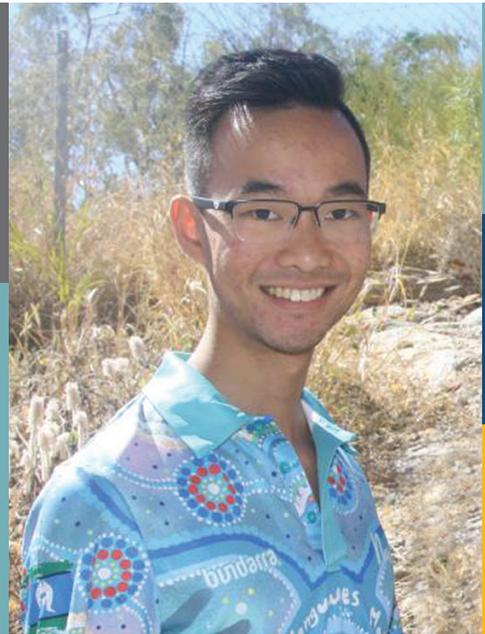# Andric
PHYSIOTHERAPIST
Mount Isa, QLD.

"I had a rural placement in Cooktown when I was doing my undergraduate studies and I really enjoyed it. It was easy to get around town, and socially, there was always something to do. After that experience, I didn't really want to work in the city anymore."

This allied health workforce story is from Andric, a physiotherapist working in Mount Isa, Queensland. Andric's story really shows the range of tasks and the diversity in what comes through the door and the scope of practice required you need as a physiotherapist in a remote hospital setting to deal with it.

Andric's story also reinforces the importance of providing quality and meaningful clinical placements for students that increases the likelihood that they will seek work in a rural place after graduation.

Andric's story:

I'm a Physiotherapist in Mount Isa and I did my study at the University of Queensland in Brisbane. I had a rural placement in Cooktown when I was doing my undergraduate studies and I really enjoyed it. It was easy to get around town, and socially, there was always something to do. After that experience, I didn't really want to work in the city anymore.

There's a lot less structure in my day than there might be in the city. The days are very varied. If there are any sort of neurological cases presenting to the hospital - strokes, dizziness - I get a call, and then there is paediatric and maternity. I'd say that everything we touched on in our studies, we will use and do out here. The unique challenges include, firstly, your scope of practice. I am a physiotherapist and we have quite a broad scope of practice generally, but if you're the only clinician in the hospital and someone walks through the door, you have to find the right way and the right support to provide the best care you can with the available materials and expertise. You need to know when to 'phone-a-friend'.

Another challenge in rural and remote settings is negotiating care and providing the best continuity of care you can by thinking outside the box. I had a teenager attend the ED who had slipped down some steps and broken a few parts of his body. He worked on a station a long way away in the Northern Territory and he hitchhiked to Western Queensland after the fall because Mount Isa was the nearest hospital. His last ride dropped him off to the hospital. We patched him up and I told him he wouldn't be able to work for six weeks. He had no family support nearby but wanted to go back to the station... he was in pain and I had to work out with him a lot of details he had not thought about like who was going to help him get around and how corrugated the road back to the station was. After some discussion, he decided he might head back to Brisbane for a while and finish school while he recovered. In rural practice, this sort of thing happens. You do not just discharge a person or pass them along.

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One of the most important ways we deal with all of the challenges of rural practice is knowing what you don't know and recognising when you need help. That is such a valuable skill and the longer you work in a place, the better your networks and knowledge about things. You nut out people's interests and, if there is no one, help is just a phone call away because your networks extend to the specialists in the city.

One of the ways we are improving rural practice in Queensland is by training in rural generalist practice. I was part of Queensland Health's Allied Health Rural Generalist program and I am studying with James Cook University for a Graduate Diploma in Rural Generalist Practice. With the joint program, we increase and expand our clinical skills and one component of it is to develop a workplace-based improvement project. My project is to improve service delivery through a telehealth Physiotherapy model of care.

Supplied by James Cook University (contact: marnie. turner@jcu.edu.au)