



METRO



RURAL

AMSS GUIDE:

5TH Year Options



ADELAIDE MEDICAL
STUDENTS' SOCIETY
— EST 1889 —



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If you have any questions, concerns or comments about the contents of this guide, feel free to contact Teham Ahmad as AMSS Rural Representative. Email: teham.ahmad@student.adelaide.edu.au, mobile: 0406 549 845

Editor's Note (Teham Ahmad MBBS V, Rural Representative & 5th year rural student 2021):

The decision around which 5th year training program to enter into is ultimately a very personal one, however hopefully this guide will give you some insight into the strengths of each training program and which might best suit your learning style. Rest assured that there is great teaching and shared resources in both city and rural based courses. The rural and metro programs have been designed to cover the same key lecture series within Paediatrics, HRH and SMTS courses. Good luck with your decision – it's a big one to make, but regardless of program, there is potential for you to have a great year.

[Last updated: April 2021]





TEACHING PROGRAM: OVERVIEW

Type of Program: Blocked, Hospital Based

Semester 1 (Example):

3x (3 week) MSA including 1x 'Create your own MSA' + (6 week) GP/Geriatrics + (3 week) APIC

Semester 1						Year 5 MBBS
Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Break
15 Jan - 2 Feb 2018	5 Feb - 23 Feb 2018	26 Feb - 16 Mar 2018	19 Mar - 6 Apr 2018	9 Apr - 27 Apr 2018	30 Apr - 18 May 2018	21 May - 8 Jun 2018
MSA	APIC	MSA	MSA	Geriatrics & General Practice		
Geriatrics & General Practice		MSA	APIC	MSA	MSA	
MSA	MSA	Geriatrics & General Practice		MSA	APIC	

Semester 2 (Example):

(9 week) Paediatrics + (9 week) HRH

Semester 2					
Rotation 7	Rotation 8	Rotation 9	Rotation 10	Rotation 11	Rotation 12
11 Jun - 29 Jun 2018	2 Jul - 20 Jul 2018	23 July - 10 Aug 2018	13 Aug - 31 Aug 2018	3 Sept - 21 Sept 2018	24 Sept - 12 Oct 2018
Human Reproductive Health			Paediatric & Child Health		
Paediatric & Child Health			Human Reproductive Health		

ASSESSMENT: OVERVIEW

Rotation-specific assessment – outlined below

End of year Written and OSCE Examinations – common to rural and metro students



Should I stay in the city?

Why might you 'stay city'?

Some of the perceived benefits of a city-based 5th year include:

Clinical Experience

- Dedicated 9 weeks of paediatrics allows for **greater exposure to inpatient paed**s
- Opportunity to experience **paeds surgery, ICU + dedicated palliative care facilities**.
- Potentially more **complex clinical cases**/pathologies, although more often in an observer status (eg. neonatology, chromosomal syndromes).
- **MSA's can be preferenced** based on key areas for 5th year study
- **Self-created MSA** is only entirely elective rotation in medical school outside of 6th year
- More access to **subspecialists** and specialty surgeries
- Greater **variety** of teams, clinicians and practices (advantages + disadvantages)
- **Networking** within metro based hospitals should this be your intended career path (although also present in Year 3,4 and 6!)
- More experience of hospital systems where likely to complete internship (however this is focus of 6th year + SA rural internship positions are now available!)

Study

- **Familiarity** with study group and study routine at home.
- Some students find there is more time for study leading up to end of year swotvac

Assessment

- Summative end of semester OSCEs as checkpoints to ensure you are on track with study.
- Same final Fifth Year exams
- Please note there have been a number of changes to how 5th year exams are structured, the details of which are beyond the scope of this document.

Financial

- **Living at home**/in current accommodation (similar to 4th Year)
- Allows you to **keep a job**/tutoring

Social

- Ability to **continue with current co-curricular** activities (although some students rurally come back for these/join rural clubs etc)
- Easier to **attend AMSS/Med events**
- **Family or partner in Adelaide** is an important social support (especially if used to having support with cooking, cleaning etc)

Other uniquely city opportunities

- Continue **research projects** with city based supervisors (definitely not impossible rural, however can be more difficult depending on projects and need to meet with supervisor regularly)

Challenges with ‘Staying City’

While a city placement may be an overall positive experience, it is important to be realistic about the challenges that may arise, such as:

Clinical Experience

- Subspecialities within the city may result in an entire rotation in a very ‘niche’ area such as paediatric ophthalmology (see below how paed rotations are allocated)
- Larger hierarchy of fellows/registrars/RMOs/interns may result in **less opportunity for hands on experience**. Generally **less independence** with patient interactions.
- Less opportunity for parallel consulting and practicing of clinical skills
- May lack broad ‘gen med/gen surg’ clinical exposure (dependent on MSAs)
- Less procedural work
- More ‘standing around’ on wards
- Changing between teams means less consistent supervisor support
- Rare to have one-one-one contact/tutorials

Study

- No opportunity for integrated learning, only ‘blocked’

Assessment

- Regular summative assessments can be very tiring/may contribute to burn out, though rural courses now also have regular summative assessments such as case reports and mini-CEXs.

Financial

- City living is generally more expensive, and not able to access higher Centrelink rate (unless living out of home), especially when saving for 6th year electives. No access to hardship bursaries offered by the rural school.

Social

- More time spent driving/public transport takes hours away from study/social
- Feeling isolated from the rural cohort (ie. FOMO either way)
- May be harder to be involved in sports/co-curricular close to where living



HUMAN REPRODUCTIVE HEALTH (HRH) – 9 weeks

Content Overview: This course aims to teach obstetrics and gynaecology, as well as neonatology.

Available Hospitals + Method of Allocation: Lyell McEwin (for both O&G – some clinics also run at Modbury), Women’s and Children’s (for both O&G), or at RAH or QEH for Gynaecology but at WCH for Obstetrics. Students are ‘randomly allocated’.

Teaching Overview + Structure:

The first week consists of introductory lectures as well as site orientations, neonatal resuscitation and pelvic examination teaching (similar to what is covered within the rural orientation week). The lectures cover the broad range of topics quite well, and there are only a few each day. The pelvic examination teaching is held late in the afternoon in small groups, where you are taken through how to conduct speculum and bimanual pelvic examination.

At your hospitals you then are rostered on to a variety of clinical sessions, including antenatal clinic, gynaecology clinic, birthing unit (12-hour shift starting ~7am), women’s assessment unit, gynaecology theatre, cesarean sections, neonatal ward round and postnatal ward round. You may have a log book to sign off attendance and participation in clinic, theatre, births, speculum examinations and post-natal and post-surgical rounds. Each week there are several site based tutorials covering obstetrics, gynaecology and neonatology. Each Friday afternoon there are lectures for all students. You are also rostered to attend STI teaching at Clinic 275.

Online resources are primarily from the DAROGA YouTube channel (run by an obstetrician at LMH) and SA perinatal practice guidelines as well as practice MCQs on Canvas.

Common Ward/Clinic Based Activities: Varied dependent on your roster. On birthing suite you’ll be allocated to someone to follow their birth. In antenatal clinic you’ll get practice at measuring symphysial-fundal height, palpating the baby to determine position and listening to the foetal heart. In gynaecology clinic you’ll practice taking histories and perform pelvic examinations.

Total number of clinical session per week: 4-6 Half Day Clinical Sessions + ½ day teaching + Hospital tutorials

Parallel Consulting opportunities: Opportunities during antenatal and gynaecology clinics.

Unique Site-based teaching opportunities: Hospital Specific Information:

WCH: At WCH you are also assigned to a once off Obstetrics first visit clinic, maternal fetal medicine clinic, colposcopy clinic (at the RAH) and family assessment clinic. At the obstetrics antenatal clinic, there is also sometimes an opportunity to sit in with the medical doctor who deals with complicated pregnancies.

LMH: There is an expectation that you attend regularly to be present at 8am handover. Prof Dekker assigns patients on a Monday morning to be presented at Tuesday’s handover. You are rostered on to do an overnight shift on the birthing unit (with the surrounding days rostered off) where you often follow the registrar/RMO more than regular shifts. Prof Dekker also runs a Medical Complications of Pregnancy Clinic and an Obstetric Counselling Clinic. There’s also an opportunity to attend a Family Advisory Clinic, providing women with information regarding abortion.

Rotation Assessment: The assessment is varied, and feedback/grades are provided promptly, so you can have a clear sense of how you are doing before the final assessment: 20% logbook, 20% Case Write Up, 30% clinical case assignment, 10% online MCQs, 20% simulation assessments. Both the logbook and the clinical case assignment up are due at the end of week 9. The clinical case assignment is a 3000-word report of commonly encountered obstetric & gynaecological cases, covering the case, how you approach the scenarios given, and addressing practical aspects of the field. There are four online MCQ quizzes, each worth 2.5% of your total grade, and each one covers specific content pre-assigned for you to learn.

EXAMPLE WEEKLY TIMETABLE: HRH

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Birthing Unit	Gynae clinic	Antenatal Clinic and tutorial	Study morning	Tutorial
PM	Birthing Unit	Tutorial	Gynae theatre	Tutorial	Lectures



Metro: Paeds

PAEDIATRICS AND CHILD HEALTH (PAEDS) – 9 weeks

Content Overview: This course aims to teach core conditions and general approaches to presenting complaints in children of all ages. You will cover conditions across many paediatric medical and surgical specialties, and learn to interact with paediatric patients and their families.

Available Hospitals + Method of Allocation: Most spend the whole 9 weeks at WCH. Some may spend 3 weeks at LMH. Your three paediatric placements (called ‘internships’) are randomly allocated.

Teaching Overview + Structure:

In the metropolitan paediatrics rotation, you get 9 weeks of dedicated paediatrics learning time, delivered as 1 week orientation, 4 weeks paediatric mental health, 2 weeks medical internship and 2 weeks surgical internship. The paediatric mental health experience is identical for all students, whereas the internships are ward specific. Potential internships are listed below:

1. Medical Internship [Gen Med, Paeds ED, or a medical specialty, e.g. Gastro, Neuro, Infectious Diseases or Genetics/Allergy/Immunology]
2. Surgical Internship [Gen Surg, Orthopaedics or Plastics/Urology/Burns]

You will also be scheduled on 3x on-call evenings (1x Gen Med, 1x Gen Surg and 1x Ortho), which run from 4.30pm-10.30pm.

You will be attached with the team on the unit and attend their unit activities (eg ward rounds, outpatient clinics, lunchtime meetings). It is your chance to see fascinating cases from the biggest paediatric hospital in SA, ranging from the common (respiratory infections, developmental assessments), to the rare – (congenital heart disease, neurocutaneous syndromes and various genetic syndromes), and special (palliative care, gender transition). There are opportunities for the keen to attend specialist clinics outside of the units you are based in. The time commitment is unit-dependent, but should finish in the early or late afternoon. You get 1-2 half-days off per week as protected study time.

For Psychiatry, you are assigned to a group of 6 students. There are 9 simulation sessions, run on Tuesdays and Thursdays during your 4 weeks of paediatric mental health. During these simulation sessions 2 students take a psychiatric history from SPs, while the other 4 students watch and takes notes with a tutor. At the end of the history there is an opportunity for feedback and discussion of the case. This teaching is supplemented by online modules.

You will be assigned to a preceptor at the start of the rotation. Over the 9 weeks, this preceptor will run weekly small group tutorials or bedside tutorials (approximately 4-5 students), which are approx 1-3 hours long. In these tutorials, students get the opportunity to ask questions, and run through concepts and general approaches to conditions, which are high-yield for your end-of-rotation assessments and exams.

There is a logbook of tasks you can get signed off on your rotation (5x case presentations, 5x OPD clinics, 3x on-call). On MyUni, you will find your timetables, information about the course and assessments, as well as additional online resources.

Teaching on the rotation:

There is an Orientation day (full day lectures) on the Monday of week 1, which outlines rotation expectations and assessment requirements.

All students will get lectures which summarise key conditions from different disciplines of medicine, surgery and radiology. These are delivered by specialists in the field (some who would've written the chapter in your paed's textbook). Lectures are delivered mainly on Friday afternoons (1pm-5pm), with additional lectures throughout the week. In addition, there are ICU teaching sessions, Pathology teaching sessions, Plastering teaching sessions and a Paediatric Resuscitation workshop.

Common Ward/Clinic Based Activities: This is highly variable depending on which unit you are placed on. In general, there are morning ward rounds, followed by attending consults, outpatient clinics, theatre or other unit activities.

Total number of clinical session per week: ~6 half-day clinical sessions, 1-2 half day self-study sessions, 0.5-1 day lectures, 1x preceptor tutorial.

Parallel Consulting opportunities: This is dependent on which department you are placed in. For example, in Paeds ED department and Ortho Clinics, it is mostly parallel consulting. However, in very specialized rotations, such as Renal, you would see the patient with the consultant instead.

Unique Site-based teaching opportunities: Hospital Specific Information:

WCH – lectures and preceptor tutorials are common teaching for all students.

LMH. If you are on LMH Gen Med, instead of travelling back to the WCH for your preceptor tute, you will instead get tutes from the Paeds Gen Med Doctors.

Rotation Assessment:

Formative: logbook, resuscitation online module.

Summative: 10 minute observed case (15%), paediatric mental health assessment (20%),

online child protection module (5%), case based discussions (40%), clinical internship assessments (20%).

EXAMPLE WEEKLY TIMETABLE: PAEDS

Ortho

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward Round Fracture clinic	Ward Round Ortho/Fracture clinic	Ward Round Spinal/Ortho theatres	Ward Round Ortho/Fracture clinic	Ward Round Spinal clinic or theatre
PM	Preceptor tutorial	Self-study afternoon	Ortho/Fracture clinic	Ortho/Fracture clinic	Lectures

Psych/Renal

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Study morning	Psych	Ward round (weekly)	Psych	Self-study morning
PM	Preceptor tutorial	Psych	CKD clinic	Psych	Lectures

Disclaimer: Your timetable will depend on which unit you are placed on. There are 1-2 half-days protected time allocated as self-study time.



GENERAL PRACTICE & GERIATRICS (GP-GERIS) – 6 weeks

Content Overview: This is a six-week rotation which aims to teach students how to assess and manage medically complex elderly patients, particularly those who have altered mental and functional status. Additionally this placement aims to improve your theoretical and practical understanding of a range of conditions commonly treated in general practice. This rotation also has a rehabilitation component as well as a week of GP placement, which gives students exposure to the primary care setting.

