



METRO



DENMARK



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 Stevie Young, this year's AMSS Rural Representative.

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Editor's Note (Dr Tom Gransbury, Rural Representative & 5th year rural student 2018):

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 in all of the rural, city and Denmark based courses. The rural and metro programs have been designed to cover the same key lecture series within Paediatrics, HRH and SMTS courses. Starting in 2018 there has also been an effort from the Faculty to increase sharing of resources between Rural and Metro/Denmark students, so that there is increased standardisation in the 5th year teaching programs. 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 2022]





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

All assessment is rotation specific, as outlined below, with the exception of the end of year Written and OSCE Examinations, which are common to students in the Metro, Denmark and Rural programs.



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
- Opportunity to experience paed surgery, ICU + dedicated palliative care facilities.
- Potentially an exposure to a hub of more complex clinical cases/pathologies, although more often in an observer status (e.g., neonatology, chromosomal syndromes).
- MSA's can be preference based on key areas for 5th year study you feel you need to revise/most experience in, including opportunity to witness more complicated surgical procedures on MSAs e.g., organ transplants that may not occur rurally
- Self-created MSA is only entirely elective rotation in med school outside of 6th year
- More access to subspecialists should you wish to clarify knowledge/reading around a very specific area
- 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!). Same can be said of rural.
- More experience of hospital systems where likely to complete internship (however this is focus of 6th year + there are rural internship positions e.g., Whyalla, Mt Gambier!)

Study

- Familiarity with study group and study routine at home. Study group may be determined by those you study with best, rather than those you are living with.
- Some students find there is more time for study leading up to end of year swotvac (when rural students are sitting their summative OSCE + MCQ assessments)

Assessment

- Assessment schedule rotation based (similar to 4th year)
- Summative semesterised OSCE at the midyear, as well as at the end of the year.

Financial

- Living at home/in current accommodation (similar to 4th Year)
- Allows you to keep a job/rent assistance from Medrevue

Social

- Ability to continue with co-curriculars such as AUMO, Medrevue, club sports teams (although some students rurally come back for these/join rural clubs etc.)
- Easier to attend AMSS/Med events, however attendance by 5th years is typically poor at events by 5th years regardless
- Partner/Family in Adelaide are important social support during a stressful year

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

- Subspecialties within the city may result in an entire rotation in a very 'niche' area such as a 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 hence regular test of clinical knowledge
- 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 with consults

Teaching

- Lectures for O&G/Paed not recorded, although slides go up

Study

- No opportunity for integrated learning, only 'blocked'

Assessment

- Regular summative assessments can be very tiring/may contribute to burn out

Financial

- No stipend or higher Centrelink rate (unless living out of home)
- City living is generally more expensive (parking etc.), especially when saving for 6th year electives

Social

- More time spent driving/public transport takes hours away from study/social

- Feeling isolated from the rural cohort (i.e.. 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), Women's and Children's (for both O&G), or at QEH for Gynaecology (with some RAH clinics) but at WCH for Obstetrics. Students are 'randomly allocated'.

Teaching Overview + Structure:

The first two weeks consists of introductory lectures as well as site orientations, neonatal resuscitation, and pelvic examination simulations. 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 have a logbook 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. Online resources are primarily from the DAROGA YouTube channel (run by an obstetrician at LMH), and various modules embedded into 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: Generally none, may occur rarely during antenatal clinic.

Hospital Specific Information:

WCH: There is one weekend shift on the birthing suite, where you shadow one woman in labor. Lots of antenatal clinic opportunities, and lovely supervising Drs who look after you and make sure you make the most of your time!

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 a number of overnight shifts, which the day before and after rostered off. 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: Clinical Core competencies log (40%), Clinical Case presentations – at least two which are assessed (15%), Four online module quiz exams (2.5%), Simulation session assessment of knowledge, performance, and professionalism (20%)

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



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 3x 3-week 'internships'. All students will be allocated the following 3 'internships':

1. Paediatric Medical Rotation [Gen Med (WCH or LMH), Paeds ED, or a medical specialty, e.g. Gastro, Neuro, Infectious Diseases or Genetics/Allergy/Immunology]
2. Paediatric Surgical Rotation [Gen Surg, Orthopaedics or Plastics/Urology/Burns]
3. Pediatric Psych + Specialist rotation [2 days/week Psych simulation]

You will also be scheduled on 3x on-call days.

You will be attached with the team on the unit and attend their unit activities (e.g. 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.

Psychiatry is taught with 6 in-person sessions on Tuesdays and Thursdays, where you will take psychiatry histories from SPs in pairs and get feedback on your performance from your peers and the teaching consultants. This 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 bedside tutorials (approximately 4-5 students) and case based discussions, 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 need to 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 week (full day lectures) for 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). 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:

Name of Hospital A: WCH – lectures and preceptor tutorials are common teaching for all students.

Name of Hospital B: 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 (5x case presentations, 5x OPD, 3x on-calls), end-of-internship assessment forms (3+1 psych; must pass), Resuscitation online module.

Summative: 10 minute observed case (15%), Psych week 9 assessment (20%), Online Child Protection module (5%), Case Based discussions (40%), and two clinical internship assessments (10%)

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. 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 centre for students from all sites to learn the basics regarding GP practice. There are also further tutorials run on zoom or in person if you are allocated to the Paradise education precinct.

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. It is not expected that students complete the entire list, but just do as much as they can during the week – it no longer needs to be uploaded and is used more as a learning guide.

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.

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, GDS, 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 zoom 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. 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.

TQEH/GTRAC: There are around 3 students on the GEM team, and another two working with hospital liaison. Hours are quite variable, finishing between 12-5pm on any given day. These students do not attend tutorials or workshops but do experience lots of ward based activities and get plenty of clinical experience.

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.

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/Zoom tutorial	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. Week 3 for everyone has a number of tutorials at the Medical School regardless of what hospital you are placed at.

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 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. There is also a 500 word piece on an 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 – 500-word essay and verbal report, 2 structured tutorials, 2 online quizzes with 5 questions each
- Pain week – 2 Palliative care simulation sessions, 1 tutorial marked on participation

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	Anaesthetics tutorial	Self-directed study

Students tend to regard this rotation as particularly well-organized, and an opportunity to experience specialities 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.

3 MSA's – 1 CREATE YOUR OWN (3 x 3 weeks)

SMTS (DURING MSA/GP-GERIS/APIC SEMESTER)

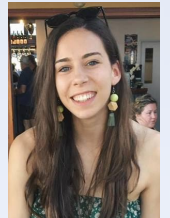
Metro: Student Experience

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!"

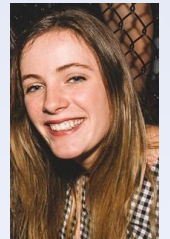
Metro: Student Experience

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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DENMARK

Denmark: Overview (+ Metro Sem 2)

TEACHING PROGRAM: OVERVIEW

Type of Program: Blocked, Hospital Based

Semester 1: DENMARK

(2 week) Introductory Lectures + (8 week) Clinical Placement + (8 week) Lectures + (2 week) Exam Period

Semester 2: in Adelaide (METRO)

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

IMPORTANT: The Denmark MSA is to compensate for the fact that the Denmark semester eats into the beginning of Semester 2 in Adelaide. Therefore, the Denmark MSA occurs at the beginning of Semester and is the 2 extra weeks you are in Denmark + 1 week of travel back to Adelaide. Sometime in the rest of Semester 2 you will get 2 "real" MSAs in Adelaide, one of which can be self-created if you like.

ASSESSMENT: OVERVIEW

All assessment is rotation specific, as outlined below, with the exception of the end of year Written and OSCE Examinations, which are common to students in the Metro, Denmark and Rural programs. Students in Denmark are assessed within the Denmark system and are required to sit and pass the Denmark rotation exams.

The Denmark assessment is semester based (not rotation based like Adelaide) so the final assessment occurs at the end of the semester and combines obstetrics, gynaecology and paediatrics (plus extra content of the lectures – forensics and clinical genetics).

- There is a logbook system for the 8 weeks of clinical placement and professional track. This requires signatures from doctors and your hospital partner for completing tasks such as histories, clinics and physical examinations. The logbook is required to be completed to sit the end of semester examinations
- There is an MCQ exam completed electronically on your own device. Each question only has 3 options (A/B/C). Past years' exams are published online by the university for practice.
- There is an OSCE/Viva run over two days (similar to third year/fifth year end of year OSCEs in Adelaide) with approximately 11 stations per day. Each station is 8 minutes duration with 2 minutes reading time between stations. There is a panel of examiners at each station who ask you questions. There may be resources (e.g. images and dummies/phantoms) available in the station. There are no real patients.



Should I Go Denmark?

Why might you 'go Denmark'?

Some of the perceived benefits of a Denmark Based 5th year include:

Clinical Experience

- Highly specialized/subspecialized exposure in a world class hospital
- One-on-one (with your Danish buddy) teaching and mentoring from senior consultants who students in 2018 found have lots of time/are not rushed or stressed
 - Parallel consulting
 - Regularly scrubbing/assisting in surgery
 - Multiple hands on deliveries
- More clinical confidence fostered by succeeding in a new environment
- The opportunity to develop an international professional network
- An appreciation of global healthcare issues

Teaching Program

- Very extensive: Friday lectures + Daily tutorials during the Clinical Placement
- 8 weeks of Lectures

Study

- Blocked learning
- Significant amounts of independent study time – can revise MHU/SHU
 - Shorter transit to and from placement
 - Low attendance requirements (80% for clinical placements, most lectures are not mandatory)

Assessment

- Clear guidelines on what is expected (literal list of conditions to learn / what is in the exam)
- End of semester combined assessment
- Access to official past MCQ exams used in Denmark
- Past OSCE stations are a common tutorial topic
- Same final 5th year exams

Financial

- Expensive! But worth it! Consider eligibility for: HECS-HELP Loan, Global Learning Travel Grant, Centrelink at 'living out of home' rate (see 'Financial Support' below)
- Could find a job in Denmark

Social

- Making new friends and becoming involved with the local community
- Living out of home in a supported environment, make close friends
- Longer post office and supermarket open hours
- The chance to explore Europe!

Other Uniquely Denmark Opportunities

- Learning Danish! (although you might try and grab some summer classes/a Duolingo subscription before you go so you're not too lost!)
- Participate in extra things offered by the hospital e.g. courses

Challenges with 'Going Denmark'

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

Clinical Experience

- Having to deal with Danish in the hospital (**many consults entirely in Danish**)
- Being thrown in the 'deep end' (although there is always support available)
- Shorter clinical exposure (16 days Paediatrics and 16 days Obstetrics/Gynaecology)

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

Assessment

- Less formative feedback throughout the semester
 - Some students find the minimal summative checkpoints, exams or OSCEs make it difficult to motivate study consistently for a whole year

Financial

- Expensive (discuss with current students realistic costs!)

