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1 **Feature Article**

2 **Title:** Continuity of care; a final year medical students professional and personal
3 experience in rural Australia whilst on a longitudinal placement in Broken Hill, New
4 South Wales.

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17 A final year medical students professional and personal experience of a longitudinal
18 rural placement in Broken Hill, New South Wales, Australia. The article focuses on the
19 lack of continuity of healthcare within these isolated locations.

20
21 **Key words:** rural, continuity of care, medical student placement.

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23 **Word count:** 1181

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27 **Abstract:** A final year medical students professional and personal experience of a
28 longitudinal rural placement in Broken Hill, New South Wales, Australia. The
29 placement was 18 months in duration and highlighted some of the hardships of working
30 and living in a rural area. The particular area of note was the accessibility to services
31 and the continuity of healthcare in this isolated location. Continuity is a difficult
32 concept to teach and one that hopefully all medical students will be able to appreciate
33 through rural and remote placements.

1 Living in Broken Hill, New South Wales (NSW) for the past 14 months has been an
2 interesting glimpse into rural life. I was initially appointed to Broken Hill for a 12-
3 month longitudinal placement, as part of the rural component of my medical degree.
4 The unforeseen global pandemic extended my stay in Broken Hill as my original
5 overseas electives were cancelled. Such a stay has provided me with a number of
6 interesting learning opportunities. Page and Birden comment that in comparison to
7 metropolitan hospitals, rural placements provide access to a wider variety of unique
8 learning opportunities [1]. Anecdotally, I agree. Broken Hill has been a unique learning
9 experience both professionally and personally. The Royal Flying Doctor Service
10 (RFDS) has been one of the key highlights of my placement, it has encouraged me to
11 reflect upon my experiences, particularly with continuity of healthcare in rural settings.
12

13 Continuity of care is difficult to define but is in essence, is a strong health practitioner –
14 patient relationship which retains patient choice and satisfaction [2]. It is a
15 multifactorial concept that is reliant heavily on therapeutic communication and access.
16 Continuity and access to healthcare has been an ongoing issue for many years in rural
17 Australia. With regards to the provision of healthcare services in rural and remote areas
18 of Australia, healthcare providers face the challenges of geographical spread, low
19 population density, limited infrastructure, and the higher cost of delivery [3]. These
20 barriers limit the ability of Australians living in rural and remote areas to access quality
21 and continuous primary and specialist health care. Consequently, Australians living
22 outside of metropolitan areas have a lower life expectancy, with higher morbidity and
23 mortality rates associated with chronic disease [3]. One of the unique and iconic ways
24 Australia has addressed this is through the RFDS.
25

26 Throughout the year I have had the pleasure of experiencing a number of outreach
27 flights across far western NSW with the RFDS. One of the most memorable flights was
28 to the remote town of Tibooburra. If you look on a map of NSW, you would spot
29 Tibooburra near the far north-east corner, a stone’s throw away from Queensland. To
30 put this in perspective, Broken Hill is 1143 km from Sydney and Tibooburra is 331 km
31 north of Broken Hill. Most of the roads to Tibooburra are unsealed, making them a
32 challenge to access by road.
33

34 Tibooburra, with its population of 134 people, is an example of a rural community with
35 no permanent general practitioners (GPs), dentists, or allied health professionals. The
36 community is reliant on a once weekly RFDS outreach clinic for their primary
37 healthcare needs [4]. Specialist appointments are few and far between and most
38 individuals have to travel hundreds, if not thousands, of kilometres to attend their
39 appointments. This set of circumstances, however, is not unique to Tibooburra and is
40 the norm rather than the exception for many other rural towns in Australia. In 2017-
41 2018, the RFDS facilitated 16,209 primary health visits and held 44 clinics per day
42 across remote Australia [4]. Thankfully, Tibooburra and 17 other remote locations are
43 serviced by the Broken Hill RFDS outreach clinics.
44

45 The experiences I have had whilst living and working in Broken Hill for the past 14
46 months have enabled me to better understand some of the challenges associated with
47 health care in a rural setting. One of these challenges is continuity; being on a
48 longitudinal placement has meant that I have had the opportunity to experience what
49 continuity means to a patient. A key value of a longitudinal medical student placement
50 is establishing the value of continuity of care, which is difficult to appreciate with short-

1 term placements [5]. Wright comments that understanding and gaining clarity of
2 continuity of care is a difficult task and has been referred to as ‘continuous confusion’
3 in some literature [2].

4
5 During my stay I have realised that rural GPs have busy clinics with appointments few
6 and far between. According to the Australian Institute of Health and Welfare (AIHW),
7 21% of people living in rural areas waited longer than they felt was acceptable to get an
8 appointment with a GP, compared to 18% in major cities [3]. Since the global
9 pandemic, GP telehealth and phone consultations have temporarily become the new
10 norm, which has improved appointment availability. I found that when trying to book
11 an appointment for myself, the only appointments available were phone consults.
12 Unfortunately, when I tried to book a face-to-face follow up, I was told the GP I wanted
13 to see was based in Melbourne. I was extremely surprised that my phone consultation
14 was with a Melbourne based GP. I was disappointed and frustrated at the thought of
15 having to reiterate my story to another doctor, delaying the process of investigation
16 even further. I realised that this lack of continuity is exactly how rural Australians must
17 feel. This was a moment of individualised learning, as it was my first personal health
18 experience whilst living rurally. According to the AIHW, this is not an unusual
19 situation; 33% of rural Australians reported that they could not see their preferred GP
20 on one or more occasion, compared to 25% in major cities [3].

21
22 My own experience of telehealth with a GP across the country made me reflect back to
23 my experience in Tibooburra. The GP I was working with had been visiting Tibooburra
24 once per week for a few months. The first patient of the day walked in and said “thank
25 goodness it is you this week”, as the GP had returned from three weeks of holiday
26 leave. The patient continued to comment that repeating their story and feeling like they
27 were starting at ‘square one’ with a new GP at each appointment had proven extremely
28 frustrating. I was empathetic towards the patient at the time but did not fully appreciate
29 her frustration until after my own experience. It is well documented that continuity
30 becomes a challenge if the same provider cannot be regularly accessed. Interestingly, a
31 study conducted by Wong and Regan analysed rural patient perspectives on accessing
32 primary care [6]. Participants emphasised that a lack of continuity of care through high
33 turnover of staff, lack of specialists, miscommunication between teams, and ‘feeling
34 comfortable’ was a major challenge. Leach supports this and outlines that improved
35 continuity of care results in better patient satisfaction and treatment compliance [7].

36
37 My experiences outlined above has allowed me to understand and appreciate the
38 importance of continuity of care. It is a term regularly used in healthcare delivery but
39 the importance of it easily overlooked. However, as previously mentioned, continuity of
40 care is difficult to traditionally teach and is best appreciated through experience.

41
42 To conclude, living in Broken Hill and the experiences I have had with the RFDS
43 outreach clinics have been invaluable. It has opened my eyes to some of the challenges
44 that people face in rural Australia, particularly with continuity of care. As mentioned
45 above it is an easily overlooked aspect of health delivery but arguably one of the most
46 important. I have appreciated that high standard medical practice is both a science and
47 an art.

1 **Conflict of interest**

2 A former student of the Rural Department of Health and Broken Hill Hospital, with a
3 longitudinal placement at the RFDS base.

4
5 **Authors contribution**

6 SW wrote the feature article using her personal experiences during a final-year medical
7 student placement in Broken Hill.

8
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11
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