



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

Faculty of  
**Medicine**

# STUDENT HANDBOOK 2017

**Medicine in Society**  
(MEDI3013/MEDI7305)

**Stream B: International  
Rural & Remote Medicine**



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## Medicine in Society MEDI3013 - Stream A: Rural & Remote Medicine Rotation

### Course Overview

Rural and remote medicine is a discipline based upon a unique mode of practice that is different and additional to urban practice, in the context, content and process of care<sup>1</sup>. While the knowledge and skills may be drawn from multiple areas of medicine, it is their application within the bush context, and a defined set of professional values, that mark rural and remote medical practice as different and additional.

Rural medical practitioners commonly work in one or more of a range of roles and work settings, such as hospitals, private practice, Indigenous medical services and community health centres. Clinical practice is governed by a number of common parameters such as:

1. Isolation –geographical, social, cultural – requiring health professionals to understand and deal with the patients context
2. Professionally challenging – requiring health professionals to be confident, emotionally resilient and self reliant
3. A focus on holistic patient care – requiring a broad generalist set of skills and knowledge
4. Team based case management – requiring an understanding of the need for inter-professional collaboration in the provision of patient focused health care.

Rural and remote medical practitioners are commonly called upon to provide continuum of care from primary presentation to resolution, plus those issues associated with public health in small communities. Their practice is both advanced and extended, as they undertake the roles that would be referred to a specialist such as: obstetrics, surgery, anaesthetics, and emergency care and do so in primary and tertiary settings. There is considerable evidence of the much greater provision of procedural, emergency and other advanced care by rural medical practitioners. These factors all increase with the degree of geographical remoteness in Australia. The more rural the doctor, the more likely they are to manage myocardial infarctions to a higher level, administer cytotoxic drugs, perform forensic examinations, stabilise multiple trauma patients pending retrieval and coordinate discharge planning<sup>2</sup>.

Rural and remote medical practice is a broad horizontal discipline that intersects many medical specialities and general practice. At the core of students' learning experience will be a structured clinical placement where students will work closely with a Preceptor who will guide and support students as they provide health care in the context of a rural and remote environment.

Students will live in the host town and the focus will be on students immersing themselves in the communities in which their clinical placement occurs. The expectation is that students, within their placement sites will be valued trainee members of the healthcare team rather than passive learners. Prior to taking a clinical placement, students will undertake a comprehensive orientation program to prepare them for this role.

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<sup>1</sup> Smith, J.D. & Hays, R. (2004). Is Rural Medicine a Separate Discipline?. *Australian Journal of Rural Health*, 12: 67-72.

<sup>2</sup> Australian College of Rural and Remote Medicine, (2007). *Primary Curriculum*. 3<sup>rd</sup> Ed. Brisbane, Australian College of Rural and remote Medicine.

## **Rotation Summary**

### **Orientation Week (1)**

Students will be required to attend all sessions in the Orientation program (Week 1) held in either of the Rural Clinical School sites.

During the orientation program information will be provided about the course overview, including learning objectives, assessment processes, educational activities, relevant resources, learner expectations, staff contacts, support services, and use of the library.

Sessions include:

- Introduction to Rural Medicine Rotation
- Rural communities and Rural Medicine
- Trauma & Retrieval Medicine
- Cultural Safety in Rural Aboriginal Health
- X-rays in a Rural Setting
- ECGs and the Rural Practitioner

Procedural / clinical skills training include:

- Airway Management & Oxygen Delivery
- IV Cannulation and Venepuncture & Intra-osseous infusion
- GCS/ C-spine / Donway Splint/ Pelvic Binder
- Excision/suturing & LA Infiltration
- Injection techniques / immunisation
- Insertion chest drains
- Plaster Techniques
- Basic life support & Advanced Life Support
- Ultrasound/FAST

Online modules to be completed include:

- Skin Lesions in a Rural Setting
- Snakebite & Envenomation in a Rural Setting
- Spider, Bug & Marine Creature Bites and Stings
- Zoonoses & Tropical Diseases in a Rural Setting

### **Clinical Placement (2-7)**

Clinical placement will be up to six weeks' duration under the supervision of experienced health practitioners (Preceptors) in rural and remote locations. The placement will build students' competency and confidence with procedural, communication and examination skills as well as provide students with an appreciation and understanding of the distinctive clinical practice with which they will be engaging.

Northern Ontario School of Medicine has limited places available for students undertaking Medicine in Society Stream B International Rural and Remote Medicine students. Students are responsible to organise and pay any costs associated with this placement (including transport, accommodation and the application and processing fees of \$700 total).