Social

- Feeling isolated from the local population (due to not understanding Danish/how the society works)
- Feeling isolated from the year level cohort in the city (FOMO either way)
- Feeling homesick and being away from family and friends with limited ability to return early
 - During this placement you will 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 Denmark.
- Living out of home for the first time with people you may not know very well



Denmark: Application

HOW TO APPLY

The selection process for Denmark involves a written application submitted via Global Learning (in April/May in 4th Year). Global Learning coordinates all the exchange programs run by the University of Adelaide. The written application is a series of questions that must be answered which focusses on your suitability for the Denmark Exchange, including relevant research experience. Further information is provided on the Global Learning site and an information session is held each year prior to applications opening.

SELECTION

After a student is selected, the student needs to respond via email within two weeks to be able to participate in the Denmark Exchange. A decline of the position results in no selection. For the successfully selected students, there will be a "face to face" meet and greet with Professor Duggan prior to departure (usually December).

FINANCIAL SUPPORT

HECS-HELP Loan: Any amount up to approximately \$6500 can be added as a HECS Loan to help students who are going overseas for tertiary study. This must be paid back in the future.

Global Learning Travel Grant: students who complete all required documentation on the Global Learning Portal once they have committed to the Denmark Exchange Program automatically become eligible for a \$2000 grant from Global Learning.

Centrelink benefits: students studying in Denmark are eligible as students living away from home and can receive Centrelink benefits for the six months they are in Denmark.

FURTHER INFORMATION

Professor Duggan is keen to assist students gain further information about the Denmark Exchange Program, and make an informed application and choice. To achieve this Professor Duggan recommends interested students contact current himself or fifth year Denmark Exchange students.



Denmark: Teaching

CLINICAL PLACEMENT – 8 weeks

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

Available Hospitals + Method of Allocation: Aarhus University Hospital or Herning Hospital (a smaller hospital two hours from Aarhus). Allocation is random.

Teaching Overview + Structure:

The 8 weeks of Clinical Placement contain 4 weeks of Obstetrics and Gynaecology and 4 weeks of Paediatrics (includes 1 week of neonatology).

Students attend the hospital Monday – Thursday and then attend lectures in the hospital lecture theatre every Friday. Monday – Friday the hours are 8am – 3pm. During the hospital days (Monday – Thursday) 8am-2pm is spent on the wards/in clinic and from 2-3pm every day there is tutorial on a relevant topic (e.g. pelvic examination teaching on mannequins, measuring fundal height on mannequins, an interactive presentation on post-partum haemorrhage, practice OSCE station, etc.). There is a variety of clinical sessions and you are allocated to one function each day. These include following the on-call doctor, emergency department, antenatal clinic, ultrasound clinic, gynaecology clinic, labour ward, gynaecology theatre, caesarean sections, neonatal ward round and postnatal ward round. Three nightshifts are also required. Each day you follow one specific doctor with your Danish buddy (different doctor each day). You have a log book to sign off participation in clinic, theatre, births, speculum examinations and clinical rounds. The Friday lectures cover a broad range of topics. You can access the Adelaide online resources, as well as those on Blackboard (the Danish equivalent of Canvas). All the Danish online resources are written in English. Attendance is not taken.

Common Ward/Clinic Based Activities: Varied dependent on your roster. In antenatal clinic you'll practice measuring symphysial-fundal height, palpating the baby to determine position and listening to the foetal heart. In gynaecology clinic you'll practice performing pelvic examinations and transvaginal ultrasounds. There will be some opportunities to practice history taking depending on whether the patient is happy to speak English. Students in 2018 however found the majority of consultations were undertaken in Danish. During your neonatal week you will perform many newborn examinations. In paediatric clinics and on the wards you will examine many children and perform many ultrasounds.

Total number of clinical session per week: Monday – Friday the hours are 8am – 3pm.

Parallel Consulting opportunities: Very frequently, on all wards and in all clinics.

EXAMPLE WEEKLY TIMETABLE

Monday	Tuesday	Wednesday	Thursday	Friday
Labour ward	Gyane clinic	Antenatal Clinic	Gynae theatre	Lectures

LECTURES – 8 weeks

Content Overview: This course aims to teach forensics, clinical genetics, Track 5 (professionalism and pharmacology) and radiology in an integrated manner along with obstetrics, gynaecology, neonatology, and paediatrics in a theoretical setting

Available Hospitals: Aarhus University Campus (+ hospital)

Teaching Overview + Structure:

The 8 weeks of Lectures contain lectures on each of the streams (listed above) in an integrated manner. Students have 1-2 lectures per day Monday – Thursday (2-4 hours per day) and then attend lectures in the hospital lecture theatre every Friday (8am-3pm). There are sometimes lecture-free days Monday – Thursday. There is a lot of time for personal study. The Friday lectures cover a broad range of topics.

- There is one Forensics tutorial per week (2 hours) – contain clinically relevant scenarios, little preparation required beforehand.
- There is one Genetics tutorial per week (2 hours) – require detailed understanding, must complete the “case of the week” in advance.
- There is one Radiology lecture per fortnight (1 hour) – teaches an approach to various obstetric, gynaecological and paediatric imaging.
- There is one Pharmacology session per month (2 hours) – two sessions on medication in pregnancy and medications in childhood.
- There is one Symposium/Seminar per fortnight (4 hours) – focusses on obstetrics, gynaecology, neonatology, paediatrics and professionalism topics (similar style to SMTS).

You can access the Adelaide online resources, as well as those on Blackboard (the Danish equivalent of Canvas). All the Danish online resources are written in English. Attendance is not taken.

Total number of tutorials per week: Most days have 2-4 hours of lectures. There are many days with only one lecture, and many lecture free days.

Rotation Assessment: Logbook (only 3 lectures have mandatory attendance).

EXAMPLE WEEKLY TIMETABLE

Monday	Tuesday	Wednesday	Thursday	Friday
Forensics tutorial (2 hours)	Genetics Tutorial (2 hours)	Free day	Radiology (1 hour)	Lectures

Denmark: Student Experience

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Charlotte Proudman

Cohort: 2019



I have had an amazing time on this exchange so far and agree with both previous student's views about it. I had the lecture block first followed by the placement and I found it useful to gain some knowledge in areas I knew little about before hitting the wards. There is a lot of time that you have to yourself - and I think that is the beauty of this exchange - you have the indulgent ability to do whatever you want with your time (For a lot of people that is normal, but as someone who still lives at home this is a real chance to be independent for the first time). You can travel - locally in Denmark (the international society offers day-trips around Denmark), and around Europe (Aarhus is a little bit difficult to travel easily to other countries as there are limited flights from Aarhus Airport, but that hasn't stopped us flying to Berlin for 9 euro, popping over to Iceland for the weekend and numerous other places) - the opportunities are endless! There are sport teams to join (I have really enjoyed the running club which offers a very cheap semester long membership, it is a great way to meet non-medical internationals and even some Danes) and Aarhus itself is a beautiful town with lots of forests and beaches nearby, so there's plenty to explore. I also signed up for the 10 week beginner's Danish course which, while has not made me fluent, has given me some basics that I believe have augmented my clinical experience. And even after doing all that there is still time to study if you so wish!

In terms of the hospital stay, I found it difficult to adjust to limited patient communication and general clinical experience (aka the language barrier), and will be honest when I say I was disheartened for the first few days. However, I found it easy to adjust my expectations and when approaching it with the right attitude I have gained so much more out of it. The more questions I ask, the more I learn, and eventually it has become possible to understand quite a bit of the patient notes. Taking initiative is important. While your buddy helps you when Danish is the only language possible (ie. an 8 year old patient), interactions with nurses and doctors and the right patient can be mostly in English if you initiate this. This comes with confidence and something I only realise now, half way through! I have approached the situation as an opportunity to see how a different society can run their health care system (there are many differences and similarities!) and involve myself in that and meet really caring, good doctors and patients and that has made it a rewarding and enjoyable experience. I would not pass it up for the benefits of getting more clinical experience/possibly greater learning opportunities back home. When I look back at my medical degree as an overworked, intern craving the good old days of my carefree medical degree, I know I will not remember the cannulas I got to do in Adelaide, but the truly unforgettable experience and opportunities I've had here.

PAST STUDENTS TO CONTACT

Charlotte Proudman

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Victoria Langton

victoria.langton@student.adelaide.edu.au

A long wooden pier extends from the foreground into a calm body of water at dusk. The sky is a mix of deep blue and orange, with a few clouds. In the distance, a bridge and some buildings are visible. The word "RURAL" is written in large, bold, white capital letters across the middle of the image.

RURAL

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, living and 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. This isn't true of all the sites in the rural program, but you will get ED experience either way!
- 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, and the Doctors get to know you better.
- 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 and as you move around from your primary location.
- 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 Paeds, HRH, GP/Geris, APIC, and Rural Med (a different topic every week) with clinical scenarios
- Clear pre-reading directives so that you know what you need to know for each tute each week
- Still get to do Paeds Psychiatry iLab via Zoom
- Two big common teaching weeks (O-week in Adelaide/mid-year in Pirie) with heaps of sims

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 to get more experience in areas that interest you as different specialists visit your 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 is good preparation for end of year exams
- Same final 5th year exams

Financial

- Accommodation covered + petrol stipend
 - Centrelink at 'living out of home' rate if >22y.o.
 - Minimal expenses with more 'simplistic' rural living (free parking!) however groceries can be more expensive in small towns

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 (I know RIGHT)
- 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 to no 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

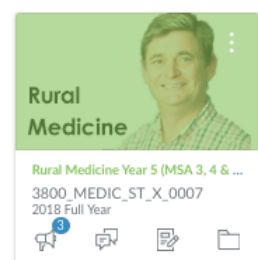
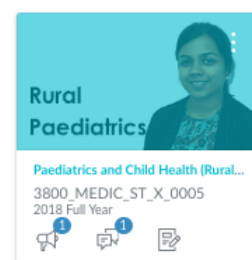
- No midyear summative assessments
 - Some students find the relatively fewer summative checkpoints, exams or OSCEs make it difficult to motivate study consistently for a whole year
 - ARCS have looked to address this by providing fortnightly 50 MCQ formative assessments now used as checkpoints to assess your level of knowledge

Financial

- Difficult to keep up an Adelaide-based job. Rural school will help find work should you need this, although extra financial scholarships etc. available.
- Need to give up a current Adelaide-based share house (especially for rural/interstate students) however SWOTVAC is completed at your 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

Regardless of which programs tend to get promoted best, be reassured that there isn't anything trying to be hidden – there is great teaching in both the rural and city-based courses, and 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.

