

## Poster program

Thursday 19 October 2023: Poster Blitz -Morning tea break	
Poster number	
P1	<p><b>Learnings From GP Workforce Needs Modelling</b> <b>Matthew Vincent, GPEx</b></p> <p><i>This presentation will describe GP Workforce Modelling undertaken in South Australia and the impact and limitations encountered.</i></p>
P2	<p><b>Quincke's disease</b> <b>Dr Jeremy Lee, Royal Brisbane Women's Hospital</b></p> <p><i>Quincke's disease, a rare uvular condition, manifests as sudden upper airway symptoms. Local inflammation and immune-mediated factors contribute to its aetiology. Although it can progress to upper airway obstruction, it responds well to corticosteroids and H1/H2 antagonists. Timely identification and intervention are crucial to prevent potential airway complications.</i></p>
P3	<p><b>Interconnected Clinical Trials using Teletrial Model</b> <b>Kaye Hewson, Australian Teletrial Program</b></p> <p><i>Under the Australian Teletrial Model, satellite sites in rural, regional and remote (RRR) location form a cluster who connect to primary site through a supervision plan. The Australian Teletrial Program (ATP) through ATM will increase access of RRR patients to clinical trials closer to their homes. The Program aims to build clinical trial capability in RRR areas through the Program's four pillars: policy harmonisation, equipment, education and recruitment boosting initiatives.</i></p>
P5	<p><b>Interdisciplinary remote and rural practitioner networks</b> <b>Prof Emma Watson, NHS Education for Scotland (NES)</b></p> <p><i>This informative poster will describe the background, context and process of developing the Rural Teams Education Network (RTEN) over the last decade. The poster will also highlight the value of sharing knowledge around establishing and hosting these network sessions with a wide range of healthcare education colleagues in urban and rural settings during and post pandemic.</i></p>
P6	<p><b>Gut Health: IBS [ROME (IV) 2016 criteria] - it's clinical implications and practical management: Case series</b> <b>Dr Rufina Lam, Gut Health Science and Dr Mark Ryan, Cingulum Health and GutBrain Clinic</b></p> <p><i>Time dependent - we will present what is the new definition of IBS as per [ROME (IV) 2016 criteria] and 2 cases to illustrate how to practically manage two variations of IBS</i></p> <ol style="list-style-type: none"> <li><i>1. The fatigued patient with severe food intolerance and IBS</i></li> <li><i>2. The Severely anxious patient with sleep disturbance and IBS</i></li> </ol> <p><i>This will be a clinically relevant practical approach presentation to Irritable Bowel Syndrome.</i></p>
P7	<p><b>Supervision intentions: identifying and activating enablers</b> <b>Dr Samia Toukhsati, General Practice Supervision Australia</b></p> <p><i>Maintaining high quality supervision and training in general practice is essential to safeguard the future of primary care in Australia. Attracting and retaining GP/RGs to supervision roles is a critical component of GP/RG training to ensure its ongoing sustainability. This paper describes the results of GPSA's 2023 National Supervision Survey, reporting on factors that predict intentions to supervise GP/RG registrars in the future.</i></p>
P8	<p><b>Registrar Feedback Shapes Remote Supervisions' Power</b> <b>Dr Taras Mikulin and Dr Rhonda Gurney, RVTS</b></p> <p><i>Remote Vocational Training Scheme (RVTS) supervisors requested constructive feedback from their registrars. This research presents a novel, safe method for collecting and providing registrar feedback to their supervisor.</i></p> <p><i>Evaluation of supervisor responses found that 88% reported the feedback as helpful and, as a result, 74% of supervisors instituted changes to their education support.</i></p> <p><i>This new feedback technique enhances supervisor support.</i></p> <p><i>Suggestions for future research opportunities are presented.</i></p>

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P4	<p><b>Challenging Inequity: Where Do We Begin?</b>  <b>Dr Oliver Wightman, Ipswich hospital and Jack Kelso-Ribbe, The University of Queensland</b>  <i>A final-year medical student and junior doctor describe two projects connecting like-minded people around Australia to deliver an innovative student-led health service and establish accessible philanthropy for early career doctors. Are these models for deepening our engagement in the communities we serve?</i></p>