Students need to apply through NOSMS online elective application system (<http://www.nosm.ca/electives/>) at least 6 months in advance of the placement to allow sufficient time for planning.

## Debriefing Week (8)

The rotation will conclude with Debriefing Week (Week 8):

- **Non-Ochsner students** will be exempted from attending the Debriefing Week on the condition that they are able to satisfy all the requirements and complete the assessment typically undertaken/finalised during that Week.
- **Ochsner student undertaking a placement in the USA** will attend all sessions in the Debrief Week at the Ochsner Clinical School and are required to attend and pay costs associated with the Trauma Management session.
- **Ochsner student undertaking a placement outside of the USA** will be exempted from attending the Debriefing Week on the condition they are able to satisfy all the requirements and complete the assessment typically undertaken/finalised during that Week. Students are required to attend and pay costs associated with the Trauma Management session as part of this rotation.
- **Ochsner student undertaking a placement in Australia** will attend the Debriefing Week (Week 8) session and attend a Trauma Management session in Brisbane. Week 8 involves you undertaking study for your written examination paper and sitting for your examination in Brisbane.

It is mandatory that students participate in the six hour trauma simulation session. Non-Ochsner, Stream B International Rural & Remote students will be allocated to a trauma simulation session in Brisbane either on the Saturday (8am to 4pm), Sunday (8am to 4pm) or Monday (2.30pm to 10.30pm) in the rotation prior to your undertaking the Medicine in Society rotation. You will get to take the lead in a trauma scenario. All scenarios are quite active. You will get hot and sweaty, and in some cases dirty. Sun protection is highly recommended. Most scenarios will involve lifting and moving of patient/s. Scenarios will involve manikin and/or volunteer role-players. It is advised that you wear old clothes. Appropriate personal protective equipment will be supplied. There will be no catering supplied on site so it is recommended that you bring your own food and drinks.

In Debriefing Week, the sessions held on the Monday involve reviewing material from orientation week and past examination papers in preparation for the written examination paper. This information and past examination papers are available on BlackBoard. If you have any questions please email Dr Sam Stevens – [s.stevens@uq.edu.au](mailto:s.stevens@uq.edu.au).

## Assessments

Information about the four assessments is detailed on the Electronic Course Profile (ECP).

### Please note:

Students will undertake the written examination on a day and time that aligns with Australian Eastern Standard Time (AEST) specified examination date and time.

As part of the approval process to undertake your clinical placement overseas the Head of Discipline (Rural and Remote Medicine) must be satisfied that you can sit the written exam at an appropriate time (during Week 8) under University approved examination conditions at the overseas placement site.

Additionally:

- a. you will be responsible for arranging an invigilator and examination venue, and shall incur any and all costs associated with such arrangements.
- b. you will inform the Student Coordinator by the commencement of Orientation Week of the name, position and contact details (including a secure email address) for the proposed invigilator.

## **Medicine in Society (MEDI3013/ MEDI7305) Course Information**

### **Course Aims**

1. Through this curriculum the MBBS program will graduate doctors who can effectively function as safe interns, working under supervision, within the Australian health care system.
2. Further, the program will graduate doctors who have a strong foundation of relevant and necessary knowledge, skills, and attitudes, which will enable them to undergo postgraduate training in any one of the many fields of medicine.
3. Finally, our graduates will be committed to the ethos of medicine, personal development and life-long learning.

### **Goals**

At the completion of studies based on this curriculum graduates will:

1. Understand the basic and clinical sciences and be able to apply them to deliver safe and quality medicine
2. Have the knowledge, skills and attitudes needed to identify and manage common and serious illness
3. Apply key principles learned to maintain the health of both individuals and communities
4. Incorporate research and evaluation into clinical practice and the delivery of health services
5. Direct their own learning and evaluate their own performance before and after graduation
6. Maintain an understanding of information technology, sources of evidence and its application to practice, and clinical audit
7. Apply the highest ethical and professional standards in their practice of medicine.

### **Learning Objectives**

1. Understand and have respect for cultural, religious and racial differences
2. Understand the special needs of minority groups and those with a disability
3. Understand the ethical basis of medical practice and major ethical issues in medicine
4. Understand and demonstrate respect for, the roles of all health care professions
5. Know the various causes and mechanisms underlying disease
6. Know the scientific basis, efficacy and adverse events of therapeutic interventions
7. Obtain an appropriate medical history
8. Perform both a general and an organ system specific examination
9. Perform common clinical procedures
10. Apply clinical reasoning in solving problems
11. Understand the epidemiology of common and / or important diseases within a defined population
12. Understand and identify important determinants of health and the economic, psychosocial and cultural factors that contribute to disease.
13. Understand and identify important determinants of health and the economic, psychosocial and cultural factors that contribute to disease



## **Medicine in Society - Learning Objectives**

The Faculty of Medicine has adopted the Australian Medical Council's Graduate Outcome Statements, which are organised around four domains, to establish the MD Program. The domains have been used as the basis for the themes of the MD Program:

1. Science and Scholarship - the medical graduate as scientist and scholar
2. Clinical Practice - the medical graduate as practitioner
3. Health & Society - the medical graduate as a health advocate
4. Professionalism and Leadership - the medical graduate as a professional and leader.