Available Hospitals + Method of Allocation: RAH (6 students), MPH (4 students), TQEH/GTRAC (5 students)

Teaching Overview + Structure:

In the first week a number of morning tutorials are run at the GTRAC center for students from all sites to learn the basics regarding GP practice. Students also attend orientation and begin tutorials, ward rounds etc at their respective sites during this week.

In GP week (either week 2 or week 6 depending on the site) each student is attached to a GP and likely expected to do a combination of sitting in with the GP during consultations, as well as performing procedures and parallel consulting. There is a GP placement workbook with an extensive list of possible procedures, types of consultations, and a list of chronic diseases and their management to discuss with the GP to be signed off. It is not expected that students complete the entire list, but just do as much as they can during the week.

In terms of rehabilitation, students will spend time attending rehabilitation ward rounds and receiving tutorials from consultants on the fundamental basics of rehabilitation, as well as methods of rehabilitation and exposure to the importance of the multi-disciplinary team.

The geriatric component makes up the bulk of the rotation, and consists of attending and presenting on ward rounds, assisting on the ward, tutorials (including bedside tutorials), workshops and various clinics. Each site has some variation of their own logbook with different amounts of activities to complete. There is a detailed list of objectives for the rotation on Canvas, as well as a large range of online resources, however the resources provided can be confusing and difficult to navigate.

Common Ward/Clinic Based Activities: A typical day on the GEM ward would consist of attending and presenting a new patient on ward round, then doing any odd jobs such as taking bloods or doing cognitive assessments on patients (which essentially every patient will need so you get a lot of practice with MMSEs, FABs and MoCAs). In the afternoon there may be memory clinic (more cognitive assessments), a bedside tutorial to practice things like speech assessments, assessment of a Parkinsonian patient, or examining a patient with delirium. There may be opportunities like joining a PT session with a patient, sitting in on a consultation with an interpreter, or attending a family meeting to discuss a patient's care.

Total number of clinical session per week: 5 morning ward rounds + ½ day site based workshop + 2-3 hospital tutorials per week

Parallel Consulting opportunities:

Geriatrics and Rehab: minimal parallel consulting opportunities, students generally sit in with consultants or registrars due to the time consuming nature of the consultations

GP: extremely dependent on the GP you get assigned and whether they have the space to supply you with a consulting room; some students parallel consult all day for all five days, whereas others are expected to sit in with the GP for the entire week.

Unique Site-based teaching opportunities: Hospital Specific Information:

RAH: RAH students have their GP week in the second week of the rotation and attend the rehabilitation component at Hampstead Rehabilitation Centre (HRC). The RAH students have the lowest attendance requirement of the sites, as they are not attached to a specific team and only expected to attend a limited number of ward rounds and clinics, although all tutorials are compulsory. RAH students report positive feedback regarding site-specific tutorials, in particular on sleep disturbances and incontinence, and also have three afternoons of workshops which they share with the MPH students on falls, delirium, and complex care.

MPH: Modbury students have quite a high attendance requirement, with every morning and afternoon activity requiring a signature in their logbook. Each pair of students is attached to one of the GEM ward teams and are expected to attend daily ward rounds and present at least one new patient at the twice-weekly consultant ward round. They have a number of outpatient clinics, a falls clinic, a community visit, and three workshops (which they attend at the RAH). Generally the days last from 8:30am to 3-5pm, however there are several afternoons throughout the rotation blocked off for self-directed learning. In terms of rehabilitation, MPH students attend the rehab wards at Modbury rather than going to Hampstead, and have their GP week in the final week of the rotation.

TQEH/GTRAC: These students, like those at the RAH, have their GP week in the second week and attend rehabilitation sessions at HRC.

Rotation Assessment:

Rehabilitation: students will have an assessment form to be filled by the team as well as either writing a case write up of a rehab patient or giving a detailed ten-minute case presentation to a consultant.

Geriatrics: the geriatrics consultant will fill an assessment form based on ward attendance and workshop participation, as well as the assessment of a short case study presentation

GP: the GP will fill an assessment form and check off any activities performed in the GP workbook

EXAMPLE WEEKLY TIMETABLE: GP-GERIATRICS

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Falls Clinic	Consultant WR	Registrar bedside tute RMO WR	RMO WR	Consultant WR
PM	Memory clinic	Tutorial	Outpatient clinic	Falls workshop	Community visit with Allied Health



ANAESTHETICS, PAIN & INTENSIVE CARE (APIC) – 3 weeks

Content Overview: 1 week of each of the specialties – Intensive Care, Anaesthetics and Pain.

Available Hospitals + Method of Allocation: RAH, QEH and LMH.

Teaching Overview + Structure:

Day 1 for everyone is a teaching day at the RAH where Consultant Anaesthetists and ICU specialists give tutorials – you do not need to do any specific study prior to this, and it will cover most of the knowledge you'll need in the rotation. There are lots of online resources too if you're keen!

Weeks 1 and 2 are Anaesthetics or ICU – everyone does 1 week of each at their hospital site. So on Day 2 you will start on either ICU or anaesthetics, and swap for the next week. Week 3 is 'Pain week' which has a separate timetable but is more tutorial based than ward based. There is a logbook to sign off over the course of the rotation, but each individual specialty has different assessment methods as well.

There is a simulation session in Week 1 and in Week 2 – both sessions are compulsory and it covers primary survey and Advanced Life Support. There are several tutorials in the 3 weeks. While the Day 1 teaching does not require any prior study, the other tutorials are based on real-life cases and you will need to come prepared as you are marked on your knowledge and participation – everything you need is on Canvas. In Week 3 you will attend 2 Palliative Care simulation sessions which also require prep – again everything is on Canvas.

Common Ward/Clinic Based Activities:

ICU – Attached to a ward team (1 or 2 students per team). Expected to participate in ward rounds and any meetings. At some point during the week you need to do one Case Presentation to your consultant. Each student also gets allocated an ICU topic to present to the other students.

Anaesthetics – In this well-structured week you will be allocated to one OPD session, one recovery session, and several anaesthetic theatre mornings, plus there are 2 tutorial sessions. You're not allocated to a team, you just have to attend the things you have been rostered on to. You need to make

a powerpoint presentation to an allocated anaesthetics topic that is given out each rotation but it's very relaxed.

Pain week – Like anaesthetics, the week is structured like a roster and you just need to attend each session. The first day is a teaching day with heaps of tutorials about everything to do with pain. You will also do one ward-based session each in Acute Pain, Chronic Pain and Palliative Care. There are 2 compulsory palliative care simulation sessions which provides examples of difficult conversations that take place in palliative care – also undertaken for rural students via video conference.

Total number of clinical session per week: You will be at hospital every day but there are 'self-directed study' afternoons and other breaks written into the timetable so it's not too intense. Generally, expect to be at hospital from 8am to 3pm each day – but there are a couple of half days as well. The entire 3 weeks is structured with a roster/timetable so it's easy to plan other things around your hospital days.

Parallel Consulting opportunities: None

Rotation Assessment: There is a logbook you need to get signed over the course of the whole rotation, but each specialty has its own smaller assessments. All are only worth 10-15% of the final grade of the rotation.

- ICU – PowerPoint presentation on an ICU topic that you are given
- Anaesthetics – PowerPoint Presentation, 2 structured tutorials, 2 online quizzes with 5 questions each
- Pain week – 2 Palliative care simulation sessions

EXAMPLE WEEKLY TIMETABLE: APIC

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Anaesthetics tutorial	Pre-operative clinic	Anaesthetics theatre	Anaesthetics theatre	ICU presentation
PM	Self-directed study	Anaesthetics tutorial	Theatre recovery session	Simulation session	Anaesthetics tutorial

Students tend to regard this rotation as particularly well-organized, and an opportunity to experience specialties not otherwise seen. The culture towards students is similarly positive with staff who are keen to teach and aware of the learning level of 5th year medical students.

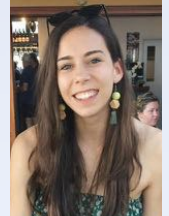
Metro: Student Experience

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Meg Barnett

Cohort: 2018



"I'll just start by saying that I think rural fifth year has so many good things going for it, which I'm sure you'll hear about from anyone that's done it. I have no doubt that for the right person, it would be an exciting, hands-on way to spend our penultimate year of medical school. However, after many hours spent weighing up all the pros and cons of both rural and metro fifth year, I decided to stay in the city; a decision I have not regretted. I'll explain my reasons for making this choice.

Probably the biggest reason for me was that I didn't know if I was ready for the big change of lifestyle that going rural would mean for me. I still live at home, with a big family, and I have had very little experience with the complete independence that comes with living away from home. I knew I would find it a big change to move away from the routine and structure of home life, and even though I'm sure I would manage just fine, in the end I decided I wasn't ready to make this big change in the most important year of medical school. To add to this, I had missed out on the rural fourth year surgical placement, so I was apprehensive about going rural for a whole year without having experienced living independently in a rural setting in fourth year.

Another big reason for me staying in the city was that I know I am better at studying/learning when I have a set structure. Whilst the hands-on experience you'd get rurally would be incredible, in the end I preferred the idea of specific, set rotations to experience the different specialties rather than the integrated learning you get rurally. I didn't necessarily trust myself to keep to a self-directed learning schedule without the set time frames of individual rotations and end of rotation OSCEs.

There were also a few other things that also played into my decision, albeit to a lesser extent. Firstly, staying in the city meant I could keep my job, which would be convenient to hang on to because I'll need a job in sixth year (to save for travel), and to find a new job as a 23-year-old in sixth year would probably be more difficult than just hanging on to the one I've got. Also I had a boyfriend (at the time) (lol) so going away for a whole year is a big thing to consider in that respect. Finally, have a very supportive group of friends, most of whom were staying in the city. Of course, you need to make your decision for yourself and not based on your friend's decisions, and I know you'd make very close friendships with whoever you end up rural with, but at the end of the day I did feel that I wanted to have my friends close during this tough year.

So there's my reasons for staying in the city. Of course, all of these advantages can be counterbalanced by the awesome aspects of rural, but for me these things won out!"

Metro: Student Experience

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Charlotte Blacketer

Cohort: 2018



"I chose to do my 5th year of study in the city for several reasons.

Firstly, although I enjoyed my rural surgical rotation in year 4, I found that the distance from Adelaide and separation from family and friends was harder for me than I initially anticipated, particularly with family members having health issues in Adelaide and feeling like I couldn't get home if I needed to quickly. Other commitments like my job, research project, sport commitments and personal relationships also contributed to this.

Secondly, I enjoyed the structured approach to the year which fourth year provided and learning about psychiatry, MSK and surgery in specific units. I was unsure whether an integrated model would suit me as well.

Thirdly, I have always had a real interest in obstetrics and gynaecology and in paediatrics and had been looking forward to these rotations since starting my degree. I really wanted the opportunity to experience the full 18 weeks of placement in these specialties and spend some time in the Women's and Children's Hospital. I also knew that I liked internal medicine, and spending the year in the city allowed me to do my electives in Endocrinology, Renal Medicine and Cardiology which was an amazing experience. I got to see lots of rare and interesting diseases and watch procedures including pacemaker insertions, pituitary tumours, open heart surgery and a live donor renal transplant. It also let me see what the day to day work in these specialties is like and helped me consider where I want to go with my future career.

Lastly, I was looking forward to the opportunity to create my own MSA in an area of interest and travel interstate. Unfortunately, this MSA did not eventuate for me in the end but I'm glad that I had the opportunity to pursue it anyway!

I think that rural fifth year is an amazing opportunity which all students should strongly consider, as is the Denmark exchange program. At the end of the day, though, where you apply is an individual choice and you can still have a great fifth year and stay in the CBD."

PAST STUDENTS TO CONTACT

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Why a Rural Requirement?

Approximately 30% of our total population lives in rural and remote Australia, where the per capita ratio of doctors is half that of major cities¹. On average, people living in rural Australia are more likely to smoke, engage in risky drinking practices, commit suicide and suffer major injuries. Additionally, they have a higher mortality rate and higher rates of chronic disease than their urban counterparts yet have poorer access to health services².

“30% of our total population live in rural and remote Australia, where the per capita rate of doctors is half that of major cities”

In order to address the rural health workforce shortage, the Australian Government has introduced several schemes over the past three decades. One of these is the Rural Clinical Training and Support (RCTS) Program, which is the primary initiative that affects medical students during their training. It offers funding for rural clinical schools at Australian universities to provide quality rural placements for Commonwealth supported medical students. It mandates (subject to change):

- 25% of the university’s medical student allocation must come from a rural background*
- 25% of all Commonwealth supported medical students must complete at least one full year of clinical training in a rural setting
- All Commonwealth supported medical students must complete a short-term rural placement during their training³

In order to meet the RCTS program requirements, the Adelaide Rural Clinical School at The University of Adelaide has established the following rural clinical placements:

- 9-week rural surgical placements for fourth-year students (46 places)
- Whole-year rural clinical placements for fifth-year students (44 places)
- 4-week rural selective placements for sixth-year students (over 100 places)
- Special selective initiatives for sixth-year students

*Defined as 5 or more years of rural residency in an ASGC-RA 2-5 area since beginning primary school

¹ Australian Bureau of Statistics 2013, *Australian social trends*, cat. no. 4102.0.

² National Rural Health Alliance Inc. (NRHA) 2009, *The state of rural health*, NRHA.

³ Department of Health 2013, *Rural clinical training and support (RCTS) 2011-2014 – Operational framework*, Australian Government Department of Health.



MBBS V Rural

Adelaide Rural Clinical School (ARCS) Program

- Follows internationally recognised Community Longitudinal Integrated Clerkship (CLIC) model for medical student training
 - Full year, aligned with the fifth year University of Adelaide MBBS program
 - Delivered in rural based communities through an integrated educational program, with diversity of clinical placements + wider learning experiences.
- 11 ARCS rural training nodes (SA + Broken Hill)
 - Each unique and diverse range of educational, social, cultural, recreational and wider experiences to offer.
 - Each site has student coordinators, clinical teachers, doctors and practices are available to assist you in each training node
- Holistic approach: support for accommodation, travel expenses, but also encouragement for your well-being and engagement with rural community.
 - Smaller extremely engaged admin staff

A few notes about Rural Placements

Regardless of whether you're planning to pursue a career in rural health or not, you will encounter patients from rural Australia in your medical career. Some fundamental differences between rural and urban practice in South Australia are:

- The emergency departments in most country hospitals are run by GPs
- The majority of rural outpatient clinics are run by visiting (not resident) specialists
- There are fewer medical facilities in country areas, meaning that patients may have to travel for investigations and procedures
- Patients are evacuated to Adelaide by the RFDS or MedSTAR when in need of further care
- There is greater continuity of care but also more privacy and confidentiality concerns in rural areas



Should I Go Rural?

