Rural Appreciation Weekend Report by Teesha Downton

Going to Dunedoo was my first authentic camping experience e.g. It was the first time I toasted marshmallows.

From the weekend, I have a stronger appreciation of how much hard work goes into farming, and how integral the weather can be in determining the success of crops. The drought really can make things tough. The Oakfield property is quite large, and it was fun riding around on the back of the truck like on a safari and looking at all the sheep, cattle, horses and spotting rabbits, kangaroos and the emu, as well as all the different crops. There are so many things that need looking after on the farm e.g. flyblown sheep seems to be a big problem.

On Saturday we had a talk from some local general practitioners who have been working in rural communities for many years now. It was great hearing about the sort of life they live and how the job can be both demanding and rewarding. I think an important point that was made was that rural medicine is very different to city medicine, so much so that it is a specialty in itself. It rural areas, general practitioners often make decisions then and there to help people who cannot wait for treatment by a specialist. Though they may encounter something new, it’s great that they have the initiative to read up on the specialised area, consult with other health professionals and be prepared to have a go at performing a new medical procedure. Being a rural doctor is undoubtedly challenging, yet there are many opportunities to continue learning and experience situations that are unparalleled in the city. In the country there is also a greater sense of community and everyone is willing to help each other out. An interesting point was that patients will remember the general practitioner, their first point of contact, more than the specialists, etc. to whom they are referred.

The doctors also mentioned how they are involved in helping arrange transfers for patients to the city, and how they talk to other health professionals over the phone and through conferences regularly. It’s great that such a network exists for rural doctors. Something I didn’t really realise was that though they are usually on call after hours, the doctors do have flexibility in the hours they work, e.g. whether they do 9 to 5, 9 to 1, take 6 weeks off, etc.

The snake display by was quite informative. Before the presentation, I didn’t really have a clue about what a tiger snake, black snake or death adder really looked like; nor what you do if there’s a snake nearby. It was also interesting hearing about the treatment of snake bite e.g. how at the hospital they do a test to detect what sort of snake made the bite and what anti-venom is required; how the anti-venom is made – venom milked from snakes and given to particular horses that have a large blood volume and are not affected, but develop a large amount of useful antibodies; how anti-venom need not be administered immediately, rather when signs of systemic effects appear; and the seriousness risk of anaphylaxis that is associated with anti-venom administration.

Rounding up and drafting sheep is not easy. The stockmanship competition was fun (probably not so much for the sheep) and put all of our teamwork and strategic thinking skills to the test. Sheep like to do their own thing and are quite strong, determined, and good at charging at things.

A great aspect of the trip was meeting RAHMS students and getting to know each other, and learn more about our different universities, different degrees, etc. It’s good being able to gain a perspective of what activities other students are getting involved in, what sort of directions they are thinking to take their careers in.

It was really nice of Shannon and his family to invite us all to their property and organise what turned out to be a memorable, worthwhile weekend.