



Dr Talia Trigger

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Tell me a bit about yourself and where you work?

So I am in my fourth postgraduate year after getting my MBBS at James Cook University. I am currently doing the Queensland Rural Generalist Program. I'm in my two-year rural and remote term. I have already done my two years of core clinical training and my advanced skills training of one year in the Emergency Department (ED) in Rockhampton. I work for two weeks at a time as a Senior Medical Officer (SMO) in Roma, mainly in the emergency department and also in Surat, 80km from Roma, as a GP in a town of around 450 people.

In Surat, I am the only doctor in town. I work there under the remote supervision of my boss in Roma. I do all the primary care clinics when I'm there, located in the same building as the hospital, so I man both of them. We have 5 or 6 long term hospital residents who I look after.

When I am in Roma I am mainly working in the ED and on the ward. I do outpatients work with the visiting specialists and teach students.

Personally, I love working in Surat with remote supervision. I am a bush kid. This is my dream.

What range of situations do you have to deal with?

At Surat, apart from standard GP clinics, I manage some walk-in emergencies in the hospital ED. On my first day out there on my own, I had a person in septic shock that needed to be choppered out. I am on-call but I only get called out 2 or 3 times a week. In Roma, I am mainly in the ED because of my skills.

The scope of work is really manageable, with only a few major emergencies but we do get some sick ones that need retrievals. In Roma we're lucky, because we have LifeFlight based there, so we can easily fly out people needing more help. The visiting specialists also come there every week, so we have one day per week of a visiting surgeon, obstetrician and gynaecologist and some flying anaesthetists.

How do you handle the range of work?

I had done my emergency training before I started working in Surat so I am really comfortable with the work.

The Roma ED is wholly run by Rural Generalists. There's hardly anything that we can't manage, but if there's something we don't know, we always get help over the phone.

Technology has got so fantastic. You can call any specialist you want. You can videoconference or facetime anyone if you need to. I never feel I don't have support or back up. I know I don't know everything. I'm not invincible. I know my limitations and I call for help.

Slowly people are getting on board with what rural doctors have, what they do and what sort of support they need. The barriers between city and bush are breaking down because the visiting specialists get to know our world better, which makes our jobs better.

Why did you become a Rural Generalist?

I went into medical school planning to work in a rural and remote area. We never had permanent doctors in the town where I grew up. I saw my family and friends disadvantaged because of it. So my mindset was to go to medical school and get the skills I need to give to rural and remote communities a stable doctor.

On balance, what do you most enjoy about it?

I absolutely love the variety of work. Most of all, I really adore my time in Surat. It is my home now. The community is close-knit. I have always had a passion for preventative health and I can do that there. We are making a difference. We have all our chronic disease patients on management plans now, they are moving forward with their lives. I have studied for all these years to do this, and I love it.

I love my emergency work too but being able to practice holistically in a rural and remote area and the relationships with the people there, is an experience which is second to none.

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What do you find hard?

It can be tiring and it's not necessarily the easiest form of medicine. You need to have passion but the variety is so fantastic. We get to do so many different things out here which I love.

What keeps you going?

The community keeps me going. They are so grateful to have a permanent doctor in Surat in more than a decade. They are so thankful for the littlest things. They can't believe I am living in town. My husband moved with me and he is from a small town too. He has the same goals as me, working in Surat too. We are planning on staying indefinitely. We may have to get a locum if I need maternity leave down the track, but that won't be hard and my boss is really supportive.

What do you think a National Rural Generalist Pathway will mean for you?

Well the Queensland Rural Generalist Program has been such a supportive training model and I hope this sort of training is more available in other places in Australia. Our supervisors have such a passion for helping us to train and work in the environment we want to work in. The Rural Generalist supervisors are co-located with us and mentoring us all the time. It is the right mix of training and serving the community.

With the national pathway, I hope we get more Rural Generalists and the better rural and remote health will get. Also the bigger centres will be aware of people getting basic medical care in their communities without having to leave. The Pathway will raise awareness of what Rural Generalists can do and do well.

What advice would you give the next generation of doctors about Rural Generalist careers?

I think if you have an interest in rural and remote medicine, do as much time there as you can as a student to see if you like it, and find a location where long term you can have a life that will suit you. Rural and remote health is not just a career, but a life. So getting a grip on the place you want to work, and training for the skills you need is really important.

