



## A Student placement far beyond any other experience ...

*Excerpt from a John Flynn Scholar student placement report - Katherine December 2005  
by John-Paul Favero Medical Student University of NSW*

I completed the first of my John Flynn Scholarship Scheme placements at Katherine District Hospital (KDH) from the 27th November to the 20th December 2005. I was also able to spend time with a range of community health services - venturing beyond the wards to local clinics, out with the Ambulance service and up with the Airmed team. The experience was diverse and rewarding.

Before reaching my final destination I stayed at North Flinders International House on Charles Darwin University campus. Here I attended cultural awareness training provided by Northern Territory General Practice Education (NTGPE). The great people from this organisation ensured a well-supported and administrated placement from start to finish. A daylong briefing on 'Top End' medicine, communication challenges, indigenous culture and community was provided. The training, delivered by the placement coordinator, an experienced GP and an aboriginal cultural educator, was valuable preparation for the time in the Territory. Weekly teleconferences with input from medical students at other locations and a formal debriefing to conclude the placement were also scheduled.

KDH is a 60-bed non-specialist hospital covering medicine, surgery, paediatrics obstetrics and a 24-hour emergency department. It also has a 5-chair haemodialysis

unit, pathology, radiography, pharmacy and physiotherapy services. There's also a well resourced library and IT support. KDH employs around 180 staff with up to 15 Rural Medical Officers, while the highly experienced procedural GPs in town also work extensively with the hospital. There are regular visiting specialist clinics with good specialist support and interhospital transfer as needed. I also visited the various other health services in and around Katherine.

I endeavoured to spend time across each unit at KDH during my placement and work with a broad range of staff. Morning handover meeting

*"It has helped to enrich my understanding of tropical medicine and indigenous health in particular."*

at 8am was the formal start to a typical day and a good opportunity to note cases of interest to follow up on the wards. It was also a useful chance to ask questions of the rostered doctors and list new overnight admissions. On the majority of days I spent time in the general medical and surgical wing (Jack Roney Ward) and Accident & Emergency. Helping during the morning, primarily with blood collection and occasionally wound dressing or general nursing, was a great way to learn plus contribute something. I was able to seek supervision and advice as appropriate.



The workbook, and texts, provided by NTGPE were excellent resources helping to add purpose and structure to my time at the hospital. The list of 'top end diseases' was valuable, guiding which patients to investigate in most detail and which cases to record. Perhaps an additional recommended reading or resource list would also have been beneficial. I found keeping a patient and procedural log very useful. Maintaining a basic journal for the day's activities was helpful in reviewing the placement and compiling a report. Observing and assisting in theatres was particularly interesting as was performing minor procedural tasks like suturing and venipuncture.

There was always adequate support and channels to ask questions or seek advice, but a regular one to one meeting initiated by my mentor on perhaps a weekly basis would have been very valuable. The pastoral and administrative support I received from NTGPE was without flaw. Facilities on campus were all satisfactory and the proximity of living quarters to the hospital was very convenient. The shuttle service to town and the availability of a bike were great provisions. Seeing and working in the region was a great learning curve and great fun. I will carry knowledge and perspective from this

placement. It has helped to enrich my understanding of tropical medicine and indigenous health in particular. I better appreciate the model for care and the demands on the public hospital system in the Territory. These differ markedly from most other parts of Australia due to remoteness, a small scattered population, and the absence of alternative health care providers.

Katherine hospital offers a range of acute and non-acute services not typically available in other states, and has constant patient transfers to facilitate. Relatively higher costs for transport, fuel, labour and consumables add to the cost of providing hospital services when compared to those accessed by other Australians. I would recommend a JFSS placement in Katherine without reservation. The climate and culture of the top end ensure it is a memorable place to visit and a unique place to practice medicine.

It is clear that optimal health provision in the region faces some significant and long-term challenges, but there are great rewards and learning opportunities for visiting medical students. The scope and value of this placement was far beyond any other clinical experience I have had to date.

