

many have promised to come and visit us. Junior doctors and other young locals have been very welcoming. There is a range of clubs, pubs, and night classes so there is no risk of not filling your time. You do not have the constant contact and support of a large group of friends but you also avoid the increasing collective stress of approaching exams. The occasions you do catch up with friends are great fun.

Overall

I would recommend that all Otago University fourth year students consider the RMIP. To everyone else I hope you enjoyed reading more about the

programme. I do not think the programme is suited to everyone. If you love sitting back and watching, and if taking responsibility for your own learning sounds as bad as chewing off your arm then stay in the city. But, if getting involved, learning from patients, feeling like a member of the care team, and getting a feel for rural health sounds like you then go for it. I am loving my time on the West Coast and I am sure that it will help me to be a better doctor. I also reckon learning to be a better doctor is the most rewarding and perhaps the best way get through those pesky exams.

RURAL FEATURE : OPINION

Rural in the north - a student perspective

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Pukawakawa is the Northland Regional - Rural Medical Programme, designed by the University of Auckland, in which 20 5th year students spend their entire year based in the Northland region. Being in the first group of students to undertake this programme we were in a unique situation as we couldn't always get definitive answers to some important questions; it was therefore a leap of faith based on a lot of assumptions and expectations on what we believed this programme would deliver. Six months into the year I can confidently say that, amazingly, Pukawakawa has managed to exceed my expectations.

For most students there are a few key areas which are really important and are the kind of questions which can only really be answered through experience. I hope that by sharing some of our experiences thus far, it will help to answer some of your questions.

These are the main areas that I feel influenced me to undertake this programme and I think are key for anyone considering undertaking this programme:

1. Teachers & teaching
2. Clinical exposure & opportunities
3. Accommodation & Travel
4. Social & sporting

Teachers & Teaching

There are lots of factors which make a good clinical teacher; and let's be honest really good teachers are hard to find and this was something I was most anxious about. I have heard some really amazing feedback from the other Pukawakawa students who are doing various medical and surgical placements in Whangarei. The main thing being that people want to teach us, they know we are coming, they make room and time for us and it is

their intention to teach us because they recognize that the effort they put into us is an investment in the future of their health workforce. Everywhere we go we are welcomed by the staff and patients as an asset to the hospital and community rather than a burden, which is often how I've felt on previous runs. I have been so impressed not only with how nice, enthusiastic and welcoming but also with the wealth of knowledge and skills amongst the clinicians in Whangarei.

Personally, in the short time I have been in Whangarei I have come across not just the good but also the inspiring. In O&G the top dog is a very tough Pommie chap called Ian Page, who integrates high standards and a barrage of questions with some amazing teaching every morning, and thus ensures absolutely NO snoozing during handover.

Everyone I have come across in Paeds is lovely, the two stand outs are the chap they call the Baby whisperer; an amazing African doctor whose velvet voice lulls any screaming baby to sleep. And the master of 'Sarcastic Paediatrics', Dr Chris Williams, the most humble and humorous doctor I've ever met and just so understated, considering his knowledge and experience. You may have heard the story on the news of a young girl of about 7 years old who was shot in the chest with a slug gun up in Whangarei. That was Chris' patient. They knew she had a bullet in her somewhere, but she was stable so they prepared her for transfer by helicopter to Auckland. Just as they were about to put her into the helicopter, she crashed and her BP dropped like a stone. Realising she was in cardiac tamponade, one of the physicians said he had an adult pericardiocentesis kit. Chris said "Great, go for it" and he replied "No way I'm not touching a kid!" Chris then stuck in the needle while on the helipad; aspirated some blood and the BP bounced back - Halleluiah. The bullet was later found lodged in the posterior heart wall.

Clinical Exposure & Opportunities

A common concern among students is "Doesn't all the complex stuff go to Auckland? So won't I be missing out.?" The reality is that it's pretty unlikely we will get to scrub in on anything that's going down to Auckland by chopper anyway. The whole idea of this programme is that you will get more clinical exposure and opportunities and learn to work more independently to develop your clinical skills and judgment, which will