P9	<p><b>Healthcare research close to home</b>  <b>Dr Cheri Bethune, Memorial University of Newfoundland</b>  <i>A Learning Health Care Community (LHCC) is an evidence-informed model to provide context-relevant health care in collaboration with stakeholders, including patients, physicians, learners, decision makers and researchers. A LHCC has four core components: (1) Foundational elements; (2) Care improvement targets; (3) a Supportive policy environment; and (4) active and continuous stakeholder and community engagement. The LHCC model aims to increase collaboration between public health and traditional health care providers.</i></p>
P10	<p><b>Retaining medical trainees in rural communities</b>  <b>Dr Elisabeth McClinton, Australian National University</b>  <i>Retention of Rural GP trainees is critical to maintaining human resource for health nationally. Medical training frequently focuses on a narrative of workplace resilience being the responsibility of the individual - deflecting from systemic structures and exposures driving staff burnout and attrition. This presentation draws upon personal experience and the WHO Disaster Risk Equation as a model to explore the personal and institutional factors affecting trainee wellbeing and retention.</i></p>
P16	<p><b>Tele-Derm: Two Decades of Dermatology Educational Services</b>  <b>Kambiz Bahaadinbeigy, Australian College of Rural and Remote Medicine</b>  <i>The ACRRM has been offering rural doctor support for complex and unusual dermatology cases as part of its educational mission for almost two decades. The purpose of this workshop is to reintroduce the Tele-Derm Service and highlight its achievements and milestones. The workshop will discuss interesting and unusual dermatology cases that have been managed by rural doctors, including complex cases, rare and unusual cases, and life-threatening skin diseases.</i></p>
P12	<p><b>Sudden sensorineural hearing loss in pregnancy</b>  <b>Dr Jeremy Lee, Royal Brisbane Womens' Hospital</b>  <i>Sudden sensorineural hearing loss (SSNHL) is a rare otological condition that affects pregnant individuals in their second or third trimester, with a mean age of 30. Treatment typically involves corticosteroids, either systemically or via an intratympanic route, with the latter being preferred during pregnancy due to its relatively low risk profile. Prompt intervention is crucial to potentially reverse the hearing loss, although treatment does not guarantee complete recovery.</i></p>
P13	<p><b>Regionally-focused MMIs for medical school selection</b>  <b>Dr Jordan Fox, The University of Queensland</b>  <i>This study aimed to explore whether the inclusion of regional/rural focussed Multiple Mini-Interview (MMI) stations favours rural background applicants for a regional-based medical school pathway. Performance of rural and metropolitan background applicants were compared on stations with and without a regional focus, and overall MMI scores. While rural applicants may perform better on the rurally focussed stations, this does not lead to better overall MMI performance.</i></p>
P14	<p><b>Evaluating the RRMOC Program</b>  <b>Pippa Kensit, NSW Rural Doctors Network</b>  <i>The research aimed to determine the effectiveness of the Rural Residential Medical Officer Cadetship Program in increasing the number of medical practitioners working in rural and remote communities. We report on the findings of a survey conducted with 114 former cadets 33 years since the program began, including the contributing factors to its success. The study found the Program can be an effective link between medical school and rural practice.</i></p>
P15	<p><b>Debrief in Rural Surgical training- Why?</b>  <b>Leo Phan, Northern Rivers Surgical Group</b>  <i>Human Factors/ Nontechnical skills training has been used by the Airline Industry to prevent harm/ decrease errors. Pre-Covid, there were reported 18000 deaths annually from NTS error. Debrief is one tool translatable to other industries. It is used inconsistently in training. Dr Phan will explain in this Q&amp;A how his Human Factors training with pilots and other health professionals during rural residency has helped shape his surgical training.</i></p>

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P17	<p><b>Improving Rural Emergency Triage: An Evaluation</b>  <b>Crystelle Vanderplas, Rhys Evans and Olivia Liang, UTAS Rural Clinical School</b>  <i>Evidence suggests triage accuracy improves patient outcomes. However, the effect of purposive education on actual triage accuracy in rural Australian EDs is poorly established. This study aims to determine the effect of an education intervention on triage accuracy in two rural EDs. A critical review of a pilot project was undertaken to inform a more rigorous follow-up project including a systematic audit of triage notes for accuracy pre- and post-education.</i></p>