Why might you 'go rural'?

Completing a rural placement during medical school is widely considered to be a valuable experience. Some of the benefits of a rural 5th year include:

Clinical Experience

- One-on-one teaching and mentoring from senior consultants. Easier to find a mentor when placed in 1 location for a year.
- More clinical confidence fostered by greater autonomy and 'hands-on' experience
 - Parallel consulting in GP, regularly scrubbing/assisting in surgery, multiple hands on deliveries, procedural experience
 - Confidence in managing 'common' presentations, more generalized exposure rather than highly specialized/subspecialized
 - Great longitudinal obstetrics experience, following through pregnancies, although variable between sites
- The opportunity to develop a multidisciplinary professional network
- The chance to sit in for multiple specialist clinics and surgeries with their undivided attention
- An appreciation of issues pertinent to rural and indigenous Australians
- Regular MHU/SHU revision through year-long GP placements

Common Teaching

- Zoom weekly online Paediatrics teaching excellently covers paediatrics course, along with geriatrics, Palliative Care and STI tutorials.
- Regular Year 4 Revision with weekly PALms + Structured Collaborative Study notes document with resources to direct revision
- Still get to do Paeds Psychiatry iLab in common teaching weeks + Palliative Care Scenarios (over V-C) that are completed in the city

Study

- Significant amounts of free study time (somewhat site dependent)
 - Shorter transit to and from placement
 - Better relationships with local team / community allows flexibility
- Option for both integrated or blocked learning depending on site

Assessment

- Excellent pre-exam assessment
 - Monthly online formative 50 Question Quiz
 - Formative mid-year written exams and OSCEs
 - Summative end of year exams and OSCEs 1 month before final exam good preparation for end of year exams
- Essentially the same final assessments as metro students (a full discussion of the examinations is beyond the scope of this guide).
 - Same final MCQ
 - Metro students will do an end of semester OSCE after each semester (e.g. an OSCE for HRH/Paediatrics and then next semester one for GP/Geriatrics, MSAs and APIC). Rural students will do a single summative OSCE at the end of the second semester (due to the integrated model).

Financial

- Accommodation covered + travel stipend proportional to the amount of travelling you will have to do.
 - Centrelink at 'living out of home' rate if >22y.o.
 - Minimal expenses with more 'simplistic' rural living (free parking!)

Social

- Making new friends and becoming involved with the local community
- Living out of home in a financially supported environment, make close friends
- Longer post office and supermarket open hours
- The chance to explore different parts of Australia's countryside

Other Uniquely Rural Opportunities

- Opportunities to work with indigenous communities and remote communities (outreach trips)
 - site dependent
- Opportunities to do flights with the RFDS

Challenges with ‘Going Rural’

While a rural placement is a positive experience for most, it is important to be realistic about the challenges that may arise, such as:

Clinical Experience

- Being thrown in the ‘deep end’ (although there is always support available)
- 2 weeks of inpatient paediatrics (rather than 9 in City) for most sites, although ongoing GP paediatrics exposure and opportunities to sit in with visiting paediatricians
 - No clinical exposure to paediatric surgery
- Limited ICU experience
- Not able to complete 3x classical MSAs (Rural GP experience is the equivalent)
- Some sites entirely GP based makes difficult to learn hospital protocols and how inpatient conditions are managed. Other sites have significant hospital exposure (although most sites have exposure to acute management through ‘on-call’ experiences)

Teaching

- Different site coordinators run very different additional teaching programs.

Study

- Change from normal study environment
 - If you have a system that has worked well in the city with a study group or otherwise, it may be a change from a known academic and social support
 - If your study group does not go rural with you it will be difficult to continue given differing timetables between rural and city

Assessment

- Some students find the relatively fewer summative checkpoints, exams or OSCEs make it difficult to motivate study consistently for a whole year
- ARCS have looked to address this by providing monthly 50Q MCQ formative assessments now used as checkpoints to assess your level of knowledge

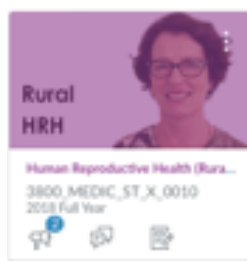
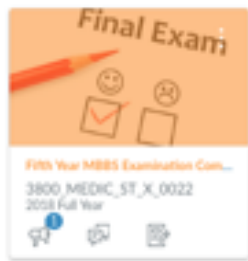
Financial

- Difficult to keep up an Adelaide-based job. Rural school will help find work should you need this, though the bursary is available if you are in financial need.
- Need to give up a current Adelaide-based share house (especially for rural/interstate students), can leave students without accommodation in swotvac when returning to Adelaide. If this becomes an issue, ARCS provides accommodation in Adelaide in this situation for the

duration of the exam period. This may no longer be an issue as ARCS plans to host exams in a rural site.

Social

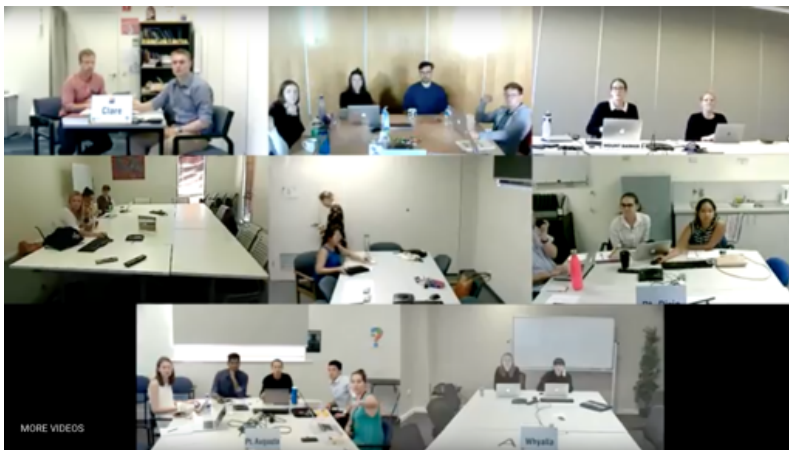
- Feeling isolated from the year level cohort in the city (FOMO either way)
- Feeling homesick and being away from family and friends
 - Difficult to get back for events or family occasions dependent on location
 - Depending on the location of your placement you may be far from family, friends and your normal social supports. How much you need these support structures during a very stressful year should strongly weigh on your choice to go rural
- Living out of home for the first time with people you may not know very well
- Fewer facilities, shops and services than major cities



Rural Common Teaching Program

The rural course very closely aligns with the city based teaching. The essential structure of courses is the same (see above) with a Rural APIC, Rural Geriatrics, Rural Paediatrics, Rural HRH, and Rural Medicine course in place of the three MSAs.

VIDEO CONFERENCE (ZOOM) TUTORIALS



Each week there are three sets of videoconference tutorials (covering paediatrics, Peer Assisted Learning Modules (PALMs), and HRH or geriatrics) which involve all rural sites. STI tutorials and palliative care simulation (APIC) are also run as short tutorial series. Each site also has their own clinic academic (doctor) who will provide a weekly face-to-face tutorial.

ARCS VC tutorials can feel different to Zoom tutorials you have had in the past. This is because students generally take the tutorials in a dedicated VC room (as pictured above) which makes for a more interactive environment.

Rural: PAEDS

RURAL PAEDIATRICS (PAEDS)

The rural program has been designed to cover the same key lecture series delivered within the city-based Paediatrics course. Regardless of being in a Blocked or Integrated site, all students are involved with the year-long 'zoom' teaching course. The 2018 program is outlined below:

The image shows a screenshot of the Rural Paediatrics (PAEDS) course outline and a sample e-PBL tutorial slide. The course outline is organized into four columns of weekly topics:

- Column 1:** Week 01: 0-week course overview; Week 02: Introduction to paediatrics: assessment and growth; Week 03: Respiratory; Week 04: Recognition of a Sick Child; Week 5: Asthma; Week 06: Haematology: Leukaemia and Childhood Cancer; Week 07: Gastroenterology and Failure to Thrive; Week 08: Renal
- Column 2:** Week 9: Seizures and Headache; Week 10: Orthopaedics; Week 11: Puberty and Thyroid; Week 12: Endocrine - Diabetes; Week 13: Neonatology Part 1; Week 14: Neonatology Part 2; Week 15: Cardiology; Week 16: Paediatric Surgery; Week 17: Developmental Delay and Autism; Week 18: Paediatric Emergencies
- Column 3:** Week 19: Mid-Year Intensive Workshop (on-work TRA); Week 21: Child Protection; Week 23: Neonatal Surgery; Week 25: Dermatology; Week 27: Urology
- Column 4:** Week 29: Eyes; Week 31: Behaviour; Week 33: Allergy and Immunology; Week 35: Surgical Revision Chair; Week 36: Medical Revision Chair

The sample e-PBL tutorial slide is titled "Paediatric Orthopaedics" and focuses on "Fibrous Dysplasia". It includes a list of resources, a search bar, and a slide with text and images:

Fibrous Dysplasia
Developmental abnormality caused by failure of the production of normal lamellar bone
Onset for 75% of patients at <30 years of age
proximal femur is most common site, followed by rib, maxilla, and tibia
1% risk of malignant transformation to osteosarcoma, fibrosarcoma, or malignant fibrous histiocytoma
usually asymptomatic and discovered as an incidental finding
bone lesions may be monostotic (80%) or polyostotic (20%)
central lytic lesions in medullary canal (diaphysis or metaphysis)

The slide also features two X-ray images of a hip joint. One image shows a normal hip, and the other shows a hip with a lytic lesion in the proximal femur, labeled "Shepherd's crook deformity".

It is delivered via an all year long weekly videoconference: an interactive e-PBL tutorial program going through 4-5 case based discussions each week. Each week also has 1-2 hours of online lectures as pre-reading which go through the paediatrics course in great detail. Many students see the zoom teaching as a highlight of the rural teaching program. Students complete the paediatric psychiatry iLAB course the same as the city students, but within O'Week and the midyear teaching week. There is also the midyear MCQ and OSCE and monthly quiz for further practice.

Assessment:

- Paediatric Case Presentation (10%)
- Paediatric Midyear OSCE (10%)
- Paediatric Midyear MCQ (20%)
- Paediatric Mini-CEX x3 (30%)
- Paediatric multi-source feedback on professionalism (10%)
- Paediatric Psychiatry iLab (20%)



Rural: HRH +GP-GERIS

HRH and Geriatrics are each run over the course of one semester. The rural cohort is split into two groups, with half partaking in each course at one time. Both courses consist of a weekly video conference, as well as online training modules.

RURAL HUMAN REPRODUCTIVE HEALTH (HRH)

HRH is taught by Dr Paula Kitto. During this time you will have a weekly video conference going through a range of clinical cases, as well as

- O'Week Contraception and Sexual Health workshops
- O'Week Clinical Associates Speculum + Bimanual Examinations Teaching
- STI Online modules + Zoom tutorials series + Termination of Pregnancy tutorial
- DAROGA (YouTube) tutorial series
- Formative Midyear OSCE
- Access to some city-based lectures and slides

Assessment:

- HRH long case report (20%)
- HRH recorded mock consults x 2 (20%)
- HRH direct observation of procedural skills x 2 (20%)
- HRH mini-CEX x 2 (20%)
- HRH midyear OSCE (10%)
- HRH multi-source feedback on professionalism (10%)

RURAL GERIATRICS AND GENERAL PRACTICE (GP-GERIS)

Rural Geriatrics is run by Dr Toby Commerford, who is based in Adelaide and Dr Justin Gladman who is based in Broken Hill.

Assessment:

- Multi-source feedback on professionalism (10%)
- GP clinical case presentation (20%)
- Geriatric rehab case presentation (25%)
- Geriatric medical condition presentation (25%)
- GP mini-CEX x 2 (20%)



Rural: APIC

RURAL ANAESTHETICS PAIN INTENSIVE CARE (APIC)

APIC teaching includes:

Palliative Care: zoom-session with SP's (same as city based program) going through a range of palliative care scenarios and palliative care reflective questions.

Anaesthetics is largely site based teaching, with most sites offering regular opportunities for 'anaesthetic days' with GP-anaesthetists and pre-anaesthetic clinics. The rural school also provides a brilliant interactive online teaching resource for anaesthetics. There are also pre-operative assessment online modules, PBL cases in the midyear teaching session and an anaesthetic simulation workshop. Intensive care principles are taught through this process.

Assessment:

- Pain Clinical Case Discussion (20%)
- Critical Care Clinical Case (35%)
- Anesthesia supervisors clinical skills reports x 2 (35%)
- APIC multi-source feedback on professionalism (10%)

MID-YEAR

Immediately before the mid-semester break, all students in the rural cohort are allowed one week SWOTVAC followed by a teaching week in Port Augusta, Port Pirie or Whyalla (subject to change). This consists of interactive lectures, simulation sessions and a formative MCQ and OSCE examination. Currently, rural students do not participate in traditional SMTS sessions. Instead, the PALMs tutorials each week follow the program of SMTS that month and cover the same topics in presentation and case based learning style.



Rural: Application

FINANCIAL SUPPORT

Accommodation, utilities and internet are covered by the ARCS. Students in financial need may apply for a bursary offered by ARCS which provides support for living expenses. Most students will also receive Centrelink benefits. Students are allocated a travel bursary paid in one sum at the beginning of the year that is to be used as the student wishes. The amount is determined based on site location and travel distance. The bursary is to be used over the year to coordinate travel to placements outside of regular site and travel to and from Adelaide for break periods.

FURTHER INFORMATION

ARCS is keen to assist students gain further information about this year of rural training, and make an informed application and choice. To achieve this ARCS recommends interested students contact current fifth year ARCS students, the ARCS team (Prof Lucie Walters, Bronwyn Herde, Dr Katrina Morgan), or the ARCS rural training nodes student coordinators or clinical academic.

HOW TO APPLY

The selection process for a year of rural training involves two parts:

Written Application (May in 4th Year): Focusses on your suitability for rural training, through a written application and short essay describing your interest and experience. Following this all students will be offered a semi-structured interview with an ARCS panel to further explore your suitability for rural training.

Interview (July in 4th Year): The second part involves allocation by the ARCS panel to a rural training site including many considerations, such as student's rural connection, learning styles, nominated preferences for location or friendship, and ARCS training, nodes and clinical practice sites factors, like teaching capacity, group dynamics, balance, practice and training requirements, living arrangements etc. Students in their application and interview, need to express upfront any pre-existing learning, training, social, medical, personal that could impact on their year of rural training.

