



The University of Sydney

# CURRICULUM MATTERS

May 08 VOL 2 ISSUE 2

THE NEWSLETTER OF THE OFFICE OF MEDICAL EDUCATION



Rural Education Special



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## Guest editors' message

Welcome to the May 08 Issue of Curriculum Matters – which, not surprising, has a distinctively rural flavour. As guest editors, we are very pleased to have been asked to contribute to this newsletter during a time of significant change for the Faculty. With the Curriculum Review process now well into the implementation phase, it is timely to highlight some of the exciting developments in rural medical education being led by the School of Rural Health and the Broken Hill and Northern Rivers University Departments of Rural Health.



A/PROF JOE CANALESE

The Curriculum Review process now well into the implementation phase, it is timely to highlight some of the exciting developments in rural medical education being led by the School of Rural Health and the Broken Hill and Northern Rivers University Departments of Rural Health.

Feature articles in this issue focus on opportunities and student experiences in western NSW from Bathurst to Broken Hill, as well as on the North Coast where Sue Page and her colleagues are in the final stages of planning for a fully supported teaching program, adding to the Faculty's capacity to offer students the option of one year of clinical training in a rural setting. These developments are building on the continued success and growing reputation of the School of Rural Health, which are considered in the accounts of Ben Smith reporting from Broken

Hill and Erin Stalenberg from Dubbo in the student spotlight section.

We are also delighted to introduce three of our rural faculty at the Rural Clinical School. If you are still not convinced about a rural placement, special features on the Royal Flying Doctor Service, and on new Faculty initiatives in Aboriginal health - including updates on ground breaking projects to support Aboriginal high school students being run in Dubbo and Broken Hill, might help to persuade you.



PROF DAVID LYLE

We trust you find this Issue of Curriculum Matters interesting and informative, and would encourage any students or staff wanting to know more about rural health or any of the initiatives covered in this issue to drop us a line.

Associate Professor Joe Canalese



Professor David Lyle



## OME welcome

It has been an exciting three months since the February edition of Curriculum Matters. I would, first of all, like to thank our two distinguished and wonderfully enthusiastic guest editors, Professor David Lyle and Associate Professor Joe Canalese, for putting together an inspiring newsletter on medical education in our rural clinical sites. It is indeed our privilege at OME to have the opportunity to work closely with our colleagues at the rural sites. In the forthcoming editions of Curriculum Matters, we will be inviting other schools to share

their experiences and activities and introduce their staff.

What has been keeping OME busy? Block 1 has just finished. Early indications are that the students have very much enjoyed the Block, and the first 5 weeks in particular, have prepared them very well for the rigours of the PBL programme. The collection of learning objectives in Stages 1 and 2 to support the core curriculum of the Medical Program are being completed as the Blocks roll out. All the disciplines have been contacted with a plan to collect all learning objectives by discipline by the end of 2008. The re-organisation of blocks in Stage 3 is

currently under way, with finalisation of the timetable for 2009, which is a transition year prior to the new Stage 3 timetable in 2010.

With all these changes taking place, communication between staff and students is very important. The OME Student Reception Centre is located in Room 132 alongside OME staff offices which are all on Level 1 of the Edward Ford Building. We are improving the lighting, providing a student notice board and other facilities in the foyer of level 1, guided by student suggestions. So welcome to OME – our meeting place.

Associate Professor Tessa Ho



# OME update

## New at OME

It is with real pleasure that we extend a warm welcome to new OME staff. Dr Cathie Hull joins us as Senior Lecturer in Clinical Curriculum, responsible for the Patient-Doctor Theme coordination in addition to coordinating tutorial support for our non-science background students. Dr Lilon Bandler, as Senior Lecturer in Indigenous Health Education, oversees the curriculum design and implementation of teaching our students about indigenous health issues and care, ably supported by Lyn Chick. Our friendly and hard working team in the Assessment and Evaluation Unit now includes Imogene Rothnie, Lecturer in Assessment with two Assessment and Evaluation Administrative Officers, Claire Johnson and Dominique Briones. Rachel Tyne, who formerly worked with the Assessment and Evaluation Unit, remains with OME, but will now support Associate Professor Merrilyn Walton in looking after the Pathways Program in Medicine.