*John-Paul Favero Medical Student UNSW*



*John-Paul Favero (left) and Katherine Hospital Staff*

# MEDICAL EDUCATION

The new training year commenced with an Orientation for Registrars embarking on clinical General Practice terms for the first term. It was generally well received despite some technological flaws, and we are strongly encourage feedback to help us continually improve and update our programs. In the same week we hosted a Train the Trainer workshop for Registrars who are interested in delivering education and mentorship for other medical professionals. Four Registrars and two Trainers attended the weekend workshop which was facilitated by Jim Cameron from Perth.

communities where junior doctors are placed. At Jabiru we also have the services of Justin Coleman, a very experienced GP who edits the regular GP Tips article in the Medical Observer magazine. This year we also hope to introduce the concept of Registrars as Mentors for hospital Interns, an initiative that emanated from RDH's RMO society. In conjunction with this has been the excellent work of Danielle Stewart who last year devised and ran the Junior Doctor Well Being project, which culminated in production of a DVD outlining the basic concepts of well being and how to get help. This year also sees the trialling of

has been extended in 2006 to incorporate mentorship for GP registrars, especially those working in remote communities. The coordinator for this is Ada Parry and Ada is keen for registrars to get in touch with her if they would like to be mentored. This offer is open to all registrars including those in hospital terms, in recognition of the fact that in the Territory Aboriginal Health is an important component of all aspects of Medicine. To enhance the efficiency and coordination of Medical and Cultural Educators dispersed across the NT, NTGPE is advertising for the position of Director of Medical and Cultural Education. The



*Cultural Education session GP Registrar orientation workshop - Darwin 2006*

NTGPE is pleased to announce that we have recruited Sara Renwick-Lau as a sessional Medical Educator to help with the PVGPPP program that places junior hospital-based doctors in rural and remote communities.

Sara will be based at Jabiru which is one of the

regional small group learning for registrars instead of weekly teleconferences. Registrars will meet separately in Gove, Katherine, Alice Springs and Darwin. NTGPE hopes that registrars will find this method of learning stimulating and flexible, and more responsive to their individual and group needs. Again, we will be relying heavily on registrar feedback to gauge how the process is advancing. The Cultural Mentor project that was completed last year

position of Executive Director has also been re-advertised, while our acting ED works diligently on the Tender for NTGPE to continue General Practice training from 2007.

Our next Registrar face-to-face workshop will be in June. The next RACGP exam will take place in April and May. Enrolments close on 10<sup>th</sup> February. Details are available on the RACGP website.

*Kim Manias Medical Educator*



# At Home and Abroad NTGPE's ADF Registrars

NTGPE has 6 Australian Defence Force registrars participating in GP training. These registrars face extra stressors during their training. In particular difficulty balancing military commitments and compulsory civilian general practice for training is an issue. NTGPE works diligently to ensure their training needs are met in the most flexible manner possible. Many of our registrars have served overseas, in the Middle East, East Timor and the Solomon Islands. We were grateful for the safe return of Captain Andrik Lohman from Iraq late last year. Andrik spent seven months in Iraq as the GP for a military base which was occasionally shelled. We bear in mind the family of Captain Bernie Westley who is currently serving in the Middle East and eagerly anticipate his safe return. Squadron Leader David Mitchell was the only GP to transport victims of the most recent Bali bombing home to



David Mitchell ADF Registrar in East Timor

Australia last year. He had the added responsibility of being acting officer in charge of the Air Force Health Service at the time of the evacuations and was active in the co-ordination of the

Darwin end of the retrievals. ADF registrars are encouraged to contact their ME or RLO if they encounter difficulties with their training.

## Academic GP Registrar Posts

The Academic Registrar post allows trainees to explore their interest in education and research as a Special Skill. In 2005 I undertook one of these posts with NTGPE, Flinders University and Danila Dilba Health Service in Darwin. The post was done part time, allowing me to concurrently complete my Advanced term at Danila Dilba.

My principle responsibility during the term was as the chief investigator for a project entitled "Sadness and Heart Disease". In addition I was involved in teaching medical students with the support of Dani Stewart and David Meadows. "Sadness and Heart Disease" examined the acceptability of a depression screening

tool, the PHQ-9 with Aboriginal and Torres Strait Islander people (Phase I). I am now assessing the validity of a modified version of this tool for use with Aboriginal and Torres Strait Islander ischaemic heart disease patients (Phase II). The project was undertaken using a "Participatory Action" framework. This framework promotes change through the research process itself, as well as. A large part of my job involved capacity building at Danila Dilba. In September I had the opportunity to present this framework and capacity building initiatives at the RACGP Scientific Convention. Successful grant applications to both GPET's Registrar Research Fund and the NHMRC allowed me to

employ an Aboriginal Health Worker who was integral to the success of the project. As a result of the project this AHW, Bruce Davis has joined an Indigenous Research Network, and presented a poster in Adelaide at an Indigenous Health Research Expo.

Phase I of the project involved qualitative data collection. It provided new information on the use of psychological assessment tools with Indigenous Australians which I have submitted for publication. In 2006 Bruce is continuing in his role on the project at Danila Dilba. Although my Academic term has drawn to a close grant funding will allow me to travel intermittently up from my temporary home in Newcastle to complete phase II.

