The deeper community context: can the medical history of a rural LIC community transform a wider community of practice?

Kathryn M Weston, Louella R McCarthy
A medical school for rural & regional NSW
UOW Graduate Medicine hub locations

1. Illawarra
2. Shoalhaven
3. Milton/Ulladulla
4. Southern Highlands
5. Murrumbidgee
6. Mudgee
7. Broken Hill
8. Grafton/Maclean
9. Byron/Ballina
10. Murwillumbah/Mullumbimby
11. Forbes/Orange

Source: DOHA Doctorconnect Locator

http://overlapmaps.com/
BACKGROUND

• Rural medicine is unique, challenging, and confronting; rich in personal stories of triumph and humanity.

• We have already embraced the role of the community in training the next generation of medical practitioners.

• This project contextualises medical training in the historical experiences of medicine in the community.

• It aims to transform both the School’s understanding of the communities with which it works, and the community’s awareness of its own history.
What did medical practice look like 100 years ago, 50 years ago, 25 years ago?

How did it look from the perspective of the practitioner, from the patient, from the community?

And most particularly, did it look different depending on where you were located physically, geographically?
The Country Doctor Museum

7089 Peele Road Bailey, Bailey, NC 27807
http://www.countrydoctormuseum.org/index.cfm
A virtual museum

- draws on the characteristics of a conventional museum, allowing visitors to explore rich and diverse content through computer technology. Develops interpretations and narratives of the historical developments.
- University-community partnership
- provides new, meaningful, and contemporary opportunities to learn skills in technology
- helps participants gain investigative and presentation skills
- helps establish citizen science projects
- offers participants opportunities to think flexibly and creatively.
People power: how citizen science could change historical research

Crowdsourcing research by ‘non-specialists’ could help historians investigate big-data archives, and in the process make everyone an expert

Geoffrey Belknap
Tuesday 26 April 2016 16.45 AEST

Citizen science is a digital method, which has been applied to a range of big-data scientific problems. The Zooniverse is a key player in this; having first sought the help of the crowd in classifying galaxies almost a decade ago, it now boasts 47 different projects with well over a million users. The projects hosted on their site have been bringing to the forefront concerns over who exactly is allowed to participate in science.

Even though the hierarchical structure of professional science still remains within most citizen science platforms (with the exception of the extreme citizen science movement), they have had the result of giving everyone access to the raw data of research, and an opportunity to demonstrate and develop expertise.

The methods of citizen science are now starting to be used for humanities projects. Citizen Humanities is opening up the vast archives of history to the public. A repercussion of this development is that it leads to questions as to who gets to participate in researching history,
Why virtual?

A virtual museum has accessibility opportunities denied to museums in real space.

This is a vital issue given the distances involved in our medical school.

By being virtual the museum becomes readily accessible to its creators but also to visitors from other hubs and beyond.
Building a People’s (Local) History of Medicine
Lithgow Spanish Flu 1919

Lithgow, NSW
140 km west of Sydney; Central Tablelands
The process:

1) Identify Pilot community
2) Create ‘team’ FHS and GSM RAL
3) First Community Forum – Planning our options
4) Media blitz 😊
5) Town meeting
6) Talking with the town
7) First (collection) gathering
8) Narrative Follow up
9) Second Community Forum – Creating themes
10) Virtual planning – Creating Story boards
11) Developing the exhibits
Forbes

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Source: DOHA DoctorConnect Locator
Forbes
IVAN MCLEAN
MB MS
Practised from 1921 to 1951

Dr Ivan McLean
Practised from 1921 to 1951

Ivan Alexander McLean (known to his patients as "Dr Mac") was born at Cessnock, NSW on 10 November 1897. Ivan McLean’s father, Alan a teacher was posted to various small one-teacher schools including the Bundarabine and Beresfield near Newcastle. The young Ivan’s school days were spent in the prestigious Royal North Sydney Grammar School in Sydney and he was elected the School’s Captain in 1911.

Ivan obtained his MB MS degree from Sydney University in 1920, graduating in Medicine and graduating Bachelor of Medicine and Master of Surgery in 1921. Following his graduation, Dr McLean took up the role as Resident Medical Officer at Cessnock Hospital in 1920, holding that position until 1921.

There was never a doubt that he was a country doctor and in April 1924, Ivan McLean purchased the practice of Dr Norman F. T. Stimson, who had practiced in Forbes since 1914.

As a well-respected family doctor, Dr McLean was a key figure in the community, providing medical care to families for several generations. He was a member of the local hospital and was always ready to answer thephone and attend patients in need. Patients appreciated the doctor’s presence via a side gate path that led to his house in the middle of town.

Dr McLean’s medical practice flourished, and his reputation as a compassionate and skilled practitioner grew. In 1925, he was awarded the Australian Medical Association’s Gold Medal for his outstanding contributions to medicine.