Focused on the above domains, by the end of the Medicine in Society rotation students will be able to:

### **Doctor and society**

- describe the context and general nature of rural and remote medical practice
- explain the diversity of conditions seen in rural practice
- recognise the unique health concerns and illness in the rural environment
- identify rural diseases including zoonoses
- appreciate the depth of clinical responsibility in rural practice
- understand technologies that support a rural practitioner (telehealth, social media)

### **Culture**

- identify the implications of rural culture, values and lifestyle for rural and remote medical practice
- develop cultural awareness of people of Indigenous background, and understand the impact on health of this heritage
- appreciate rural community activities including the importance of differences as compared to metropolitan or major urban centres

### **Clinical management and reasoning**

- diagnose and manage common rural health practice problems
- apply clinical reasoning to balance the benefits of transfer with benefits of local treatment
- manage with raised capacity uncertainty in clinical practice

### **Clinical skills and procedures**

- acquire experience in procedural skills
- acquire experience in consultation skills
- experience complete continuity of care in the rural context
- organise transfer out via aeromedical and road retrieval services
- develop a framework to gain and maintain confidence in performing lifesaving emergency procedures that are seldom required (defibrillation, intraosseous, chest drain)

### **Team work and ethics**

- understand and appreciate inter professional health care and services in the rural environment.
- appreciate the significance of the professional and ethical role of the rural doctor particularly in relation to confidentiality in the local community
- behave in ways which acknowledge the ethical complexity of practice and follows professional and ethical codes.

## Student Information

### **Stream B International Rural & Remote Medicine is only available to International students**

Students are required to submit an application form at least twelve (12) weeks prior to commencement of the rotation to seek approval to undertake their clinical placement overseas. It will be the responsibility of the student to plan and negotiate the proposed placement opportunity. This will include the student arranging and funding all their accommodation, travel and other support for the placement.

Students must meet the below Faculty of Medicine placement guidelines if intending to undertake a clinical placement in interstate or international locations. These 2017 Allocation Guidelines can be accessed via this link: <https://medicine.uq.edu.au/node/3448>

- Students must hold a cumulative grade point average (GPA) of 4.5 or greater at the time of making any application referred to within these rules.
- Students must not have received a penalty (including a warning) for any level of general or academic misconduct to be eligible.

Additionally, for Ochsner students, initial approval is required from the Head of the Ochsner Clinical School to undertake Medicine in Society Stream B International Rural and Remote Medicine.

Students must obtain a placement agreement that complies with the University of Queensland Standard Terms and Conditions for Placements (Clinical) (if required).

The Head of Discipline (Rural and Remote Medicine) must approve the proposed Preceptor and placement site.

Student guidelines providing comprehensive details of an appropriate rural placement and the process to follow to make an application are located at: <https://medicine.uq.edu.au/stream-b-medicine-society-0>

In summary, as a **non-Ochsner student** you are:

- Responsible for all costs of overseas placement.
- Required to attend all sessions in the Orientation program (Week 1) in Australia.
- Exempt from attending the Debriefing Week (Week 8) on the condition that you are able to satisfy all the assessment requirements typically undertaken/finalised during that Week. Week 8 involves you undertaking study for your written examination paper. You will need to attend a Trauma Management session in the prior MiS rotation.
- Responsible for completing and returning the UQ Travel Student Placement Spreadsheet prior to the placement in order to be covered by UQ Travel Insurance.
- Responsible for arranging an Invigilator and examination venue, and shall incur all costs associated with such arrangements.
- Responsible to view the resources on Blackboard and complete the online modules.
- To inform the Rural Clinical School Student Coordinator (Assessment) by the commencement of the rotation of the name, position and contact details (including a secure email address) for the proposed Invigilator.

In summary, as an **Ochsner student undertaking a placement in Covington, Louisiana USA** you are:

- Required to attend all sessions in the Orientation program (Week 1) and Debrief Week (Week 8) at the Ochsner Clinical School.
- Responsible to view the resources on Blackboard and complete the online modules.
- Required to attend a Trauma Management session at the Ochsner Clinical School.

