house and study together. Having the opportunity to form a study group significantly helped me to prepare for my biomed exams.

The lifestyle in Albury is not bad either! With so much time saved on travel, most of us down here have joined numerous sporting teams and are involved in various types of community activities. Weekends are often spent on the river in summer or up in the ski fields in winter. Even if you're not from a rural background, I believe anyone from Sydney would benefit from a few years in Albury and enjoy the experience immensely.



# Coffs Harbour

[>>> See more about the Coffs Harbour Campus <<<](#)


[>>> Coffs on the Map <<<](#)

*Maxwell Fulton, Evan Browne*

With hospital 5 days a week, Coffs Harbour offers extensive clinical experience. A wide range of facilities are available, including the operating theatre, pathology labs, clinics, ward rounds, meetings, private practices, etc. and there is plenty of involvement in and out of hospitals with several clinics in the area. Additionally, students are encouraged to scrub in and assist with surgery too: several students have assisted cesareans, live births and more! The clinical school is quite new and modern, with a relaxed atmosphere and access to the library, printing, NSW health database (powerchart etc.), tea/coffee and free uniwide. The iSimulation centre in the hospital also offers pretty amazing simulations on childbirth and Basic Life Saving sessions.

The teachers and lecturers at Coffs Harbour are great, and doctors are often quite flexible and willing to help outside of scheduled classes. Aside from regular bedside teaching, there is also a mentor/buddy system, which is really good for getting to know wards, how to approach patients in your own time, and gets you a bit of free OSCEs/ICE training. Phase 3 students also run non-timetabled tutorials, which are taught from a student's perspective - when they're not busy, they're very willing to assist!





Accommodation-wise, there's room for 12 at the clinical school, and you'll be living close to the other Phase 2 or 3 students. Since the clinical school is attached to the hospital, there'll be no need to travel back and forth, but even if you do decide not to live at the clinical school, there's free parking at hospital. Travel isn't too much of a problem within Coffs Harbour but you will likely need a car (or a roommate with a car). 10 minutes drive from Coffs Base Hospital are the beach/tourist strips Sawtell and the Jetty. To the north of Coffs (around 15 minutes drive) are other great suburbs with newer, larger houses such as Park Beach, Diggers Beach, Sapphire Beach and Korora. While it's a 6h drive back to Sydney, there are regular 40 minute flights available (Qantas, Virgin, Tiger and Rex) which can be quite cheap on sale - normally one way tickets can be booked for \$49, but on sale you can get return tickets for \$26!

Social activities are great in Coffs Harbour, with plenty of cafes and restaurants around, as well as surrounding towns and local beaches to visit. The CHUMS group (Coffs Harbour Undergraduate Medical Students) organises fundraising and events for the students like running and swimming groups, multi sports competitions, baking sales for the social event of the year (the Coffs Cup) as well as regular trips to local pubs and clubs for Salsa dancing or Trivia. Our hottest tips are *Treeo* and *Split* in Sawtell, *Old John's* in the Jetty or *Hearthfire* Bakery in Bellingen for brunch followed by surfing at Diggers Beach, the Promised Land waterfalls, laser tag, ice skating or skywalk and for dinner: The CBD's Ethiopian restaurant, *Mana Chita* or vegan Japanese in *Zen Japan*. For a nightcap, you'll be looking at one of Coffs' many cocktail bars like *Lime* or *Element*.

The only few cons about going rural at Coffs Harbour are the use of video conferences, lack of scheduled pracs, and the smaller classes meaning that they'll know if you skip. (So don't skip!)

One example of a house by the Coffs kids was in Sawtell, ([Find the details here for your general information](#)). This three bedroom house (on the banks of Bonville Creek) had 2 single bedrooms and a master for 2 people, 2 bathrooms, a 2-space garage and plenty of street parking, our very own jungle backyard and sizable front yard as well as massive living spaces and a waterview veranda. In short, we scored our own sun-bathed waterside villa 10 minutes drive from hospital.

Cost per week: **\$130 per person**





# Griffith

[>>> Where is Griffith? <<<](#)

[>>> Go see Griffith RCS' website now <<<](#)

*Jessica Brown and Cassie Jennison*

3 words - sweet, sweet freedom. Whether your Phase II learning takes off like you've had a flamethrower lit under your ass or whether you flunk out is totally and completely up to you. Griffith is, almost entirely, what you make of it.

