



CRANA RURAL NURSING

Heartbeat to a healthy country town



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Rural Nursing Symposium

This Rural Nursing Symposium is a forum for engaged nurses, leaders, clinicians and academics to discuss key issues that face rural nursing now and into the future.

Date:	Thursday 28th February 2019
Venue:	Hellenic Club Woden Matilda Street, Woden (Canberra) ACT 2606 Ph: 02 6162 6624 www.hellenicclub.com.au/woden
Parking:	250 Free car spaces available on site
Twitter:	#CRANARuralNurse
CPD	7 CPD points
Key Contacts:	Denise Wiltshire denise@crana.org.au or 0419 359 325

Program

0830 - 0900	<ul style="list-style-type: none"> Tea and coffee and registration 	
0900 - 0915	<ul style="list-style-type: none"> Welcome & Housekeeping Acknowledgment of Traditional Owners Introductions 	Karen Cook RN
0915 - 0945	<ul style="list-style-type: none"> The current context Remote and Rural Nursing Outcomes of the Rural Nursing Project Today's opportunity 	Christopher Cliffe RN CEO CRANAplus
0945- 1100	<ul style="list-style-type: none"> Educating the nurse of the future 	Prof. Debra Thoms RN RM Commonwealth Chief Nursing & Midwifery Officer
1100 - 1115	MORNING TEA	
1115-1145	<ul style="list-style-type: none"> Rural generalism, rural nursing and the commissioner – putting rural health issues at the forefront of government decision making 	Emeritus Professor Paul Worley National Rural Health Commissioner Proudly supported by:  
1145- 1200	<ul style="list-style-type: none"> The ARNM (Australian Rural Nurses & Midwives Association) experience 	Prof Jane Mills RN (past director of ARNM) Pro Vice-Chancellor, College of Health, Massey University, NZ

1200 - 1215	<ul style="list-style-type: none"> The rural nurses in a public hospital: Building primary & urgent care capacity for a community 	Jason Phielor RN – NUM Lorne Community Hospital
1215 - 1230	<ul style="list-style-type: none"> Inequity in Rural Nursing 	Julianne Bryce RN – Senior Federal Professional Officer ANMF
1230 - 1245	<ul style="list-style-type: none"> The rural nurses in a public hospital: Building primary & urgent care capacity for a community 	Karen Schnitzerling RN – Beaconsfield District Health Service
1245 - 1300	<ul style="list-style-type: none"> Australias Rural Hospital Nurses research 	Sarah Smith RN – University of Wollongong
1300 - 1330	LUNCH	
1330 - 1515	<ol style="list-style-type: none"> What are the positive aspects of rural nursing in Australia? What are the current and emerging issues facing nurses who work in small country hospitals and/or rural aged care faculties? What changes need to be made to address the issues? How will we know we have succeeded? What is the role of CRANaplus? 	Small group work then presentation back to whole group. Each group needs to select a scribe and a person to report back.
1515 - 1530	AFTERNOON TEA	
1530 - 1615	Q&A Panel of today's speakers	Hosted by Karen Cook Proudly supported by: 
1615 - 1630	<ul style="list-style-type: none"> Key recommendations including responsibilities Next Steps 	Amelia Druhan RM & Karen Cook
1630 - 1645	Symposium wrap & evaluation	Karen Cook
1700	Join your colleagues for a drink at your own costs at the Triton Bar and lounge	

The program overview above is provisional and subject to change as planning proceeds

Rural Nursing in Australia:

Nursing, both registered and enrolled, is a generalist profession with scope of practice being driven by the context in which they work. Rural Nurses practice in the broadest sense and deliver care across the lifespan and health continuum, similarly to their remote area nursing colleagues, they often have minimal clinical support and infrastructure.

Nurses have responded to the increasingly complex health demands of society by becoming subspecialised. Nurses therefore frequently identify themselves according to their area of specialty or practice, for example Intensive Care Nurse, Emergency Nurse, Breast Care Nurse or Practice Nurse.

The Rural Nurse:

- Has a broad scope of practice across the lifespan and often having to practice across acute, emergency, aged, palliative, mental health, peri-operative, primary healthcare etc.
- Requires a generalist approach with skills and knowledge to match, attributes of flexibility, adaptability, reflectivity, innovation and resilience are essential
- Has expanded triage, physical assessment and emergency stabilisation skills to initiate clinical interventions, often as the initial responder in a clinical emergency
- Works collaboratively in advanced and extended clinical roles for continuous comprehensive and co-ordinated care utilising their limited available resources
- Is required to undertake multiple functions depending on the day, these include clinical care, health service management and clinical education
- Is a high-profile part of the community where personal and professional issues are not easily separated.

The Rural Nursing Context:

Geographical descriptors are a blunt instrument in describing the context in which Rural Nurses practice.

The Rural Nursing context is determined by aspects such as:

- Small communities with variable access to amenities – i.e. housing, shopping, schools, leisure activities
- The social, cultural and economic characteristics of the community
- The availability and access to other health care capability - i.e. medical, allied and relief staff, equipment, medical evacuation
- The communities' expectations on their local rural nurses – i.e. first line emergency response.

The people who live, work, travel and play in rural areas also influence the rural nursing role, these include groups such as retirees, young families, culturally and linguistically diverse people and the grey nomads or other seasonal surges. Rural Nurses work in a variety of health care settings, including small country hospitals, multi-purpose centres, community health, primary care, aged care and Aboriginal and/or Torres Strait Islander medical services.

Rural Nursing Characteristics:

CRANAplus recognises that there is a strong professional pipeline in both directions between urban & rural and remote & rural nursing practice. Whilst many larger regional health services are based in a rural location, their size and access to onsite medical, diagnostic, allied and specialist services results in the nursing professionals practicing in a very similar manner to urban-based health services.

Maternity care is predominantly provided by the dual qualified nurse / midwife in small rural settings due to the workload demands. Rural nurses often have dual qualifications and additional skills and knowledge to meet their community's need, including extended clinical skills such as radiography, suturing, plastering and advanced life support. Nurse practitioner roles have an increasingly important role in health service delivery.

Rural Nurses have a broad scope of practice, providing healthcare to and within their own small rural communities.

Rural Nurses are specialist generalists with reduced access to clinical supports and assistance compared to their urban colleagues.

Rural Nurses are high profile members of their community, who are expected to respond to health needs and emergencies as they occur.