

# A rural guinea pig

## My perspective on the 2007 rural medical immersion programme

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Rachel plans to pursue a career in emergency medicine, eventually working in a rural area. She is about to leave for her elective period where she will be exploring these interests with six weeks of trauma in Cape Town and six weeks in rural South Africa. Her other interests (when she finds the time!) are in the outdoors, particularly whitewater kayaking and mountain biking.

### Introduction

I spent six months of my 5th year in Greymouth, as a student of the pilot Rural Medical Immersion Programme. The programme was created with the objective of inspiring interest in rural medicine, hopefully leading to more doctors wanting to work in rural areas. It is already established in Australia, but had never been done before in New Zealand.

Dr Pat Farry (GP and RMIP Creator) sold the course to me on the first day of my fifth year. The thought of spending the year seeing patients instead of trying to stay awake in endless tutorials seemed too good an opportunity to turn down. Before I knew it this impulsive decision had sent me on the biggest challenge of my medical student years.

### Preparing to be immersed

The programme began with five weeks of standard 5th year training in Christchurch to alleviate some of the concerns among consultants that we may not get any formal training in certain specialties, in particular psychiatry. As I was so late in signing up I was already assigned to obstetrics and gynaecology which is where I stayed. This gave me a taste of what



RMIP Students and Grey Hospital Staff, from left to right, Michele Wilkie, Pat Farry, Anna Proverbs, Roger Mills, Vicky Carter, Rachel Lynskey, Naomi Crooks, Liz Dowd, Pradu Dayaram, Greville Wood, Malcolm Stuart, Lasantha Martinus, Tom Stevenson, Adele Pheasant

5th year would probably be like in Christchurch and allowed me to adjust to leaving. After five weeks of 8am starts for five hours of tutorials but no patients in sight, I wasn't regretting my decision.

The first move came. We traveled down to Dunedin for three weeks of preparation and, of course, tutorials. There was some fun to be had however. This was mainly in the form of obvious personality clashes, as we tried to negotiate possible objectives and assessments for the year. These clashes were confirmed by Meyer's Briggs personality tests as we analyzed ourselves and each other. A simulated motor vehicle accident demonstrated we never know as much as we think and stressful situations can make even the calmest personality panic. We only lost one of the unfortunate 'victims'!

During the three weeks, each respective group visited their future rural centre for a day. Landing in Hokitika airport we had a picture perfect West Coast day. That is of course, radiant sunshine and clear blue skies as opposed to lashing rain and thunder. Definitely a day to make you feel like there is no need to be anywhere except the West Coast ever again. We were treated as celebrities as we were escorted around the hospital, and of course treated to one of the timeless 'Friday free lunches' after the Xray meeting. The Greymouth catering is not quite of the same caliber as Christchurch - a rural GP student from Dunedin assured us that the 'parcels of joy' were to die for but I never quite caught on to the craze over a deep fried bundle with unrecognizable filling. However, it was a good chance to meet the people who would become our future colleagues, friends and family.

The three weeks in Dunedin ended with a trip to the Rural GP Conference, held at Star City in Auckland, as rural as it gets! There was a huge amount of interest in us and the programme. Pat was even given a brief slot to introduce us, using what had become his favourite line "I knew the students who signed up for the rural programme would be adventurous, but I didn't realize they were going to be so smart!" The first time we heard this I think we felt like we were glowing with intelligence; by about the tenth time I think we were feeling a little cheesy.

After another week back in Christchurch for the school integrative week and a week holiday, we finally began in Greymouth. It was the 16th of April, close to one third of the way into 5th year and the year for me hadn't even really begun! This was a stressful thought for us when we knew final exams lay waiting for us in just a few months time.

### Beginnings of rural life

The first week in Greymouth was an introductory week, to introduce us to the Coast and the 'Coaster's'. Greville Wood was our regional co-ordinator, and he made a point of us seeing as much of the coast as we could during the week.



*Kayaking off Maruia Falls*



*A sunset on the drive down to Haast*

The area from Karamea in the North, to Haast in the South is 509km in distance with 30,000 people living in the West Coast region. One of the beauties of the Coast is that it is so extensive and so sparsely populated. However, it is understandably a logistical nightmare to provide a reasonable health system with the funding available for this number of people. In South Westland for about 200km from HariHari to Haast, there is only one GP. Each small or tiny town has its own clinic which will be staffed by a highly trained and competent Rural Nurse. The GP will visit for a half day or full day once a week to provide anything that cannot be done by the rural nurse.