P18	<p><b>Otolaryngology in Tamworth: A Case Study</b>  <b>Dr Isabella Ludbrook, Tamworth Rural Referral Hospital</b>  <i>Barriers to accessing ENT specialist services can have vast consequences for quality of life and development and are faced disproportionately by both rural and Aboriginal and Torres Strait Islander patients. This case study quantifies the impact of a new permanent local ENT service in regional Tamworth, NSW. The study highlights the benefits of a permanent rural specialist service when compared to travel to distant tertiary centres or outreach programs.</i></p>
P19	<p><b>COVID-19 Pandemic Impact on Regional Pregnancies</b>  <b>Georgina Evans, University of New South Wales</b>  <i>The aim of this study was to investigate how the COVID-19 pandemic impacted pregnancy and birth outcomes regionally at Port Macquarie Base Hospital and Coffs Harbour Health Campus. A significant difference was found in the odds of emergency or unplanned Caesarean section (CS), CS due to maternal choice, CS due to fetal compromise, induction of labour and moderate to late pre-term birth (PTB) after the pandemic began.</i></p>
P21	<p><b>Doctors on Campus: a formal evaluation</b>  <b>Laura McEntee, Flinders University</b>  <i>This qualitative study aimed to evaluate the effectiveness of the Doctors on Campus (DOC) program at a rural South Australian high school to understand its impact on the barriers young people face in accessing care for their mental health conditions. The study found that the DOC program improved student wellbeing. Furthermore, the DOC program's in-school location removed some of the barriers to accessing youth-centric mental health care.</i></p>
P22	<p><b>Stroke patients' door-to-scan-times in rural Queensland</b>  <b>Nicholas Arnold, Griffith University</b>  <i>Minimising door-to-scan-time (DTST) maximises treatment options for ischaemic stroke patients, yet many rural hospitals do not have on-site CT. A retrospective chart audit of patients presenting to rural Queensland emergency departments in 2021 with stroke-like symptoms was undertaken. DTST was compared with Stroke Foundation guidelines. Non-CT hospitals had longer DTST, exceeding recommendations for 93% of patients, and ordered less sensitive scans.</i></p>
P23	<p><b>A Supervision Hub for Rural Practice</b>  <b>Professor Emma Watson, NHS Education for Scotland (NES)</b>  <i>The Poster will describe research underway in Scotland to identify elements of excellence in providing advanced practice supervision in remote and rural health and care. The poster will highlight the need for the findings from this research to be used to develop the first Rural Practice Supervision Hub to support the development of rural Family Medicine and Advanced Nurse Practitioners.</i></p>
P24	<p><b>Glaucoma Severity at Presentation in Rural Australia</b>  <b>Zayn Al-Timimi, University of New South Wales &amp; Port Macquarie Eye Centre</b>  <i>We examined glaucoma severity at first presentation and risk factors for late presentation in Port Macquarie. Glaucoma appears to be diagnosed relatively early in this region (median VFI 94.5%). Age, initial IOP, and visual acuity were associated with severity at presentation, but rurality was not. This is a testament to the quality of primary care in our region and suggests the chances of effective treatment are unaffected by rurality.</i></p>
P30	<p><b>SRPC's Advanced Skills and Training Program</b>  <b>Dr Sarah Lesperance, Monash University Rural Health School</b>  <i>Advanced skills are often required by rural physicians in their communities, however may only be identified once in practice. Prior to 2023, limited opportunities for advanced skill training existed in Canada. Preliminary findings from the Society of Rural Physicians of Canada's National Advanced Skills &amp; Training Program will be presented. Commonly requested training opportunities, impact on mentorship relationships, and other considerations to inform future skills training programs will be shared.</i></p>