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. It runs as a year-long zoom teaching course, with different topics covered each week. The 2022 program is outlined below:

PMHTU iLab: Social and Emotional Child Health		
Week 01: O-week	Week 02: Growth and Develo...	Week 03: Respiratory
Week 04: Asthma	Week 05: Gastroenterology an...	Week 06: Haematology, Leuka...
Week 07: Recognition of a sick...	Week 08: Renal	Week 09: Endocrine Diabetes
Week 10: Orthopaedics Part 1...	Week 11: Cardiology	Week 12: Seizures
Week 13: Puberty and Thyroid	Week 14: Neonatology	Week 15: Developmental Dela...
Week 16: Paediatric Surgery	Week 17: Paediatric Emergenc...	Week 18: Child Protection
Week 19: Neonatal Surgery	Week 21: Dermatology	Week 23: Urology
Week 25: Child Behavioural Pr...	Week 27: Eyes	Week 29: Allergy / Immunology

Each week has 1-2 hours of online lectures as pre-reading which go through the paediatrics course in great detail, with the tutorial going through 4-5 cases based on that information. 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 in a zoom format throughout the year.

PAEDIATRICS (MEDIC-ST-5015ARU)

Summative

1	Midyear written exam (MCQ)	Monday 30 th May, 2022	EOS(1) Exams	35%
2	Paediatrician Mini-CEX	By end of paediatric placement		15%
3	Case presentation	See MyUni (Semester 2)		30%
4	Social & Emotional Children's Health Assessment	See MyUni		20%
Note Late Penalties at the end of this document			Total	100%
Formative				
A	Online paediatric module completion	All year, See MyUni		All year
B	ARCS Midyear OSCE	Friday 3 rd June, 2022	EOS (1) exams	
C	Monthly Quizzes MCQ	Monthly, see MyUni		Monthly
D	Students not participating in scheduled sessions will be given feedback	All year, See MyUni		All year

Rural: HRH

RURAL HUMAN REPRODUCTIVE HEALTH (HRH)

HRH has zoom tutorials which run for one semester. One half of the year does those, while the other half do the Geris tutorials and then they swap in the second semester. These tutorials also have prereading which includes lectures, online modules and YouTube videos, and then some further information and case discussion in the actual tutorial. The 2022 program is outlined below:

O-week: O&G I...	O-week: Genit...	Topic 01: Contr...	Topic 02: Cervi...
Topic 03: Pre-pregnancy & rou...	Topic 04: Early pregnancy com...	Topic 05: Looking for trouble.....	
Topic 06: Labour and delivery ...	Topic 07: Labour and delivery ...	Topic 08: Sexual health Pt 1	
Topic 09: Dystocia... the compl...	Topic 10: Medical complicatio...	Topic 11: Disorders of menstru...	
Topic 12: Menopause + urinar...	Topic 13: Sexual health Pt 2	Topic 14: Oncology	
Topic 15: Sexual Assault	Topic 16: Medical complications	Topic 17: Infertility	
Topic 18: Breastfeeding	Topic 19: Simulation Day	Topic 20: MCQ Revision	

Assessment:

<i>HRH (MEDIC-ST-5016ARU)</i>				
Summative				
1	HRH Long case report	Friday 23 rd September, 2022	31	25%
2	Recorded mock consults and reflections x 2	Friday 7 th October, 2022	33	40%
3	Midwife Mini-CEX x 1 (best one)	Friday 21 st October, 2022	35	15%
4	Simulation Scenario Assessment	See MyUni		20%
Note Late Penalties at the end of this document			Total	100%
Formative				
A	Monthly Quizzes MCQ	All year	All year	
B	Sexual health online module completion	All year	All year	
C	Contraception Module	All year	All year	
D	ARCS Midyear OSCE	Friday 3 rd June, 2022	EOS (1) Exams	
E	Students not participating in scheduled sessions will be given feedback	All year, See MyUni	All year	

Rural: GP + Geris

Rural GP and Geriatrics is run in 2 groups, one each semester. The GP tutorials are done in the same semester as the HRH ones. They are also done each week (or fortnight in the case of the GP ones) via zoom on different topics, by either the course coordinators or occasionally guest lectures from rural GPs around SA.

Part of the GP 2022 program is outlined below:

Intro to General Practice	Topic 1: Consultation skills in GP	Topic 2: ENT
Topic 3: Respiratory	Topic 4: Cardiology and Prevention	Topic 5: Dermatology
Topic 6: Men's Health	Topic 7: Ophthalmology	

Part of the Geris 2022 program is outlined below:

Medical case presentation explained	Topic 1: Characteristics of 'geriatric patients...
Topic 2: Medications	Topic 3: Falls and immobility
Topic 4: Acute delirium	Topic 5: Dementia
Topic 6: Advanced dementia and behaviour	Topic 7: Incontinence
Topic 8: Extra topics	Toby's neuro & falls mini-textbook

Assessment:

<i>GERIATRICS & GENERAL PRACTICE (MEDIC-ST-5009ARU)</i>				
Summative				
1	Geriatric Medicine Case Presentation (rural visits – oral)	See MyUni (timetable)		25%
2	Video Presentation on a Medical Condition (online) (Group 1)	Friday 13 th May, 2022	17	20%
2	Video Presentation on a Medical Condition (online) (Group 2)	Friday 21 st October, 2022	35	
3	Geriatric Tutorial Quizzes – 4 quizzes x 5 questions	See MyUni (timetable)		20%
4	GP supervisor in training report (Sem 2)	Friday 30 th September, 2022	32	15%
5	GP Clinical case presentation (Group 1)	Friday 13 th May, 2022	17	20%
5	GP Clinical case presentation (Group 2)	Friday 21 st October, 2022	35	
Note Late Penalties at the end of this document			Total	100%
Formative				
A	Completion of online training modules	All year	All year	
B	GP supervisor in training report (Sem 1)	Friday 20 th May, 2022	(Sem 1)	
C	Monthly Quizzes MCQ	All year	All year	
D	ARCS Midyear OSCE	Friday 3 rd June, 2022	EOS (1) Exams	
E	Students not participating in scheduled sessions will be given feedback	All year, See MyUni	All year	

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. However, the amount of clinical experience you get in APIC is quite variable between sites. As with the other topics, you will have a tutorial every week with Prereading which informs facilitated case-based discussion.

Part of the APIC 2022 program is outlined below:

Week 1: O-week	Week 2: Intro to Anaesthesia	Week 3: Preanaesthesia Asses...
Week 6: Patient Monitoring	Week 7: Medical Comorbidities	Week 10: Fluid Management
Week 11: Blood Management	Week 13: Acute Pain	Week 18: Post Operative Com...
Midyear Workshop	Week 19: Local Anaesthesia	Week 23: Regional Anaesthesia
Pall Care Sim - Advanced Communication Pain End of Life		

Assessment:

<u>APIC (MEDIC-ST-5014ARU)</u>				
Summative				
1	Pain case discussion	See My Uni		35%
2	Critical Care Case Simulation	See My Uni		35%
3	Palliative Care Simulation Reflection	See My Uni		15%
4	Direct Observation of Procedures	Friday 21 st October, 2022	35	15%
Note Late Penalties at the end of this document			Total	100%
Formative				
A	Midyear Emergency/Virtual theatre Simulation	30 th May- 3 rd June, 2022	EOS (1) Exams	
B	Local simulation workshops	To be Confirmed		
C	Monthly Quizzes MCQ	All year	All year	



Rural:site-based Overview

BLOCKED LEARNING

The blocked program is like the clinical rotations on offer at hospitals in the city. Students spend a set number of weeks with key specialties, and the remainder of time in general practice. The sites that offer a blocked program in 2022 include:

- Port Augusta, SA (4 students)
- Partially Blocked: Clare (9 weeks in PA for HRH/Paeds, 27 weeks integrated)
- Most sites have a 2-week block in PA for Paeds

It should be noted that whilst in a blocked site for Clinical Placements, the rural tutorial programs still run year-long and hence there will be some year-long 'integrated' revision of these topics.

INTEGRATED LEARNING

In the integrated program, students attend sessions with GPs and specialists throughout the year and a typical week's timetable may look like this:

Most integrated rural sites will also roster students on to two weeks of 'labour ward' to experience deliveries and one or two weeks of anaesthetics. In reality, there is great variability between sites.

In 2022, the integrated program is running at:

- Whyalla, with 6 weeks in Cummins, SA (6 students)
- Whyalla with one semester in Roxby Downs (4 students)
- Port Lincoln, with 4 weeks in Tumby Bay, SA (8 students)
- Ceduna (2 Students)
- Barossa Valley, SA (5 students)
- Kadina and Wallaroo/Moonta, SA (4 students)
- Broken Hill, NSW, with 3 weeks in Bourke or Wilcannia, NSW (4 students)
- Mount Barker, SA (2 students)



Rural: Application

FINANCIAL SUPPORT

Accommodation, utilities, and internet are covered by the ARCS and fifth-year students receive a one-off payment as a fuel allowance. This 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, Dr Katrina Morgan, Ms. Bronwyn Herde), or the ARCS rural training nodes student coordinators or clinical academic. You can message/email Stevie for their contact details.

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 can nominate maximum two peers that they would like to be placed with. Students then can 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 preference location; however, the ARCS do 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 2023 Rural Cohort and will be chosen based on their rural suitability in the same process as all local students.

Student Contacts (previous rural international students):

- Toonyang Oong (Whyalla, 2018) – toonyang.ong@student.adelaide.edu.au
- Joseph Kah Seng Tneoh (Broken Hill, 2018) – josephkah.tneoh@student.adelaide.edu.au

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 2023. For the successfully selected students, there will be a "face to face" meet and greet on an October evening in 2022 with your group and local ARCS team to being your preparations for training in 2023.

CONTACTING STUDENTS

You will notice at each rural site students have kindly offered to be available to chat about their experience in 5th year so far. If you have questions about the year as a whole, please contact Tessa Paull to hear about her experience living rurally for the whole of 2021! Please don't hesitate to contact them or me if you have any questions about a certain location or fifth year rural in general.



Port Augusta

TEACHING PROGRAM:

Type of Program:

The Port Augusta placement has evolved into a 4-week blocked placement with 2 of the blocks comprising an integrated program.

Teaching Overview + Structure:

- Paediatric/ED (Fri)
- Obstetrics & Gynaecology/Anaesthetics (Fri)
- RFDS/PAH Ward/Ghan Medical Centre
- Pika Wiya HS/Old Base Medical Centre/Kanyaka Surgery (Quorn)/RFDS

(See 2022 weekly roster example below)

Paediatrics:

Each semester students have 4-week block in the Northern Regional Paediatric Unit based in the Port Augusta Hospital (FUNLHN). 8 weeks over the year. This rotation is unique to Port Augusta students and provides invaluable exposure to paediatrics which is a key component of the 5th year curriculum. Other Rural Students attend Port Augusta for a 2-week placement in the Paediatric Unit. At any one time in the Paediatric Unit there is a Port Augusta Student and 2 visiting students.