Students' preference of site is taken into consideration and they are able to nominate maximum two peers that they would like to be placed with. Students then have the opportunity to indicate whether they'd rather have their top sites or people as their preference to be taken into consideration.

As positions in the rural fifth-year cohort can be quite competitive, there is no guarantee that all students will receive a preferred location; however, the ARCS does endeavour to ensure that students are placed with at least one of their friends. Further information is provided on MyUni and an information session is held each year prior to applications opening.

INTERNATIONAL STUDENTS

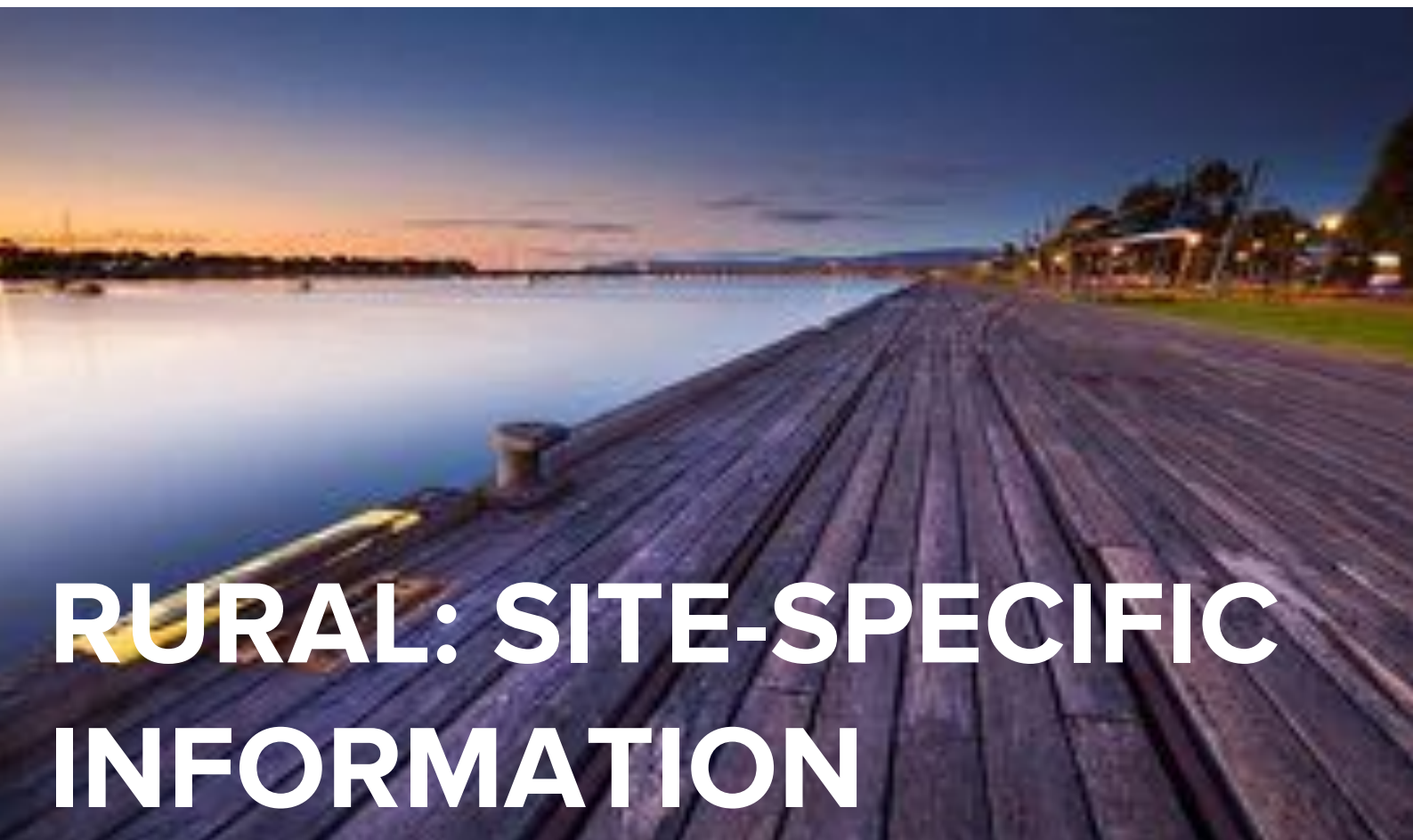
International students are welcome to apply for 2020 Rural Cohort and will be chosen based on their rural suitability in the same process as all local students.

SELECTION

After a student is selected and allocated to a rural training node, the student needs to simply respond to accept the ARCS allocated training node site to be able to participate in the rural year of training. A decline of the allocated training node, results in an unsuccessful ARCS selection for year of rural training in 2019. For the successfully selected students, there will be a "face to face" meet and greet on an October evening in 2018 with your group and local ARCS team to bring you preparations for training in 2019.

CONTACTING STUDENTS

You will notice at each rural site students have kindly offered to be available to chat about their experience in 5th year. Please don't hesitate to contact them if you have any questions about a certain location or fifth year rural in general.



RURAL: SITE-SPECIFIC INFORMATION

Disclaimer: The information provided in this section is intended to be a general guide only. The “past student experience” sections are often from previous years and may not reflect the structure and operation of the placement at that site in 2022. It is quite common for adjustments to be made to how the placement operates at a particular site on a year-to-year basis.

Port Augusta

TEACHING PROGRAM:

Type of Program:

Port Augusta is organized into 4x1-2 week blocks that alternate.

Teaching Overview + Structure:

- Block 1: Paediatrics/ED
- Block 2: Obstetrics
- Block 3: Quorn GP/Ghan GP/Anaesthetics Block
- Block 4: ED/Old Base GP/RFDS

Students rotate through these 4 blocks, with each block lasting 1-2 weeks. Students will repeat these blocks which allows revision of content throughout the year.

Total number of clinical sessions per week: the number of clinical sessions you are required to attend depends on the rotation. Some of the blocks are more time-intensive than others (i.e. paediatrics and O+G) as you are expected to be on the wards, but GP placements are relatively flexible with plenty of study time.

FAST FACTS

Number of Students in 2021:	4
Type of Teaching Program:	Blocked
Location:	Port Augusta
Population:	13,500
Distance from Adelaide:	300km (3h 30mins)

Famous for: Crossroads of the outback

Accommodation: Each student is allocated a private 2 bedroom unit that they will be expected to share with other visiting students for limited periods throughout the year. All the Adelaide uni students in PA are housed in this complex. It is located 5 mins from the hospital and shops.

Parallel Consulting opportunities: Opportunities to parallel consult are variable and depends on the rotation and consultant you are with in clinic.

Indigenous Health/Outreach trip opportunities:

Given Port Augusta's large Indigenous population there will be many opportunities throughout the year to learn about the health problems they face.

Unique Site-based teaching opportunities:

Port Augusta students have the opportunity to do placement with the RFDS, which involves flying out to retrievals, outreach clinic, attending phone consults at the base and being able to do handovers during interhospital transfer flights. Students also have a significant amount of ED exposure. Students are also able to be involved with the Flinders Ranges and Far North Doctors' Association meetings where discussions occur about ways to improve health outcomes in local areas.

Other Attractions of Site:

- Flinders ranges are really close by so you can do lots of nice walks and go camping!
- You get your own unit which provides you with privacy and space to yourself but have other students living around you for when you want to study or just hang out
- Get to spend time with RFDS.

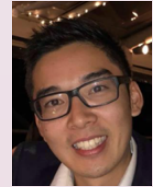
Port Augusta

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Henry Lam

Cohort: 2020



Port Augusta was the first place where I had my first taste of rural medicine. After completing my rural 4th year 9 week surgery rotation there in 2019, I enjoyed it so much that I decided to go back for the entire year to experience other specialties as well.

Although COVID struck, placement in Port Augusta did not stop. Yes there were changes and the program was no longer blocked as described above but all the Port Augusta students continued to have a positive experience and continued placements but in a different format.

One of the key things that I liked about Port Augusta is the brother and sisterhood community that exists amongst the doctors in the town. I remember being in 4th year and being very intimidated by my consultants in the city. However in Port Augusta your supervisor whatever rotation you are on, is your mentor, teacher and friend. Key highlight of my year in Port Augusta was definitely having dinner at all the different consultant's houses where I got to know their families well and experience great food. Every consultant you meet in Port Augusta is different but generally due to the small nature of the teams, you find that you can be very helpful as a student for them and at the same time receive great learning opportunities whether that means sitting down for coffee for some tutes or some procedural things. Another great thing about living in the town is that when not much is going on, the consultants are happy to send you home to study and call you back in if anything interesting arises. This ensures that you don't have time wasted during your rotation for the entire year.

As one of the supervisor's would say "ensure to have a passion outside of medicine, otherwise it will consume you." There are many activities that you can do around Port Augusta outside of study time. My favorite activities included doing all the different hikes around the Flinders Ranges. During peak COVID my group aimed to complete a different hike each weekend. Obviously related to that is camping. If you are an outdoors type person then Port Augusta is the place for you because it is only 20 minutes from Quorn, a small town also known as "the gateway to the Flinders Ranges".

Finally in the time of writing, let me inform you that my time in this town has allowed me to create a bond with many supervisors and people that I still continue to go back for placements even in 6th year. I have completed 8 weeks in total back in this region as part of my electives and will definitely also consider going back to work there in the short-term as an intern next year, so hopefully I will see some of you guys around to guide you and give you some hot tips on how to make the most of rural 5th year here.

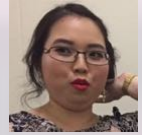
Port Augusta

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Larissa Au

Cohort: 2019



Port Augusta is a town located around 3hrs from Adelaide, just on the Flinders Rangers. I had many reasons for choosing Port Augusta for my rural fifth year, most namely being I completed a John Flynn placement there and had enjoyed my experience so much that I decided to come back for a whole year!

One of the great things about Port Augusta is the blocked teaching program. You get four blocks of eight weeks each throughout the year – paediatrics, obstetrics and gynaecology, as well as two GP rotations. It makes it easier to plan study for paediatrics and O&G, all of which is new content, and I found that the blocks helped consolidate knowledge I had seen on the ward or clinic during the day. That being said, you still get weekly paediatrics and general medicine/surgery tutorials during the year, so it's still all integrated together so you don't lose track. Furthermore, you get weekly tutorials from local GPs and midwives, so there's plenty of teaching throughout the year!

Following on from that, the on-the-go teaching from the hospital consultants and local GPs are phenomenal (they're all super friendly as well, which is an added bonus). On paediatrics or O&G the team get you very involved in the process and will let you parallel consult on cases if you're keen. You get to attend births and c-sections if you're on O&G and paediatrics are happy for you to help with consults and do the baby checks on the ward round. One of the benefits of Port Augusta is that you get 6 dedicated weeks of paediatrics compared to 2 weeks at the other rural sites.

The variety of experiences in Port Augusta is also great. One rotation you get to go to Quorn to assist one of the GPs with a lumps and bumps clinic, which gets your suturing skills up to scratch. You also get to do a week of RFDS in semester two (flights and on-call included!) and two weeks at the local Aboriginal Health Service, Pika Wiya. I was also fortunate to be able to attend Aboriginal Outreach with the GP at Pika Wiya, which was a great experience. You're also encouraged to do ED shifts at the PA Hospital, not compulsory, but it is a great learning experience and they're quite flexible when you do your shifts.

In PA you get your own unit in Barry Street, which isn't as new as the other rural sites, but it is a home away from home and I've become rather attached to my own unit. It is great having your own space, but all the other students are close by if you want to hang out or watch a movie in the common room. An added bonus is that the whole rural cohort comes through for 2 weeks of paediatrics, so you get everyone visiting throughout the year.

Finally, there's a great variety of activities to do in PA. I'm currently playing netball for a local team and it's a great way to expand your social circle in PA. You'll find that a lot of the nurses, hospital staff and clinic staff play as well, so that's a great way to get involved in the community. There's also football, soccer, volleyball, basketball, the choir and Park Run in PA if you're interested. There's plenty of camping and hiking spots around the area too! There's also plenty of food options available for you in PA. Aside from the usual suspects, there's Mamma Lou's and Archers if you want a coffee or a quick bite to eat, and The Standpipe if you want a good quality Indian meal.

Overall, PA is a great location to complete your rural fifth year! You get a wide variety of experiences, medical and non-medical. There's plenty of things around to do during the weekends and some of the other sites (e.g. Port Pirie and Whyalla) that are close by, so you'll never be bored. PA has become a second home to me over these years and I hope you consider it for your rural fifth year, I promise you won't regret it!

PAST STUDENTS TO CONTACT

Muskan Jangra (2021)

Claire Taranto (2021)

Larissa Au (2019)

0467587372

a1709716@student.adelaide.edu.au

clairetaranto@gmail.com

larissa.au@student.adelaide.edu.au



Port Pirie (+ Crystal Brook, SA)

TEACHING PROGRAM:

Type of Program:

The placement is mostly blocked with one 6 week block of obstetrics and gynaecology with the resident obstetrician, 6 weeks of specialist clinics (including paediatrics, anaesthetics, nephrology, geriatrics etc), 14 weeks of GP (at Crystal Brook Clinic & Laura Medical Practice) & 7 weeks of ED (including SAAS days). Each student rotates to Pt Augusta for the 2 week rural paediatric specialist intensive (and sitting in on visiting specialist clinics. Specialists that visit include: Cardiology, Dermatology, Gynaecology + Obstetrics, Orthopaedics, Oncology, Paediatrics, Endocrinologist, Urologist, Respiratory, ENT, Child Psychiatry, Neurology, Anaesthetics, Gastroenterology.

Teaching Overview + Structure:

When on GP: 2 of the GP clinics expose students to parallel consulting and a weekly tutorial on a topic of the students choice, or OSCE practice. All students are allocated days to spend with the visiting specialists (requests can be made for areas of interest) including physicians, surgeons, anaesthetists, paediatricians and may parallel consult and assist in theatre. The Port Pirie Hospital is run by local GPs and students are encouraged to attend ward rounds to improve their clinical and practical skills. Management of the local ED has changed in recent times, however voluntary ED shifts supervised by locums are encouraged and students are allocated an ED rotation . Students also attend clinics in Crystal Brook & Laura.