So basically, we were set loose to drive the coastal road stopping in at clinics as we traveled, as well as some touristy glacier stops. There is a certain appeal to this part of the country not just because of the breath taking beauty, but also it's relative inaccessibility. Although this is exciting for outdoor types like myself, it is not ideal for ambulance transport. If you can imagine having to drive an ambulance over 200km of winding narrow roads that is bad enough, but imagine being the unwell patient in the back. It is not surprising that the majority of patients who are transported become motion sick, end up vomiting and generally feel pretty gross by the time they actually make it to hospital (whether they did when they left or not!). Helicopters are an obvious solution to this problem, but they cannot fly in all weather and the cost means they are generally reserved for emergency situations.

Having to drive these roads ourselves was a fantastic sightseeing opportunity, allowing us to experience the isolation, as well as the motion sickness!!

Other parts to the introductory week included stitching practice, mine shaft visits and of course another of the Friday free lunches.

### **The true West Coast experience**

Finally we began what was the core of the rural immersion programme and started to have patient contact. While in Greymouth we did not do the five week 'runs' of various specialties. Each day would be something different. Our time would be divided between the emergency department, orthopaedic outpatients or surgery, psychiatry inpatients or outpatients, paediatric outpatient clinics and general practice. Then we would fit in the visiting consultants including ophthalmology outpatients and ENT outpatients. There was also the opportunity to follow a midwife and to spend time in gynaecology and obstetric clinics. In each of these areas we were able to see patients by ourselves, create management plans and then discuss these with the doctor or consultant we were with. Therefore, the majority of teaching was one on one and patient centered. For me this was ideal. I have spent a lot of time in tutorials and lectures day dreaming or sleeping and then having to spend my own time re learning this material. I found that it was much easier to retain information when I could relate it back to a patient. Everything became much more relevant and I was learning practical skills at the same time. My ability to communicate and relate to

patients improved dramatically.

Another difference from 5th Year in Christchurch was I felt like one of the staff at Grey Base Hospital and was treated as such. There were only three of us and obviously less staff as it is a smaller hospital, so we all got to know each other and everyone knew us and greeted us by name.

Pradu Dayaram was the long standing orthopaedic surgeon at Grey Base Hospital. He was initially a cold, hard, scary teacher, similar to those stereotypes in the media who always pick on students, grilling them and then berating them when they don't know the answer. The nurses also found him difficult in surgery, pleasant one minute and then yelling about a mistake or the wrong equipment the next. However, I struggle to remember this scary side of Pradu that had me shaking in my boots for so long. Somehow the three of us managed to turn him into this lovely man who actually started to care and enjoy our company. He even softened in surgery, became fun and someone I would consider a friend. He began to let us perform knee arthroscopies on his theatre lists. However, Pradu is a perfectionist so it was never long before his patience ran out; he would become frustrated at our incompetence and have to take over.

### **Memorable Coast cases**

The West Coast is known for it's eccentric characters. One patient in his late sixties was admitted for having a parsnip stuck in his rectum. How it got there is left to the imagination, perhaps he slipped while gardening naked, and the parsnip just happened to be growing the wrong way!! The surgeons had to cut it into bits in order to remove it. Unfortunately, they could not remove all of it the same way it went in and he ended up needing a laparotomy to ensure all bits were removed. If this wasn't embarrassing enough, his surgical incision then became infected and he had to return to ED in order to have it drained. He presented with his wife who oddly enough had been his support the whole time, and to add to his story he was now wearing a bright pink G-string! I saw him a few months later at a GP clinic, this time for an ingrown toe nail. I must admit I struggled to make eye contact.

As in all hospitals there were various traumatic injuries passing through the ED. The remains of a hand after it had passed through a circular saw and a man who fell 10 metres directly onto his head amongst the most dramatic. Patients also of interest on the Coast are those from Glorivale Christian Community. This is a closed, self sufficient community that began as the Cooperites in Canterbury a few years ago. One unfortunate young boy spent 15 days in the community with open compound fractures of two of his fingers. This was due to a misunderstanding between the rural nurse and a member of the community, so the fingers were never seen. The children are renowned for their very quiet well behaved manner; it's almost unnatural. However, I imagine it would have been quite a painful struggle for this particular boy.



RMIP students at the Rural GP Conference in Auckland, from left to right, Rachel Lynskey, Adele Pheasant, Tom Stevenson, Anna Proverbs, Liz Dowd, Naomi Crooks

### South Westland characters

One of the highlights of the experience was two weeks based in South Westland with GP Martin London. He is one of the eccentric characters of the coast and also one of the most likeable. His home is in Whataroa with his wife Carol, his Kune Kune pigs, his 12 Belted Galloway cows and his 5 acres of hazelnut trees on 25 acres of land. He has clinics in Harihari, Whataroa, Franz Josef, Fox and every second week he spends a day in Haast. I was lucky to be there while Poppy (one of his kune kune pigs) had piglets and experienced the highs as he told all his patients he was a Grandad and the lows as one got lost in the night and died of exposure.

While down in South Westland I stayed on a farm with a host family. The farmer there was a classic coaster and within two hours of my arrival I had helped feed the calves, milk the cows and heard his whole life story (detail by detail).