Obstetrics & Gynaecology:

Each semester students have a 4-week block in the Port Augusta Hospital (FUNLHN). 8 weeks over the year. Lots of opportunity to get hands on experience and see complicated cases.

A Clare student visits Port Augusta for a 6-week O&G placement following on from their 2-week Paeds placement.

GP Clinics:

Students attend the following GP Clinics as part of the Integrated weeks

- The Old Base Medical Centre
- Ghan Medical Centre
- Pika Wiya Health Service – Aboriginal Corporation (PWHSAC)
- Kanyaka Surgery (based in Quorn)

The number of clinical sessions you are required to attend during the integrated weeks will depend on the rotation.

RFDS:

Port Augusta Students have the unique opportunity of a placements with the RFDS, this can involve, flying out to retrieval's, outreach clinics, attending phone consults at the base and being involved in handovers during inter-hospital transfer flights. Students will spend 2 weeks per semester with the RFDS.



Port Augusta

Parallel Consulting Opportunities:

Opportunities to parallel consult are variable and will depend on the rotation and supervisor you are with in clinic.

Aboriginal Health:

The estimated Aboriginal population for the Port Augusta region is 3,241. You will see many Aboriginal patients at the Port Augusta Hospital and general practice clinics. You will have the opportunity to work alongside Aboriginal health professionals at the Port Augusta Hospital and Pika Wiya Health Service – Aboriginal Corporation (PWHSAC). Your placement at (PWHSAC) is a unique opportunity to work in an Aboriginal community-controlled health service. The RFDS placement will allow you to visit remote Aboriginal communities to learn about their health care challenges.

Unique site-based learning opportunities:

Port Augusta students can be involved with the Flinders and Far North Doctors Association, regular meetings are held where discussions occur about ways to improve health outcomes in local areas.

Other attractions of the Site:

- Close access to the iconic Flinders Ranges for walking and camping.
- Accommodation in your own unit which provides you with privacy and space to yourself, but you have other students living around you for when you want to study or hang out. You may have to share for short periods.



Port Augusta

2022 – Weekly Roster example

ARCS 5th Year MBBS Student - Port Augusta Weekly Schedule 2022															
	Integrated 1				Integrated 2				Paeds				O&G		
	AM	PM			AM	PM			AM	PM			AM	PM	
1	Monday	Study		1	Monday	Pika Wiya		1	Monday	Paeds	Paeds	1	Monday	O&G	O&G
	Tuesday	RFDS	Tutes		Tuesday	Old Base	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	RFDS	RFDS		Wednesday	Quorn	Quorn		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	RFDS	Tutes		Thursday	Old Base	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
	Friday	RFDS	RFDS		Friday	Quorn	Quorn		Friday	ED			Friday	Anaes	Anaes
2	Monday	AM	PM	2	Monday	AM	PM	2	Monday	AM	PM	2	Monday	AM	PM
	Monday	Ward			Monday	Pika Wiya			Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	Old Base	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	Ward			Wednesday	Quorn	Quorn		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	Old Base	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	Ghan	Friday	Quorn	Quorn	Friday	ED		Friday	Anaes	Anaes				
3	Monday	AM	PM	3	Monday	AM	PM	3	Monday	AM	PM	3	Monday	AM	PM
	Monday	Ward			Monday	Pika Wiya			Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	Old Base	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	Ward			Wednesday	Quorn	Quorn		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	Old Base	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	Ghan	Friday	Quorn	Quorn	Friday	ED		Friday	Anaes	Anaes				
4	Monday	AM	PM	4	Monday	AM	PM	4	Monday	AM	PM	4	Monday	AM	PM
	Monday	Ward			Monday	Pika Wiya			Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	RFDS	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	Ward			Wednesday	RFDS	RFDS		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	RFDS	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	Ghan	Friday	RFDS	RFDS	Friday	ED		Friday	Anaes	Anaes				

Fast Facts:

Number of Students in 2022: 4

Type of Teaching Program Partially Blocked

Location: Port Augusta

Population: ~ 14,000

Distance from Adelaide: 300km (3h 30mins)

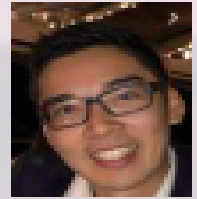
Famous for: Port Augusta is uniquely located on Spencer Gulf, with the Flinders Ranges providing a spectacular backdrop. It is also located on Australia's crossroads for both rail and road.

Accommodation: Each Student is allocated a private 2-bedroom unit that they will be able to call their own for the year. You may be required to share with other visiting students for short periods during the year. All University of Adelaide Medical Students are housed in this complex. It is located 5 minutes from the Port Augusta Hospital.

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 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 favourite 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 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 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: Azemara Woldgabreal
Cohort: 2021



I am so grateful to have had the opportunity to spend my 5th year of medicine in my hometown of Port Augusta. Port Augusta offers the perfect mix of hospital and community-based placements which allow you to explore a wide range of clinical environments and meet some truly incredible, hardworking, and resilient people along the way.

A major highlight for me during this placement was my obstetrics experience. Port Augusta is quite a large centre that accommodates for not only local members of the community but also for many families travelling there from nearby stations, farms, and towns such as Ceduna where there are no birthing services available. This rotation really highlighted the benefit of working within a rural community as we experienced such strong continuity of care with our patients, seeing them from their very first antenatal visits, right through to their labour & delivery and then at the GP for their post-natal checks. We were given endless opportunities to go one step ahead, upskill & build independence in areas that are not offered as frequently in metro placements such as performing antenatal ultrasound scans and being the on call first assist in caesarean sections.

With the Flinders Ranges at your doorstep, Port Augusta and surrounds offer an incredible outback experience and as the crossroads, you have the luxury to travel and explore other rural sites in your down time for rather minimal cost and travel time. This is a great way to get involved in the community and you will quickly find that there are many outdoor enthusiasts within your work circle who are happy to share some advice or join you on a hike!

The hospital experience in PA is unmatched. You are given the opportunity to build independence and confidence in assessing patients and leading the workup – this looks like you taking the history, you doing the physical exam, and then forming a preliminary management plan which you will present to the senior doctor for refining and feedback before actioning. This is a very supportive environment and a great way to build confidence in your clinical assessment and in providing succinct handovers. I can truly say that I have returned to metro placement feeling well prepared for 6th year and internship and in some ways almost feel as though I have regressed as I am not offered the independence and clinical opportunities as I was during my time in PA. Working in a rural hospital you also come to appreciate the scope of practice of rural teams and the process of transferring patients to metro centres, when necessary, which is a really valuable perspective to have wherever you work. Another perk of PA hospital is that they have Sunrise EMR so you stay familiar/ connected with the system all year which is very useful skill as this is the now the predominant medical records system across SA hospitals.

As part of the PA placement, you also have the fantastic opportunity to work with the Royal Flying Doctors Service. On this rotation you have the chance to work at the base clinic where you explore the world of telemedicine and help provide medical services to patients in rural & remote communities. This was a really great way to practice communication with patients and really emphasised the importance of a solid clinical history to guide your management, particularly given that you were not able to examine the patient. Of course, another fantastic highlight of your time with RFDS is the opportunity to go on flights. These can range from clinic flights where you fly to a remote community for the day to run a general clinic or transfer flights where you are facilitating patients from home to hospital or vice versa. As an example, on one of my days with RFDS my flight plan looked like this [PA > Booleroo Centre > Whyalla > Adelaide > Oodnadatta > PA], after which I went out to the pub for Port Augusta's infamous Chicken Julienne! On the flights you are given little jobs here and there such as recording the patients' vital signs every 15 minutes and reading through the patients notes as you were then often tasked with performing an ISBAR handover to the SAAS officers while simultaneously transporting the patient from the plane, across the tarmac and into the airport base. These were truly surreal experiences and just go to show how you are treated as a valued member of the team across each rotation in Port Augusta. I could not recommend this placement enough and hope that you consider it for your rural 5th year placement!

PAST STUDENTS TO CONTACT

Henry Lam (2020)	0431026231	larissa.au@student.adelaide.edu.au
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Port Pirie (+ Crystal Brook, SA)

TEACHING PROGRAM:

Type of Program:

The placement is blocked with 12 weeks of GP at Crystal Brook & Laura Medical Practice, 8 weeks of obstetrics and gynaecology, 7 weeks of ED and 6 weeks of specialist clinics/anaesthetics/theatre. Each student also rotates to Port Augusta for the 2-week paediatric intensive rotation.

Teaching Overview

GP: Students travel to Crystal Brook and Laura Medical Practice (25 and 35 minutes from Port Pirie) during their GP rotation. Both practices adjoin the local GP-run hospitals, and students are encouraged to attend daily ward rounds to improve their clinical and practical skills. Students are exposed to consistent parallel consulting in GP clinic and are able to assist on-call doctors when patients present to the local emergency departments. The GP supervisors Dr Chen and Dr Mackinnon provide a weekly tutorial on a topic of the students' choice.

O&G: Students spend time with the resident obstetrician, Dr Jackson, and the midwife team in Port Pirie and also travel to Crystal Brook once per fortnight for antenatal clinics. Students spend time in gynaecology and antenatal clinic, in theatre (gynae and elective/emergency obstetrics) and at births on the labour 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.

FAST FACTS

Number of Students in 2022:	4
Type of Teaching Program:	36 weeks blocked
Location:	Port Pirie + Crystal Brook/Laura (Mid-North SA) & 2wks in Port Augusta
Population:	~17,000
Distance from Adelaide:	227km ¹⁷ (2h 40mins)
Famous for:	The Smelter, Shakka the Shark, The Cocklespit

Accommodation: There are two 5-bedroom, 2-bathroom share-houses on hospital campus shared with allied health and nursing students. Fifth-year students may choose to be



Port Pirie (+ Crystal Brook, SA)

ED: Students are supervised by locums who manage the Port Pirie ED, and are expected to assess and workup their own patients. There are many opportunities to practice procedural skills including IV cannulation, suturing and NGT insertion, and students are encouraged to attend Medstar retrievals. Tends to be the rotation with the highest time-commitment (no study half-days).

Specialist/Anaesthetics/Theatre: Students spend time with various visiting specialists in clinic or assist in theatre. Specialists that visit include: cardiology, respiratory, paediatrics, anaesthetics, ENT, urology, orthopaedics, general surgery and plastic surgery. Students also attend scope lists with the local gastroenterologist Dr Bennett.

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 sessions per week: 2 Full Day Clinical Sessions + 2 Half Day Clinical Sessions + Half Day site-based teaching + Zoom tutorials. Parallel consult within majority of clinical sessions (can be 2-3 times/week).