FAST FACTS

Number of Students in 2021:	4
Type of Teaching Program:	36 weeks blocked
Location:	Port Pirie, Mid-North SA + 2wks in Port Augusta
Population:	13,300
Distance from Adelaide:	227km (2h 40mins)

Famous for: The Smelter, Club Clippers, Shakka the Shark, The Cocklespit

Accommodation: Fifth year students share two 5-bedroom, 2-bathroom share-houses with allied health and nursing students on hospital campus. It is within walking distance from the town centre and 2 of the GP clinics that students attend. Each bedroom has a double bed, desk, and reverse-cycle air conditioning. Undercover parking is available.

Port Pirie (+ Crystal Brook, SA)

When on O&G: Students spend time with the resident obstetrician, Dr Jackson, and the midwife team and travel to Crystal Brook once a fortnight for antenatal clinics. Students spend time in gynaecology and antenatal clinic, in theatre (both weekly gynae theatre and elective/emergency obstetrics) and at births on the ward as well as being on-call for the duration of the rotation (hours tend to be very reasonable). Dr Jackson does a lot of teaching with weekly PBLs to go through all the O&G topics in detail during the rotation.

Total number of clinical session per week: 2 Half Day Clinical Sessions + 2 Full Day Clinical Sessions + ½ day site based teaching + Zoom tutorials. Parallel consult with most clinical sessions (can be 2-3 times/week).

Other Attractions of Site:

Opportunities are facilitated for students to sit in with a wide range of visiting medical specialists, participate in a student-led falls clinic, interprofessional learning activities with the allied health students, working with the local aboriginal health service and Child and Family Health Services (including some baby cuddling!). Some of the GPs will take you out to dinners, invite you to go sailing, to the Cocklespit, to dinner at their homes and movies nights. There are also a wide variety of sports to join and play including basketball, volleyball, badminton, tennis, netball, football, dancing, soccer and more.

EXAMPLE WEEKLY TIMETABLE: *when not on 6 weeks O&G*

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP clinic	GP clinic	Specialist clinic e.g. Paeds	Anaesthetics/ study leave	GP Tutorial
PM	GP Clinic	Tutorials (VC)	Specialist clinic e.g. paeds	PALMs (VC)	Study afternoon

Port Pirie (+ Crystal Brook, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Ben Ngoi

Cohort: 2020



*I know what you're thinking – "Isn't Port Pirie that town that consistently places on 'Sh*t Towns of Australia'??". Well, indeed it is. However, it also is coincidentally an amazing rural 5th year location. The employment of a mostly "blocked" program allows for in depth learning of core 5th year content which may not necessarily be available in other locations. The supervising doctors (Dr Jackson, Dr MacKinnon, Dr Chen and many others) are full of knowledge and experience and are very keen on teaching. You will also get to witness the full power of the rural GP (they do literally everything in existence from skin excisions, to delivering babies, surgery and anaesthetics).*

If this isn't enough to convince you, Port Pirie is also the only rural town aside from sucky Port Lincoln that has a Kmart (we're obviously the better Port, who the hell needs shark diving, beautiful beaches and camping when you have a stunning lead smelter). Jokes aside, Port Pirie is a great town with wonderful people who are extremely welcoming to medical students (the mayor even throws you a welcome party at the start of the year). For getting hands-on medical experience and general learning of 5th year content, it is nothing short of incredible. The main difficulties you will likely encounter are that the town itself doesn't really have much to do on weekends – however, Port Pirie is surrounded by the beautiful Flinders Ranges and also only two and a half hours back to Adelaide (being able to drive back easily for a weekend is a very understated convenience!!!)

Pros:

- Libby (student coordinator) is literally the best person in existence – incredibly understanding, helpful and rosters you off every single Friday afternoon for "study" (disclaimer: I didn't study)
- Very good teaching and hands-on placements, ED experience is incredibly useful
- Surrounded by many incredible hikes in Flinders Ranges
- Unanimous best hot chips in SA (Happy Birds)
- Has the quintuple of healthy eating: Maccas, KFC, HJs, Dominos, Subway
- Tourist attractions: KFC drive through on Friday night (seriously still astounds me how the entire town fits in the drive through)
- Very easy to get back to family and friends back in Adelaide on short notice
- Zac Efron visited Port Pirie once last year
- Constantly make it on to "Sh*t towns of Australia"

Cons:

- Clippers (the night club) has closed
- Barnacle Bill in a church (SA icon) has been replaced with another non-descript dodgy seafood place in a church
- Not heaps to do on weekends
- Will be hunted down and recruited by young professionals group
- Constantly make it on to "Sh*t towns of Australia"

If you have any questions feel free to send me message on facebook or email me at benjamin.ngoi@student.adelaide.edu.au

Port Pirie (+ Crystal Brook, SA)

Student Profile

Name: Olivia Nguyen

Cohort: 2018



"I chose to do my 5th year of study in Port Pirie for several reasons.

Firstly, I liked the idea of going out and having the opportunity to experience living out of home with a lot of support and a great bunch of friends. I also wanted the chance to become part of an extremely welcoming and happy community and immerse myself in sport, community events and make life-long friends and I have definitely found this in Port Pirie.

Secondly, I wanted to experience an integrated style of learning that would always keep me on my toes and is a bit more realistic to what it will be like working in the ED/GP setting in the future. Something that I love about Port Pirie is that it is half blocked and half integrated which gives students the chance to learn O+G and paediatrics, two of the new topics, thoroughly while still experiencing the integrated learning that encompasses the rural GP lifestyle. This, the glowing reviews from last years students, the easy time of 2hrs and 40mins from Adelaide, 1hr from Kadina, Clare and Port Augusta and being at the foot of the Flinders Ranges drew me to pick Port Pirie as my site of choice.

Thirdly, one of the things that drew me towards picking rural was the learning and hands-on opportunities that being in the rural setting gives students. So far this year, I have already been given the opportunity to put in LMAs, do parallel consults in GP land, assess patients in ED, assist in surgery/theatre and I even got to do my first spinal anaesthetic! It is opportunities like these which I believe encompass what it means to 'go rural'.

I think that rural fifth year is an amazing opportunity which all students should strongly consider. It definitely has made my year a lot less stressful, very enjoyable and has completely pulled me out of my comfort-zone. I have enjoyed my time thus far however, this is an individual choice and it is up to the individual to decide what is right for them and what they want to get out of their 5th year experience."

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Whyalla (+ Cummins)

TEACHING PROGRAM:

Type of Program: Integrated learning

Teaching Overview + Structure: (Typical year)

- 6 weeks in Cummins
- 2 weeks Port Augusta (Paeds)
- 1 week Labour ward (Whyalla)
- 1 week Anaesthetics (Whyalla)
- 2 weeks Indigenous Health Clinic (Whyalla)
- 3-5 Half Day parallel consulting sessions with GP varying by week and rest of roster
 - Minimum 5 half sessions/week for GP
- Visiting specialists 1 day/fortnight
 - paediatrics is main specialist you sit with/parallel consult with
 - many others do visit though e.g. visiting surgeons
- 1 day obstetrics/gynaecology per fortnight
- Zoom tutorials
- Weekly tutorials with midwife, obstetrician and GP (3 separate tutes)
- ED coverage with on-call GP ~6-9 hours/month

Total number of clinical session per week: ~7 half days clinical + Tuesday teaching

Parallel Consulting opportunities: Parallel consult within all GP sessions and with some visiting specialists.

FAST FACTS

Number of Students in 2021:	6
Type of Teaching Program:	Integrated
Location:	Whyalla + 6 wks Cummins + 2 wks PtAugusta
Population:	21,000
Distance from Adelaide:	382km (4h 15mins)

Famous for: Steel works, Cuttlefish migration, “Where the country meet’s the sea”

Accommodation: 8-bedroom, 4-bathroom share-house with a large kitchen living area. It is a 1-minute drive from the GP clinic and 5 mins from Whyalla Hospital.

Whyalla

Typical weekly roster:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Clinic/ Obgyn clinic	8AM Obs/Gyn Tute (local) 9AM Midwife Tute (local)	GP Clinic	GP clinic/ Physician	GP clinic
PM	GP Clinic/ Obgyn clinic	12:30 Paeds Tute 1:30 HRH Tute 3:30-4:30 GP/Geri's Tute	GP Clinic	1 PM PALMS tute 2PM APIC tute	Often a free arvo

Indigenous Health/Outreach trip opportunities:

- 2 weeks at Nunyara medical clinic in Whyalla which is an Indigenous health clinic

Unique Site-based teaching opportunities:

- Weekly tute from obstetrician/gynaecologist
- Weekly tute with a local midwife
- Weekly tute with GP to cover gen med/surg and OSCE content
- Cummins rotation
- Regular clinics with visiting paediatricians from Pt Augusta
- ED shifts
- Morning blood collection at GP practice for 18 weeks of the year so become an expert in venepuncture

Other Attractions of Site:

- Local beach, Fishing
- Midwife takes you kayaking and 4x4 driving through dunes
- Local dolphins that will swim right next to you as you kayak, cuttlefish migration
- Large population relative to other sites so can play any sport you can think of
- Proximity to Flinders Ranges, Pt Lincoln and all things in between.
- Generally have Friday afternoons rostered off and also free for study/weekend trips/return trips home. Can get extra time off if you're nice to Pam!
- Good cafes
- Free food for 6 weeks while placed in Cummins

Whyalla (+ Roxby Downs, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Jennifer Hughes

Cohort: 2019



Whyalla wasn't high on my preference list for rural 5th year placement, but retrospectively it really should have been; the community really embraces medical students, and so far we have had a great year.

The integrated nature of the programme means that every day is different; there are 4 GP practices to rotate through throughout the year, in addition to dedicated clinic and theatre time for Obstetrics and Gynaecology, Paediatrics clinic, General Medicine ward time, and other specialist clinics. I have personally really enjoyed the specialty variation on a day-to-day basis, and feel that the programme is well rounded and students are exposed to diverse medicine. There are also dedicated weeks for Anaesthetics, Labour Ward, and Indigenous Health clinic; the specialists are more than willing for you to spend more time with them as you wish. Whyalla is a regional centre and as such the hospital is well equipped and the medical facilities are not too dissimilar to those in the city; it's definitely a myth that "anything interesting gets sent to the city." There are also regular opportunities to do on call sessions in ED.

The contact hours are more than reasonable, with every Friday afternoon off in addition to 1-2 other half-days for dedicated study time. The site coordinator is very flexible and accommodating, and has been really helpful in our adjustment to Whyalla.

There are plenty of teaching opportunities as part of the rural 5th year programme, with weekly Zoom tutorials. Whyalla also offers 2 weekly tutorials dedicated to O&G, in addition to a near-weekly tute with the local GP going through OSCE cases. I honestly think this year has been some of the best teaching during my time at medical school.

In terms of life outside of study, Whyalla has heaps going on to keep you busy and sport is a strong focus in the community. The accommodation seems quite basic when compared to some of the other sites, but the bedrooms are quite large and standardised across the 8 students so there is no bitterness over who got the better room! We have operated a shared meal situation, which works well given the smaller kitchen size. We haven't had any problems with the accommodation, and like being close to UniSA allied health students as well as the rotating 4th year surgical students and 6th year rural GP students!

I would highly recommend applying for rural 5th year and urge you to consider Whyalla as one of your higher preferences!

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Port Lincoln (+ Ceduna or Tumby Bay, SA)

TEACHING PROGRAM:

Type of Program:

Pt Lincoln offers an integrated teaching program, with students rostered across the three Pt Lincoln general practices (Boston Bay, Investigator Clinic and Lincoln Medical Centre), the Pt Lincoln Aboriginal Health Service, labour ward, anaesthetics and the emergency department. Students also spend 3 weeks in Ceduna in the GP clinic, emergency department and with the many visiting specialists OR 4 weeks in Tumby Bay! Like other sites, students also rotate through Pt Augusta for a 2-week paediatrics intensive.

Teaching Overview + Structure:

The Port Lincoln program is heavily GP-based and the students rotate through different clinics during the year as well as completing 2 weeks of obstetrics (on call 24hrs) and a 3 week anaesthetics rotation. There are a number of visiting specialists, and students are rostered with specialists approximately every fortnight. Visiting specialties include gynaecology, paediatrics, cardiology, dermatology, geriatrics, palliative care, endocrine, urology, and orthopaedics. In previous years, students regularly undertook evening/weekend shifts in the ED. Due to changes in the Port Lincoln Hospital, this is currently on hold, but is planned to resume. Ceduna also offers an integrated teaching program rostered within Ceduna District Health Services and Koonibba Aboriginal Health Services Aboriginal Corporation. Here students parallel consult, attend A&E, theatre, GP, Medical Clinic, Labour Ward, Aged Care and specialist sessions. This is similar to Tumby Bay, where students are regularly on-call for emergencies and attend the general practice also.

Total number of clinical session per week: 2- full day clinical sessions + 2x half day clinical sessions + 2 site based teaching sessions (2hrs) + Zoom tutorials +/- ED sessions

Parallel Consulting opportunities: Parallel consult within all clinical sessions (except anaesthetics, obstetrics and visiting specialists) ie. ~6 sessions /week. Some GP clinic sessions may be spent in biopsy clinic or triage seeing acute presentations.

Port Lincoln (+ Ceduna or Tumby Bay, SA)

FAST FACTS: PT LINCOLN

Number of Students in 2021:	8
Type of Teaching Program:	Integrated
Location:	Pt Lincoln + 3/4wks in Ceduna/Tumby Bay + 2 wks in PA
Population:	16 147
Distance from Adelaide:	650km (7hrs)

Famous for: tuna/abalone fishing, shark cage diving, beaches and the Pt Lincoln National Park.

Accommodation: 5 students are accommodated in a 5-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen and two living areas which is 1500m from the hospital. 3 students are accommodated in a 3-bedroom, 1 bathroom house 200m from the hospital and adjacent to the 4th year accommodation.

Indigenous Health/Outreach trip opportunities:

Students are rostered with the Pt Lincoln Aboriginal Health Service for one week, but also receive Indigenous health learning opportunities at the Pt Lincoln and Ceduna GP clinics.

Unique Site-based teaching opportunities:

Students receive tutorials from local GPs in addition to ARCS VC tutorials. These local tutorials run for approximately 2 hrs and cover the required knowledge outcomes and clinical skills. Often there is a simulation session included!

Other Attractions of Site:

Pt Lincoln is home to a variety of recreational facilities, including the Pt Lincoln National Park, famous fishing spots, fantastic surfing beaches, sandhills, walking/running trails, 4wheel drive paths. Weekends can be spent playing for a local sporting team, camping, hiking, surfing, swimming or exploring the beautiful Eyre Peninsula!