I would strongly encourage those interested in teaching or research to consider an Academic Post. Alternatively, GPET conducts an annual Research Workshop for registrars. I attended this in Adelaide last year. It provides attendees with useful information on how to undertake a research project. Funding is provided by GPET for a select number of registrars.

I encourage any registrar (or medical educator) to contact me on my mobile phone: 0 4 3 9 9 8 5 3 8 3 or email me at [danielle.esler@ntgpe.org](mailto:danielle.esler@ntgpe.org) with any research queries.

*Danielle Esler  
Academic GP Registrar*

# Junior Dr Wellbeing "Staying Well" DVD project

The project finished in December 2005. Its objectives to investigate and design material to improve the wellbeing and self-care practices of junior doctors were all achieved. There were three main outcomes:

- An 18-minute DVD titled "Staying Well. Self-Care for Junior Doctors". This is a fantastic teaching tool that uses NT junior doctors to present their experiences around wellbeing. Nearly 200 copies will be distributed nationally in March.

- Two wellbeing workshops were held and received very positive feedback. Participants reported a dramatic improvement in their understanding and valuing of wellbeing issues, and self-care skills and motivation.

- The project assessed the wellbeing levels of 16 junior doctors over the course of 2005. Their wellbeing levels deteriorated as the year went on. Most interestingly, their wellbeing level was about 4 times worse than the general Australian population and 2 times worse than a comparison group of NSW interns. It is interesting to ponder why this might be! NT doctors are generally said to be adventurous, independent, confident, and open minded (characteristics that one might have thought would be associated with better self-care)! On the other hand, this may make it even harder to ask for help when in need. NT circumstances also present particular challenges to one's wellbeing, including isolation from usual supports, higher levels of responsibility, workforce shortages, and severe patient morbidities.

The project has had other impacts also, including expanded inclusion of wellbeing in GP Registrar and PVGPP orientations, the establishment of an RDH intern discussion group and expanded RDH teaching about wellbeing by GPs.

Dani Stewart - Junior Dr Wellbeing Project (Medical Educator)

Junior doctors find themselves immersed in an environment and lifestyle that can present real challenges to their own wellbeing! This 15-minute program explores ideas around wellbeing and approaches to self-care specifically for junior doctors.

Interns and residents share their very honest personal experiences, insights and wisdoms. The story created not only describes the challenges the junior doctors feel to their wellbeing, but how doctors may survive and thrive. Real insights from real people make this a very accessible and relevant exploration of the topic.

**STAYING WELL**  
SELF-CARE FOR JUNIOR DOCTORS

SPECIAL FEATURE: booklet included for discussion session to follow DVD viewing.

Produced by [www.FORMATIONSTUDIOS.com](http://www.FORMATIONSTUDIOS.com)

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Applications closes on 17th March  
For more information see: [www.gpet.com.au](http://www.gpet.com.au)

# Trainer Tracks

*Trainer Liaison Officer Update*

I would firstly like to take this opportunity to send a personal and heart felt "thank you" to all the NTGPE staff, Trainers & Registrars who have passed on their condolences and offers of support to me during my recent time of need following my father's death in the UK. Each and every message I have received has gone some way towards easing the pain I have felt from my loss and has reinforced how valuable a close and supportive work environment can be in such times. Thank you.

Consequently I have very little in the way of news to pass on or report. Instead I will aim to take a brief look ahead to what may be in store for you lucky Trainers during 2006!

The good news first or the bad? Let's start with the bad.

Unfortunately it appears that both GPET & the RACGP intend this year to continue in much the same vein as in previous years when it comes to managing the implementation of the 2005 Standards for Trainers and Training Practices insofar as agreement for their funding (i.e. of OUR time) has yet to be reached and we may well be asked to continue, as ever, to Train much more for the love than the money. Of course, in addition to this impasse, rates for both Practice Subsidies and Teaching Allowances remain woefully inadequate, particularly for those of you trying at the same time to meet the overhead costs of running a business. We are very fortunate here in The Territory to have a particularly dedicated, committed and less "bottom line

oriented" group of Trainers, more so than in most of the country. Nevertheless we can expect a degree of Trainer attrition due to both the usual factors of Territory transience but also the pressures of expectation not being matched by reward. However, we must remain positive for the sake of the development of General Practice as a specialty and therefore, as well as our special cohort of current Trainers, we must also recognise the high quality, success, commitment and retention of our Registrars when it comes to looking ahead at who might succeed us as future Trainers.