In summary, as an **Ochsner student undertaking a placement in the USA** (other than Covington, Louisiana) you are:

- Required to **gain initial approval** from the Head of the Ochsner Clinical School that you can do Medicine in Society Stream B International Rural and Remote Medicine.
- **Apply online** to seek approval from HOD Discipline RRM as to your eligibility to do Stream B and that your placement location meets the discipline requirements.
- Responsible for all costs associated with your placement.
- Required to attend all sessions in the Orientation program (Week 1) and Debrief Week (Week 8) at the Ochsner Clinical School.
- Responsible to view the resources on Blackboard and complete the online modules.
- Required to attend a Trauma Management session at the Ochsner Clinical School.
- Responsible for organising and payment of any costs for health/travel insurance if deemed necessary.
- Responsible for completing and returning the UQ Travel Student Placement Spreadsheet prior to the placement in order to be covered by UQ Travel Insurance (unless placement is at an Ochsner location or one of its affiliates).

In summary, as an **Ochsner student undertaking a placement outside of the USA (not in Australia)** you are:

- Required to **gain initial approval** from the Head of the Ochsner Clinical School that you can do Medicine in Society Stream B International Rural and Remote Medicine.
- **Apply online** to seek approval from HOD Discipline RRM as to your eligibility to do Stream B and that your placement location meets the discipline requirements.
- Responsible for all costs associated with your placement.
- Required to attend a Trauma Management session at Ochsner Clinical School.
- Required to attend all sessions in the Orientation program (Week 1) at the Ochsner Clinical School.
- Responsible to view the resources on Blackboard and complete the online modules.
- Exempt from attending the Debriefing Week (Week 8) on the condition that you are able to satisfy all the assessment requirements typically undertaken/finalised during that Week. Week 8 involves you undertaking study for your written examination paper.
- Responsible for organising and payment of any costs for health/travel insurance if deemed necessary.
- Responsible for completing and returning the UQ Travel Student Placement Spreadsheet prior to the placement in order to be covered by UQ Travel Insurance.
- Responsible for arranging an Invigilator and examination venue, and shall incur any and all costs associated with such arrangements.
- To inform the Rural Clinical School Student Coordinator (Assessment) by the commencement of the rotation of the name, position and contact details (including a secure email address) for the proposed Invigilator.

In summary, as an **Ochsner student undertaking a placement in Australia** you are:

- Required to **gain initial approval** from the Head of the Ochsner Clinical School that you can do Medicine in Society Stream B International Rural and Remote Medicine.
- **Apply online** to seek approval from HOD Discipline RRM as to your eligibility to do Stream B and that your placement location meets the discipline requirements.
- Not to use a rural placement location that is used for the domestic MiS Year 3 students.
- Responsible for all costs of overseas placement.
- Required to attend all sessions in the Orientation program (Week 1) in Australia.
- Required to attend the Debriefing Week (Week 8) session and attend a Trauma Management session in Brisbane. Week 8 involves you undertaking study for your written examination paper and sitting for your examination in Brisbane.
- Responsible to view the resources on Blackboard and complete the online modules.
- Responsible for completing and returning the UQ Travel Student Placement Spreadsheet prior to the placement in order to be covered by UQ Travel Insurance.

**Stream B: International Rural & Remote Medicine** requires independent and self-directed learning. The learning objectives, the local preceptors and the features of the clinical placement will guide the experiential learning. Students should consider the learning objectives for the rotation as they encounter patient problems and conditions. While the objectives of the rural rotation apply irrespective of where the clinical placement may be undertaken, the experiences of students will vary across the clinical placement sites / locations. These differences are a positive feature of the rotation, as they demonstrate the importance of the environment (industry, social capital, ethnicity, etc) on rural health and health care delivery. It may be of interest to you to read the journal article by Smith JD, Margolis SA, Ayton J, Ross V, Chalmers E, Giddings P, et al. Defining remote medical practice. A consensus viewpoint of medical practitioners working and teaching in remote practice. *Med J Aust* 2008;188(3):159-61.