EXAMPLE WEEKLY TIMETABLE or EXAMPLE OF YEAR STRUCTURE:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP clinic	Study	GP clinic	Clinic with visiting specialist	GP clinic
PM	Local Tutorial	Tutorials (VC)	GP clinic	PALMs (VC) Local tutorial (paeds)	GP clinic (triage)

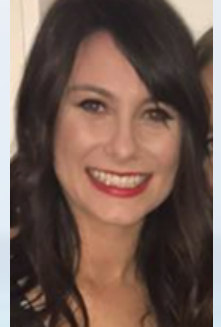
Port Lincoln (+ Ceduna or Tumby Bay, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Anja Hentschke

Cohort: 2018



Since starting Medicine I have always looked forward to finally being able to escape the city for a year and get back to some of that delicious country livin'. After deciding that I didn't really want to go back to the region I grew up in just yet (the Barossa), choosing Port Lincoln as my first preference was a no-brainer for me. I was fortunate to have a sneak-peak of this beautiful area and what's on offer for 5th year when coming here for Rural Surg in 4th year.

I'll get to the educational stuff soon, but first I'd like to tell you a bit more about lifestyle:

- *Port Lincoln is a little city with a huge array of shops and things to do, and within 30mins drive, you are at some of the best beaches, camping spots, fishing areas and national parks that SA has to offer.*
- *Heaps of gorgeous brunch spots and eateries, and a good coffee is very easy to find!*
- *There is a cocktail bar that overlooks the ocean, and if you are feeling something a little frothier, the Beer Brewery down the road will do just the trick too. You can also get around Sharkie's Quiz Nights if fun facts are your thing, and there's often live music or an art festival happening somewhere around the traps.*
- *The fierce sporting community here absolutely LOVE to welcome you (no matter your sporting prowess or coordination levels), and if you need to get a bit more Zen, there is bound to be a yoga class happening, or you can get back in touch with nature by taking one of many bush tracks around.*
- *World championship Tuna Tossing & an animal park where you can ride Segways (need I say more).*

Once you're satisfied your social life, explored the sights, gone for a surf and uploaded some bangin' Instas, it's time to learn (and you will learn a lot!). You will be provided with blocks of time in both Obstetrics & Anaesthetics with incredibly experienced doctors and learn by being hands on. On top of this, the one-on-one time with Consultant Specialists (who will often teach you heaps) is incredibly valuable. You will build your clinical reasoning and practical skills during your time on-call in ED and parallel consulting with the GP's in clinic, and your on-site tutorials are run by some fantastic doctors. This combined with a 1-2 minute commute each morning means that you can strike an amazing study-work-life-sleep balance, which we all know the importance of!

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A landscape photograph of Broken Hill, NSW, featuring several large, weathered rock formations in the foreground and middle ground. The sky is a mix of blue and orange, suggesting a sunset or sunrise. The text 'Broken Hill (NSW)' is overlaid in white on the left side of the image.

Broken Hill (NSW)

TEACHING PROGRAM:

Type of Program: Semi-integrated with each student based on a specific ward but also spend one day a week in a GP clinic and some time in specialist clinics and in physical and online tutorials. Most of the ward time is paediatrics and O&G where the main clinical activities were outpatient clinics, watching births and assisting in O&G theatre lists. Students are also allocated to the medical ward and to ED throughout the year. The four ARCS students are part of a wider medical student collaborative training with eight other students from University of Sydney and University of Wollongong, and live together.

Teaching Overview + Structure:

Largely the teaching students receive here is through zoom tutorials with Adelaide. These will be attended by the entire rural cohort. There is 1 site specific tutorial that will run during the time in Broken Hill called “ENRICH”. It will include other health faculties sometimes and other times will be just medical students. Students are required to attend these sessions unless there is a valid reason they cannot (clinical experience is accepted as valid). These tutorials will range from a stroke simulation with other allied health students to communication sessions with the other medical students.

In 2021, students had Dr Josh Crase, a local GP provide weekly tutorials on student selected topics. He was an excellent resource for course content, especially paediatrics, rural med and human reproductive health. He also ran OSCE stations throughout the year and was happy to continue this via zoom even when students were on their outreach trips.

FAST FACTS

Number of Students in 2021:	3
Type of Teaching Program:	Integrated (although ‘Blocked’ regarding paed / O&G)
Location:	Broken Hill, far west NSW (NE of Adelaide)
Population:	18,500
Distance from Adelaide:	520km (5h 40mins)

Famous for: Being the birthplace of the world’s largest mining company, BHP

Accommodation: Fifth-year students at Broken Hill share a 4-bedroom, 2-bathroom house with a communal lounge area, kitchen and laundry. The accommodation is 800m from the Broken Hill Hospital and cheap bike hire is available for the year. Wireless internet is provided at the house; however, students have to organize their own internet when they go on remote placements.



Broken Hill

Indigenous Health/Outreach trip opportunities:

The two sites that students are split up into are Menindee (1.25 hours east of Broken Hill) and Bourke (about 6 hours North-East of Broken Hill). Both rotations are designed to push students outside of their comfort zone, give them some experience in very remote medicine and lots of exposure to Indigenous health. Beyond that, they're completely different.

Bourke: In many ways Bourke is the less intense of the two experiences. However, it's VERY isolated - in fact there's a saying based on this town, "Out the Back O' Bourke", which literally means "In the Middle of Nowhere". In the town, there are a few restaurants, a couple of cafes, a pharmacy and a pub as well as 2 grocery stores (which are relatively well stocked but small, a bit pricey and won't have any specialty foods - it's worth bringing those along from Broken Hill).

Students' time in Bourke will be managed through the University of Sydney's outpost there and the student coordinator. She is very supportive and will organise a bunch of activities to help students explore the region so they certainly won't be alone. Students live very close to the hospital during their time in Bourke, in one of the 2 bedroom units that are located behind it. The accommodation is nice and each person has a double bed and a shared bathroom. The internet is said to be limited, but this is unknown as to how many gbs students are allowed. There is access to the BUDRH (Bourke Uni Department building) 24/7 and students can come here to study after hours.

In terms of the medicine, there are 3 healthcare facilities in Bourke: a clinic staffed by 3 GPs, an Aboriginal Medical Service and Bourke Hospital. Students are based at the GP clinic for the entirety of the 4 weeks and will occasionally follow one of the GPs on call to the hospital for ward rounds or emergencies. The GP clinic normally would have 2-3 doctors, with the chance to sit in to discuss a patient together with the doctor or parallel consult.

Menindee: Menindee is a small town (population 550) just over 100kms from Broken Hill. The local health service is run by nurses with visiting doctors from RFDS and Maari Ma (Aboriginal health service in broken hill).

Example Structure of year:

General Medicine/Geriatrics (5 weeks)
O&G -1 (6weeks)
Remote Placement (4 weeks)
O&G -2 (1 week)
Midyear Break (3 weeks)
Midyear Workshop + Exam (1 week)
O&G -3 (3 weeks)
Paediatrics (11 weeks)
ED (2 weeks)
End of Year Assessment (1 week)
SWOTVAC (3 weeks)

Unique Site-based teaching opportunities:

Occasionally students have the opportunity to go on an RFDS flight to a remote location. This is quite an early start but definitely worth for the chance to fly to a clinic and if the pilot is happy, also get to sit in the cockpit as a co-pilot. Of course don't touch anything but still a great experience and a big novelty unique to Broken Hill. Students have found the clinics themselves a great experience; they usually feature small patient lists and experienced RFDS GPs who are usually happy for students to parallel consult. If allocated the White Cliffs clinic, the word is skip breakfast to save room for the scones, they will change your life.

EXAMPLE WEEKLY TIMETABLE or EXAMPLE OF YEAR STRUCTURE:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward round and duties	Paeds clinic	GP day	Paeds clinic	Clinical choices
PM	Ward duties	Zoom Paeds VC Tute Zoom O&G or Geris Tute	GP day	PALMs (VC) ENRICH	Clinical choices

*‘Clinical choices’ time is allocated for students to attend any of the visiting specialist clinics on that day, make up ward time, or do private study. When on paediatrics and O&G, these times may be spent on the ward looking for a birth or in the Paediatrics clinic (depending on when clinical choice times are allocated as these clinics only run on Tuesday, Wednesday and Thursday each week).

Total number of clinical session per week: Students have up to 8 clinical sessions/week and roughly 5 hours of tutorials each week. These are the scheduled tutorials and others that may require student initiative, such as anaesthetics, will go on top of these.

Parallel Consulting Opportunities: This is something that is largely up to students, same as in the city. If students wish to parallel consult they can do so on GP days or go to specialist clinics and ask them specifically. 2019 students found Paediatrics, General medicine and Gynaecology clinics were always happy to have students and often happy to let them parallel consult. Other specialties largely depend on the doctor visiting that week and the number of patients on the list for that clinic.

Broken Hill (NSW)

PAST STUDENT'S EXPERIENCE **Student Profile**

Name: Caleb Wijesinha
Cohort: 2019



Broken Hill is a vibrant town with a rich cultural history and plenty of potential activities to take part in. Despite being quite far removed from any other towns I have never felt isolated as there is a vibrant student community consisting not only of other long-stay medical students from Sydney and Wollongong Universities but also short-stay medical and allied health students from universities all around Australia - in my experience all of these students have been extremely friendly and I've made lasting relationships with a lot of them. So while it is a long drive back to Adelaide you won't want to go back too often because there are always social activities you will miss out on. Despite its strong mining history, Broken Hill's economy has gravitated towards tourism in recent years with many art galleries, trendy cafes, classic country pubs, the infamous Palace Hotel, and nearby local attractions and events like Silverton, Daydream mine, White Cliffs rodeo, the Broken Hill sculptures, Mundi Mundi lookout and many other national parks and lookout sites. There is also a strong sporting culture with a competitive AFL circuit that students are encouraged to participate in.

Unlike in some previous years my cohort got to spend one day a week at local GP services with allocations to the RFDS GP centre called Clive Bishop and the GP superclinic in town. Here we had great opportunities to parallel consult and had some opportunities to receive teaching from the GPs which have thus far proved to be invaluable clinical experiences and a great way to get hands on experience that can serve as OSCE practice.

The rural school gives video conference tutorials that cover the topics of paediatrics, O&G, geriatrics and rural medicine and in addition to these Broken Hill students get ENRICH tutorials (basically IPL covering a wide scope of subjects) and have opportunities to organise tutorials with hospital staff and local GPs. We organised to have weekly bedside tutorials with John Wenham, a local GP who also serves as the site's clinical supervisor who found hospital patients who were happy to be examined and observed us in OSCE-style stations. In addition to GP this was a great way to keep up with medical and surgical knowledge while on paediatrics or O&G as well as get specific targeted feedback from an experienced clinician about what worked well and what to improve on. Overall, despite not preferencing Broken Hill first I continue to love my time here and it really does feel like it has become my home. I would strongly encourage students to preference it more highly in the future and know if I could go back it would be one of my top preferences!

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Barossa

TEACHING PROGRAM:

Type of Program: Integrated

The Barossa is a bit different from other rural sites in that it comprises of 4 towns: Angaston, Kapunda, Nuriootpa, and Tanunda. Here is a map so you can wrap your head around it:

Teaching Overview + Structure:

The Barossa always has a mix of Adelaide and Flinders students, however the proportions do change from year to year. In 2021 there are 5 Adelaide and 6 Flinders students, 11 all together.

If placed in the Barossa, you will have a second round interview later in semester 2 to decide which town to go to. The break down for 2021 was



Angaston Medical Centre: 3 students, 2 Flinders/1 Adelaide, 2 living in Angaston (together), 1 living in Nuriootpa (with a Tanunda student)

Kapunda Medical Practice: 3 students, 1 Flinders/2 Adelaide, all living in Kapunda (2 together, 1 separately)

Nuriootpa Medical Centre: 2 students, 1 Flinders/1 Adelaide, both living in Nuriootpa (separately)

Tanunda Medical Centre: 3 students, 2 Flinders/1 Adelaide, 2 living in Tanunda (together), 1 living in Nuriootpa (with an Angaston student)

This is a bit confusing but the upshot of it is that students may be placed in a clinic in a different town to where they live, unless they are in Kapunda in which case they will live in Kapunda (as it's a bit further). Most students have liked this set up as you get to know more people (at clinic and as housemates) and the ~10 minute commute through the vineyards in the morning is not that bad! It also means you are not necessarily working and living with the same people the whole year. It is obviously not your desire to not get along with the other students but it does occur and if it does it is good to not have to be spending 24/7 with them.

Total number of clinical session per week: 6 Half Day Clinical Sessions + 1-1.5 day site based teaching + Zoom tutorials. Study sessions are built into Barossa timetable.

Parallel Consulting opportunities: Parallel consult 2 GP clinical sessions per week

On Call

Different clinics have different on call rosters, however most are very flexible and most students have found being on call a really useful experience. You should also be able to swap shifts and take leave as you need. The on call rosters are usually:

Angaston: 1 day a week (8am-8am) and 1 weekend a month (8am Sat - 8am Mon)

Kapunda: 1 night a week (5pm-8am overnight) and 1 weekend a month (5pm Friday - 8am Monday; this includes Sat/Sun morning ward round +/- evening OPD) You may be expected to cover Public Holidays (however most of the doctors are open to negotiate this)

Nuriootpa: Shares Tanunda hospital cover with Tanunda GP's. Nuri students tend to be rostered on with Nuri doctors. On average this is 1 weekday night a week and 1 weekend day a month. On call is 8am - 8am the following day.

Tanunda: Shares Tanunda hospital cover with Nuri GP's. Tanunda students tend to be rostered on with Tanunda doctors. On average this is 1 weekday night a week and 1 weekend day a month. On call is 8am - 8am the following day. If you are on-call on Saturday there is also a morning clinic to parallel consult at, usually 9-11:30am. As Tanunda hospital is across the road from the GP clinic, even when you are not on call there is the opportunity to check on patients or follow them across the road.

O&G

Something to note about the Barossa is that all your O&G experience will be either in GP or with the O&G team at Gawler since the closure of obstetric services at Tanunda hospital in early 2018, unless you are placed at Kapunda who still have Obstetric services. Gawler is about 20 minutes away and you can expect to go there once or twice a week for clinic (gynae or antenatal), theatre, or labour ward.