FROM LEFT: LYN CHICK, DR LILON BANDLER, IMOGENE ROTHNIE, CLAIRE JOHNSON, DOMINIQUE BRIONES

Associate Professor Tessa Ho

## School of Rural Health

### THE CURRICULUM IN A RURAL SETTING

The School of Rural Health (SRH) which began in 2001 is one of the Faculty of Medicine's clinical schools. The main campuses are in Dubbo and Orange with associations with Bathurst, Broken Hill and the towns of Narromine, Gilgandra, Mudgee Cowra, Canowindra, Molong, Brewarrina, Walgett and Wilcannia. We welcome each year some 48-56 students from the University of Sydney Medical Program (USydMP). These students come from the metropolitan clinical schools and spend a



YEAR 3 STUDENTS AT DUBBO CAMPUS

minimum of one clinical year (Year 3 or 4) at SRH. We are able to deliver the full curriculum for the new Stage 3 - all the new "Blocks" will

be catered for locally with the help of state of the art video conferencing facilities and the help and cooperation of metropolitan clinical schools.

As we are funded from the Department of Health and Ageing Rural Clinical Schools



STUDENT ACCOMMODATION AT THE RURAL SCHOOL IN DUBBO

Program, we have to provide one year's clinical placing for 25% of Australian students attending the USydMP. The academic success and feedback from our past students has been extremely positive and for this we are grateful to all the staff and clinical teachers at all sites who continue to give the time and share their enthusiasm with the students. We have consistently been able to fill our quota from volunteers and often have the difficult decision of having to limit our numbers e.g. (78 applicants for 48 places this year). We try as far as possible to offer places from all metropolitan clinical schools proportionally.

The revised curriculum will have an initial impact on the SRH. We will need to tailor our student numbers to the new streams and because of the sequential nature of the blocks we will need to have close liaison and cooperation with the other clinical schools in determining the sequence for each individual

student. The "doubling up" in 2009 of some ICAs/Blocks will present a challenge to all clinical schools but will be exacerbated at the SRH due to the very limited numbers of clinical teachers available, and plans are and being developed accordingly.

At the SRH we are keen to promote interprofessional learning and cooperation with other faculties. We are in the process of building more accommodation units at the Dubbo campus which will be shared with future Dentistry students, and if available, we will share facilities with students of other health related faculties.

Research is a vital component of medical education and this area is being developed. The Rural Adolescent Cohort Study, Dr Kumara Mendis's project in EBM and Bibliometric studies, Rural teenage obesity and cooperation with The George Institute will give our students an opportunity for honours research.

# Staff Spotlight



## Associate Professor Bob North

SCHOOL OF RURAL HEALTH, DUBBO



Bob North graduated from the University of Sydney in 1960, and after training in Sydney and the UK, set up practice as a rural general surgeon in 1968, as the VMO to the Dubbo Base Hospital.

During his time in Dubbo, Bob has been involved in RMO and Registrar training, and has been a keen supporter of the Provincial Surgeons of Australia and the Divisional Group of Rural Surgery. With an interest in breast cancer surgery, he was involved

in a study which resulted in the provision of Breast Cancer Nurses in Australia, and continues to be involved in Breastscreen NSW.

In 2001, Bob retired from surgical practice and was appointed Sub-Dean of the Dubbo School of Rural Health, established in 2001 with Professor Rick Mclean as Associate Dean. He also acts as an instructor in the ASSET and anatomy by dissection courses organised by the Royal Australasian College

of Surgeons.

Bob enjoys his garden, tennis and golf and has been involved in numerous community activities over the years. He is married to a solicitor in Dubbo and has three sons – a rural GP in Victoria, a school teacher in Cobarr and a journalist in Dubbo.

He enjoys his association with students, and hopes he can help promote rural practice.

## Dr Gabriel Shannon

SCHOOL OF RURAL HEALTH, ORANGE



Gabriel is a UNSW graduate with post-graduate training in Sydney and London, obtaining a FRACP with particular interests in renal medicine and diabetes. He moved to Orange in 1980 where he worked as a Consultant Physician establishing a Diabetes Education Centre in 1983, the first in rural New South Wales. This service has steadily grown and now employs a fulltime endocrinologist in addition to diabetes educators and dietitians and provides outreach services throughout the area. His interest in renal disease and end stage renal failure led to the establishment of renal dialysis services based at Orange in 1983. Under his leadership, this service has grown, servicing patients from the Central West

of NSW. His general medicine outreach clinics to Parkes and Condobolin made him aware of the huge and unmet demand for specialist medical services rurally and the high incidence of diabetes and cardiovascular disease in the rural sector; especially in the Indigenous communities. He was an inaugural member of the New South Wales Rural Physicians and Paediatricians Network which aimed at increasing rural recruitment, and also was the inaugural chair of the Mid West Area Health Service Credentials Committee which had oversight of medical appointments in the Area. The issue of rural recruitment remains a major challenge. Gabriel saw the establishment of the School of Rural Health as a major step forward in

improving rural recruitment and has been involved with the Orange campus of the SRH since its onset as Sub Dean. He finds that students provide an injection of energy and enthusiasm into rural practice for many of their clinical teachers and finds it rewarding to see SRH students returning to their rural base hospitals for their internship and further postgraduate training.