Other Attractions of Site:

Students are invited to interprofessional learning activities with nursing and allied health students and to training nights with local doctors and nurses. Some of the GPs will invite you to go sailing, to the Cockle spit, to dinner at their homes and movie nights. There are a wide variety of sports to join and play including basketball, volleyball, badminton, tennis, netball, football, dancing, soccer and more.

There are also many beautiful hikes nearby in Mount Remarkable National Park and the Southern Flinders Ranges, and many other towns to visit in the Mid-North.

EXAMPLE WEEKLY TIMETABLE:

GP (Crystal Brook & Laura)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward round GP clinic	Ward round GP clinic	Ward round GP clinic	Study morning	GP Tutorial
PM	GP Clinic	ARCS Tutorials (VC)	GP clinic	ARCS Tutorials (VC)	Study afternoon

O&G

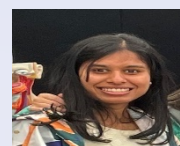
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Gynae clinic	Gynae/elective Obs theatre	Antenatal/ midwife clinic	Study morning	GP Tutorial
PM	Gynae clinic	ARCS Tutorials (VC)	Antenatal/ midwife clinic	ARCS Tutorials (VC)	Study afternoon

Port Pirie

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Ayra Perakath
Cohort: 2021



I can truly say that my 5th year of Medicine rurally in Port Pirie has been my favourite year of Medicine to date!

The programme in Pirie is largely blocked which was an aspect that I loved- you do 6 weeks of Obstetrics & Gynaecology (with a fantastic Obstetrician who's been working in the area for 17 years), a total of 7 weeks of ED, a total of 6 weeks of specialist clinics (including anaesthetic sessions, paediatric sessions and sitting in with visiting specialist including things like neurology, urology, dermatology and respiratory medicine), 2 weeks of Paediatrics at Port Augusta, 6 weeks of GP at Crystal Brook (a town 25 minutes from Pirie) & 6 weeks of GP at Laura (a town 30 minutes from Pirie).

A highlight of the placement for me was the amount of time we got dedicated to ED- you get to learn so much through working up the patients, getting countless practice at cannulation, creating management plans, following up patient investigations and calling for advice from other specialties at tertiary hospitals. In addition to this, the Medstar helicopter base was right next to the house we lived in so every time a Medstar flew in, the person on their ED rotation at the time would run in to ED (which was a 2-minute walk away from the house) to see what was going on!

I also loved the fact that the GP practices were in two rural towns outside of Pirie- this meant we got to explore even more of the beautiful rural landscape and both towns had fantastic bakeries and places to explore in our lunch breaks.

Additionally, the location of Pirie being so close to the Flinders ranges meant we got to do many road trips and hikes to areas such as Pichi Richi, Mambray Creek, Dutchman's Stern, Devils Peak, St Mary's Peak and much more.

We also had some great social opportunities including going sailing with the local doctor, going to the farmhouse of the lovely local gastroenterologist for lunch, going 4-wheel driving with a few of the nurses from the ED who we made friends with, supporting our friend in social tennis and getting involved in gym classes and making friends through that.

Rural 5th year is such a good opportunity to be included so heavily in the team & get so much exposure to parallel consulting while also maintaining a great study-life balance! What I anticipated to be the most stressful year of Med ended up being what I felt to be the most supported and enjoyable year!

PAST STUDENTS TO CONTACT

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Arya Perakath (2021)

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Whyalla (+ Cummins/Roxby)

TEACHING PROGRAM:

Type of Program: Integrated learning

Teaching Overview + Structure: (Typical year)

- 6 weeks in Cummins
- Or alternatively a sem in Roxby (Amazing GP teacher – Dr Lockwood)
- 2 weeks Pt Augusta (paeds)
- 2 weeks OBGYN and 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
- Occasional opportunity to sit in with visiting specialists e.g. pediatricians from PA
- Weekly tutorials from your preceptor in Whyalla (Dr Patel)
- In previous years there has been 2 weeks Indigenous Health Clinic, and 2 weeks of ED experience, but this hasn't been possible this year due to COVID

Total number of clinical sessions per week: ~6 half days clinical + Zoom tutorials + 2 sessions study time

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

FAST FACTS

Number of Students in 2022:

10

Location:

Whyalla + 6 wks Cummins + 2 wks PtAugusta OR a Semester in Roxby

Population:

21,000

Distance from Adelaide:

382km (4h 15mins)

Famous for: Steel works, Cuttlefish migration, "Where the country meets the sea". There are also a few cute cafés, and a great Dive and Thrive (salty sips) group who are super welcoming. The Young People's Trade group also put on a few social events per year.

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 (+ Cummins/Roxby)

Typical weekly roster:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Clinic	GP Clinic	Study	GP clinic	GP clinic
PM	GP Clinic	Zoom teaching	GP clinic	Zoom teaching	Study

Indigenous Health/Outreach trip opportunities:

- In past years there have been two weeks at Nunyara, but this hasn't been possible this year due to COVID

Unique Site-based teaching opportunities:

- Weekly tute from obstetrician/gynaecologist (Dr Smith loves to give early morning tutes when she's in town, usually a few months per year)
- Weekly tute with GP
- Cummins rotation, with lots of opportunity to parallel consult and explore the lower Eyre Peninsula
- Clinics with visiting paediatricians from Pt Augusta
- ED shifts (COVID permitting)
- 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
- 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, On the Eyre peninsula so can site see so many different places!
- Always have Friday afternoons rostered off and usually have other times during the week also free for study/weekend trips/return trips home
- Good cafes

Whyalla (+ Cummins/Roxby)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Nitya Sukheja
Cohort: 2021



I was going away from home for the first time, so Whyalla was not high on my preference list given the distance from Adelaide, but it ended up being such a fantastic year and I look forward to going back to the community in the future in some capacity or another.

I chose to go rural for 5th year for the experience of living away from home and because the teaching was highly recommended. And it did not disappoint. The rural school offers an incredible amount of support and dare I say the best teaching I've experienced in all of med school. The unique teaching opportunities in Whyalla included regular tutorials from Tracey (midwife), ObGyns, occasional Sim workshops run for JMOs, as well as the Clinical Academic's OSCE prep sessions. These local health practitioners truly cared about teaching the students and went to great lengths to make sure they could deliver. Cummins also offered students to join the volunteer ambos for weekly training sessions and this was an excellent source of teaching.

The contact hours could be quite variable on a weekly basis but can always be adjusted (pro tip - be nice to Pam & Tanetta). Most weeks, all the students had Friday afternoons off and if not, it would be because they were trying to do extra shifts to take a day off the following week.

Outside of teaching, there's plenty to do socially depending on personal interests. Some of my housemates and I joined the YMCA gym and became semi-regulars at the 6AM Body Pump classes followed by a swim/spa before going to the clinic. Others joined MMA classes or became active members of local Church and youth groups. We also went to quiz nights and were often joined by other hospital teams - this was a great way to get to know the other registrars and consultants working in the hospital. Some of us also enjoyed hiking and found that Port Augusta being only 45 minutes away made for great day trips to the Flinders Ranges.

Like every place and program, there were some drawbacks. For me, moving out of home itself was a huge change and establishing my routine took some time. Add on having to adjust to parallel consulting from day 1 - it's harsh and really feels like being thrown into the deep end. And let's not forget that it is 5th year, so the pressure is real. But while it often felt quite overwhelming, it's also incredibly liberating to get through that time, become more independent and come out on the other end.

Overall, I have absolutely no regrets. It was no doubt a tough year and there were some rough patches, especially at the start as I got paired to an unexpected site with unexpected people, but I've walked out with some amazing memories and great friends.

Top Tips

- Invest time in your housemates. Spend a few minutes catching up over dinner or when you/them get home from clinic to debrief about anything and nothing. As cheesy as it is, they will become your family and look out for you.
- Join extra-curricular activities and find the local 'What's On' Facebook page to become a part of the community
- Be nice to the ARCS admin/office staff - they will have pearls of wisdom that will make your life a lot easier
- If moving away from the first time, have scheduled trips back home. It will save a lot of time (and \$\$) on spontaneous trips because of homesickness.
- Talk to all the previous students for the sites that you're interested in and ask them for their top pros AND cons <-- the cons will often be the deal breaker

PAST STUDENTS TO CONTACT

Jennifer Hughes (2019)

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Nitya Sukheja (2021)

0469392157

Nitya.sukheja@student.adelaide.edu.au



Port Lincoln (+ Tumbby, 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 either 4 weeks in the Tumbby Bay GP clinic/emergency department or 6 weeks in the Ceduna in their GP clinic/ED. Like other sites, students also rotate through Pt Augusta for a 2week 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 3 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. Each fortnight, students undertake one ED shift, either out of hours or during the day, a fantastic opportunity to develop practical skills! Ceduna and Tumbby Bay also offer an integrated teaching program wherein rostered students parallel consult, attend A&E, theatre, GP, Medical Clinic, Aged Care and specialist sessions

Total number of clinical session per week: 2- full day clinical sessions + 2x half day clinical sessions + 1 site based teaching sessions(2hrs) + Zoom tutorials +/- ED sessions

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

FAST FACTS: PT LINCOLN

Number of Students in 2022:	8
Type of Teaching Program:	Integrated
Location:	Pt Lincoln + 4wks in Tumbby + 2 wks. in Pt Augusta
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.



Port Lincoln (+ Tumby, SA)

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. Students also get the opportunity to attend the Indigenous health school screening program on one or two occasions.

Unique Site-based teaching opportunities:

Students receive tutorials in human reproductive health and paediatrics from local GPs who are members of the University teaching staff. 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:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
AM	GP clinic	Study	GP clinic	Clinic with visiting specialist	GP clinic	ED 8am-8pm (1 day per fortnight)
PM	Local Tutorial	Zoom tutorials	GP clinic	Zoom tutorials	GP clinic (triage)	

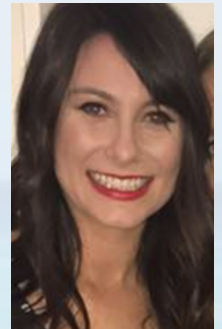
Port Lincoln (+ Tumbly Bay, SA)

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!

PAST STUDENTS TO CONTACT

Joanna Richards (2019)	0466633708	a1689168@student.adelaide.edu.au
Brandon Stretton (2019)	0403926137	a1687423@student.adelaide.edu.au
Sarah Jones (2019)	0411292711	a1685715@student.adelaide.edu.au



Ceduna

TEACHING PROGRAM:

Type of Program:

Ceduna offers an integrated teaching program, with students largely in GP clinic parallel consulting. Students also spend two weeks in Port Augusta for paediatrics, and should the permanent GP obstetrician leave, they would also spend 4 weeks in Whyalla for an O&G rotation. In Ceduna there is quite a bit of flexibility to choose what part of the hospital you attend depending on what specialist are visiting, what you think would provide the best learning benefit etc.

