

My Remote Placement
By Claire Maree O'Bryan, 3rd year medical student

It was in first year that I decided to apply for a 6-month placement in Nhulunbuy which I'd undertake in year 3. At that point I wasn't really sure what to expect—I think it was more or less my adventurous side expressing itself, but I guess I'm always up for an adventure. It seemed like I blinked and first and second years were over and I was aboard the plane to my new home and first clinical placement. Only an hour flight from Darwin, Nhulunbuy's landscape has both similarities and differences. Breathtaking, is the word that came to mind as we descended into the airport, a short 15-minute drive from the town itself. This was also the first time I was going to live in a community since I left Barunga in 2003, where I lived with my family for 4 years. I was nervous and excited but knew that I would be quite different to Barunga—culturally and linguistically. The language in Nhulunbuy, Yolngu Matha, I anticipated would be very different to the Kriol I learned in my formative years at Barunga. Despite this, I was eager to learn about Yolngu culture and wanted to at least learn some basic language to help with communicating to patients and others in the community.

Within the first month all of the new students attended a cultural awareness day that was coordinated by a local elder. We were very fortunate to visit a nearby community with the elder whilst there was an ongoing funeral. There were dancers moving around the house where the deceased lay while the women sat nearby, singing and using clapsticks. It was quite a moving experience and to be welcomed by multiple people at the house was humbling.

Not long after I arrived, we caught wind of some language lessons that were being offered by a local Yolngu woman at a small cost. She was exploring the option of making the lessons her own business in the future. The lessons were once a week and taught us some basics—such a sentence structure, common words/phrases, social etiquette and kinship. She explained that even a small distance away (like in a neighbouring community) the dialect was different. In turn, this makes it difficult for English-speaking people to learn the language and use it effectively. What I did learn though, was that just making an effort to use language with patients was a great way to build rapport.

On the medical front, the clinicians included a group of very knowledgeable and experienced rural generalists and general practitioners with extra training in their preferred subspecialty. As a student I always felt like a valued member of the team and my interactions with the doctors culminated in rich learning opportunities. They fostered an incredible learning environment in which I felt supported beyond measure.

My most memorable experiences during the placement include accompanying Careflight for patient retrievals and transfer to Royal Darwin Hospital, as well as some experiences that came after the global COVID-19 pandemic was in full swing. I was fortunate to be onboard for two flights with Careflight in which I experienced the rawness of providing medical care in an extreme environment. One of the patients needed to be collected from a neighbouring island and flown to RDH. I was amazed by the level of coordination and logistical brilliance necessary for Careflight to operate in such remote areas.

Due to the biosecurity zone travel restrictions implemented for COVID-19, a general

surgeon was sent to Nhulunbuy for weeks at a time to be on-call as well as operate their scheduled theatre lists. Luckily for the medical students, we were called upon to assist frequently. I started off assisting with suturing wounds in ED under their guidance. Next, I was in theatre assisting with laparoscopic cholecystectomies and other procedures like complex skin excisions. I was able to gain and practice skills that many peers would not have experienced at our level.

Shortly before I returned to Darwin, something truly iconic of the Top End happened. A patient who was attacked by a crocodile transferred to Gove District Hospital. The patient was stable enough that a direct transfer to Darwin was not required. The patient's wounds were washed out in theatre and myself, along with another medical student, were front and centre. It's not every day you can say you saw a croc bite wound, let alone assisted the wash out in theatre.

Going on a remote placement seemed daunting at the time but taking that leap of faith is much more rewarding than the initial fear. I experienced much more than I could have imagined and for this I am so thankful. I cannot wait for the next adventure that medicine takes me on. I especially thank AMA NT for providing me with this scholarship which helped to support me financially during this remarkable experience.