If you are interested in O&G then Kapunda would be recommended as they still have a functioning labour ward and theatre for cesareans. The other towns get 1-2 weeks rostered on labour ward in Gawler. This is very hit and miss with deliveries and the opportunity to be involved in natural deliveries is low. It is also reliant on midwives calling you if women come in overnight which is very hard to achieve. Therefore, Tanunda, Angaston, Nuri would not be recommended if you are interested in O&G and want to be involved in births.

Other Specialties

Students will likely have one or two sessions over the year with each of the different visiting specialists such as Paediatricians, Vascular Surgeons, Orthopaedic Surgeons, Rheumatologists, and so on. These may be at a local hospital, or at Gawler.

Flinders Content

Barossa students take part in both Adelaide and Flinders teaching. Although the Flinders teaching is not technically part of our curriculum, there is so much overlap that most students have found them very useful. Flinders teaching is every Thursday all day +/- Tuesday afternoon after Adelaide Uni teaching. It takes a large chunk out of the week and is one of the reasons there are less consulting sessions per week in the Barossa. Teaching is done at the uni hub in Nuri.

Blocks

The Barossa is integrated for the vast majority of the year, with mostly GP interspersed with different specialists. Students will also have: 2 weeks in Pt Augusta for Paeds (all rural students do this) + 2 separate weeks in Gawler on the Labour Ward (still live in Barossa accommodation and drive every day)

FAST FACTS

Number of Students in 2021:	5
Type of Teaching Program:	Integrated
Population:	Approx 20,000 including all towns
Distance from Adelaide:	71km (1h)

Famous for: Maggie beer, Penfolds, Seppeltsfield, wine in general

Accommodation: Each site has own accommodation. See the ARCS website <https://health.adelaide.edu.au/rural/site-locations/sites/barossa/> for more details regarding accommodation at each site.

Barossa

Indigenous Health/Outreach trip opportunities:

There is not a high Indigenous population in the Barossa and there is limited exposure in GP clinics. Flinders university employs an Elder who runs the Indigenous health education, with tutes every 1-2 months. In 2019 and presumably in future years we took a 2 night trip to Quorn with him to learn about the land. There is also an Indigenous health unit at Gawler that we haven't participated in, but if this was one of your interests there may be potential for involvement.

Depending on your clinic and the GP's there, there are opportunities to join a GP on Swan Reach clinics or a trip to the Northern Territory. This is site dependent and may come out of other time e.g. holidays.

Other Attractions of Site:

The Barossa Valley is one of Australia's most famous wine regions. There are no shortage of wineries, restaurants, and coffee shops to keep students entertained. Being one of the most beautiful parts of South Australia, and at only an hour from the city, you will find that your family and friends will be keen to come up and visit you. The Barossa is a beautiful place to live, however you can easily head back to Adelaide so you will rarely miss events. In the wise words of Miley Cyrus, it is the best of both worlds.

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Parallel Consult GP Clinic	On Call	Study at Clinic	Gawler Antenatal Clinic	Specialist Consulting at Gawler
Tute	Tutorial at Clinic	Paeds Tute (Adelaide Uni)(On call)		PALMs (VC)	
PM	Study at Clinic	PBL (Flinders Uni) (On call)	Parallel Consult GP clinic	Study at Clinic	Study at Clinic

Barossa

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Maddie Rock
Cohort: 2019



"The Barossa region is quite large, centred around the 'Green Triangle' which consists of three main towns (Nuriootpa, Tanunda and Angaston) and Kapunda, another town ~30 minutes from Nuriootpa. Each of these towns have their own GP clinic and hospital (aside from Nuriootpa). There are subtle differences between each clinic but common to each clinic is a range of supportive GPs and other staff, ability to do on-calls at the hospital (which is essentially like a regular ED shift every week) and specialist teaching mixed throughout.

The Barossa is a fully integrated program, meaning that aside from your 2-week block in Port Augusta for Paediatrics you'll be based in your home town. Specialist sessions with visiting specialists will be mixed in with allocations to O&G at Gawler Hospital, amongst your regular GP sessions. The specialists that visit are very used to having students and so are genuinely interested in teaching, so between these and the ED sessions I found that my general specialist knowledge was topped up well from 4th year. All of these sessions together mean that no week is the same, which is great for people who like a change of pace and the admin staff also allow you flexibility to prioritise specialties that you're interested in which is great.

One of the most unique features of the Barossa Program is that it's a joint program with Flinders University, meaning that there will be 11 students total with 5 students from one Uni and 6 from another (alternates each year). The great things about this are that you get to meet new people outside of your own year level/Uni, there's a nice big group for social catchups (including enough to make a social netball team) and you also get access to all of their learning materials and teaching.

Aside from the teaching, the Barossa is just a great place to live. You'll have absolutely no issues coercing your friends and family to come and visit you, with beautiful wineries, eateries, walking/running trails and markets to keep you busy. There is a big gym available as well as other smaller gym options including an amazing CrossFit gym, the netball/football clubs are extremely welcoming of some fresh blood (and are also a great way of making some local friends), and there are other community groups such as dance or cooking schools. With all of this in mind, it really is only a one-hour commute from Adelaide, meaning that if you need to return home at any point it's a very achievable drive.

Integrated!

PAST STUDENTS TO CONTACT

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Mt Barker

TEACHING PROGRAM:

Type of Program:

The Mount Barker program is integrated with placements occurring at the Summit Health Clinic and the Mount Barker District Hospital. Time at Summit Health is spent with GPs and the many specialists who visit Mount Barker. At the hospital, students are involved in the emergency department, antenatal clinic and maternity ward, and in anaesthetics and theatre. . Each student rotates to Port Augusta for the 2-week paediatric specialist intensive, which complements the wider paediatric training that they receive in the GP clinic and ED.

Teaching Overview + Structure:

Throughout the year students have the opportunity to spend time with GPs (including GP-anaesthetists and GP-obstetricians), visiting specialists (including general and orthopaedic surgeons, nephrologists, endocrinologists, cardiologists, geriatricians, gynaecologists, and paediatricians) and local midwives. Students have weekly shifts in ED with the option of additional after-hours shifts. Students also spend time in the new maternity ward which caters for over 600 births each year.

Total number of clinical session per week: 5 Half Day Clinical Sessions + ½ day site based teaching + Zoom tutorials

Parallel Consulting opportunities: Most GP sessions allow for parallel consulting (~2 sessions/week) and all ED sessions are parallel consulting (2 sessions/week).

FAST FACTS

Number of Students in 2021:	2
Type of Teaching Program:	Integrated
Location:	Mount Barker
Population:	20,000
Distance from Adelaide:	34km (40mins)

Famous for: Laratinga Wetlands, Historic Gawler Street and a handful of wineries

Accommodation: 4-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen and two living areas. It is a 4-minute drive from the GP clinic and Mount Barker District Hospital. Occasionally have two 6th Year students for 4 weeks.



Mt Barker

Indigenous Health/Outreach trip opportunities:

Unfortunately, there are limited opportunities to be involved in Indigenous Health/Outreach trips.

Unique Site-based teaching opportunities:

Due to its proximity to Adelaide, there are a vast number of visiting specialists in Mount Barker. Clinics with specialists are frequently organised and students are encouraged to put forward areas of interest. There are monthly ED teaching sessions run by ED doctors on various topics which students are invited to (and dinner is included!).

Other Attractions of Site:

There are many opportunities to hone practical skills in the Mount Barker program. There is a strong “see one, do one, teach one” philosophy in both the ED and the triage area at the GP clinic. Doctors and nurses are willing support and teach you everything from back-slabs and suturing to ultrasound and cardioversion.

EXAMPLE WEEKLY TIMETABLE or EXAMPLE OF YEAR STRUCTURE:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Antenatal Clinic	Break	Pre-anaesthetic Clinic	GP Tutorial	ED
PM	GP clinic	Zoom Tutorials	Break	Zoom Tutorials	ED

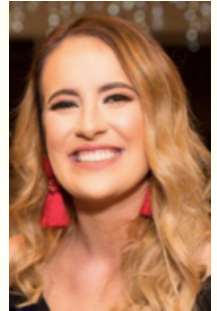
Mt Barker

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Mel Kuiper

Cohort: 2018



"The rural 5th year program, particularly in Mount Barker, was something I'd been dreaming of since starting medicine and my reasons for applying were many. Firstly, the sense of community found in rural locations is absolutely incredible. I was privileged enough to have 9 weeks of surgical placement in Whyalla during 4th year. Whilst there, nurses at the hospital adopted me into their local netball club and kept an eye out for me at the hospital. In the short time they became like an extended family and I was able to engage with patients with more confidence as I was aware of local activities and felt a part of their community; subsequently patients were more willing than I expected for me to have a go taking their blood, putting in a cannula, seeing me as their initial consult in a parallel consult setting despite being a student etc. This experience has continued and blossomed this year in Mount Barker.

Secondly, being from the area myself I know how exciting Mount Barker is; it is one of the fastest growing regional centres in Australia, a catchment area for more than 70,000 people. Only recently has there been funding for a 24-hour onsite doctor which has meant exciting ED after hour experiences as a student. Also being so close to Adelaide it attracts lots of visiting specialists which has provided brilliant one on one learning with surgeons and other specialists in theatre and clinic as there are no interns or other medical students. This has kept my SHU and MHU knowledge from 4th year at the forefront as I am constantly having the opportunity to engage in these areas.

Thirdly, the maternity area and number of births in Mount Barker is a large attraction. Learning from GP obstetricians and Obstetricians & Gynaecologists has meant we've had amazing teaching and experiences x600 (the number of births!)*

There are a million more reasons Mount Barker has been incredible but I will finish with the people; The patients in the community are more than happy to see a student, providing ample opportunities for parallel consults on a regular basis in the GP setting. This delivers an incredible opening to learn and grow in confidence with your own OSCE skills, which in turn become your skills as a future doctor. The GPs are incredible at what they do and how they teach. They are also keen to get you involved in the community; the local footy competition (HFL) being the next best competition in SA outside the SANFL with both mens and womens teams, the netball association equally as strong and fun, the cafés, libraries, wetlands, hiking trails, wineries mean whenever a study break is needed there's always a beautiful place to go or something to do."

**We weren't present for all the births, but the number of amazing experiences has been >600*

PAST STUDENTS TO CONTACT

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Clare (+ Port Augusta/Port Pirie, SA)

TEACHING PROGRAM:

Type of Program:

Clare is a combined integrated and blocked program. For 24 weeks of the year it is integrated. 20 of these weeks are spent in Clare and then the other 4 integrated weeks are in Tumby bay. Then there is an 8-week blocked section with 2 weeks in Pt Augusta for paediatrics and then 6 weeks in Pt Pirie for obstetrics and gynaecology.

Teaching Overview + Structure:

Clare Integrated Program (20 weeks)

Each week you have a range of 5x ½ day clinical sessions. These may be GP parallel consulting, on call, specialist consulting, anaesthetic sessions, theatre session, procedural sessions, skin check clinics, or outreach clinics in Snowtown and Burra. There is also one half day a week scheduled for an academic tutorial scheduled with the site's GP academic supervisor and 4 half days of private study.

Tumby Bay Program (4 weeks)

Tumby bay has a very similar program to Clare with 5x ½ day clinical sessions. Each morning is spent doing a ward round at the hospital and then days are mainly spent doing parallel consulting with the GP's. Like Clare there is similar opportunity for skin checks and lesion removal.

Pt Pirie Obstetrics (6 weeks)

See Pt Pirie section

Total number of clinical session per week: 5 Half Day Clinical Sessions + ½ day site based teaching + Zoom tutorials

Parallel Consulting opportunities: Parallel consult within all clinical sessions (except anaesthetics/visiting specialists) ie. ~4-5 sessions /week

FAST FACTS

Number of Students in 2021:

4

Type of Teaching Program:

8wks Blocked, 27wks Integrated

Location:

Clare Valley, Mid-North SA + 2 wks Port Augusta + 6 wks Pt Pirie + 4 wks Tumby bay

Population:

3,300

Distance from Adelaide:

136km (1h 50mins)

Famous for: Wine (Riesling Trail), locally grown produce, boutique businesses, 'Burnside of the mid-North'

Accommodation: 5-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen and two living areas. It is a 4-minute drive from the GP clinic and 6 mins from Clare Hospital. Share house with 6th Year Student changing 4 weekly (6 students over year).

Clare (+ Port Augusta/Port Pirie, SA)

Indigenous Health/Outreach trip opportunities:

There is an opportunity to spend one week in Wilcannia, a town 200km out of Broken Hill, with one of the Clare GPs, Michael Nugent. Wilcannia has a high aboriginal population and throughout the week you experience firsthand how primary care is delivered in this setting.

Unique Site-based teaching opportunities:

There are a range of visiting specialists who visit the clinic on a fortnightly or monthly basis. This allows you to sit in one on one with consultants from various fields, such as endocrinology, dermatology, ENT, rheumatology, psychiatry, and cardiology. There are also opportunities to be involved with the emergency obstetrics training program PROMPT and attend the Barossa Valley mock OSCE twice throughout the year in preparation for the mid-year and end of year assessments.

Other Attractions of Site:

Clare is a beautiful place to live. The surrounding valley and little towns are very picturesque and there are ample wineries to visit. Great events throughout the year include the Clare Easter racing carnival, Blenheim fest, and Gourmet weekend. All your friends will want to visit! Clare Medical Centre has a great culture and is a brilliant learning environment. The GPs make you feel very welcome and there are many social events throughout the year. The main town of Clare itself has everything you need, and is still an easy 2 hour drive from Adelaide should you ever need to return throughout the year, but don't worry – you won't want to!

EXAMPLE WEEKLY TIMETABLE (Integrated Program)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP parallel consulting	Anesthetics in theatre	Procedural session	Site Tutorial	Rheumatology Clinic
PM	Private study	VC Tutorial Private Study	Private Study	VC Tutorial GP Parallel consulting	Private Study

Clare (+ Port Augusta/Port Pirie, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Emma Rose

Cohort: 2019



Rural 5th year in Clare is a great experience for many reasons. The bulk of the year in Clare is an integrated program, with most days in the GP clinic, and occasionally at the hospital. Generally most days are spent at the clinic parallel consulting with a GP. The GPs at Clare are a very diverse group with a large range of specialist interests, which helps to broaden learning and engage with a varied patient base. There is a lot of support available at Clare, and the practice is very welcoming and social which makes it very easy to involve yourself in the community.

The 8 week block in Port Augusta is great to concentrate on learning paediatrics, and obstetrics and gynaecology. The practice at Clare also make it very easy to settle back in after your stint in Pt Augusta.