Gabriel's longstanding interest in quality and safety in health delivery has led to his becoming Clinical Leader of the Clinical Governance Unit for the Greater Western Area Health Service.

## Associate Professor Bruce Harris

SCHOOL OF RURAL HEALTH, DUBBO



Born in Windsor 'when it was rural' Bruce graduated from the University of Sydney intending to take up general practice somewhere in the country. After five busy years in Coonamble and including a stint in Vietnam, he accepted a post with the Australian government and took his young family to Vienna, providing generalist medical services for the Embassy.

On return to Australia and clinical practice in 1972, teaching in private practice became a major interest. The RACGP Family Medicine Program was just starting up nearby in North

Sydney. This provided an enthusiastic forum for optimistic GPs and Bruce began a long association with the College, GP teaching practices and medical students.

Returning from Saudi Arabia in 1989 to rural practice in Walgett and rural doctor advocacy in North West NSW, Bruce has enjoyed the support of the Rural Doctors Association (life membership), the work of the Rural Doctors Network, the Rural Faculty of the RACGP and the National Rural Health Alliance. Emergency medicine in resource poor areas had become both a personal and professional

career interest. After appointment in 1994 as Director of Emergency Services at Dubbo Base Hospital and, in 1996, as Senior Lecturer University of Sydney, Bruce developed the Rural Health Training Unit and pushed for a Clinical School in Western NSW.

As the Program Coordinator for the School of Rural Health, Associate Professor Bruce Harris has brought local knowledge, collegial support and educational enthusiasm for rural residential medical education.



## North Coast Medical Education Collaboration (NCMEC)

Imagine the process of not one, but three universities seeking to align the learning programs of their medical schools while at the same time seeking to incorporate the aspirations of rural clinicians to deliver their own version of the highest quality educational experience!

Such is the intent of the North Coast Medical Education Collaboration (NCMEC), a joint venture of the medical schools of the University of Western Sydney (UWS), the University of Wollongong (UW) and the University of Sydney (USyd) based on the far north coast of NSW between Grafton and Murwillumbah.



HUDSON BIRDEN

Nearing the end of its second year, NCMEC has developed a program of hospital and community based placements, including experience in a number

of Aboriginal Medical Service settings. Building on infrastructure first developed by the Northern River University Department of Rural Health (NRUDRH), NCMEC has acquired additional student accommodation and recruited academic and clinical staff to significantly expand the capacity to deliver medical education in the Northern Rivers area.

A training and support system is being developed to ensure that area clinicians/educators have sufficient resources, educational support, and training to deliver NCMEC programs in a way that enhances rather than overwhelms their ability to deliver clinical services.

NCMEC has been drawing on lessons learned from successful models of collaborative and community oriented medical education already in place in Australia, including useful approaches to optimise student support services, and maintain student resilience and wellbeing while training in a rural area.

One aim of the NCMEC training program is to develop the clinical and health service leadership skills of our future doctors, incorporating aspects of population health and generating system change. Students will be encouraged to become active members of the communities in which they are placed and to assist in the research and development of new models of health service delivery. If students can identify areas for improvement in community processes as well as individual patient illnesses, they will develop skills in assuring better, well-integrated care delivery processes in parallel with skills in provision of care. It is also expected that experience with shared patient/doctor decision making and the formulation of patient management plans for chronic disease that cross the community and hospital based sectors can be realized more effectively in a rural setting where the same clinicians may attend multiple working environments.

Reflecting the dynamics of rural medical practice, student experience in this program can be expected to be more interdisciplinary and team-focused than in an urban teaching hospital. NCMEC learning objectives focus on building clinical skills and on integrating technical competence with the ability to work effectively in a trans-disciplinary team environment, and as such NCMEC students may be expected to incorporate greater independence in their knowledge-seeking behaviour in this supportive environment.