Stream B: International Rural & Remote Medicine provides an excellent opportunity to gain practice and confidence in conducting interviews, history-taking and recording, performing physical examinations and making your own clinical assessments. Take every opportunity to test your own judgment. In order to do this you need to consider the following:

1. Planning the learning. You and your preceptor should discuss together your present level of knowledge and understanding and the potential learning experiences available during the clinical placement. From this, you should develop a personal educational plan.
2. You will become a member of the rural health care team, and will work with all resident and visiting health care professionals; this may include the Queensland Ambulance Service, Community Nurses and Allied Health professionals. Introduce yourself to these people and inform them you are keen to be involved in the activities of the health care team. You will encounter a wide variety of clinical problems so expand your understanding of the range and variety of presentations, and the scope of decision making in all of them. Learning from generalist clinicians provides valuable perspectives on clinical problems.
3. You will have the opportunity to follow patients through the health care system – from ambulatory to inpatient, from rural to referral hospital, and return. You will be able to assess the impact of these “journeys” on the patients and the families of the patients. Following the progress of a patient from presentation through the processes of evaluation and management, and discharge or continuing care offers an invaluable learning opportunity.
4. You will conduct initial interviews with some patients independently. Students can (and should) become actively involved with the management of clinical problems and at most sites, will be given responsible roles to perform. Learning under these conditions is particularly powerful and you should make the most of it.
5. You should take the opportunity to perform common practical procedures to gain skill and confidence in a range of interpretive and operative procedures, for example under supervision:
  - ✓ view x-rays and learn a systematic method of interpretation. Seek out radiologists wherever they are available and join them for interpretation sessions
  - ✓ actively assess all types of acute presentations at the local hospital emergency department and in rural general practice
  - ✓ record and interpret ECGs and spirometries

- ✓ perform as many venepunctures as possible
- ✓ learn the protocols of the operating theatre and practice surgical and anaesthetic assisting
- ✓ be sure you understand the important issues concerning the transfer of cases from rural to larger centres
- ✓ wherever possible practice minor surgical techniques.

Listed above are suggested procedural / clinical skills, but you should not be limited by this list. These learning opportunities need to be negotiated with your preceptor.

6. You will be regarded as a member of the rural community, and so will be expected to participate in a wide range of community activities, both during and after normal work hours.

## Essential Placement Requirements for Students

### 1. Expectations

The *Faculty of Medicine MBBS Program Guidelines Medical Student Attendance: Phase 2* clearly outline the responsibility of the student to comply with expectations to “attend classes” unless unforeseen or exceptional circumstances occur and to “conduct themselves in a professional manner whilst undertaking placements”.

During the placement, students are expected to immerse themselves in the range of health care and community environments available.

Students will live and work in their rural communities each weekday (Monday - Friday) and stay for at least two weekends to experience the social aspects of rural living.

Preceptors have responsibility to coordinate students' learning experiences which generally comprises 10 sessions (session comprises 3 hours) per week in a clinical environment, as well as other areas of learning within the community. This may vary from week to week depending on preceptor's availability. It is expected that students who are not provided with such schedules will endeavour to undertake their unallocated session times working in and around their respective community, accessing allied health professionals, outreach centres, community service areas, schools etc to acquire as broad an understanding of the issues affecting rural areas. It is appropriate to spend some session time working on the assessment tasks following negotiation with the preceptor. There is room for flexibility within this arrangement however students must, at all times, meet the spirit of these requirements and negotiate all changes with their preceptor or their delegated representative.

While on placement students are expected to:

1. Arrange your schedule in consultation with your Preceptor
2. Develop personal learning objectives
3. Address rotation objectives
4. Observe policies and procedures of the practice / hospital
5. Confer with your Preceptor about progress and problems
6. Prepare for each clinical day
7. Review and read about the past day's work
8. Evaluate the rotation and the Preceptor.

### 1. Attendance

100% attendance is expected. All absences must be explained and approved. Any period of absence must be made up prior to the end of the rotation.

Medical Student Phase 2 Attendance Guidelines located at:

<https://my.som.uq.edu.au/mc/media/26054/attendance%20guidelines%20for%20phase%202%20014%20final.pdf>

### 2. Students will dress in accord with the Faculty of Medicine's dress code during all educational sessions and whilst in a clinical environment:

Students are expected to dress professionally and abide by the Faculty of Medicine guidelines.

Infection control is an important issue so students should also consider:

- Aim for 'bare below the elbow'
- Roll up shirt sleeves
- Wristwatch with fitted band and simple wedding ring is acceptable
- Avoid any unnecessary jewellery on arms/hands (e.g. bangles, bracelets, rings to minimize the risk of infection)
- Keep fingernails short and clean, and no fake nails
- Wash hands before AND after visiting a patient.

### **3. Professionalism and professional behaviour**

In Phase 2 of the MBBS Program, students participate in various activities in clinical settings. High standards of professional behaviour are expected of all students in these settings as well as other, non-clinical teaching settings. Acceptable standards of professional behaviour contribute to all students' clinical competence, and will constitute an important component of teaching and assessment. Professionalism and professional behaviour is a criterion that is marked by the Preceptor in the Clinical Participation Assessment.