## Clinical Experiences


### **Opportunities**

You can do just about whatever you want. Have a chat to the Rural School Heads, Damien Limberger and Cathy Pianca. Chances are they'll be able to set up a day to follow whoever's in town - ophthalmology, paediatric surgery, geriatrics! You'll learn bucketloads. While they do have plenty of visiting specialists to take full advantage of, they don't have some specialities such as ortho.

There are also tonnes of excellent day placements, farm days and camping opportunities, including one at Mungo National park, all with built in rural med simulation scenarios and teaching. Plus, you'll meet Bogan Tom. #griffithdor.

There aren't many residents or registrars out here at all, so they all want to teach you everything. You'll get to scrub in as soon as you learn (in your first week!), assist, learn skills like suturing, cannulation, catheterisation and intubation. Oh, and you'll actually get to do it on real patients. Lots.





Small hospital, ergo fewer patients. Help the med / surg registrars and interns finish up their jobs and paperworks early, and they'll usually shout you coffee afterwards, since the middle of town is only a 2 minute drive away.

Bored? Finished early in clinics? Still keen to stick around in the hospital? (You gunner!). Wander up to theatre and ask Dr Jaya or Dr van Shaw what's on the list. Or if surgery isn't your gig, head down to paed's and ask if you can sit in on clinics with Dr Hopp or Dr Singh. Maybe something's going on in maternity. Or ED's full and they need a hand (let's be honest, ED will always want you to do their dirty work, full or not). The point underlined: the Griffith hospital is your playground, and you're an asset to them. Go fly, little medling.

### Teaching

The Griffith rural clinical school is a pretty pimped out little cottage. Gotta see it to believe it! In general, you do lectures in your own time. If you didn't excel in your "Self-directed learning", stay at home.

Timetabling can get really messy, especially in BGD (which is, unfortunately, your first term). Doctors from the hospital who are scheduled to give you personal lectures bail on the constant (often without giving you any heads up), which requires rescheduling and impromptu shuffling of your timetables. So be prepared for timetables that shift like games of tetris.

That being said though, timetables in general are super flexible. There is no one ever marking a roll, so no one seems to really mind if you miss a day or two (as long as you give Cathy or your relevant superior a heads up). Always helps to have a good reason, but it means all's good if you need to head back to Sydney for an extra few days here and there (21sts, anyone?)

The greatest thing though is that if you have a particular interest in a field (eg. obs/gyn) just head over to their section of the hospital, get to know the staff (baked goods help), and spend some extra time with them. Not only will they give you extra tutorials, hands on practice and the time of day, but they'll let you deliver babies. You've just got to show up wherever you are and be willing to learn. There are so few of you full time students in Griffith (6 v 12 in phase II, and no full time Phase III students) that pretty much the entire full time staff at the hospital know you by name. Grab that opportunity by the goolies and you pretty much can't go wrong!



## Living

### **Accommodation**

The house you get set up with is out of this world. Informally known as “The McMansion”, **rent is between \$55 and \$80 p/wk**. A car garage is provided for 2 people along with 3 bathrooms (one is an ensuite), lounge room, playroom and a ping pong table. All beds are doubles (bar one) and the place is situated across from an oval, 10 minutes from the hospital.

### **Travel**

You’ll need a car since Griffith folk don’t believe in public transport. That said, if you’re a keen cyclist or runner, the hospital’s only 4km away, and it’s a nice ride to the hospital. There are showers at the rural clinical school, if you ever want to travel the old-fashioned way.

Some prac lessons will involve travelling to Wagga Wagga, so early morning trips via the Magic School Bus (Cathy’s van) take place a few times a year. This is being phased out though as in 2016 much of this involved V/C-ing.

Most important to note, coming to visit Sydney is a bellyache. Return flights cost a minimum of \$300 return. Or you could always opt for a 14 hour return road trip.

### **Social and Leisure**

Firstly, wineries errywhere. Secondly, the town is big on cultural traditions, fiestas, country gigs, good food and wine - which is great, but low-key on other social events. There’s a local pub (our house plays trivia there weekly - alongside loads of the local doctors and Wollongong med students and friendly locals). Plus, we have our own house traditions (If You Are The One, anyone?), but yeah, you’re going rural. Like, really really rural. There are rodeos, and markets, and loads of livestock. So if you can’t see yourself trading off raising the roof and rounding it out every weekend for fresh clean air and a sweet community and organic food - well, hay.