NORTH COAST MEDICAL EDUCATION COLLABORATIVE CENTRE

NCMEC hosted its first student placements in June 2007. Feedback on this initial pilot, both from students and their rural preceptors, has been universally positive. We are delighted to report NCMEC has received 12 months further funding pending the outcome of the national review of the UDRH and Rural Clinical School programs.

Dr Sue Page (Director),  
Hudson Birden (Senior Lecturer Clinical Leadership, Population Health)



DR SUE PAGE

### THINKING OF GOING RURAL?

Join the discovery bus tour in August 08 for Med 1 students and in March 09 for Med 2 students.

A bulletin will be posted to students! For enquiries please contact Lindsay Lowe under 02 6885 7972 or [lhowe@med.usyd.edu.au](mailto:lhowe@med.usyd.edu.au).



### caption corner winner:

'And here is me before I lost my hair...'

Our caption corner winner from last issue is John Holt. John won a \$50 book voucher for his entry. Congratulations!



# Dubbo & Broken Hill

## A will and a way



School of Rural Health lecturer Louise Lawler is actively working and researching ways to encourage Indigenous students to pursue higher education via a program called "A will and a way".

The program was born out of a small research program conducted in 2004 that looked into why Indigenous students were not transitioning from secondary school to local universities, despite the availability of appropriate courses including primary and early childhood teaching, social welfare, nursing and community and public health courses designed specifically for Aboriginal students. The study found there were multiple barriers to Indigenous students completing the HSC at a level commensurate with gaining entry to university. More important however, was the finding that many students had extremely poor school attendance and dropped out of school before

completing any qualification and never found their way into employment.

In 2005/06 the Rowan Nicks Russell Drysdale Fellowship funded an action research program to explore these barriers and seek solutions. The program targeted youth identified as 'at risk' (particularly Indigenous youth) and their families, to identify and deal with the problems hindering their students' retention in the educational system. Early identification and intervention resulted in positive outcomes in both retaining students and in transitioning them into employment and tertiary education.

The program enjoyed solid successes in 2006 and 2007 with a full cohort of Year 10 students participating in pledge signing ceremonies, undertaking that by the following year they would be continuing with studies at school or in TAFE, participating in traineeship

or apprenticeships or be in full-time work. Ninety seven percent of students have successfully realised their pledge, included in these numbers were 80 Indigenous students.

In 2007 the project received three years funding from the Departments of Families and Community Services and Indigenous Affairs and Education, Employment and Workplace Relations. This is enabling the continuation and extension of the program throughout the region and into 2010. With further assistance from the Department of Health and Ageing, another key performance indicator, to measure and report on basic health indicators, has been included. To date the project has received just over \$1 million and is being run in four rural communities with large Indigenous populations. It has assisted almost 320 students, 180 whom are Indigenous.



## Rural Undergraduate Support and Coordination (RUSC)



The RUSC (Rural Undergraduate Support and Coordination) Program is a Commonwealth funded program aimed at increasing the

number of rural doctors. The broad objective of the program is to encourage medical students to adopt a career in rural practice

by enrolling more students of rural origin, increasing students' exposure to rural medicine during their course and providing support for rural activities to medical students and rural educators.

## Indigenous secondary school project



The Broken Hill University Department of Rural Health has a long-term strategy based on 'stepping back' into our school systems to build aspirations and promote health careers for Indigenous students. The project is focused on supporting Indigenous students in the attainment of academic and life skills which will provide a strong foundation for future tertiary studies and transition into health careers.



HIGH SCHOOL STUDENTS LEARNING ABOUT HEALTH CARE

Kath Naden project leader reports that the early success of the program has been dependent on the involvement of community and collaboration between school systems, students, parents and carers, the Broken Hill Aboriginal Community Working Party, and the BHUDRH. This is one of a number of community service projects the BHUDRH runs in local primary and secondary high schools to promote health careers.

Students on extended placements in Broken Hill are encouraged to participate in this initiative.

It also aims to increase the number of indigenous doctors and ensure that indigenous issues are incorporated into the medical curriculum.

MIRAGE, the multidisciplinary student rural health club, is also funded and supported through the RUSC Program.

In 2007, the RUSC Program was very successful in achieving its aims. During this year, the RUSC program placed all final year Community term students from the metropolitan clinical schools in rural general practice for four weeks each which accounted for more than 800 student weeks in 60 rural and remote locations across NSW and Northern Territory. Surveys indicated 95% of students found this a positive experience.