### **4. University of Queensland - "Notice of Concern Re Student" Form**

All members of the Faculty of Medicine community are invited to use the **Notice of Concern** form in the event that you have a significant concern about a medical student that you consider should be managed by the School. This may be in any of the three areas of academic progress, welfare / impairment, and conduct / behaviour.

Please complete all sections of the form found at this link:

<https://my.som.uq.edu.au/mc/mbbs-guide/notice-of-concern.aspx>



## Contacts

### Rural Clinical School - School Coordinators:

Email: [ruralmedicine@uq.edu.au](mailto:ruralmedicine@uq.edu.au) tel: 07 4633 9705 fax: 07 4633 9701

Email: [ruraldiscipline@uq.edu.au](mailto:ruraldiscipline@uq.edu.au) tel: 07 3365 5430 fax: 07 4633 9701

Rural Clinical School, University of Queensland Locked Bag 9009  
Toowoomba DC Qld 4350

### Rural & Remote Medicine Academic Team

Associate Professor Bruce Chater – Head of Discipline – Rural & Remote Medicine

Email: [a.chater@uq.edu.au](mailto:a.chater@uq.edu.au) mob: 0419 674 164

Dr Sam Stevens Discipline Academic Supervisor

Email: [s.stevens@uq.edu.au](mailto:s.stevens@uq.edu.au) mob: 0457 786 663

Janine Wyatt – Academic Program Coordinator

Email: [j.wyatt@uq.edu.au](mailto:j.wyatt@uq.edu.au) tel: 07 4999 2934 mob: 0458 826 499

### Library

Jacky Cribb

Email: [j.cribb@library.uq.edu.au](mailto:j.cribb@library.uq.edu.au) tel: 07 4633 9713 Fax: 07 4633 9701

### IT Support

Chris Camilleri Email: [c.camilleri@uq.edu.au](mailto:c.camilleri@uq.edu.au) tel: 07 4633 9731

### Health Project

Lynette Hodgson

Email: [l.hodgson@uq.edu.au](mailto:l.hodgson@uq.edu.au) mob: 0427 766 676

### OHS injuries / incidents for example needle stick injuries

Email: [ohs@uq.edu.au](mailto:ohs@uq.edu.au) or Fax number – 07 3365 1577 or Mail: OHS, St Lucia Campus, UQ 4072

Incident Forms are available at: <http://www.uq.edu.au/ohs/index.html?page=133958>

### Out of Hours Contacts

Should you have a matter of immediate concern that is out of hours please contact:

Associate Professor Bruce Chater Head of Discipline - Rural & Remote Medicine  
+61419 674 164

Dr Sam Stevens Discipline Academic Supervisor

Email: [s.stevens@uq.edu.au](mailto:s.stevens@uq.edu.au) mob: 0457 786 663

Dr George Tucker (Director, Rural Clinical School – Toowoomba)

Ph: 0408 790 501 or +61408790501

## Learning Resources

The *Medicine* Library guide website (<http://guides.library.uq.edu.au/medicine>) provides a link to textbooks, databases, high impact journals and some quick reference resources.

## Recommended Resources

### Rural Communities and Rural Medicine

Australian medicines handbook online (current year). Adelaide (SA): Australian Medicines Handbook.

Murtagh J. John Murtagh's general practice. 6th ed. Sydney: McGraw-Hill; 2015. (2011 5<sup>th</sup> edn also available)

Murtagh J. John Murtagh's general practice: companion handbook. 6th ed. Sydney: McGraw-Hill; 2015. (2011 5<sup>th</sup> edn also available)

Murtagh J. John Murtagh's practice tips. 6th ed. Macquarie Park, N.S.W.: McGraw-Hill; 2013.

Murtagh J. John Murtagh's Patient education. 6th ed. Macquarie Park, N.S.W.: McGraw-Hill; 2012.

Smith JD. Australia's rural and remote health: a social justice perspective. 2nd ed. Croydon, Vic.: Tertiary Press; 2007.

### Introduction to the Rural Medicine Rotation

Hutten-Czapski P, Magee G, Wootton J. Manual of rural practice. Shawville, Québec: Society of Rural Physicians of Canada, 2006.