The majority of people I saw as patients in South Westland were unlike any I have seen before. Some were very generous letting me remove moles and sebaceous cysts for the first time. I also attended some call outs with the rural nurse. One was to a young boy who had been riding on the front of a quad bike which his Mum was driving. He fell off forwards and was then run over by his mother. He was lucky to get away with just some bruises and grazes and his Mum was probably more distressed than he was. Shortly after this call, another call came over the radio about a car crash further south. By this time it was dark and pouring with torrential west coast rain. It seemed slightly surreal as we turned our siren and lights on and went screaming down the winding roads. My heart was racing as I thought back to the simulated MVA in Dunedin... 'c9. It was unfortunately an anticlimax as another car arrived first to find an empty vehicle full of beer bottles and smelling of alcohol. It was presumed the victims had done a runner.

I was also lucky enough to get a free flight over Mount Cook while I was down in South Westland. This was on a stunning day and the view was unreal. The flight that I was lucky to get a seat on was going up for a couple as a 50th Wedding Anniversary gift.

Working in this isolated area meant a lot of driving every day. Initially there was an idea that we could have intelligent medical discussions to further my knowledge. However, these quickly turned into political and philosophical discussions about life. This was definitely one of the most educational times for me but perhaps, not in the medical sense as first intended.

### Advantages of the rural experience

For me, the rural programme was not all about the patients and the medicine. I bought a whitewater kayak before I went to the coast, having done it a handful of times previously. I then managed to spend most weekends kayaking, despite it being Winter and freezing cold for most of the time I was on the coast. One weekend in Murchison comes to mind when we were driving to the river in a hoar frost at 11am. The fog still

hadn't lifted and there was no sign of any sun. The previous day there had been icicles dangling from the trees into the eddies we were using. Another trip that stands out was on the Taipo River in torrential rain, hail, thunder and lightening! The weather and river were pretty exciting, but the bull guarding the bank of the river was probably the scariest part! I was also able to go for afternoon/evening trips on the local Arnold River which could never have happened in Christchurch. This was particularly easy to do when working with multisport and outdoor enthusiast Roger Mills in the ED. He thought that it was an integral part of my learning and was happy to let me leave anytime I wanted!

Of course there was also time for heli mountain biking, a trip up the Wanganui River to natural hot pools and general West Coast exploring. Plus there were the Greymouth salsa classes on a Friday night. These were slightly variable depending on which desperate middle aged men showed up, but they were always a good laugh.

### Disadvantages of the rural experience

There were disadvantages to doing the rural programme as well. We were quite isolated from the rest of our peers, by distance and also by the fact that we were doing something completely different. This made returning for end of run osces and integrative weeks difficult. These trips back were usually quite stressful as we often felt we were missing out on things. However, I found when I returned back for good and to sit exams my class mates were very supportive and I was welcomed into study groups. The distance and the traveling also became tiring. Traveling back for exams meant we spent a lot of time sitting in the car which could have been used in more useful ways. We also faced a lot of negativity from consultants in Christchurch. This was mainly directed at Dr Pat Farry in regard to our teaching and what we might or might not be learning. Unfortunately it occasionally filtered through to us and there were a couple of confrontational moments for us that definitely didn't fill us with confidence about the upcoming exams.

Then there was trying to maintain a long distance relationship while doing the immersion programme and trying to study for final exams. Not surprisingly this deteriorated and by the time I returned to Christchurch and finished exams it was non existent.

### Conclusion

Looking back from this year I have no doubt that I would make the same decision again. I learnt so much more about myself and other people than I believe I would if I had stayed in Christchurch. I have gained confidence with patients and myself, and developed a renewed interest in medicine. It is not always a busy, stressful and arrogant profession, in fact sometimes it can even be fun. Of course, it is easy in hindsight to look back because I have now passed the same finals as everyone else. I definitely spent a lot of energy worrying about whether I was learning enough or the same material as my peers.

This year, with the advantage of one year under their belts, the programme looks to be even better. There are twelve students in total, three in each of Dannevirke, Greymouth, Queenstown and Balclutha. The students were able to get straight into seeing patients from the start of the year so will have even more time to enjoy the fantastic experience. Each centre is now more organized and there is a better structure in place to cover all the material. Remembering of course, that it is mainly patient based learning and patient's don't walk through the door according to the fifth year objectives and curriculum.

The programme was designed to inspire interest in rural medicine, with the hope of more doctors wanting to work in rural areas. For me, it met that objective. I can definitely see myself working as a rural GP – but not until I'm ready to settle on 25 acres of hazelnut trees and cows (and maybe even Kune Kune pigs!). The course has sparked an interest and awareness in rural medicine that I didn't have before. Am very grateful for the opportunity that I had and look forward to hearing of similar experiences as the course expands.