

I arrived in Mount Isa on the 16th of August – I had not been on a plane this entire year, so it felt very interesting to be greeted with a thermometer pointed at my forehead as I disembarked. Upon arrival I knew a few things about Mount Isa – it was a mining town, the population was 33 000 with an Indigenous population of 23%, and that the shops were closed on Sunday. My 6-week placement was going to take place on the medical ward of Mount Isa Base hospital, and I had a vague idea of what to expect.

Just by being on the ward for one week, what we learnt at university about certain diseases being more prevalent in rural towns became very clear. Majority of the patients on our ward either had a history or was presenting with either one or a combination of Type 2 diabetes, kidney disease, heart disease and/or liver disease.

At university we learnt that the Aboriginal population have a much lower life expectancy compared to the non-Indigenous population. This lower life expectancy is important to know especially in the context of cultural safety as someone who is in their forties or fifties may not be considered “old” by many non-Indigenous people but may be an Elder in their community. Since our ward had many Aboriginal patients, I always tried to keep this in mind and carry out appropriate care.

I knew that alcohol abuse in rural towns was a problem, however, I truly did not expect for it to be as bad as it is. Over half of the patients’ conditions were a result of alcohol abuse. I had never cared for patients with jaundice before and was shocked to see the colour of their eyes. There were women in their thirties dying from liver failure and no further treatment was possible. I had a very interesting discussion with one of the consultants on the ward about why alcohol is such a problem in Mount Isa – we talked about the lack of education, the accessibility of alcohol and generational abuse. It still is surprising to me that on Saturday evenings and Sunday the supermarket is closed but the bottle shop is open.

The running joke on the medical ward was that the ward was a nursing home. At one point three quarters of the patients on the ward were long stay patients that were awaiting placement and only receiving maintenance care. Many of the patients were awaiting placement but had nowhere to go – with there being limited health services and only one nursing home in town, there were patients that had been on the ward for

months. Some patients were being transferred to another city but were at the bottom of the list for the Royal Flying Doctor Service.

Unfortunately, because of the large amount of long stay patients, there was not a lot of active treatment on the ward – such as IV medication, ECG scans, frequent observations etc. Fortunately, my clinical facilitator had organised an in service from a specialty almost every day, so I was able to gain a lot of new knowledge through the many guest educators we had.

Although in an educational and professional context this placement had been very interesting, personally, it was very difficult to be in a rural town for the 6 weeks. I felt very alone and struggled being away from friends and family, especially since my accommodation was in another part of town from the other student housing. It was most difficult when at the end of my 4th week, a close family member passed away and I was not able to be with family. With flights leaving Mount Isa being expensive and no other placements available, I had no choice but to stay and complete my placement. My takeaway from this time is that I was able to experience what most rural residents experience when they need to reach family or family needs to come to them – flights are expensive, and the drive is long. Many of the nurses and patients whom I spoke to said that they enjoy living in the rural town, however, the inaccessibility to the town makes it difficult.

Luckily for me, the nurses on the medical ward were very good to work with – nice, kind and funny but professional who did their jobs well. The nurses made me feel like I was a part of the ward and a valid team member, my input was listened to by the nurses, some doctors and allied health – I feel as though I got a glimpse into the life of a graduate RN. The environment was very welcoming, and all the nurses were more than happy to show me skills and allow me to practice them as much as possible. The staff of the Mount Isa Hospital service as a whole was wonderful to work with. All disciplines were passionate about bettering the overall health of Mount Isa and were all very approachable and collaborative. Although I have mixed feelings about my experience due to my unexpected circumstances, I can confidently recommend the Mount Isa Hospital to nursing students and health professionals who are interested in rural health.