# Student Spotlight



## Ben Smith

STAGE 3 ICA @ BROKEN HILL



Hi I'm Ben Smith. One of the biggest highlights during my first three years of medicine has been my mixed geriatrics-general medicine attachment at Broken Hill Base Hospital. Born and bred in north-west Sydney, the isolation of Broken Hill and the secondment placements took a bit of getting used to. But once becoming accustomed to the new stage three routine, I found myself immersed in an exemplar of medicine quickly befalling antiquity; that of the general physician.

Having no family background in medicine, I

had always fancied a doctor to be the jack of all trades medical. But since, I have realised that such people, at least in metropolitan teaching hospitals, are rarities.

Studying rural medicine strikes a stark contrast to studying in my undergraduate medical science degree or within a compartmentalised city hospital. It offers an excellent opportunity to learn grass-roots medicine. All members of the team, whether the RFDS consultant over the phone from Wilcannia, the community nurse in Tibooburra or the ACAT team in Broken

Hill, draw from a broad range of knowledge uncontaminated by specialist zeal; hence why I could learn geriatrics without an on-site geriatrician.

I am not positioned to preach superiority of a rural experience over a metropolitan one. But for anyone considering going rural, I would like to allay any fears of overwhelming isolation or sub-standard teaching. I think 'going bush' is an excellent opportunity that warrants consideration by those able to take it.

## Erin Stalenberg

STAGE 3 ICA @ ORANGE



Erin Stalenberg finished a Bachelor of Biomedical Science degree in 2001 and then set off with the Questacon Science Circus and a semi-trailer full of whacky science experiments. With fifteen other zany geeks, a backpack, a frisbee, a tub of green slime, a Bunsen burner and a year travelling around rural and remote Australia she gained her Graduate Diploma in Scientific Communication. Erin then worked in health education and science communication for three years prior to starting Medicine at the University of Sydney in 2006.

Erin is a recipient of a Medical Rural Bon

Scholarship and John Flynn Placement-where she gets to visit the sunny coast of Bowen, Qld for two weeks each year and learns about medicine from a brilliant GP who lists "fishing" as one of his 'special interests'.

Erin has also taken advantage of plenty of the opportunities thrown at medical students since starting Med including working with Hands of Help and travelling to Africa; being first year representative at Nepean Clinical School and getting involved with MIRAGE - the university rural health club where she is currently Co-president (w Douglas Falconer).

In this role she rapturously spreads the word of the great opportunities rural health provides!

Erin is currently a student at the Rural Clinical School in Dubbo and is enjoying farmers markets every second Saturday, coffee at Newton Providores, dinner extravaganzas at the student compound, Fitness Perfection gym, Colin and Jennifer's teaching, the excellent PEARLS and PPD presentations, and she is particularly looking forward to using the new tennis courts being built 20m away from the back door.

## Discovery bus tour for students



The School of Rural Health aims to recruit its students from volunteers, so to help them decide, we let them "try before they buy" by running a bus tour to Orange and Dubbo campuses - one in September for Stage 1 and the second in March for Stage 2.

The "Discovery Bus" leaves the main University of Sydney Campus on Friday and travels to Orange for an overnight stay. On Saturday night we stay in Dubbo returning to Sydney on Sunday afternoon.

During the weekend, the students on the Discovery Bus Tour are given the opportunity to explore both Orange and Dubbo Campuses of the SRH as well the Orange and Dubbo

Base Hospitals. A local venue is chosen on Friday and Saturday night for dinner and local SRH staff and the students currently living at the rural campuses are invited to join the group. The interaction of staff and local students gives the 'bus' group an opportunity to hear first hand the benefits of studying and living in a rural area and also allows them to feel for themselves which campus would best suit their personality.

After dinner each night, the local students are encouraged to take the 'bus' group out to experience the local social culture and to meet some of the locals.

We conducted a survey among the students who chose the SRH and the majority of them stated that the Discovery Bus Tour strongly influenced their decision. Students have also said they would not have chosen rural if the bus tour did not exist and others tell us the bus trip gave them the opportunity to decide which campus they would prefer. Many students also said that they went on the bus trip for some fun and ended up changing their perceptions about the rural opportunities and lifestyle. At the end of this year we will be offering the same opportunity to dental and allied health students.