### Cultural Safety in Rural Aboriginal Health

For module one:

Office of Public Affairs. 1999. As a Matter of Fact: Answering the myths and misconceptions about Indigenous Australians. 2<sup>nd</sup> edn. Accessed 8 December 2016 at: <http://learnline.cdu.edu.au/tourism/uluru/downloads/matterfact.pdf>

For Module two:

Garvey, G. Towney, P. McPhee, J. Little, M. Kerridge, I. 2004, Is there an Aboriginal bioethics, *Journal of Medical Ethics*, 30, p570-575 Accessed 8 December 2016 at: <http://jme.bmj.com/content/30/6/570.full>

### Snakebite & Envenomation in a Rural Setting

Central Queensland Hospital & Health Service Snake Bite Guidelines.pdf.

CSL SVDK Information:

[http://www.csl.com.au/s1/cs/auhq/1217017237558/Web\\_Product\\_C/1196562753754/ProductDetail.htm](http://www.csl.com.au/s1/cs/auhq/1217017237558/Web_Product_C/1196562753754/ProductDetail.htm).

CSL SVDK Product Leaflet: [http://www.csl.com.au/docs/92/398/SVDK\\_Product\\_Leaflet,0.pdf](http://www.csl.com.au/docs/92/398/SVDK_Product_Leaflet,0.pdf)  
Primary Clinical Care Manual Snakebite page 226.

Isbister G, Brown S, Page C, McCoubrie D, Greene S, Buckley N. Snakebite in Australia: a practical approach to diagnosis and treatment. *Medical Journal of Australia* 2013; 199(11): 763-768.

Pressure immobilisation bandage technique:

[https://www.health.qld.gov.au/poisonsinformationcentre/bites\\_stings/bs\\_pressure.asp](https://www.health.qld.gov.au/poisonsinformationcentre/bites_stings/bs_pressure.asp).

Updated December 2016

Toxinology.com SVDK Information:  
[http://www.toxinology.com/generic\\_static\\_files/cslavh\\_svdh.html](http://www.toxinology.com/generic_static_files/cslavh_svdh.html).

White J. A Clinician's Guide to Australian Venomous Bites and Stings, incorporating the updated CSL Antivenom Handbook. Parkville: CSL; 2013.

### **Spider, Bug & Marine Creature Bites and Stings**

Berling I, Isbister G. Marine envenomations. Australian Family Physician 2015 Jan;44(1): 28-32.

George Braitberg G, Segal L. Spider bites: Assessment and management. Australian Family Physician 2009 Nov;38(11):862-867.

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Queensland Poisons Information Centre: bites and stings:  
[https://www.health.qld.gov.au/poisonsinformationcentre/bites\\_stings/default.asp](https://www.health.qld.gov.au/poisonsinformationcentre/bites_stings/default.asp).

White J. A Clinician's Guide to Australian Venomous Bites and Stings, incorporating the updated CSL Antivenom Handbook. Parkville: CSL; 2013.

Life in the Fast lane website:  
Box jellyfish - <http://lifeinthefastlane.com/box-jellyfish-chironex-fleckeri/>  
Blue bottle - <http://lifeinthefastlane.com/blue-bottle-sting-australia/>  
Irukandji Syndrome - <http://lifeinthefastlane.com/irukandji-syndrome/>

### **Zoonoses & Tropical Diseases in a Rural Setting**

Esler D. Dengue: Clinical and public health ramifications. Australian Family Physician. 2009 Nov;38(11):876-9.

Fortnightly reports for Australian National notifiable conditions:  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/cdnareport.htm>

Juffs H, Deeth H. Scientific Evaluation of Pasteurisation for Pathogen Reduction in Milk and Milk Products. Food Standards Australia New Zealand, May 2007:  
<http://www.foodstandards.gov.au/code/proposals/documents/Scientific%20Evaluation.pdf>.

Parker, N. How To Teat: Rural zoonoses. Australian Doctor 2014.

Slack A. Leptospirosis. Australian Family Physician. 2010 Jul;39(7):495-8.

Weekly reports for QLD notifiable conditions: [https://www.health.qld.gov.au/ph/cdb/sru\\_data.asp](https://www.health.qld.gov.au/ph/cdb/sru_data.asp).

### **Skin Lesions in a Rural Setting**

Clarke P. Non-melanoma skin cancers: Treatment options. Australian Family Physician 2012 Jul;41(7):476-480.

DermNet New Zealand  
Dermoscopy Course: <http://www.dermnetnz.org/cme/dermoscopy-course/introduction-to-dermoscopy/>

CME: <http://www.dermnetnz.org/cme/>

NMSC summary card:

<http://www.cancer.org.au/content/pdf/HealthProfessionals/ClinicalGuidelines/NMSCGPsummarycardNov2008.pdf>.

Thompson J, Scolyer R, Kefford, R. Melanoma: A management guide for GPs. Australian Family Physician 2012 Jul;41(7):470-473.