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P25	<p><b>Localised support model for HCV case-finding</b>  <b>Adrienne Hoare, ASHM (Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine)</b>  <i>Beyond the C is a national quality improvement project that provides comprehensive and virtual support to General Practices. The project aims to find people living with hepatitis C (HCV) who would benefit from treatment, support and care. A strength of the project is the regional and bespoke approach to supporting practices in developing the skills and knowledge to conduct HCV case finding across their practice.</i></p>
P27	<p><b>Nothing about us without us!</b>  <b>Dr Cheri Bethune, Memorial University of Newfoundland</b>  <i>Barriers like professional and geographical isolation prevent rural physicians, the most knowledgeable and experienced players in rural medicine, from conducting research. Memorial University (Canada) developed a faculty development program called 6for6 to address this issue. Six 6for6 participants collaborated to prepare 'Tips for Doing Rural Research' to provide guidance to novice rural researchers. This study explores the process of preparing this collaborative work from the perspective of the 6for6 team.</i></p>
P28	<p><b>Doctors' Coaching for Burnout Prevention</b>  <b>Gail Carmody, Coaching For Healthcare</b>  <i>This study aims to measure the efficacy of doctors' coaching against workplace burnout. Five doctors participated in a 6-session program focusing on themes surrounding emotional wellbeing. Then, participants rated their placements on multiple preselected characteristics pre- and post-coaching. Based on the results, all characteristics had a 42%-65% increase—the study concludes that coaching holds high potential to boost the emotional well-being of doctors and help them thrive and prevent burnout.</i></p>
P31	<p><b>Targeted Recruitment: Doctors for Remote Communities</b>  <b>Dr Patrick Giddings, Remote Vocational Training Scheme (RVTS)</b>  <i>Working directly with rural and remote communities, an established rural generalist and general practice training program has expanded its longstanding workforce retention and training model by directly recruiting doctors to targeted communities with high medical workforce need.  The pilot of the new strategy successfully secured the services of 20 doctors to 24 of the Australia's hardest to fill locations, including 9 rural and remote Aboriginal Medical Services.</i></p>
P37	<p><b>Reflections on the Regional Training Pathways Congress</b>  <b>Dr Lisa Hall, Monash University Rural Health School</b>  <b>Purpose</b>  <i>Examination of feedback from participants at an event exploring rural training pathways in General Practice, Rural Generalism and Psychiatry to determine impact of such activities.</i>  <b>Methods</b>  <i>The event was hosted by MRH in Mildura in 2023 and undertaken in partnership with ACRRM, RACGP, RANZCP, RDAV, MPH, and local health services MBPH, MPH with over 60 representatives from across the jurisdictions of Victoria, SA and NSW. Participants were in two streams, potential trainees (medical students, junior doctors) and regional health services and supporting organisations. Feedback was collected with the option to be anonymous.</i>  <b>Main findings</b>  <i>Participant feedback indicated the importance of place-based events bringing together diverse stakeholders. There was value in</i> <ul style="list-style-type: none"> <li>• <i>Sharing lessons learnt in creating rural pathways between specialities</i></li> <li>• <i>Ensuring rural trainees voices are listened to</i></li> <li>• <i>Enabling access to expert career advice guidance and mentoring</i></li> </ul> </p>

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P11	<p><b>Diffuse tongue swelling causing airway obstruction</b>  <b>Dr Howard Webb, Austin Health</b>  <i>We present the case of a male patient who was transferred to our healthcare facility from a rural area for further management.</i></p>
P20	<p><b>Spindle cell lipoma of the palate</b>  <b>Dr Howard Webb, Austin Health</b>  <i>We present the case of a female from a rural area who was found to have a spindle cell lipoma of the soft palate.</i></p>
P26	<p><b>GP Bulk-billing Decision-Making in Australia</b>  <b>Caroline Grace, Darcey Docherty and Mason Attfield, UTAS</b>  <i>Medicare was introduced in Australia to make healthcare affordable for everyone. Unfortunately, the Medicare rebate has not kept pace with the operating costs of general practices with many no longer bulk-billing patients. Research has shown that affordability does impact accessibility to primary health care, therefore changes in billing decision-making will impact the accessibility of GPs to the wider community. This poster explores research on GP decision-making in Australia.</i></p>