## **Insider Tips**

Introduce yourselves to the heads of rural school, Damien Limberger, Cathy Pianca and your clinical educator, Kyla Brooks. They are your guiding stars. Your second parents. The real and true blue deals. Not only are they kind, smart and loving, but their doors are always open for uni related stuff, for personal stuff, or even just to go grab a coffee at the Roastery - the best coffee in town. And since Griffith is largely an Italian based town, there’s some damn good Joe around.



# Port Macquarie

[>>> Follow this link to see what Port has to offer <<<](#)

[>>> See Port on the map <<<](#)

*Georgina Dixson and Rachel Beattie*

Boasting some of Australia's best and most beautiful beaches and soon to be the first rural school offering a full medical degree (Phase 1 to 3), Port Macquarie is an incredible environment to further your medical education. Despite the beach providing a constant distraction, amazing teaching, facilities, and RCS staff/doctors/allied health workers guarantee that you will come out with a great tan and excellent experience and knowledge. The coastal beach-holiday feel of the town permeates through to the hospital and everything happens in a relaxed way. There is a healthy balance of work time and play time, with good support and involvement through the different year levels - ranging from peer-tutorials, shared coffee runs (*PEAK COFFEE IS THE BEST*), to Friday evening beers at the Surf Club. Port Medical Society (PMS) organises some fab events and there are also plenty of cafes, so you won't miss out on your brunch-fix.

Inherent to any RCS is smaller class sizes. Lectures are delivered as tutorials, with much more focussed and flexible learning and lots of exposure and opportunities for clinical experience. Tutors make an effort to get to know you and are very generous with their time and expertise. It does, however, mean that it is far more obvious if you skip class. Additionally, some classes are conducted via video-conferenced from Sydney. There are no scheduled pracs and while the infamous Anatomy Week is no longer a thing, there are shared Prac Days with the Coffs Harbour RCS. While it is always nice to see other RCS friends, the full day of pracs can be pretty full on and can involve an early bus trip.

### Other (more practical) Good Bits

- There are lots of new and modern facilities both in the RCS and the hospital that are available for the students
  - Includes the hospital library, NSW health databases, printing etc.
  - Great kitchen and common room area (tea, coffee, fridges, pool table, ping pong etc)
- The RCS is on the hospital campus and so there is no need to travel from school to hospital and there is free student-designated parking
- There are heaps of clinics and opportunities to be involved in and out of the hospital.
- Students are encouraged to be involved
  - Scrub in and assist surgeries
  - Doctors are available and flexible to see you outside of class and if you're willing to do extra things they will often take you to additional clinics etc
  - Participate in labs, clinics, ward rounds, pathology labs, GP consults etc.

Life in Port Mac is pretty relaxed. Generally there is work available in hospitality and nannying/babysitting (particularly for the doctors/hospital staff) and some tutoring if you can get your name out. Life is generally less expensive than in Sydney, but this is also reflected in pay rates. A car is also pretty necessary, or at the very least, a kind roommate with a car. Geographically, the Port RCS is the closest to Sydney. It takes about 4.5 – 5 hours to drive from Port to Sydney (divided highway all the way). There are flights available, but only operated by Virgin and Qantas, so while comfy, flying is quite pricy. The rental market is mildly competitive, but nothing on Sydney. Rent is very affordable. Many students tend to live in the Lighthouse Beach area, some live in town (near Flynn's Beach) or near Settlement City, and others live nearer to the hospital (Lake Innes area). There are a range of housing options, but definitely check out a few different areas and decide if you want to be nearer the beach (WOULD recommend!) or the hospital. It is worthwhile speaking to existing students at the school as you might be able to get a group of people together to take over a share house, or get your hands on some cheap(/free!) furniture.



# Wagga Wagga

[<<< Wagga got your tail wagging? Find out more here >>>](#)

[<<< Find them on the map >>>](#)

*Lucinda Roper and James Kane*


Located smack bang in the middle of Melbourne and Sydney you'll find Australia's largest inland city, a place so good they named it twice - Wagga Wagga. Boasting an urban population up around 55, 000, a brand-spanking new hospital AND a beach\*, Wagga is much more than many might expect. So if you're looking to go rural but are scared of missing out on city life, Wagga may just be for you!