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Three-Point Checklist Tutorial:

<http://demo.dermoscopy-ids.org/wp-content/uploads/2015/05/3pt.tutorial.pdf>

### **Applied Trauma management**

Brown AFT, Cadogan MD. Emergency medicine: diagnosis and management. 6th ed. London: Hodder Arnold; 2011.

### **X-rays in a Rural Setting**

Chest X-ray Accessed 6 December 2016 at: <http://www.chestx-ray.com/>.

Skinner S. Guide to thoracic imaging. 2015 44 (8): 558-562. Accessed 6 December 2016 at: <http://www.racgp.org.au/afp/2015/august/guide-to-thoracic-imaging/>.

Skinner S. Survival radiology for GPs. 2012 41 (6):376-384. Accessed 6 December 2016 at: [www.racgp.org.au/afp/2012/june/survival-radiology-for-gps/](http://www.racgp.org.au/afp/2012/june/survival-radiology-for-gps/).

Look at as many normal x-rays as possible:

- [www.radiopaedia.org](http://www.radiopaedia.org)
- [www.chestx-ray.com](http://www.chestx-ray.com)

Google image search for examples!

### **ECGs for the Rural Practitioner**

Aehlert B. ECGs made easy. 5th ed. Maryland Heights, Mo: Mosby/Elsevier; 2013.

Chung DC, Nelson HM. ECG-A Pictorial Primer. Accessed 6 December 2016 at: <http://www.medicine-on-line.com/html/ecg/e0001en.htm>.

Dubin D. Rapid interpretation of EKG's: an interactive course. 6th ed. Tampa, Fla., U.S.A: Cover Pub. Co; 2000.

Each Fall and Spring issue of Canadian Journal of Rural Medicine has a "Country Cardiograms Case", Accessed 6 December 2016 at: [http://srpc.ca/resources\\_cjrm\\_current.html](http://srpc.ca/resources_cjrm_current.html) (Archives at left hand side for previous issues, choose PDF not Digital).

Hampton JR. The ECG made easy. 8th ed. Edinburgh; New York: Churchill Livingstone; 2013. Accessed 6 December 2016 at <http://www.oxfordmedicaleducation.com/ecgs/ecg-examples/>.

Kalahasti S. ECG Interpretation Interactive case Studies. Accessed 6 December 2016 at: <http://www.clevelandclinicmeded.com/live/courses/ann/IRIM/2012/osyllabus/Monday%20FINAL%20PDFs/1045-KalahastiEKG%20%5BCompatibility%20Mode%5D.pdf>.

### **Excision and Suturing Workshop**

Updated December 2016

Pfenninger JL, Fowler GC. Pfenninger and Fowler's procedures for primary care. 3rd ed. St. Louis: Mosby; 2011.

Trott A. Wounds and lacerations: emergency care and closure. 4<sup>th</sup> ed. Philadelphia, PA: Elsevier/Saunders; 2012.

### **Intravenous Cannulation**

Brooks N. Venepuncture and cannulation: a practical guide. Keswick, Cumbria: M&K Publishing; 2014

Refer to various Australian Guidelines

### **Plastering Techniques**

McRae R, Esser M. Practical fracture treatment. 5th ed. Edinburgh; New York: Churchill Livingstone; 2008.

Solomon L, Warwick D, Nayagam S. Apley's concise system of orthopaedics and fractures. 4th ed. Boca Raton, FL: CRC Press/Taylor & Francis Group; 2014.

### **Injection techniques/Immunisation**

Immunise Australia Program. [Internet] 2002 [Updated 2016 September 01, viewed 2016 September 22]. Commonwealth of Australia, Department of Health. Available from: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/home>.

The Australian immunisation handbook. 10th ed. [Internet] 2015 [Updated 2016 August 30, viewed 2016 September 22]. Commonwealth of Australia, Department of Health. Available from: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Refer to various Australian Guidelines

### **Basic Life Support & Advanced Life Support**

Australian Resuscitation Council Guidelines. [Internet] [Updated 2016 January 16, viewed 2016 September 22]. Available from: <https://resus.org.au/guidelines/>

Walter G. J. Kloeck. A practical approach to the aetiology of pulseless electrical activity. A simple 10-step training mnemonic. Resuscitation. 1995. 30(2): 157-159.

### **Chest Drains**

Dev SP, Nascimiento B, Jr., Simone C, Chien V. Videos in clinical medicine. Chest-tube insertion. NEJM. 2007. 357(e15)

**Preceptors should contact the Liaison Librarian for assistance with sourcing any of these resources**