Dr McLean was a beloved figure in the community, respected for his dedication to his patients and his commitment to the wellbeing of the Forbes area. He was well-liked and trusted by the locals, and his contributions to the community were recognized through various awards and accolades. His legacy continues to inspire local doctors, who strive to uphold the same standards of care and dedication.

JOHN DENT
MB BS
Practised from 1931 to 1997

John Dent was born in North Sydney on 23 March 1923. His father was an accomplished general practitioner in Sydney. At the age of 15, John was accepted into the University of New South Wales to study medicine. After completing his studies, he joined the Royal Australian Navy during World War II and served until 1945. Following the war, John Dent returned to Sydney and worked as a general practitioner in Chatswood before moving to the rural town of Forbes in New South Wales.

John Dent was a dedicated and respected general practitioner who was known for his compassionate approach to patient care. He was a member of the Forbes Hospital and was highly regarded by his patients and colleagues. He was known for his infectious enthusiasm for medicine, which was evident in his dedication to the profession and his commitment to improving the health of the community.

John Dent was a beloved figure in the Forbes community, respected for his dedication to his patients and his commitment to the wellbeing of the town. He was well-liked and trusted by the locals, and his contributions to the community were recognized through various awards and accolades. His legacy continues to inspire local doctors, who strive to uphold the same standards of care and dedication.
DIRECTIONS

1. APPLY LIGATURE. Tie elastic band tightly (as if to stop the circulation of blood) between bite and heart—above elbow or knee—not below. Release 15 secs, every 30 minutes.

2. WASH VENOM AWAY with antiseptic or urine.

3. CUT DEEPLY with lance at sites of bite or sting—[1" to 1½"] deep for snake bite] thus X X X.

4. OPERATE POISON EXTRACTOR. First wet bottom of nipple with antiseptic so as to make air tight seal. Press button to compress spring. Release. — The vacuum thus created should extract poison from tissues.

5. TREAT FOR SHOCK. Keep patient quiet and warm; place few drops of salt volatile on handkerchief under nose; undo tight clothes; drink plenty of warm water and warm drinks—NO ALCOHOL. Apply antiseptic to wound. Give artificial respiration if breathing stops.

6. GET TO DOCTOR as soon as possible.

7. Thoroughly cleanse poison extractor and lance by washing, then boiling in two waters. Refill antiseptic and salt volatile bottles.

DAYSpring HEALTH SERVICES
55 St. HILLIERS ROAD, AUBURN, N.S.W., F.S. 9100
COUGH MIXTURE

Ammonium Carbonate 4 grains
Camphorated opium tincture 20 minims
Tincture of squill 10 minims
Wild cherry syrup 1/2 a drachm
Infusion of Senega to 1/2 an ounce
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‘Virtual museum’ to preserve Australia’s rural medical history

History of rural medicine in New South Wales to be showcased in new online museum.

Medical historians are calling for images, objects and other items of interest for a new ‘virtual museum’ that will house stories of rural Australia’s medical history.

Project leaders Associate Professor Louella McCarthy and Dr Kathryn Weston, from UOW’s Graduate School of Medicine, are working with the rural communities around New South Wales that support the School’s dispersed teaching program to identify and collect medical stories and memories before they are lost.

From Byron Bay, Bellina and Grafton in the north, Murrumbidgee, Orange and Broken Hill in the west, to the Illawarra-Shoalhaven, Southern Highlands and South Coast in the south, each year UOW sends dozens of medical students to rural and regional settings around New South Wales to undertake a year-long clinical placement.

Designed to help address the critical shortage of medical practitioners outside the major cities, UOW’s Graduate School of Medicine is the only medical school in Australia that provides opportunities for all its students to undertake such a long-term placement in a rural or regional setting.
Why does it matter?

• Medicine is still a balance of art, developing interpersonal skills, and science, incorporating the newest technological advances to enhance patient care.

• Medical history, specifically the history of rural health - the mission of our medical school - can remind us that today's medicine has been built over the centuries with each succeeding era witnessing important additions to the body of medical knowledge.

• adapted from The Country Doctor Museum

• http://www.countrydoctormuseum.org/index.cfm
Why does it matter?

• Community history is a means by which local historians are able to do their own teaching, to share their knowledge of the localities that constitute the School of Medicine’s distributed network.

• Our community partners are empowered as the teachers
Conclusion

• Academics can take a cross-disciplinary approach to engaging LIC placement in a broader community of practice.
• University-community engagement can be transformative for both
• Opportunities for medical student humanities research
• By increasing our understanding of rural medicine in Australian history the project seeks to transform our knowledge of this field and provide a deeper understanding of the importance of rural medicine for communities, practitioners, academics and the students embraced by the community as legitimate partners in provision of healthcare.
Questions