P29	<p><b>Cervical myositis following off-road four-wheel driving</b>  <b>Dr Howard Webb, Austin Health</b>  <i>We presented the case of a male who developed significant swelling of his lateral and anterior neck following repetitive strain injury sustained during off-road four-wheel driving.</i></p>
P32	<p><b>“Doctor What? Doctor Where?” A podcast to connect medical students and junior doctors with the rural voice and experience</b>  <b>Amy Poynton, Gippsland Regional Training Hub</b>  <i>By exploring the benefits (and challenges) of living, training and working in regional and rural areas, through the voices and experiences of those doing it (relatable near-peers), this podcast ‘demystifies’ rural medicine and exposes students and junior doctors to the breadth and scope of opportunities available. It has reached 15,000+ plays with 400 subscribers. Episodes on rural General Practice and Rural Generalism have been amongst the most popular (1,230 plays).</i></p>
P33	<p><b>Expanding urological services into regional Australia and reducing inter-hospital transfers – how the nurse practitioner can help</b>  <b>Ellen Kelsey, Barwon Health</b>  <b>Background:</b> <i>In the absence of a locally based service a visiting urology service has been established at Hamilton Base Hospital, Western Victoria over the past 25 years, serving an unmet need. During this period a Urology Nurse Practitioner (UNP) role has been developed, which involves the care and management of urology patients working in close association with visiting urologists. We aim to assess the impact of the UNP role in the delivery of regional urological care.</i>  <b>Methods:</b> <i>A retrospective analysis of medical records identified all clinical interventions performed by the UNP between January 2016 and December 2019. Each clinical encounter was scaled according to a clinical severity scale from grade 1 to 5 and assessed for UNP management of patients and the prevention of inter-hospital transfers.</i>  <b>Results:</b> <i>184 patients with 654 individual assessments were identified for inclusion and classified according to the adapted clinical severity scale. Most interventions for category 3 and 4 patients related to major bleeding, catheter difficulties, and haemodynamic instability. A total of 19 patients whose urological issues would typically require inter-hospital transfer were able to be managed locally.</i>  <b>Conclusions:</b> <i>Transferring an acute patient from a regional to a tertiary hospital for specialist care is often necessary but costly for the health service, patient, and their family. The presence of a dedicated UNP in a regional centre is important for patient care and has an important role in the prevention of unnecessary transfers. This is a vital component of a visiting urological service to a rural community.</i></p>
P34	<p><b>Metastatic parotid adenocarcinoma and metastatic SCC</b>  <b>Dr Howard Webb, Austin Health</b>  <i>We present the case of a patient from a rural area with metastatic scalp squamous cell carcinoma (SCC) and metastatic parotid gland adenocarcinoma present in the same cervical lymph node following neck dissection.</i></p>

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P35	<p><b>Hard palate defect with metal straw</b>  <b>Dr Howard Webb, Austin Health</b>  <i>We present the case of a young patient with a hard palate defect sustained following trauma with a metal drinking straw.</i></p>
P36	<p><b>DRIVERS - an antidote to Geographical narcissism for JMOs</b>  <b>A/Prof Janelle Brennan, Monash University Rural Health School</b>  <b>Purpose</b>  <i>For Interns and JMOs an important part of deciding where to live, work and train is the career opportunity and experience available - part of which is access to research. This poster showcases an initiative undertaken in Bendigo, Victoria.</i>  <b>Method</b>  <i>Hosting an annual Junior Doctor Lead rural research conference, Doctors for Regional Innovation Vision Excellence Research and Scholarship - DRIVERS .</i>  <b>Findings</b>  <i>DRIVERS Conference is achieving the aims:</i></p> <ul style="list-style-type: none"> <li>• <i>Increasing rural research visibility &amp; building rural research capacity</i></li> <li>• <i>An antidote to geographical narcissism - reduces perceived "rural barriers" to successful college entry (Surgery, O&amp;G, Internal medicine, Pathology, Radiology, Paediatrics each require research on JMO CVs)</i></li> <li>• <i>Supports career progression for junior doctors (building research, skills, networks)</i></li> </ul>
