Finding a way to medicine

Tania Farrar is an advanced trainee in neurology, part of the first graduating class at the University of Notre Dame (Sydney), and a former Intern of the Year.

DR TANIA Farrar is living proof that medical careers don’t have to be borne from a childhood passion, or family connections.

Dr Farrar is a 32-year-old graduate of the University of Notre Dame (Sydney), a member of the first cohort of medical students to go through that institution. She is in the middle of her second year of neurology advanced training at Royal North Shore Hospital in Sydney, after an internship and basic physician training at St Vincent’s, that included stints at Campbelltown and Wagga Wagga. Her first year of advanced training in neurology included 6 months in Orange, NSW, and Royal Prince Alfred in Sydney.

Not bad for someone who did no science in high school and whose first degree was a Bachelor of Music (Performance) at the Sydney Conservatorium.

“Doctors are very good at hiding things. We hide things that happen in our personal lives from our patients every day, after all.”

“I’d been playing the violin since I was 4 years old,” Dr Farrar tells the MJA.

“Then I realised that it was my love, but not my life. I didn’t want to continue a career in it.”

What she wanted was an academic challenge.

Having done nothing medical or science-related since Year 8, Dr Farrar took herself off to the summer classes in chemistry, physics and biology at the University of Sydney.

“I sat the GAMSAT (Graduate Medical School Admissions Test), passed and was offered an interview, then a place at Notre Dame, which was what I wanted,” she says. “Their information night was really inspiring and the thought of being in the first [graduating class] was appealing.”

It proved to be a great decision, but early in her degree she had her doubts.

“In the first week, at my first problem-based learning session I was completely terrified. It was like they were speaking another language. My tutorial group included an airforce trauma nurse, radiographers and a neuroanatomist,” she says.

“I decided to give myself 6 weeks to see if I liked it. I wasn’t going to waste my time or waste someone else’s spot in the course if it wasn’t the right thing for me.

“By the end of 3 weeks I loved it. That first year was hard, but by the end of it there was no academic difference between those who had a science degree before they started and those who didn’t.

“Being in the first cohort was particularly special because everyone wanted the course to be a success – the students as well as the staff,” Dr Farrar says. “The staff took our recommendations and went out of their way to make them happen. Everyone worked very hard and we were a strong group. There were quite a few interns of the year.” One of them was Dr Farrar herself, who won the gong at St Vincent’s.

“It’s a cohort that has needed to be strong. Like medical students and young doctors nationwide, Dr Farrar and her colleagues have been under immense pressure and many have felt the strain.

“One of my best friends was one of the doctors who took their own life last year,” Dr Farrar says. “It was tough. She made her choice, and she had her reasons, not all of them to do with medicine.

“I’ve been extremely lucky because I’ve been very well supported by more senior doctors who inspire me, as well as support me.

“I think a lot of people come in to medicine thinking they are going to change the lives of all their patients, but sometimes the system gets in the way of taking care of patients, and they get frustrated.”

Dr Farrar says she is very good at compartmentalising her life, but that it’s a skill that “doesn’t work for everyone”.

“I leave the work at work,” she says. “That works for me, but I understand that not everyone can do it.”

Away from the hospital, she rock-climbs, dances, socialises with her friends, and spends time with her partner and her dog, who is “the best thing ever”.

“Whether it’s clinical issues or life in general, I know I can call him up and say ‘help, I need to have coffee with you’,” she says. “It’s important to find the one person you can click with, who you can talk with about anything.

“It’s different for everyone.”
Dr Farrar also believes that doctors don’t talk enough about the issues that can breed stress, depression and anxiety.

“We don’t talk much about the isolation of shift work. I found shift work – not being on-call – but switching between night and day shifts in emergency, for example, quite disruptive to my life, and there’s no doubt that’s harder for some people than for others.

“Doctors are very good at hiding things. We hide things that happen in our own personal lives from our patients every day, after all.”

Managing good mental health for medical students and young doctors, from an institutional point of view, is complicated, Dr Farrar thinks.

“It’s different for everyone, very individualised. Personally, compartmentalising saves me – it’s a great skill for me, but of course it doesn’t work for everybody.

“I don’t need to talk about something for 3 hours. I don’t dwell. I acknowledge [the issue] and move on. But I totally understand that some people need to talk things through.”

Medical professionals are not good at asking for help, Dr Farrar acknowledges.

“They are scared to,” she says. “People feel that they will be judged, and to be honest, that’s at times probably true.”

One great source of support for Dr Farrar has been the regular meetings and courses offered by the Australian and New Zealand Association of Neurologists, she says.

“I feel very well supported by [ANZAN]. About six times a year we have national programs, and that helps. Those weekends are a chance for all of the trainees to discuss life inside and outside work. So, why neurology?