Teaching Overview + Structure:

When students aren't in GP clinic, their time is split between skin excision clinic (lots of suture practice!), ED, ward rounds in the Ceduna hospital/aged care facility ward rounds, sitting in on specialist clinic, assisting with visiting surgeons (mostly general surgeons), Yadu Health clinic, outreach visits to local aboriginal communities, and paramedic ride along days.

Total number of clinical session per week: 1- full day clinical session + 2x half day clinical sessions + 1 + Zoom tutorials

Indigenous Health/Outreach trip opportunities:

Ceduna has a considerable permanent Aboriginal population (about 25%) but also has a considerable itinerant community who regularly visit from surrounding communities (mostly, Yalata, Kooniba, Scott-Desco, Oak Valley etc.). There are opportunities throughout the year to visit many of these communities as part of the clinical placement

FAST FACTS: CEDUNA

Number of Students in 2022:	2
Type of Teaching Program:	Integrated
Location:	Ceduna (+ Port Augusta for two weeks +/- Whyalla for four weeks)
Population:	3,400
Distance from Adelaide:	775kms (roughly 8-8.5-hour drive)

Famous for: Oysters, fishing, pristine beaches and surf

Accommodation: 3 Bedroom house with two bathrooms and large backyard (with lots of fruit trees!) on the foreshore. The house has a great view of the Ceduna bay, and is 400m from local pub, hospital and shops (everything you could ever need!)

Ceduna

Unique Site-based teaching opportunities:

Ceduna is a really hands-on placement. If you want to improve practical skills such as suturing, cannulation etc. there are opportunities almost daily. There is also considerable independence when in the ED. You will have the opportunity to work patients up before being seen by a doctor, and the nursing staff are great at facilitating this. In addition to this, there is the opportunity to be on-call if you choose. This is great because unlike some placements you are not expected to do on-call shifts, but the medical/nursing staff will call you in if there is something interesting they think you might like to see (e.g. traumas, birthing, practical opportunities e.g. suturing). There is great one-on-one teaching with GP obstetrician, GP anaesthetist, weekly zoom tutes with the Mt Barker teaching staff, midwives and several visiting specialists (surgeons, cardiologists, endocrinologists, ENT, dermatologists etc.) Finally, because you are essentially in the one location all year there is great opportunity for longitudinal follow up with patients (e.g. follow a woman from pre-natal period, to being present at the delivery and then being a part of the post-natal follow up)

Other Attractions of Site:

- Copious fishing at your doorstep
- World renowned surf beaches, which are all only a short drive away
- Fantastic community with many opportunities to be involved in local sport and other community activities

EXAMPLE WEEKLY TIMETABLE:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP clinic	GP clinic/ theatre	GP clinic/ Aged Care Rounds	GP clinic/Clinic with visiting specialist	GP clinic/ED
PM	GP clinic	Zoom tutorials	Study	Zoom tutorials	Study

A landscape photograph of Broken Hill, NSW, featuring several large, weathered rock formations. One prominent rock on the right has a large, stylized rock art face painted on it. 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 spending one day per week in a GP clinic, and options to occasionally spend some time in specialist clinics and in physical and online tutorials. Most of the hospital time is paediatrics and O&G where the main clinical activities were outpatient clinics, watching births, assisting in O&G theatre lists and occasional inpatients in Paediatrics. Students are also allocated to the medical ward, ED and Anaesthetics for short periods throughout the year. The ARCS students are part of a wider medical student collaborative training with up to eight other students from University of Sydney and University of Wollongong, who all live together.

As the ARCs students spend most of their time on O&G and Paeds there are some days that there is very little happening. O&G delivers approximately 200 babies per year but it often comes in waves of being very busy and then very quiet. If you are kind to the midwives, they are extremely knowledgeable and happy to do teaching. The O&G consultants are entirely locums so change weekly, so it's important to be proactive in organising teaching. In Paeds, weeks can go by when there are no inpatients so it is important to ensure your schedule allows you to attend some Paeds clinics so you can still get some teaching. If there are inpatients, it is a really good opportunity to take histories and do examinations. Make the most of it! Make sure you speak to the student coordinator to ensure you have time on ED and Anesthetics as you will also learn a lot during these sessions. You can always request go to ED for a weekend shift as well if you are particularly keen in this area or want to hone your skills. It is important that you are pro-active, and find things to do out here, even if the wards are quiet if you seem interested the midwives/nurses/doctors will find things for you to do and they will then be more inclined to call you in for births or interesting inpatients when they come.

Each ARCs student is placed at a different GP clinic around Broken Hill. In 2022, we are based at GP Super Clinic, Williams Street Medical Centre and Clive Bishop Medical Centre (RFDS). We love the structure of having GP once per week as you get the opportunity to start seeing patients more than once so get to build some more rapport. There is also a huge variety of presentations in Broken Hill, and a large catchment area with many people coming in from stations or surrounding communities to see the GP.

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 weekly 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. Students also have the opportunity to attend weekly JMO education, Critical Care Education and Grand Rounds. These sessions are facilitated by the Broken Hill Health Service and students will be notified about these sessions weekly.

FAST FACTS

Number of Students in 2022:	4
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.

Indigenous Health/Outreach trip opportunities:

The three sites that students are split up into are Wilcannia (2 hours East of Broken Hill), Menindee (1hr 10 minutes from Broken Hill) and Bourke (about 6 hours North-East of Broken Hill). These 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. However, each of these three sites are totally unique!



Broken Hill (NSW)

Bourke: Bourke is a relatively small community located on the south bank of the Darling river with a population of approximately 31.5% indigenous people. In the town, there are a few restaurants, a couple of cafes, a pharmacy and a pub as well as 2 grocery stores. 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.

Bourke Aboriginal Corporation Health Service (BACHS) is an Aboriginal Community Controlled Health Service (ACCHS) and provides primary health care services initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community.

Wilcannia: Wilcannia is a small town 200km from Broken Hill. The hospital and accommodation are on the banks of the river and it has a very nice atmosphere. It is adjacent to the hospital campus so easy access at all hours. Although there are no designated 'acute beds', there are facilities for short term, low risk admissions with the approval of the Royal Flying Doctor Service Medical Officers. The RFDS provide a minimum of 3 clinics per week, which are supported by telephone consultations and emergency retrievals. Maari Ma Aboriginal Health Service also run 2 clinics per week for Chronic Disease Management. Plus, the nurses are lovely, and they will offer to call students when a patient comes in.

Menindee: Menindee is a small community with a population of approximately 650 people, with 36% indigenous. Menindee Health Service is a Primary Health Care facility, staffed by Registered Nurses and Aboriginal Health Care Workers. The health service consists of an emergency department and consulting rooms only and does not have inpatient services. The Royal Flying Doctor Service runs General Practice clinics up to three days per week at the Menindee Health Service. Maari Ma Aboriginal Health Service also run 2 clinics per week for Chronic Disease Management.

Example Structure of year:

- O&G -1 (7 weeks)
- Paeds – 1 (3 weeks)
- Anaesthetics – 1 (1 week)
- ED – 1 (1 week)
- Remote Placement (4 weeks)
- O&G -2 (2 week)
- Midyear Break (3 weeks)
- Midyear Workshop + Exam (1 week)
- Paeds – 2 (5 weeks)
- ED – 2 (3 weeks)
- Anaesthetics – 2 (1 week)
- General Medicine (4 weeks)
- General Surgery (4 weeks)
- End of Year Assessment (1 week)
- SWOTVAC (3 weeks)

Unique Site-based teaching opportunities:

Pre-COVID, once a month students would 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:

	Morning	Lunch	Afternoon
Monday	Clinical Choices		
Tuesday	0800 - 1200 - O & G		UoA ZOOM Tutorials
Wednesday	0900 - 1600 - Parallel Consulting CBMC		
Thursday	0800 - 1200 - O & G		UoA ZOOM Tutorials 1400 - ENRICH (if possible to attend)
Friday	0800 - 1600 - O & G		

*'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). Each month you will get emailed a list of the visiting specialists and you arrange to go with the specialist the day before the clinic is run.

Total number of clinical session per week: Students have equal to 1 day GP Parallel Consulting, 2 days allocated to a ward, 1-day clinical choices and 1 day ZOOM tutorials/ENRICH.

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. In 2022, we have found that the best time to do parallel consulting is in GP or ED. Other specialties may allow parallel consulting on your clinical choices day but that largely depends on the doctor visiting that week and the number of patients on the list for that clinic.

Other Site-based attractions: We have a friendly community with amazing sunrises and sunsets, numerous national parks in the surrounding areas with phenomenal walking tracks, amazing fitness facilities with student rates, park run, weekly trivia and two up, Menindee lakes an hour away and great food and hospitality. Throughout the year in Broken Hill there are many 'must attend' events including St Pats Races, Broken Hill Festival, Silver City Cup, several Gymkhanas and Rodeos and various gala events such as the RFDS Ball. Your time outside of clinical placement could be spent mountain-bike riding using our bikes available for hire,

bushwalking, playing team sports (including football, cricket, netball, basketball etc), camel riding, camping, exploring Silverton and the Historic Day Dream Mine, weekend river trips and so much more.

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 super clinic 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 paedics 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!



PAST STUDENTS TO CONTACT

Caleb Wijeshina (2019)

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Bonny Miller (2019)

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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 2022 there are 6 Adelaide and 5 Flinders students, 10 altogether.

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 2022 was:

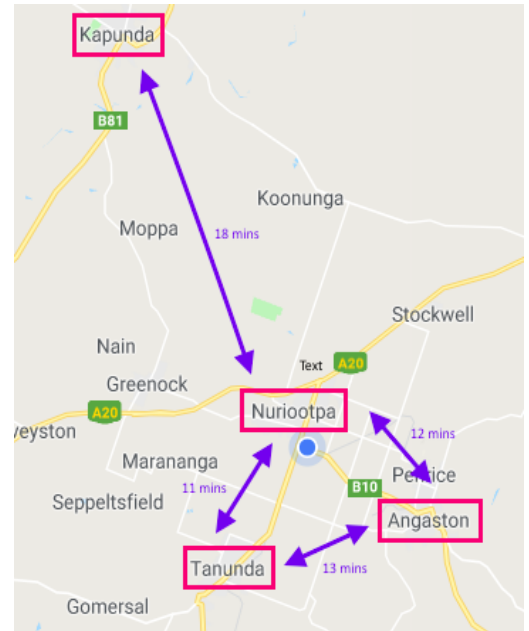
Angaston Medical Centre: 3 students, 1 Flinders/2 Adelaide, 2 living in Angaston (together), 1 living in Nuri (with a Tanunda student)

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

Nuriootpa Medical Centre: 2 students, one Adelaide one Flinders, both living in Nuriootpa separately.