\*definition of beach may be loose

## Wagga Lifestyle

Whilst Wagga is technically a city, it's a city of a different kind. While you'll find most of the big chains of Sydney, except apparently T2 and Grill'd, they are likely to be either on or very close to the extraordinarily long main street, Baylis St, meaning everything is easily on hand in one convenient location! The extra time you'll save normally spent commuting around the city to find what you need means you'll have much more time for the great things Wagga has to offer. Whether this be eating out at any number of good cafes and






restaurants, visiting local breweries and/or wineries, or of course a visit to the famous Wagga beach - a lovely sandy spot on the banks of the Murrumbidgee river great for picnics or even a bit of a dip - there's no shortage of fun times to be had. For the more athletic, you can join one or more of the many and varied sporting clubs, including netball, water polo, hockey or any of the footy codes. The proximity of the CSU campus also means there is no short supply of people in our age bracket to meet on the sporting field, or out on the town in Wagga's bustling night life.

Accommodation is also one of Wagga's big draw cards. Many students form share houses that are visited on the traditional "around the world" house crawl at the start of the year, with rent generally much cheaper than it's Sydney equivalent. There's also the option to stay at the nurses quarters right next to the hospital, a steal at only \$38 a week, with bathrooms cleaned for you (!) and all utilities except internet included.

One big insider tip is to make sure you have adequate aircon wherever your new abode may be, with Wagga regularly hitting over the 40 degree mark in summer. Similarly, heating may be an idea for the winter months as it can get quite frosty.

### **Clinical experience**

As of 2016 Wagga officially opened its new hospital. Being the Regional Referral Hospital for the Riverina you'll get to see people from all walks of life with many varied presentations. Everything will also be shiny and new, with the clinical school also having undergone a bit of a reno and now featuring enormous flat-screen TVs for lectures and video conferencing, a comfy student lounge, library with a range of medical textbooks, and of course lovely staff on hand to help.



As we all know, the people involved in your clinical experience can make or break the your placement. If past reports are anything to go by, this is an area in which Wagga excels. Students from all years receive the benefits of the established culture of medical teaching amongst senior consultants, manifesting in weekly ECG teaching, spontaneous bedside tutorials, or maybe even being treated to dinner by consultants when the reg in your team is rotating to a different hospital.

This culture of medical teaching also means you'll get plenty of hands on experience. You'll gain a lot of confidence talking to patients as you'll do it so often, whilst third years can become proficient in taking bloods and cannulating. There's opportunities to scrub in and participate, perform PRs and ABGs, or take part in excellent placement programs with GPs or even at the Junee gaol.

### **The not-so-great**

All places have their cons and as great as Wagga is, it's not exempt. The main downside is the commute. As it happens Melbourne and Sydney are quite far apart, so despite being half way it is still a good 5 hour drive back to Sydney. There's also the option of catching the train, leaving twice daily at 1pm or 12am, costing \$45 and taking 6.5 hours, on which you can spend some time studying, or more likely watching a movie, reading, listening to music or of course sleeping. While this may not be ideal for those with a significant other back in Sydney, many happy couples have been known to last the long distance.


Timetables can also change relatively frequently, sometimes without much notice, whilst lectures are different from those in Sydney owing to different lecturers, though the slides are the same. Recordings of Sydney lectures are all available online too though.

## Doing Research out Rural

### **ILP in Albury, *Katherine Grellman***

Doing research at a rural campus is great for a whole lot of reasons. There is a lot of flexibility in the way you run your project, you are intimately involved in the planning of the project and you have the opportunity to be heavily involved in your supervisor's clinical activities as well. It also means that if you go rural for coursework, you can stay in the same place for the rest of your degree and not have to move if you don't want to!

It's true not many supervisors have done a lot of research before, but there are so many that are keen to! I found that it was very much up to me to set the direction of the project, ensure it was on track and iron out any speed bumps. It sounds tricky, but because the rural hospital is smaller, if I needed to talk to someone about my project I could walk into their office or see them on the wards to discuss my concern. Because it was up to me how the project went, it also meant that I was able to set my own hours each week. This flexibility gives you the opportunity to attend heaps of clinical sessions with your supervisor, or leave early on Friday if you want to get away.



Even though it is just you and your supervisor (there is usually no research team to join), there are so many people around who are willing to help you out. I got help with my statistics from my Head of Campus, who was also willing to edit draft reports for me throughout the year. You also get video conferenced in to Sydney to the research department of the Rural Clinical School who can be really helpful in guiding you.