# Dubbo & Broken Hill



## Royal Flying Doctor Service

A highlight for many students coming to Broken Hill or Dubbo is the time they spend with the Royal Flying Doctor Service (RFDS), either on a remote placement at the Menindee and Wilcannia Health Services, which are serviced by RFDS doctors, or at more remote clinics serviced or operated by the RFDS, and at the RFDS base. Students attending the remote clinics hitch a ride with the RFDS plane to get there, if space permits.

Celebrating its 80th birthday this year, the RFDS was founded by the Rev John Flynn and has become one of Australia's iconic institutions. The RFDS has a strong commitment to medical student education and training, and despite covering a large area of remote NSW and space and weight limitations on its aircraft, medical students are a constant presence within the organisation.

Students experience the delivery of primary health care to remote communities. They learn about the RFDS service model that combines the provision of general practice services, the rapid dispatch of medical retrieval and evacuation services for code one emergencies, and working in partnership with the local health services to deliver population-based approaches to the care of chronic conditions.

While on placement in Menindee or Wilcannia, students work with

nursing staff and Aboriginal health workers between RFDS doctor visits, learning about community and how a remote health service actually works. Imagine being called in to assess an acutely ill patient after hours and then putting in a call to the RFDS doctor to discuss the case, establish a provisional diagnosis and institute a management plan. Some students also have the opportunity to, while they are with the on-call doctor at the Base, to take calls from nurses and patients in remote settings and do a "remote consultation" under the supervision of the RFDS doctor. A unique and rewarding experience.

Students coming to Broken Hill and Dubbo during Stage 3 (ICA) and Stage 4 (Community Rotation) during 2008 will have the opportunity to spend time with the RFDS.



DR BILL HINES RUNNING A SKILLS SESSION

## Preparing students for remote placements

The Broken Hill Department of Rural Health plays an integral role in preparing medical and health science students for a rural and remote experience. Although clinical competence is essential for this challenge there are additional key areas of knowledge, skill, attitude and support that are essential in the provision of a rewarding experience for students and communities. Through the provision of this experience at an undergraduate level we are attracting participants back to the region.

Undergraduates are provided with an intensive four day learning experience prior to visiting some of our regions' more remote and predominately Indigenous communities. The four days incorporate:

- A person centred care workshop delivered by consumers of mental health services;
- Resilience and professional survival skills for rural and remote practice;
- Transitioning primary health care theory into practice;
- Insight into Indigenous history at a regional level and how history continues to impact on health and well being of Indigenous people;
- Challenges confronted by non-Indigenous health providers in the provision of culturally

responsive health care and strategies that promote safe practice;

- Insight into rural and remote 'culture' and health seeking behaviours.

Participants are intensively supported by academics and clinicians through the UDRH and host sites. The placement experience incorporates an Indigenous problem based learning case scenario that has been developed in collaboration with host communities. Inter-professional learning opportunities are supported between medicine, nursing, Indigenous primary health care workers, mental health care providers,

Indigenous and mainstream, allied health and community providers of care.

Participants are encouraged to spend a minimum of three weeks in host communities, supporting community integration and trust. Although challenging at a personal and professional level the experience has proven to be immensely rewarding for participants:

"Thank you so much – you have no idea what I have gained from this experience. I have grown professionally, socially. I have expanded my mind and my world and I have grown as a person." – Med 3 student



caption corner

Win \$50 book voucher!!!!!!

This is Dr Peter Lyall demonstrating non-verbal communication skills with a patient. Can you imagine what he is thinking? Please email your entry to [curriculummatters@med.usyd.edu.au](mailto:curriculummatters@med.usyd.edu.au) and win a \$50 book voucher!



# Contacts

## Important dates

### 2008 ASSESSMENT DATES

#### Stage 1

Required Formative Assessment (RFA) 2 - written

Friday 22 August 2008

Formative Observed Structure Clinical Examination (OSCE)

Wednesday 5 November 2008

Summative Assessment - written

Thursday 27 and Friday 28 November 2008

#### Stage 2

Required Formative Assessment (RFA) – written

Monday 7 July 2008

Summative Assessment - written

Monday 13 and Tuesday 14 October 2008

Summative Observed Structure Clinical Examination (OSCE)

Tuesday 25 & Wednesday 26 November 2008

#### Stage 3

Required Formative Assessment (RFA) - written

Friday 20 June 2008

Summative Assessment - written

Monday 22 & Tuesday 23 September 2008

### 2008 WINTER BREAK

Stage 1 Fri 27 June - Fri 4 July

Stage 2 Tues 8 July - Fri 18 July

Stage 4 Mon 21 July - Fri 25 July

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