Tanunda Medical Centre: 2 students, 1 Flinders and 1 Adelaide, each living separately (One in Tanunda, one living with the Angaston student in Nuri)

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 sessions 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.

Paediatrics

Arcs have changed the paediatric placement, which used to be in Port Augusta, to now be in Lyell McEwin. Each Adelaide student will be assigned with a student from another practice for a total of two weeks, and will drive down each day from your home site.



Barossa

Other Specialties

Students will likely have 6 sessions over the year with each of the different visiting specialists such as Rheumatologists, ENT's, Orthopaedics, Obstetrician/Gynaecologist, General surgeons, dermatologist, and urologists. 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. You will also have the opportunity to participate in the Flinders "progress tests" and practice OSCE's as an extra formative assessment. 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 fewer 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 LMH for Paeds, and 2 separate weeks in Gawler on the Labour Ward (still live in Barossa accommodation and drive every day).

FAST FACTS

Number of Students in 2022:	6
Type of Teaching Program:	Integrated
Location:	Barossa Valley (Angaston, Kapunda, Nurioopta, Tanunda) + Gawler)
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.

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. 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 (Angaston) 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

Typically students will have two half-day parallel consulting sessions (morning or afternoon) sessions a week, one day on call, probably two half-days at Gawler, 4 half-days of study at clinic (your own free time but need to be at clinic) and one or two half days of tutorials.

	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: Kate Parkinson
Cohort: 2021, Kapunda



The Barossa Valley is a beautiful location, located approximately an hour from Adelaide. There are four different locations that are included in the program. Nuriootpa, Tanunda, and Angaston are 10 minutes from each other, and Kapunda which is slightly further away, about 25 minutes from Nuriootpa. Once offered the Barossa program, you're invited to re-interview for the individual locations. A huge positive of the Barossa is that there is also a group of Flinders students. My understanding is one year there is 5 Adelaide students and 6 Flinders students, which alternates the following year. The staff in the Barossa are also hugely supportive and incredibly organised!

Tanunda, Angaston, and Kapunda all have adjoining hospitals, where you are allocated on call time in the emergency department. There is no hospital in Nuriootpa, but students are included on the roster at Tanunda Hospital. There are so many learning opportunities in the Barossa. A large amount of time is spent in the GP setting, doing parallel consulting. There is also lots of opportunity to do on call ED work. We would generally be rostered once a week and on average one weekend every month. This was a great learning experience! About once a week we were also rostered on to a specialist session. There was plenty of variety with this, but examples included a theatre session with a visiting surgeon or a consulting session such as orthopaedics, rheumatology, and paediatrics. Twice a week we had ARCs teaching in Nuriootpa and on a Thursday, morning would have a teaching session or simulation practice. Kapunda also had a daily ward round.

An aspect of the Barossa program that I really liked was that the whole year is spent in the same place, besides the two weeks in Port Augusta for Paediatrics intensive. I found I had good exposure to the core subjects in the 5th year program. Kapunda is the only place that has obstetrics on site. There is lots of opportunity to follow women through antenatal appointments, attend births and then follow up for 2- and 6-week checks. However, for students not at Kapunda you're rostered for some sessions on antenatal clinic, followed by 1 week on labour ward at Gawler hospital. Gynaecology exposure for all sites is also at Gawler, as specialist sessions. The amount of anaesthetics exposure is a bit site dependent as you attend theatre with a GP anaesthetist from your clinic. Kapunda and Angaston have theatres, and students from Nuri and Tanunda generally had sessions in Gawler or Angaston.

There is also so much to do outside of placement, with so many great food places, lots of wineries and markets to explore. We also had a social netball team and went to quiz nights. There are many sporting clubs to get involved in as well. Overall, I had the best year in the Barossa and would definitely recommend it!

PAST STUDENTS TO CONTACT

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Mt Barker

TEACHING PROGRAM:

Type of Program:

The integrated Mount Barker program is based mostly at the Summit Health Centre, a building which houses a GP practice, visiting medical specialists, allied health workers and currently a priority care centre - which takes low-acuity emergency patients referred from the nearby hospital.

Mount Barker District Soldiers Memorial Hospital is located right next door, and here students have the opportunity to attend the Emergency Department (ED), antenatal clinic and maternity ward and operating theatres. Each student rotates to Port Augusta for the 2-week rural paediatric specialist intensive, which complements the paediatric and womens' health experience that they receive at Mount Barker and teaching through the ARCS program.

Teaching Overview + Structure:

Throughout the year, students will spend most of their time with GPs (including GP-anesthetists and GP-obstetricians), in regular general practice clinics, the priority care centre and theatre. Opportunities to sit in with visiting specialists (which may include ENT, general surgeon, plastic surgeon, dermatologist, endocrinologist, cardiologists, geriatrician, gynecologist, pediatrician, orthopaedics) and local midwives are also present. There is a maternity area in the hospital catering for around 600 births per year. Students are also rostered on ED 1-2 times per fortnight.

Total number of clinical sessions per week: 5 Half Day Clinical Sessions + one weekly site-based tutorial + Zoom tutorials.

Parallel Consulting opportunities: Parallel consulting in GP sessions is doctor-dependent, but most GPs are happy to allow this opportunity. All ED sessions are parallel consulting.

FAST FACTS

Number of Students in 2022:	2
Type of Teaching Program:	Integrated
Location:	Mount Barker
Population:	20 000
Distance from Adelaide:	34km (40mins)

Famous for: Laratina 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 a 6th Year Student for 4 weeks.



Mt Barker

Indigenous Health/Outreach trip opportunities:

Unfortunately, there is limited opportunities to be involved in Indigenous Health/Outreach trips. This may change in future years.

Unique Site-based teaching opportunities:

The ED and current priority care centre are fantastic opportunities to assess patients, report this to your supervising doctor and suggest management. Both environments provide students with numerous opportunities to improve their practical skills, such as blood taking, cannulas, casting and suturing.

Other Attractions of Site:

The Summit Health Centre itself rents out rooms to cardiologists, paediatricians, physios, psychologists etc. who are more than happy to have students sit in with them to learn.

EXAMPLE WEEKLY TIMETABLE or EXAMPLE OF YEAR STRUCTURE:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Antenatal clinic	Study time	GP session	Local tutorial	ED
PM	Study time	Zoom tutorials	Priority Care Centre	Zoom tutorials	ED

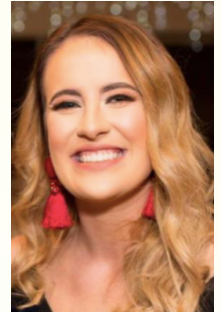
Mt Barker

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 men's and women's 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, SA)

TEACHING PROGRAM:

Type of Program:

It is a combined integrated and blocked program. For 24wks of the year while in Clare, the teaching is integrated. For the 8-week Pt Augusta rotation, the program is blocked, with each student spending two weeks on paediatrics and 6 weeks on obstetrics and gynecology.

Teaching Overview + Structure:

Clare Integrated Program (24 weeks)

Each week you have a range of 5x ½ day clinical sessions. These may be GP parallel consulting, on call, specialist consulting, anesthetic sessions, theatre session, procedural sessions, skin check clinics, or outreach clinics in Snow town 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.

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

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

FAST FACTS

Number of Students in 2022:	4
Type of Teaching Program:	8wks Blocked, 27wks Integrated
Location:	Clare Valley, Mid-North SA + 8 wks. in Port Augusta
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, SA)

Indigenous Health/Outreach trip opportunities:

There is an opportunity to spend one week in Menindee and Wilcannia, towns approx. 150 km out of Broken Hill, with one of the Clare GPs, Michael Nugent. Dr Nugent works with Maari Ma, an Aboriginal health organisation, and focuses on building rapport with people who have higher risks of cardiovascular events, particularly those with diabetes. Furthermore, outreach clinics to Snowtown or Burra occur frequently and you often drive down with a doctor for the day and have the opportunity to parallel consult.

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. The specialists are often keen to get you involved with their theatre lists if applicable. There are friendly GPs with various special interests in sports medicine, skin cancer medicine, emergency medicine and research. Two GPs have nominated to be "on-call" first responders and are very encouraging of medical students to be involved with responding to emergency situations in and around town to observe and assist their work.

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 community is always so excited to have medical students involved in everything, from the weekly parkrun to squash/tennis and volunteering! 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	Burra outreach
PM	Private study	VC Tutorial Private Study	Private Study	VC Tutorial Private study	Burra outreach

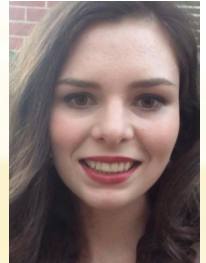
Clare (+ Port Augusta, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Natasha Gray

Cohort: 2018



"Clare was an attractive first preference for many reasons.

Firstly, the Clare medical centre is a very tight knit working environment and the doctors working there make a real effort to make you not only feel welcome at the practice but also in the community. You will without a doubt be invited to several dinners, lunches and after work drinks with the Clare medical centre staff.

In terms of the program structure, I enjoy the fact that every day is different. You will be placed with a different doctor every day and you might be in parallel consulting in the GP clinic, in theatre for anaesthetics, on call at the clinic/ hospital, doing procedures such as skin cancer removals, or with a visiting specialist. Most of the GPs at the practice have a specialist interest whether it be obstetrics, anaesthetics or minor surgery, so you get some really good exposure and teaching in these areas.

The opportunity to experience two completely different rural placements was also a real incentive for me. I liked the idea of having a full 6-week obstetric rotation as this has always been one of my interests in medical school. The Port Augusta obstetric rotation has so far provided ample exposure to antenatal and gynaecology clinics, gynaecological surgery and witnessing normal vaginal births, instrumental births and caesarean sections. Clare and Port Augusta are very different in terms of their patient demographic and structure of the rural program so if you want to experience both, Clare is a great rural placement.

Paediatrics is obviously another big part of the 5th year program. In Clare there is a visiting paediatrician once a month. Otherwise, you have your two week block of paediatrics in Port Augusta and the experience you get with the many children you will see in the GP practice. Inpatient Paediatrics Exposure is probably the main area that lacks in Clare, but as with most of the other rural sites (except Port Augusta) you will find this is the case.

Clare is a genuinely beautiful part of South Australia, if you enjoy good food and good wine, outdoor activities like bike riding and walking you will probably enjoy Clare, not to mention Blenheim, The Clare Races and Gourmet Weekend. It is close enough to Adelaide that if you want to return for a special event during the year it is fairly easy to do so and it's also likely that your friends will want to visit you throughout the year.