In terms of topics, if you want to do research in paediatric nephrology you might be better staying in Sydney, but more general topics are definitely possible. I worked with the Director of Rehabilitation and a local neurologist and analysed the management of multiple sclerosis patients to determine if there were gaps in the delivery of optimal treatment to all groups of patients. Other projects that were done in Albury looked at febrile neutropenia in cancer patients and at survival rates from colorectal cancer surgery.

I can't speak for the other campuses, but Albury is definitely set up to be a great place to do your research! As well as the control you get of your project and the support system set-up, you also get all of the benefits of being a student in Albury which are mentioned in the section on our campus - regular tutorials, social and sporting events, community activities!



## Information for International students

In terms of international students going rural: the official line as per the Clinical Allocation policy is that it's actually pretty hard to go rural long term. There have been international students who've gone rural for Phase 3 or ILP with an application to the Head of the RCS and to faculty, so it doesn't hurt to try (these placements were in Wagga Wagga).

While international students are exempt from a 4-week rural term in Phase 3 Primary Care (GP) term, they are now able to do so if they apply to the faculty. If you'd be interested in doing this in 2017, please contact the School of Public Health and Community Medicine when GP preference forms come out, and express interest in going rural. See the profile below:

Your contact: Dr Joel Rhee

Email: [j.rhee@unsw.edu.au](mailto:j.rhee@unsw.edu.au)

Phone: +61 (2) 9385 3502

UNSW Link: <https://sphcm.med.unsw.edu.au/people/dr-joel-rhee>

You should be aware that rural GP placements in Wagga Wagga, Albury, Coffs and Port Macquarie are off-limits; these are reserved for Phase 3 students in RCS'. You can go to the Central Coast, Gosford, Manilla and Broken Hill, among others. Further, priority is given to local students first, then international students. International students cannot obtain a travel concession as they are given by the government, not the faculty..

For more detailed information, you can log into Moodle (Course: Medsoc, Password: medsoc) and see this report by UNSW MedSoc Vice President of 2015, Richard Tjahjono.

<http://moodle.telt.unsw.edu.au/mod/hsuforum/discuss.php?d=7059#p31254>

## Rural Students' Wellbeing

### Heads of Rural Schools

The Heads of the RCS's are incredibly approachable for all students. They provide:

- Confidential advice and counselling
- Contacts for external youth-interested GPs and psychologists
- Special consideration for assessments

### When the Cowpat hits the Windmill

You might be interested in reading this easy guide on keeping mentally and emotionally resilient to avoid burn-out.

[Download it here](#)

### Keeping your Grass Greener

Did you know medical personnel (despite our own training in Mental Health) experience higher levels of stress, anxiety and depression than the general public? This is an excellent resource on a look at why medical students experience more negative thought patterns, and is an easy read to look at better coping strategies.

[Download it here](#)

## Keep your finger on the pulse with these organisations

### Australian Medical Students' Association (AMSA) Rural Health

AMSA Rural Health aims to connect, inform and represent rural-background students, rural clinical school students, and students interested in rural health.

FB: <https://www.facebook.com/yourAMSArural/?fref=ts>

### National Rural Health Alliance

The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health. Its Vision is good health and wellbeing in rural and remote Australia and its goal is equal health for all Australians by the year 2020.

FB: <https://www.facebook.com/NRHalliance/>

T: +61 (2) 6285 4660

E: [nrha@ruralhealth.org.au](mailto:nrha@ruralhealth.org.au)

W: <http://www.ruralhealth.org.au/>

### National Rural Health Student Network

FB: <https://www.facebook.com/nrhsn/>

### Rural Health Workforce Australia

We're a not-for-profit organisation that tackles the shortage of health professionals in rural and remote Australia. We manage national programs that recruit, attract and support health professionals in the bush. We also engage students in rural health careers through the National Rural Health Students' Network. RHWA is funded by the Australian Government's Department of Health, to whom we provide policy and program advice. We're the peak body for the state and territory Rural Workforce Agencies, which recruit and support health professionals in rural and remote areas.

FB: <https://www.facebook.com/RuralHealthWorkforce/timeline>

T: +61 (3) 9860 4700

E: [info@rhwa.org.au](mailto:info@rhwa.org.au)

W: <http://www.rhwa.org.au/>