

# Gippsland Medical School

## Newsletter Winter 2010



### Head of School Report

We have now got half way through 2010 and have completed first semester. I am very pleased to report that we have had a 100% retention of students so far this year; that is all GMS students who started either Year A, Year B or Year C with us are still enrolled and studying.

We are in the process of selecting candidates to attend the MMI interviews for places in Year A 2011. It is very pleasing to report that we had a significant increase in the number of applicants and that the quality of the applicants continues to improve, in terms of both their Grade Point Averages and their GAMSAT results. We have already trained some more MBBS student interviewers and are keen to recruit and train more interviewers from the broader community.

This has been a very momentous last 12 months in terms of the health landscape in Australia. The federal government's health government's health reforms are starting to take effect. We now know that the Divisions of General Practice will cease to exist in their present form by the end of June 2012. They will be replaced by Primary Health Care Organisations (PHCOs) commonly called 'Picos'. We know that there will be fewer PHCOs than there are divisions, and given that the government suggests that the basic population footprint for a PHCO will be 250,000 people, the best guess is that there will be one PHCO emerging for the whole of Gippsland, instead of the current three divisions. GMS is a foundation member of a Gippsland Primary Health Interest Group that is trying to lead the region through these changing times.

We are now all looking eagerly to the federal election to see whether it will be steady as she goes, in terms of the current trajectories of health and education policies, or to see what impact any change of government may have on the university and the GMS.

*Chris Browne*  
Head, Gippsland Medical School

### Volunteers

Monash staff and community members are being sought by Gippsland Medical School to be involved in the MMI "multiple-mini-interviews" which will be conducted on September 18th and 19th. The interviews are part of a selection process which will have graded students on their undergraduate grade point average and their GAMSAT test results. The interviews will be "multiple-mini-interviews" (MMIs) where applicants rotate through a series of brief scenarios/ interactions with interviewers. This requires a large number of interviewers and improves the validity of the selection process.

You would need to be available for at least one half day on either Saturday 18th or Sunday 19th September. You would also need to attend a two hour training session in August.

Community members and Monash staff are welcome.

Please reply to Judy Embleton to confirm your interest.

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## Monash Medicine and Art & Design collaborate on artist residency

In a collaboration between Gippsland Centre for Art and Design and the Gippsland Medical School, artist Natalie Ryan will be in residence on the Gippsland Campus during May.

Natalie is a multi award-winning artist whose practice engages with anatomical drawing and body reconstruction through sculpture and installation. The artist will be based in the artist-in-residence studio at Gippsland Centre for Art and Design, interacting with both Art and Design and medical students and staff, and creating sculptures and installations during the residency.

The collaboration between two areas of study commonly considered to be poles apart in topic, approach, and outcome is a bold local experiment designed to break barriers between professions. Embedding Natalie into the experience through her creative perspective will allow our students to understand that modern doctors do more than just heal bodies. Natalie will be in residence through May and presented a public forum on her work on 18th May.

## South African Medical leaders learn from Gippsland Medical School

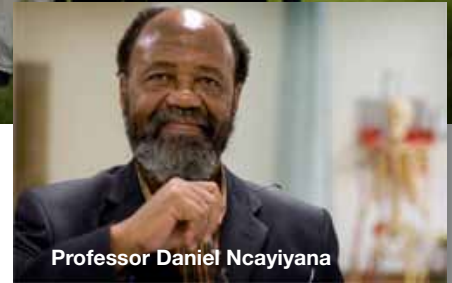


The importance of providing clinical training opportunities in regional locations – and encouraging medical students to consider a career outside metropolitan areas – has been the focus for a South African delegation visiting Monash University Gippsland.

Made up of senior academic leaders from eight universities in South Africa, the delegation visited the Gippsland Medical School in early May as part of a study looking at how providing substantive clinical training and placements in regional areas can often result in medical students choosing to remain in regional areas after graduating.

“There is increasing evidence that the location of medical training and clinical placements has a significant influence on where graduates choose to live and work,” said Professor Chris Browne, Head of Monash University’s Gippsland Medical School.

The delegation’s visit demonstrated the value the Gippsland Medical School played in helping ensure the provision of health professionals across Gippsland, and was delighted



that the School’s success could assist other communities around the world.

“Like Australia, South Africa is looking for ways to build its rural health workforce, including thinking about how medical graduates can be attracted to – and retained in – regional areas.”

“The Gippsland Medical School has made considerable efforts to provide extended clinical training and placement opportunities throughout Gippsland and regional Victoria, and it is particularly pleasing to be able to share our successes, experience and knowledge with our South African colleagues.”

Led by Professor Daniel Ncayiyana (Director, Benguela Health, Pretoria, South Africa), the delegation met with Gippsland Medical School staff and health providers from across the region to explore how universities in South Africa can establish better rural clinical training, and encourage students to consider a career in rural practice.



L to R: Sue Whyte - Monash, Rhonda Dunn - GARDS, Vicki Hamilton - GARDS, Ann Dettrick - Monash, Dorothy Roberts - GARDS, Margaret Simmons - Monash, Marie Smith - GARDS

## GARDS

On 24 March this year we had representatives from the Gippsland and Related Diseases Support Groups (GARDS) [including Vicki Hamilton (CEO and secretary), Dorothy Roberts, Rhonda Dunn and Marie Smith] come and speak to the medical students about asbestos and how the asbestos issue has touched their lives.