P38	<p><b>Who teaches doctors how to teach? We do!</b>  <b>Dr Lisa Hall, Monash University</b>  <b>Introduction/Background</b>  <i>Part of a doctor's role is to teach medical students and junior doctors. But who teaches doctors how to teach? Monash Rural Health's Clinical Teaching and Education Pathway (CTEP), initiated in 2021, offers a staged, professional development approach to educating doctors to teach. CTEP is delivered across the Monash Rural Health footprint in regional and rural Victoria. The pathway upskills doctors so the next generations of health professionals are taught well and forge robust connections to the rural and regional areas and health services in which they are placed, as their learning is supported appropriately. CTEP enables regional doctors to undertake education onsite that links to their professional development, and is a stepping stone into post graduate training pathways in clinical education. Evidence of participation in the pathway can support applications for College accredited training. Linking to the university provides opportunities for doctors practising regionally to engage in scholarly activities with Monash Rural Health and potentially develop and sustain an educational culture within their health services.</i>  <b>Aim/Objectives</b>  <i>This poster presentation will outline the origins of the pathway and its subsequent development and expansion into multiple regions of Victoria. It will showcase the anecdotal evidence of impact and describe plans for a formal longitudinal evaluation of the pathway.</i></p>

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P39	<p><b>Acute superior mesenteric vessel ischaemia: a systematic review of clinical practice and biomarkers in the rural and regional hospitals</b>  <b>Dr Zhi Kiat Sia, Lismore Base Hospital</b></p> <p><b>Purpose</b>  <i>Early acute superior mesenteric vessel ischaemia (SMVI) poses a challenge to diagnosis due to minimal and non-specific clinical features. It has a significantly high mortality rate (50 to 80%). This review aims to discuss the pathophysiology of SMVI, availability of serum biomarkers, and clinical management of SMVI in the rural and regional settings.</i></p> <p><b>Methodology</b>  <i>A literature search of PubMed, MEDLINE, the Cochrane library, Embase and Google Scholar between 1968 and 2022 was performed using the MeSH terms for mesenteric ischaemia, vascular, superior mesenteric, acute abdomen, diagnosis and imaging. Over 130 articles (RCTs, meta-analyses, systematic review) were reviewed.</i></p> <p><b>Results</b>  <i>SMVI may be caused by thromboembolism of the SMA (67%), non-occlusive mesenteric ischaemia (15%) or mesenteric venous thrombosis (16%). Thromboembolism occurred more frequently than SMA thrombosis. Most studies conclude that the abdominal pain is disproportionate to findings at abdominal examination, typically associated with a pain-free period occurs in the first 6 to 8h. Serum biomarkers which include procalcitonin greater than 2.47 ng/mL was predicted as an increased risk of bowel necrosis (positive likelihood ratio 2.96). Serum D-dimer levels more than 0.9 mg/L only had a predictive accuracy for intestinal ischaemia of 79%. An elevated procalcitonin or D-dimer level is supportive but not indicative of SMVI. The European Society for Vascular Surgery recommends that CTA be undertaken for SMVI even in the presence of impaired renal function and elevated serum creatinine level because the consequences of a missed diagnosis are so serious. Immediate revascularisation is indicated for CT-proven SMVI.</i></p> <p><b>Conclusion</b>  <i>SMVI constitutes a true emergency. A high index of suspicion from the clinical examinations/biochemistry, rapid CT diagnosis and early revascularisation will be crucial. We aim to share the clinical experiences in diagnosis and management algorithm of SMVI in the rural and regional hospitals.</i></p>
P40	<p><b>Concentration Saturation of Carbon Dioxide</b>  <b>Dr Timothy Turk, West Moreton Health</b></p> <p><i>Concentration of Carbon Dioxide has long been a metric stand in for health of ventilation sessions in a building or individual room. My poster, and subsequent research paper, will undertake the study of atmospheric carbon dioxide and carbon monoxide as well as other metrics of air quality in a state-wide meeting of doctors to ascertain the risk of propagation of infectious diseases as we enter flu season.</i></p>