

Rural Generalist Pathway

Name	Jillian Collier
Post Graduate Year	4
Position Title	Rural Generalist Senior Medical Officer (Provisional Fellow) with Option A
Location	50% Goondiwindi Hospital and 50% Goondiwindi Medical Centre
Advanced Skill	Emergency Medicine

I commenced working in Goondiwindi at both the hospital and a local medical centre in February 2012. I spend every morning at the hospital, doing a mixture of ward rounds, seeing outpatients and emergency patients, before going to the medical practice in the afternoon.

I enjoy the balance between acute management, following patients on the ward, to chronic disease management in the GP practice. I do one week night per week and one weekend per month on-call for the hospital. Even though on-calls are generally busy, the learning is amazing and you do feel a sense of accomplishment at the end of a busy weekend. I also do on call for the medical centre in a one in eight roster, including the Saturday morning clinic.

One of the biggest challenges I've faced in this role has been adjusting to regular on-calls, and finding a good balance between work, sleep and a social life. Add in some study here and there and life is pretty busy! Another thing I have had to adapt to is being known in town. While it is nice to walk down the main street and have people recognise you and say hello, it is also a challenge at times. The biggest challenge however is practising rural medicine and trying to get the best outcomes for your patients, despite being geographically challenged.

Image:Goondiwindi Cotton



My Rural Generalist Training prepared me for rural clinical practice via the annual workshops held by the team. They have been useful in gaining an appreciation of the skills, challenges and advantages to practising rural medicine. It has also been good in terms of meeting people who are practising rurally, or plan to, and to aid in helping find a place that suits you.

To overcome the social and professional isolation which can occur in rural practice, I think it is important to remember that you are never alone. If help isn't available in person, it is definitely available on the end of the telephone line. Rural doctors are much more supported these days, and with retrieval services, telehealth and visiting specialist doctors, it is much easier to access help. I have been extremely lucky in Goondiwindi with the current senior GP's in town, and feel very supported. There is always someone local in town I can call and we all work together as a team to help each other out.

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In regards to my social life, I am finding that life in a rural town is much more social than in the city! There is always something happening in Goondiwindi every weekend, and people are very friendly and inviting. I have met some great people out here already. I really like that Goondiwindi is so friendly and social. I can also find most things I need in town – we have coffee shops, two options for groceries, gift shops, a few clothes shops, quite a few pubs, a very handy hardware store, an electrical store, lots of sporting teams and a cinema. All in all, I am enjoying both the work and social aspects of Goondiwindi.

I have been turned off attending rodeos however since an unforgettable rural community experience at the Goondiwindi Show. I was really looking forward to the long weekend for the show (we are lucky in Goondiwindi to get a four day weekend and I scored it all off) and had friends visiting as well. The main event of the show is the big rodeo on Saturday night. I haven't been to many rodeos but will never forget the second ride of the night, as the bull was quite angry and took it out on his rider. I never thought that I would be in the middle of the rodeo arena, with QAS officers and other off duty doctors, trying to help stabilise the rider to move him to the hospital. This was followed by my first ride in the back of the ambulance with lights and sirens as I accompanied the patient to the hospital. I also helped the doctor on call at the hospital to prepare for the chopper. It was a real testament to the local doctors and QAS, as everyone pitched in to get the best outcome for the patient.

My advice to aspiring Rural Generalist Trainees is to get as much experience as you can across a wide range of specialties, attend emergency courses, do placements in rural communities and talk to people working in the communities you are interested in practising in. Rural medicine is a great career choice, and I think at the end of the day if you want a job that is challenging, rewarding, interesting and never dull, then this is the job for you.