Clare is a wonderful place to live for many non-medical reasons. Clare is quite a small town and the community is very welcoming and open to anyone willing to get involved. Of course the wonderful wineries and eateries around are part of the community experience.

PAST STUDENTS TO CONTACT

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Kadina (+ Wallaroo/Moonta, SA)

TEACHING PROGRAM:

Type of Program:

The program includes 34 weeks of integrated learning which separated into 16 weeks in the first semester and 18 weeks in the second semester. A blocked learning section falls in the first semester and requires students to complete 2 weeks of 'Paediatric Intensives' at Pt Augusta, where you will stay with one of the 5th year students there. Each of the three towns in the Copper Coast have their own clinic, enabling the 4 students to be spread out over the 3 different practices and the hospital.

Teaching Overview + Structure:

As the program is mostly integrated you'll spend most of your time rostered on with one of the GP's at the practice you're assigned to. Each practice runs different to the others, so you'll have the opportunity to see a wide range of things. There are two OB/GYN's and 4-5 midwives which allows you to attend several antenatal clinics and births. On-call/ED shifts aren't rostered, however, you're encouraged to do 1 shift per month, with at least 1-2 weekend shifts per semester.

Total number of clinical session per week: 3 Full Days and 2 Half day Clinical Sessions + ½ day site based teaching + 2 Zoom tutorials per week (+/- antenatal clinic, births, visiting specialist's clinic and theatre).

Parallel Consulting Opportunities: Parallel consult within all clinical sessions (except some anaesthetics / visiting specialists) i.e. approx. 5 sessions / week.

FAST FACTS

Number of Students in 2021:	4
Type of Teaching Program:	34wks Integrated and 2 Blocked
Location:	Kadina, Moonta, Wallaroo (Copper Coast, Yorke Peninsula) + 2 wks in Port Augusta
Population:	14,000
Distance from Adelaide:	160km (2hours)

Famous for: North Beach, Fishing, Cornish History and Festival, Field Days (farming/grain show), Copper Mining and 'The Farm Shed' Museum

Accommodation: 5-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen, two living areas and a large outdoor area. It's a 4-minute drive from the Wallaroo Hospital.

Kadina (+ Wallaroo/Moonta, SA)

Indigenous Health/Outreach trip opportunities:

Moonta Medical Centre has an ATSI Clinic on a Wednesday morning. This is at the Aboriginal health clinic in the main street of Moonta.

Unique Site-based teaching opportunities:

The location has several speakers and seminars every month. They encourage students to attend as many sessions as possible (they are free!) and socialize with the local allied health. Several specialists come up every week including; Orthopaedic surgeon, Urologist, Gynaecologist, Endocrinologist, Gastroenterologist, ENT surgeon, Paediatrician, Ophthalmologist, Colorectal/ General surgeons, Psychiatrist, Plastic surgeon and Cardiologists. There are several opportunities to assist in theatre and sit in with all the specialists.

Other Attractions of Site:

Wallaroo's 'North Beach' is one of the best beaches in Australia and is only a 5 minute drive from the house. They have a new cafe on the beach front which is a favourite spot for a morning coffee. Kadina has a gym, which is more than happy to do deals for students. Moonta has an amazing Italian restaurant, which is busy several nights of the week.

EXAMPLE WEEKLY TIMETABLE or EXAMPLE OF YEAR STRUCTURE:

Weekly			Half Yearly				
	AM	PM		Student 1	Student 2	Student 3	Student 4
Monday	GP Clinic	Specialist (eg. anaesthetics)	Wk1-4	Kadina	Kadina Pt Augusta	Pt Augusta Wallaroo	Moonta
Tuesday	GP Clinic	Tutorials (VC) Onsite teaching	Wk 5-8	Moonta Pt Augusta	Wallaroo	Kadina	Kadina
Wednesday	Antenatal Clinic	Antenatal Clinic	Wk 9-12	Wallaroo	Kadina	Moonta	Kadina Pt Augusta
Thursday	GP Clinic	Tutorials (VC)	Wk 13-16	Kadina	Moonta	Kadina	Wallaroo
Friday	GP Clinic	GP Clinic					

Kadina (+ Wallaroo/Moonta, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Sally Terrett

Cohort: 2019



I chose to go to Kadina in my fifth year for a few different reasons, the major one being that it is my home town, but I had also heard so many good things about the clinical exposure and teaching offered here.

In terms of what the Copper Coast (Kadina, Wallaroo and Moonta) has to offer:

- there are amazing beaches in Wallaroo and Moonta with new cafes on the beach fronts in both towns*
- So many different sports to choose from to help get involved in the community (football, netball, hockey, tennis, basketball) - all four of us are playing for a local footy/netball club and have found this such an easy way to become involved in the community!*
- Kadina is pretty close to a lot of other sites (Clare, Pt Pirie, Barossa) and only 2 hours from Adelaide, but still gives you the excuse of 'being rural' if there's something you don't want to drive back for!*
- The Yorke Peninsula is now home to a new Gin Distillery about 45 minutes from the Wallaroo, and a new brewery in Minlaton.*
- Innes National Park is close enough to do a day trip to but also great to camp at with so many amazing beaches for surfing*
- So many cafes in each town which are perfect for a quick coffee in your lunch breaks*
- The house is great - 5 bedrooms and two massive living areas, about a 4 minute drive from the beach and close to the hospital if you get called in for a late night birth.*

Education:

- You spend your time at three different GP clinics (Kadina, Wallaroo and Moonta) and get to see a wide variety of GP styles.*
- There are constantly visiting specialists either running clinics or theatre lists and are more than happy to have students sit in - good ways to revise orthopaedics, general surgery or learn gynaecology.*
- Most of the GPs let you parallel consult which gives you daily OSCE practice*
- There are two GP anaesthetists and two GP obstetricians to learn from*
- Opportunity to be involved in births - this can be difficult, but we found that getting onto this early and becoming friends with the midwives definitely helped!*
- Our emergency department experience has not been the same as past years due to changes to the way the hospital is staffed so we are in a bit of a unique situation and I'm not sure what this will look like for next years cohort, but lots of people are working really hard to make sure you don't miss out on any opportunities!*
- you obviously live with 3 other fifth years to study with and bounce ideas off of, but also get to live with interns who rotate through every 10 weeks - so you always have someone who has been through fifth year before to ask if you need help or clarification*

Overall this experience has been so much fun, and I have learnt so much already from being rural this year! Feel free to get in touch if you have any questions!

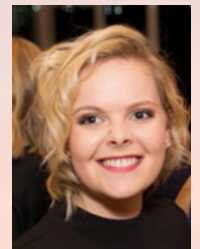
Kadina (+ Wallaroo/Moonta, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Tenayah Renshaw

Cohort: 2018



"Choosing to do rural 5th year at the Copper Coast towns was one of the best decisions I've made. It's an amazing place, with several beaches, brilliant weather, heaps of shops and very friendly people. Everyone is so happy to have you come and be part of their community, which makes you feel extremely welcome from the start.

Each of the three clinics have a wide range of doctors who are all different ages and experience levels. They love you to be super involved and enthusiastic. During the first 2 weeks I did 8 skin excisions, several bloods/INR's, 2 IV cannulas and 3 speculum exams. Most of the doctors let you parallel consult, which is amazing for your own learning. It's like you're doing OSCE practice every day without even knowing it!

Although there is a lot of sitting in on GP clinic there are also several visiting specialists, all of whom have regular theatre lists and outpatient clinics and are more than happy to have you assist and sit in with them. This is especially good if you're interested in a particular field and feel like you won't get enough exposure if you go to the country. Being at the Copper Coast means you're close enough to the city that you can drive back very easily and even take day trips if you're up to it. We drove back several times for med events, parties, educational forums or to see friends and family. The house itself is quite big and has enough space for people to stay over, especially in summer/spring when the beaches are amazing or even the winter/autumn when you can go watch a local football or netball game

Fifth year is a relatively big year, so have a good think about each of the places on offer, whether it be rural blocked, rural integrated, city placements or Denmark. It really is up to you and where you are going to be most comfortable but also most challenged."

PAST STUDENTS TO CONTACT

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Ceduna

Type of Program

Ceduna is an integrated program, however students spend 4 weeks in Whyalla doing obstetrics and 2 weeks in Port Augusta on paediatrics.

Teaching Overview + Structure

Students have a diverse range of exposure including in general practice, inpatient exposure in the 18-bed hospital, opportunity to attend theatre lists for anaesthetics and with visiting specialists. Visiting specialists include cardiology, nephrology, paediatrics, general surgery, ENT, orthopaedic surgery, general medicine, gynaecology. Additionally, there is a nursing home attached to the hospital, providing lots of exposure to geriatrics. There are 3 full time doctors working in Ceduna in addition to the visiting specialists.

Total number of clinical session per week: 5-6 clinical sessions a week.

Parallel Consulting opportunities: Parallel consult within all clinical sessions in the GP clinics.

Indigenous Health/Outreach trip opportunities:

Students have the opportunity to attend an aboriginal health clinic located in Ceduna as well as some opportunities for outreach trips with local GPs. Due to the large indigenous population there is lots of exposure to Indigenous health.

Unique Site-based teaching opportunities:

In Ceduna students are able to spend a significant amount of time in theatre and doing anaesthetics, with students in theatre almost every week. The clinical supervisor is a GP anaesthetist and you're able to attend every emergency etc. There is also ample ED and visiting specialist exposure. There are also regular tutorials given by a local midwife. Heaps of ED time. Paeds, gen surgeon, gen physician, ENT, cardiologist, gynaecologist, orthopaedic surgery, midwife teaching access.



Ceduna

FAST FACTS

Number of Students in 2021:	2
Type of Teaching Program:	Integrated
Population:	3500
Distance from Adelaide:	778km (8hrs drive, 1.5h Flight), 3.5h from Pt Lincoln

Famous for: Smoky Bay & Denial Bay Oysters, Suring Beaching including Cactus Beach, Whales at the head of the Bight, sports all year round, Camping and Fishing, 4WD & National Parks, Perfect Beaches, Walking or Running Trails to Pinky Point & Thevenard is 2nd largest port in SA.

Accommodation: spacious 3-bedroom beachfront house, 2 bathrooms, large garden, located just down the road from hospital.

Unfortunately, no past student experience section is available for Ceduna. However, interested students may contact Luke Green if they have any questions or wish to discuss further.

PAST STUDENTS TO CONTACT

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Roxby Downs

Type of program

Integrated

Teaching overview and structure

The full-year placement at Roxby Downs is a new site in 2021.

Students rotate between two GP clinics as well as with visiting specialists coming every month (obstetrics/gynaecology, paediatrics, general surgery), clinic in Woomera once a week with Dr Lockwood and opportunity to go down the mines for clinic at Olympic Dam.

Students also do several blocks in Whyalla and Port Augusta:

- 1 week block of anaesthetics in Whyalla
- 2 week block of Geriatrics in Whyalla
- 2 week block of paediatrics in Port Augusta
- 4 week block of obstetrics and gynaecology in Port Augusta

Total number of clinic sessions

3 full day clinical sessions and 1 half day clinical session (up to 7 clinic sessions/week)

Parallel consulting opportunities

Parallel consulting at all GP sessions. It is probably one of the best locations for consulting. Dr Lockwood is an amazing teacher and allows you to see basically all his patients (better than parallel consulting) and you get lots of hands-on experience. You will become blood taking experts, lots of skin biopsies and excisions and a heap of suturing practice!

Indigenous/outreach opportunities

There are no scheduled indigenous/outreach opportunities, however we will advocate for one for the later years!

Unique site based teaching opportunities:

- Huge exposure to obstetrics and paediatrics
- Roxby Downs has one of the highest birthing rates, so you do see a lot of pregnant women and children (perfect for 5th year)
- Lots of work-place injuries, since its a mining town
- Lots of suturing
- Good practice for putting on casts and backslabs

- On-call GP with the GP
- 1 patient is often flown out every week
- Be the first to assess the patient in ED, lots of different presentations in ED (ranging from broken bones to chest pain)

Other attractions of site:

- Roxby Link
- Aquatic facilities (outdoor, indoor pools)
 - Gym (weekly zumba classes)
 - Library (use OneCard SA libraries to borrow books - so good!)
- Cinema
- Arid Recovery (national park, nice sunsets, wildlife)
- Many sports clubs you can join (competitive or social) such as netball, football, soccer, basketball
- Great community and lots of events to attend!
- Young population, meet other people your age working for BHP
- Andamooka (opal mining town)
- Olympic Dam

FAST FACTS

Number of students in 2021:	2
Type of teaching program:	Integrated
Population:	4000
Distance from Adelaide:	560km (5hr 50 min drive), 1.5 hour flight, however new airport should be finished this year so flight duration will most likely be reduced in half (45 mins)

Famous for: mining town, young population, sturt desert peas

Accomodation: 2 bedroom house, each room with private bathroom. Living room has a smart TV, nice study space, massive backyard and close proximity to town centre, hospital and clinics.

Roxby Downs

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Cindy Lam and Laura Maharon

Cohort: 2021



Roxby Downs has been such a great experience for us thus far! Prior to coming here, we were a little skeptical due to the distance and being the first students to officially be placed full time here. However, since settling in we have grown, learnt and have really enjoyed our time here. It has been such a great experience, and this town definitely does not get enough credit! It is clean, safe and has a great community. At first, we were afraid of feeling isolated but it has been far from that! The doctors welcomed us like we're their friends and we've had our mates from Port Augusta visit us. New graduate engineers from BHP come to Roxby at the same time and so you get to mix with others outside med. We do weekly lawn bowls, movie nights and road trips.

In terms of the clinical exposure you get here, there's a whole range and you are constantly learning everyday and seeing different presentations. Dr Lockwood, who is one of the GPs who has been working in Roxby for 20 years, is an amazing teacher who really cares about your learning and challenges you in a safe environment. From Day 1, he will allow you to see all his patients which really helped us further develop our histories, examination skills and clinical reasoning. ED has also been great as you get to see many acute presentations that you help the on-call GP manage.

What we have loved about Roxby so far:

- *Following through patients from start to finish, we love the continuity of care!*
 - *Able to build great relationships with patients and having good chats with them at Woolies!*
- *So much blood taking, skin biopsies/excision, suturing*
- *Lots of different presentations in ED*
- *Lots of skin, mental health, MSK, obstetric and paediatric cases*
- *Amazing community, good social life!*
- *Beautiful house, so spacious!*
- *Close relationships with our student coordinator and supervisors [dinners, and road trips]*
- *Good pubs and weekly MEAT RAFFLES*
- *Roxby skies are incredible!!!!*

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