

# Rural in the south - a student perspective

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Philip Daniel is a 5th year medical student from the Otago University, Christchurch School of Medicine, on the Rural Medical Immersion Programme in Greymouth.

While on the obstetric ward of Grey Base Hospital on the West Coast of the South Island, a midwife asked me, 'When were you born?' We wandered down the hall to a small room stacked with clean flannels, boxes of lactation cups, and piles of records. There in the birthing record from 1981 was my name, and there beside it was hers - this was the woman who had delivered me. 'I thought your face was familiar,' she said.

I am very pleased to be spending this, my fifth year of medical training, on the Otago University Rural Medical Immersion Programme (RMIP) in Greymouth. The West Coast is home for me and it is great to have the opportunity to do academic study over here. Even without this added bonus I was very keen to apply for this programme and all my experiences of the first 4 months have been positive. What follows are a series of thoughts and anecdotes that I hope will be of interest to all, but which are especially aimed at Otago University fourth year students, who I encourage to consider the RMIP for next year.

## Clinical Opportunities

Grey Base Hospital serves a population of around 30,000 people. It offers a range of secondary services including obstetrics and gynaecology, orthopaedics, general surgery, and general medicine. Visiting specialists run clinics in otolaryngology, paediatrics, rheumatology, ophthalmology, plastic surgery and dermatology. The three RMIP students here in Greymouth have almost unlimited access to these services, and to the patients attending them. There are very few registrars at the hospital so that in most cases we sit in with the consultant, or even better, see patients on our own before presenting to the consultant. Either way, we receive much one on one time with experts.

On the other hand specialists are not the only ones who are special and general practitioners are not just GPs - as one GP I met put it "they should really call specialists 'particularists'". The programme here involves 8 weeks with Martin London, travelling GP serving 300kms of South Westland from Hari Hari to Haast. This gives an amazing taste of remote medicine as well as hours of informal teaching whilst driving the most beautiful roads in the world.

And the patients? Do I see the range of patients and do all the interesting cases get transferred to Christchurch? Remember that common conditions are common - we are tripping over Osteoarthritis, Ischaemic Heart Disease, and Type Two Diabetes. Rare conditions are rare, and no matter where you are you will see some rare conditions and not see many, many others. My first two case reports this year covered a patient with a cerebellar arteriovenous malformation, and a neonate with persistent pulmonary hypertension of the newborn. When I flew to Christchurch with the neonatal retrieval team I met up with friend who exclaimed,

"Neonates! I've got a test on them this afternoon but I've never seen one."

## Formal Teaching

One of my greatest concerns about the RMIP was missing out on formal teaching. Fifth year in Christchurch is recognised as a year packed with tutorials and sparse on patient contact. Here on the West Coast our only limitation on patient contact is our own time whereas formal teaching is limited. We do receive quality tutorials from local clinicians who bring their own experience and have access to the teaching notes from our home schools. However these are fewer in number and often have a different focus to the tutorials on offer in the major centres. Some topics are at risk of being insufficiently covered - for example pathology. Most resources are available to us on paper, on the web or on DVD, but we have to be more active in our self-directed learning and proactive in questioning our clinicians - there is plenty to eat but you have to hold your own spoon.

Also, the style of formal teaching is different from the city schools. Our small group tutorials involve 2 or 3 students and sometimes as many as 6. We also have fortnightly teleconferences in groups of 6. If your preferred learning style is voyeuristic - sitting back without adding to the group, then the intensity of these sessions might put you off. On the other hand, those who enjoy getting involved, having your questions answered, and having your knowledge probed would be well suited.

## Support

I have found the level of financial, academic and welfare support to be generous. We have our accommodation paid for on the West Coast, plus our travel to, from and around the Coast is reimbursed. This has been a great help, and I am very grateful. I have heard the argument made that city students do not have their accommodation paid for so we should not either. Firstly, I would say that that the extra support is appropriate given that it is difficult to arrange rental properties in many small towns, and given that the added disruption of moving town, finding a place, and leaving it 8 months later would otherwise be a considerable disincentive. Secondly, this scheme was specifically funded by the government to support and encourage rural medicine - rural practice is incentivised, so now is rural study.

Pat Farry and Mich Wilkie in Dunedin and Greville Wood here in Greymouth provide great support in administration and for academic problems. They also offer a point of call for welfare problems if they should arise.

## Lifestyle

It's fifth year! Is not the biggest lifestyle question which biscuits to bring to study group?! Seriously though, despite being a busy year we have made time to explore some of the gorgeous hills and mountains of the coast. There is plenty of mountain biking and kayaking and most nights we walk or run on the beach watching the setting sun turn Mount Cook red 150km down the coast. We have been back to Christchurch to visit friends, and