So, to Registrars and Trainers alike – please encourage yourself and your Learners to become future Trainers. Despite my negativities so far in this piece, it is rewarding, it is enjoyable and, above all, it is invaluable. YOUR PROFESSION NEEDS YOU!

So, what's the good news? Well, as Trainers in 2006, you can look ahead with enthusiasm and a fair degree of hope to improved induction and orientation processes, maybe even some mentoring, more workshops and, very possibly, an Incentive Payment Scheme. I am close to finalising the collation of those documents and that information which I, at my sole discretion of course, have deemed necessary to impart to you soon after or, ideally even before, you begin your long careers as GP Trainers. OK, I know most of you have been waiting for this for some time, but better late than never! Expect that call or, for

the luckiest many, a knock on your surgery door!

Two of our number were fortunate enough to attend NTGPE's Mentoring course held in Darwin during January. Between the three of us, therefore, we hope to be able to offer some degree of mentoring to newer Trainers during 2006. Of course if there are any more of you out there who feel able to add to the service, please let it be known. I won't advertise for interest in being mentored again here as many of you have already expressed that interest. Please rest assured that it is on its way – this is The Territory after all!

Finally, those of you who managed to attend last October's workshop in Darwin may remember talk of a local Trainer Incentive Programme whereby those of us who were able to deliver certain teaching sessions to our Registrars during their attachments would be eligible for additional payments from NTGPE. This has been somewhat stalled by the continued uncertainty surrounding the ED position, but it is very much hoped that a Workshop dedicated to the Scheme will be arranged for mid-year with roll out to occur before the end of 2006.

The editor is now likely to be getting a little nervous, so I'll shut up now; except to say that I look forward to getting together again soon, most probably across the air waves at March's Trainers teleconference. Keep you posted!

*Nigel Gray Trainer Liaison Officer*

# What's on Feb - April

When	What	Where
Feb 10th	RACGP Exam Enrolments close	National
Feb 15th	TEDGP - Birth Forum	Darwin
Feb 23rd	TEDGP - Travel Health	Darwin
March 1st	Registrar Scholarship & Research Fund - round 1 applications	GPET (National)
March 2nd-3rd	GPET - RLO Orientation Workshop	National
March 4th	TEDGP - Psychosis in General Practice	Darwin
March 6th	GPET GPR Workshop - applications open	National
March 9th-11th	3rd International Conference in Primary Healthcare	Gold Coast
March 17th	GPET - Academic Posts round 1 applications close	National
March 23rd	Heart Foundation Conference	Sydney
March 27th	Pre-Exam Seminar & Fellowship preparation program	Darwin
April 8th	RACGP Written Exam (2006.1)	Darwin
April 9th	29th Annual Scientific Meeting of the Aust Pain Society	Melbourne
April 13th	GPET GPR Workshop - applications close	National
April 14th	Registrar Scholarship & Research Fund - applications close	National
April 17th	GPET GP Registrar Prize - applications open	National
April 24th	GP Registrars TERM 2 commences	Territory Wide
April 29th-30th	TEDGP - CPD Weekend	Darwin

**For more information please contact ntgpe, email [admin@ntgpe.org](mailto:admin@ntgpe.org) or phone 08 8946 7077**

## STAFF News & views

Since our last issue there has been a number of changes at NTGPE. Doug Lloyd returned temporarily to prepare our tender application to GPET for funding of the GP Registrar Program. Doug will leave for a short break in the south and then return to as Acting Executive Director to complete a handover for the new ED. Interviews for the new Executive Director position are scheduled to happen soon so we are hopeful that an appointment will be made in the not too distant future. In the meantime Kim Manias and Ada Parry have been doing a fantastic job as Acting Executive Directors, they will continue in the role until Doug's return in March.

We welcome new staff in the Alice Springs office, joining the team in Central Australia are Loraine Dalwood-Mason and Marie Ellis.

Loraine will be supporting the GP Registrar program in the Alice Region and Marie takes up the position of Cultural Educator. Joining the Medical Education network in the Top End is Drs Justin Coleman at Jabiru and Tamsin Cockayne at Nhulunbuy. Justin and Tamsin will provide crucial medical education and support to Registrars and Students while on placements in regional Northern Territory.

On a sadder note it is with regret that we see the departure of Caroline Britton from the Darwin office, Caroline has been instrumental in shaping the administration team in Darwin and playing that all important role; payroll. We wish Caroline all the best for the future and would like to thank her for her valuable contributions to NTGPE.



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