Students were delivered tutorials by families who had been affected by asbestos disease. This is the third year that GARDS have been a part of this tutorial for the MBBS students and it gives them an overview of the emotional, social, physiological and environmental issues that communities and families face. The tutorials also give a sense of the impact that exposure to asbestos has had on the Gippsland community and further afield. The struggle that families and their loved ones have faced has been over a very long period of time with many thousands of people dying of asbestos disease. It is important to convey to the students the issues that GARDS has had to overcome to help support sufferers and their families. With this insight, students will be better informed to ask the right questions and support families who are seeking medical advice, diagnosis, help and support for their loved ones and their families.

# The Royal Australian College of Surgeon's Annual Scientific Congress 2010 – Perth

Jacqueline McDonnell  
Year C Medical Student

I made up my mind early in my medical education that I wanted to be a surgeon. I like to get my hands dirty, I love variety and living in the country. So at this year's annual surgical conference (The Royal Australasian College of Surgeon's Annual Scientific Congress) you would assume that I had no troubles deciding how to divide my time over the various sessions because, without a doubt I will become a rural general surgeon! But no, life is never that simple. At last year's conference I had a taste of every subspecialty with the plan of narrowing my range this year. I did, I only went to: general surgery, rural surgery, trauma surgery, breast surgery, plastics and paediatrics, burns and the very glamorous military surgery. Just a small selection, really!



Those who know me will be shocked to hear that the military sessions drew me in like a moth to a flame. But hear me out...what can be more rousing than being the first on the scene of a natural disaster and being able to help the locals long before the NGO's are able to get there. Or being right in the middle of the trauma of a war zone. I can't stop the wars, I am not a diplomat. But maybe I can help make a difference as a military surgeon. Dr Mary Langcake (Director of Trauma, St George Hospital, Sydney) told her story of being deployed to Afghanistan as an Airforce surgeon. Her story was shocking but inspiring, electrifying but daunting. It told of friendships, teamwork, surgical

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## Scholarship Awards



Professor Chris Browne with Mr. Luke Hamlin, a Year A student, who was awarded an Indigenous Scholarship for Achievement and Equity which is awarded to the highest achieving eligible students based on a combination of academic achievement and need, and Ms. Josie Ibrahim, a Year C student at Peninsula Clinical School, who was awarded the Dr. Paul Baker Scholarship for academic and community achievement activities. This scholarship is awarded to students studying the Bachelor of Medicine/Bachelor of Surgery on the basis of academic achievement and other factors including rural relocation.

innovation, new skills, but also stress, and feelings of loss and inadequacy. My lunch break was spent at the Defence Force conference booth. Something to keep in mind; you don't need to be a full time military surgeon; you can serve at a reservist and decide on which deployments you go on.

The rural surgery sessions contained much discussion of the need for General surgeons who are generalist rather than subspecialists. Especially in country areas, surgeons need to be able to manage trauma, critical care patients, and emergency general surgery. Can we overcome the shortage of rural general surgeons by up-skilling "city surgeons" in emergency surgery? Dr Ruth Blackham discussed the promising results of the "Rural Emergency Surgery Weekend" aimed at surgical consultants and trainees. Time will tell if these new "rurally competent" surgeons will help increase the pool of locum surgeons able to provide relief to their country counterparts.

Breast surgery issues for rural surgeons were also raised. Many patients do not want to travel for cancer treatments. Some even fear

city doctors, although funding is not currently available in many rural areas for cancer treatment facilities. For example in Wagga Wagga NSW, without the generosity and support of the local community the \$4.9million required for their cancer centre would not have been remotely attainable.

The adrenalin surged trauma surgery sessions were able to bust a few myths for me: Contrary to the Advanced Trauma Life Support course - digital rectal examinations are NOT required for all trauma patients, as there is no clear evidence for its efficacy in diagnosing traumatic injuries.

Also, Fiona Wood explained that chances are, I will never get to do a burn escharotomy unless I work in a burns unit. They are rarely required in a peripheral hospital, especially if oedema is managed appropriately until the patient is able to be transported to specialist care.

And finally Anne Karczub showed us all that emergency c-sections are possible outside the obstetric environment and discussed the outcomes of perimortem caesarean sections.



If done within 5 minutes of cardiorespiratory arrest the primary gain will hopefully be the resuscitation of the mother with a possible secondary gain of fetal survival. Dr Karczub emphasised the need for team work and quick decision making in such situations.

I had the opportunity to meet many inspiring surgeons at the conference – both male and female, but it was the Women in Surgery meeting and the following sessions that continue to encourage me on my pathway towards a male dominated specialty. More and more women are becoming surgeons and the nature of surgical training is becoming more flexible to fit around life's other commitments. Career, family, aid work and research, you can have your cake and eat it too!

## John Flynn Scholarship Scheme

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. Working closely with a rural doctor mentor and the host community,

medical students develop a better understanding of the challenges and rewards associated with rural medical practice and non-metropolitan health care services. This year eight of our Year A students have been awarded scholarships. Congratulations!



Tristan Boonstra



Kate Enright



Jason Hong



Nicholas Lonergan



Parveen Sagar



Ayesha Sheikh



Leisel Trompf



Allara Walsh-Howe

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