Overall, I have really enjoyed my time so far and I have been very lucky to have been placed with some really good friends which have made the experience. Deciding to stay in the city or go rural is a personal decision. If you want to go rural you need to be open minded, prepared for a change in lifestyle and motivated to study without the structure of blocked rotations. If I had my time again I would definitely still choose to go rural preference Clare."

Clare (+ Port Augusta, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Ella Obst
Cohort: 2020



I cannot speak highly enough of the whole rural 5th year experience, and I feel very lucky that I was based in the Clare Valley. It is predominantly in an integrated program (unfortunately in my year, 2020, with COVID this was the case much more than normal). Most days are spent in clinic in Clare but there is plenty of variety with on call time, sitting in with visiting specialist clinics, theatre time (with anaesthetics focus although assisting opportunities also exist), skin clinic as well as outreach clinic opportunities in neighbouring towns. The day-to-day experience in the GP clinic provides the opportunity for independent supported practice (like 10 OCSEs a day but not stressful) which is great experience for exams as well as future practice and you will learn so many new skills. The work-life balance is excellent and there is plenty of opportunity to study.

The practice and town are very welcoming and social, and it is easy to get involved in local sports if that interests you and is a great way to meet people. It goes without saying also that Clare is a beautiful spot to live with incredible bushwalks and bike rides minutes from your door (and possibly a kangaroo or two at the local park). Not to mention incredible wineries, restaurants, and cafes nearby to invite your metro friends to explore with you on the weekends. It is also only 2hrs from town making it easy to pop back to Adelaide to see friends and family as often as you like.

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 either semester (2 students 1st Sem and 2 students 2nd Sem) 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- you rotate between Kadina Medical Centre and Wallaroo/Moonta.

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. When you're rostered on with a doctor at Kadina you'll also be able to be involved in antenatal/midwife clinics and an anesthetics week/ Kadina rotation with the GP anesthetist. The GP/OBGYNs and midwives like to get you really hands on so you will be able to attend lots of births, just make sure you let them know you're interested and keep reminding them because labors can be stressful and they sometimes forget! You are rostered to one on call ED shift/ month with the locums at Wallaroo hospital, this can be on a weekday after hours or on the weekend, you are encouraged to do a couple of weekend shifts purely for a different range of conditions/ injuries coming through.

FAST FACTS

Number of Students in 2022:	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.

Total number of clinical sessions per week: Must do a minimum of 5 clinic sessions/ week (morning + arvo = 2 sessions) + 2 x ½ day Zoom tutorial days ± occasional assisting with visiting specialists or midwife clinic/ births.

Parallel Consulting Opportunities: Parallel consult within all clinical sessions (doctor dependent, but 90% encourage parallel consulting) ie. approx. 5 sessions / week.

Indigenous Health/Outreach trip opportunities:

Moonta Medical Centre has an ATSI Clinic fortnightly 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, you just need to take the initiative to make this happen. You are rostered on to sit with a visiting geriatrician and gynecologist- each student has 2 opportunities each year. Additionally, Kadina Medical Clinic hosts 2 doctors who are heavily involved in ARCS tutorials and thus are great resources for the ins and outs of the 5th year content!

Kadina (+ Wallaroo/Moonta, SA)

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. Port Hughes is a 20min drive and a wonderful beach for a snorkel! Wallaroo has a new Gin Distillery/Brewery a 10minute walk from the house and there is a wide range of pubs + another distillery 45min drive south! Kadina has a gym, which is more than happy to do deals for students, plus each of the towns have footy, netball, and hockey teams as well as many other sports (even Squash if that's your poison!). Moonta has an amazing Italian restaurant, which is busy several nights of the week and superfoods café that does delicious smoothies.

EXAMPLE WEEKLY/YEAR TIMETABLE:

	AM	PM		Student 1	Student 2	Student 3	Student 4
Monday	GP Clinic	GP Clinic	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	Birth	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/ Specialist	Study					

Kadina (+ Wallaroo/Moonta, SA)

PAST STUDENT'S EXPERIENCE

Student Profile

Name: Luke Cialini
Cohort: 2021



I'm Luke and I spent my 5th year on the Copper Coast (Kadina) with ARCS. The Copper Coast encompasses three rural towns arranged in a triangle - Kadina, Wallaroo, and Moonta. Kadina is the 'CBD' of the area, with several key businesses and a Woolworths. Wallaroo is a smaller coastal town with a mixed population, a small strip of shops along the main strip and a Drakes, and Moonta is a holiday town with a significant retiree population.

As a 5th year student in the area, you live in a house in Wallaroo for the year. The house is spacious and around the corner from the hospital, a short 8 min drive to all the services in Kadina, and close to North Beach. You can drive on the beach (even with a 2WD!) and we had a great Australia Day there with the Port Pirie students. The house also has a newly added pool table which we used many (probably too many) times throughout the year. There are many good fishing spots around the area, and Innes National Park at the bottom of the Yorke Peninsula has plenty of great beaches, hikes, and camping spots.

The area has several nice places to eat including the Smelter which has good coffee, Wafflin on with Kylie for an American Diner experience with a variety of homemade classics and the Bond Store which is a microbrewery and distillery with upmarket tapas food and a great place to purchase unique spirits for any gifts you might need to purchase throughout the year. Of course, there are also an abundance of pubs to choose from!

The Copper Coast Leisure Centre houses a gym and marks the centre of a sporting complex in Kadina which includes basketball courts, a football oval, netball courts, tennis courts and a hockey field. There are plenty of sporting teams in the area to get involved in if you're keen.

In terms of placement, most of your time is spent parallel consulting at the GP clinics in Moonta, Wallaroo, and Kadina. Outside this, you also spend a few weeks in theatre with the GP Anaesthetist, experience the labour suite and midwifery clinic with the midwives and GP Obstetrician, partake in ED shifts with visiting locums, and spend the occasional day with the variety of specialists who visit the area.

You are well supported throughout the year through both the ARCS staff and the doctors who are supervising you. Your weekly online tutes are mostly delivered by the course coordinators, meaning that the curriculum flows well, and the tutors are well informed about your prior level of knowledge and are well placed to identify areas of improvement. This helps ensure that all the tutes are pitched at the right level.

One thing I really enjoyed was the continuity of care. You often saw the same patient several times throughout the year. This was particularly special regarding the obstetric patients. I saw one lady in antenatal clinic in my first week, checked the growth of her baby found the heartbeat with the doppler. I was then at the birth one month later, delivered the placenta and helped them decide on a name. I then got to see the baby 6 months later when I administered their 6-month immunisations. It was quite special getting to share the patient journey in this way.

Kadina (+ Wallaroo/Moonta, SA)

Parallel consulting provides an unrivalled opportunity to develop your history and examination skills for a wide range of presenting complaints. This helps increase your confidence and communications skills. You also get the opportunity to practice counselling and navigating difficult scenarios within your scope of practice. You get to learn through real patient experiences, become familiar with what resources provide useful quick references when you need them and become an active part of the team. Your presentation skills will improve, and each patient provides an opportunity for one-on-one teaching with your supervising GP.

I would highly recommend spending your 5th year on the Copper Coast - you won't feel like you're in the 'most stressful' year of medical school, you'll be well supported, have an amazing time, experience rural healthcare, and grow immensely, increasing your confidence as a future healthcare provider!

If you have any questions, feel free to get in touch!

PAST STUDENTS TO CONTACT

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Rural Health Initiatives

The following groups provide a range of opportunities for placements, experiences and advocacy regarding rural health, so worth getting your head around the names!

Adelaide University Rural Health Alliance

AURHA is The University of Adelaide's student-run rural health club that organizes a number of free and ticketed events throughout the year to promote rural health. Membership is free and is open to anybody studying medicine, nursing, dentistry, oral health, psychology or health sciences at The University of Adelaide. For further information, 'like' their Facebook page or go to <http://www.nrhsn.org.au/aurha>.

AMSA Rural Health Committee

The Australian Medical Students' Association (AMSA) Rural Health Committee aims to connect, inform and represent students who are from rural backgrounds, who are completing rural placements and who have an interest in rural health. To become involved, send an email to rural@amsa.org.au.

Adelaide Rural Clinical School

Lead by Prof Lucie Walters and Dr Katrina Morgan, the ARCS exists to provide a high-quality rural learning environment for medical students in years 4-6. It is responsible for organising, administering and supporting all of the rural clinical placements for medical students at The University of Adelaide. Visit <http://www.health.adelaide.edu.au/rural> for more information.

John Flynn Placement Program

The JFPP provides students in their first or second year of medical school with the opportunity to complete a 2-week placement each year for four consecutive years with a doctor working in rural Australia. The JFPP covers the cost of travel and accommodation for students, who also receive \$500 per week to cover food and other living expenses during their placement. There is one application intake between February and April each year, with approximately 300 students from

Australia's 20 medical schools being accepted into the program. To find out more, go to <http://www.acrrm.org.au/about-program>.

National Rural Health Alliance

The NRHA is Australia's peak non-government organisation for rural and remote health and has made a commitment to equal health by 2020. It comprises of 37 Member Bodies including consumer groups (e.g. Country Women's Association of Australia), health professional organisations (e.g. Australian College for Rural and Remote Medicine) and service providers (e.g. Royal Flying Doctor Service). It is also the national management agency for RAMUS. For more information, visit www.ruralhealth.org.au.

National Rural Health Students' Network

The NRHSN is to AURHA as AMSA is to the AMSS. It is a multidisciplinary student-run health network that advocates for and promotes rural health. NRHSN represents 28 university rural health clubs and over 9,000 students from around Australia at a national level. Each year, they hold a national conference and organise Rural High School Visits across the country. For more information, check out their *Rural Placements Guide* at <http://www.nrhsn.org.au/resources/publications/rural-placements-guide/>, visit <http://www.nrhsn.org.au>, or get in touch with AURHA.

Rural Doctors Workforce Agency

The RDWA is one of 7 government-funded Rural Workforce Agencies that form the Rural Health Workforce Australia network. It is a not-for-profit organisation that brings visiting medical specialists and locum services to South Australian rural communities, supports the rural medical workforce and encourages rural students to work in healthcare. Throughout the year, the RDWA works with AURHA to run a number of free educational events for medical students, including clinical skills days, RFDS flights and an annual conference. To keep up to date with these events or to find out more about their work, 'like' their Facebook page or visit <http://www.ruraldoc.com.au>.

AMSS Rural Representative

Elected each year in September at the AMSS Annual General Meeting, the Rural Representative provides a link between the AMSS and medical students on rural placements. That person (Stevie Young in 2022) is also responsible for collating and keeping this guide up to date! To get in touch, send an email to stevie.young@student.adelaide.edu.au or message me on Facebook!