“In my third year of medical school, my mentor was a neurologist, and he was fantastic. He challenged my thinking and in doing so taught me to teach and better myself and my own knowledge base.

“I really thought I was going to hate neurology, and that it would not be easy to learn, and in the end, that was one of the reasons it intrigued me.

“Neurology is varied, and not protocolised. Two patients may have the same diagnoses but they don’t present in the same way. There are weird and wonderful cases, with lots of room for research.

“It’s an exciting field. When you look at how far we’ve come in treating, say, Parkinson’s Disease or MS, just in the past 50 years, it’s incredibly exciting.”

If this article has raised issues for you, help is available at Lifeline on 13 11 14, and beyondblue on 1300 224 636.

Cate Swannell
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As a medical student, Dr Kate Crossley thought she wanted to be an orthopaedic surgeon, so, naturally, she ended up as a neurologist.

A graduate of the University of NSW (2006), she interned at Westmead Hospital and did her residency at Royal Prince Alfred in Sydney before taking a year off to travel, including 6 months working in emergency medicine in Ireland. She now has a thriving neurology consultancy in Dubbo, NSW.

“I thought I wanted to do orthopaedics when I was a student, but while I was working in Ireland I realised I was picking up the neurology cases and that led me to consider it seriously;”

Dr Crossley tells the MJA.

“It’s fascinating. There’s so much we don’t know about the brain and nerves, so there’s an element of mystery about it. I believe in choosing a field that keeps you on your toes over the course of your career.”

A rural career was always on the cards for Dr Crossley. “When I was training, I came to Dubbo several times and at the time Dubbo didn’t have a neurologist, so coming here was equal parts terrifying and exciting. My husband is also a doctor so we took the leap.

“Being in rural practice means you have to be a generalist, which brings its own set of challenges,” she says. “You have to be across all areas. We’re swamped with work, to be honest. Dubbo has a population of around 40 000 but we service the surrounding area as well – about 250 000. Luckily for me we have strong connections with the neurologists in Orange, and in Sydney, who are a huge support. There’s no way I could do it without them.”
From her very first lecture, Dr Lisa Dark knew that neurology was the field for her. “I fell in love with it immediately,” she tells the MJA. “I was very excited by it.”

She was part of the first cohort of students to go through the University of Sydney’s postgraduate medical program, after completing a Bachelor of Science at Macquarie University, that had her aimed at a career in molecular genetics.

“I did work in a lab for a while,” Dr Dark says. “But when I was in high school I had worked in hospitality and just loved the buzz and the vibe. I realised in the lab that I missed the interaction with people and it occurred to me at one point that medicine would be a great combination of people and science.”

Three weeks after starting medical school she discovered she was pregnant with her first child. Being a parent of three has made her choose her career stepping stones carefully, with family considerations a priority.

“I did my internship and JMO training at Royal North Shore and then came to Tamworth for a year as a rehabilitation registrar. My thinking was that rehabilitation medicine would give me a sense of hospital life with hours that were not as onerous as other fields. I also had family support here in Tamworth, and it took care of my mandatory rural training. It was a great year, but I realised my heart lay with neurology.”

Dr Dark ended up staying for 4 years in Tamworth, completing basic physician training there and at John Hunter Hospital in Newcastle, where she also did her first 2 years of neurology advanced training. She completed her neurology training with a Clinical Neurophysiology and Neuromuscular Fellowship at Westmead Hospital.

“I knew I would come back to Tamworth,” she says. She and Dr James Hughes are the only neurologists in town. “Basically, between Newcastle and Brisbane, we’re it. You’ve got to be able to manage any neurological problem that comes through the door – from the basics, like migraines and other headaches, through to multiple sclerosis, motor neurone disease and epilepsy.”

Dr Dark, who is the Director of Physician Education at the Tamworth Rural Referral Hospital, recognises the importance of teaching young doctors how to look after themselves as well as their patients.

“There’s been a shift in the way medicine works,” she says. “It used to be if a doctor didn’t work 24/7 and give heart and soul to it they weren’t considered to be committed, but that’s changing. People are learning that you can work part-time and be just as passionate and committed as someone working 60 to 80 hours a week.

“Nobody wants a doctor who knows nothing about life outside the hospital. You have to find what suits you and your family and gives you balance.”

Living and working in Tamworth is a special experience, Dr Dark tells the MJA. “We look after each other here. We have a supportive and collegiate medical community, with an emphasis on teaching and training,” she says. “In a smaller community, it’s easier to get to know everybody. In a big city hospital, it can be very easy to get lost in the crowd. Here we watch out for each other.”
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