

issue 99 | spring 2015

CRANA *plus* magazine

the voice of remote health

RRP: \$10.00



support 48
educate 54
represent 68
connect 78

Pharmacotherapeutics for Remote Area Nurses

Online course commencing October 2015

**A course in the practical use of medicines in
disease management developed specifically for
Registered Nurses who work in or are planning
to work in remote and isolated practice.**



**For further information visit
Centre for Remote Health website
or contact Short Course
Administrator**

(08) 8951 4700
crh.shortcourse@flinders.edu.au
www.crh.org.au

**Visit us at CRH booth at CRANAplus Conference
15 – 17 October 2015, Alice Springs**

from the editor

Spring is here and dotted throughout these pages are photos from members and readers celebrating this time of year.

Our last edition featured a story about Dr John Setchell's retirement after 15 years with the Royal Flying Doctor Service (RFDS) Central Section. Feedback about the story prompted me to think that we should feature a remote health 'icon' each edition. So in this issue (page 20) we feature a Territorian known to many in the aged care sector across Australia, Mary Miles. Read about her two decades as Director of Nursing at Old Timers Village in Alice Springs.

Dianne Few is our feature story and she shares insights into the diverse roles and locations that working as a remote area nurse has to offer.

Our annual Conference is nearly here and, if you haven't done so, please register soon. This year the Annual Awards dinner will be held under the stars at the Desert Park among the spring wildflowers and against a backdrop of the West Macdonnell Ranges. We have a couple of surprises in store too for our visitors to the Territory.

The conference also heralds the AGM and Board elections which is a vital part of the workings of our organisation. This year there are two opportunities to join the board as a "Committee Member" and you will find full details of the six nominees contesting these positions on pages 4. Only current Members are able to vote at this election so remember to renew your membership to have your say in the Governance of this dynamic organisation.

See you at Conference!

Anne-Marie Borchers
Manager Marketing and Communications
CRANAplus



Email: publications@crana.org.au
Phone: (08) 8408 8200 | Fax: (08) 8408 8222
CRANAplus Magazine, PO Box 127, Prospect SA 5082

Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANAplus.

Magazine circulation 15,000.



Australian Government
Department of Health

CRANAplus graciously acknowledges the Australian Government Department of Health for making this magazine possible through grant funding.

CRANAplus' Patron is The Hon. Michael Kirby AC CMG.

About the Cover: Late after a very long day, John Gallagher in civies and 'Howie' in hi-vis, are paramedics. I like this photo because it was taken on International Nurses Day hence the writing in the dirt on the rear window of the ambulance.

from the ceo



Dear CRANApplus Members and Supporters,

Welcome to the latest edition of the CRANApplus magazine, the foremost place to read all about what's happening in the world of the remote and isolated health workforce in Australia.

The business of CRANApplus is in full swing as we deliver a large number of short courses into rural and remote locations around the country to help prepare the workforce for the unfortunate reality of dealing with clinical emergencies in relative isolation.

Our online learning platform (e-remote) is currently undergoing a significant platform redesign and refresh of content, aiming within the next few months to make access to affordable, appropriate, remote-relevant education and training a little bit easier.

Similarly the learnings from the RAN credentialing pilot that was undertaken back in 2013 is being used as a platform for an exciting new program for registered nurses to be endorsed formally by CRANApplus as RANs against the Professional Standards of Remote Practice (Nursing & Midwifery).

Our Bush Support Services is currently experiencing a surge in demand, with the service now the busiest in its history. Avoidable and preventable work-related stressors (like bullying) remain an encumbrance within our industry that we should all take pride in eradicating. CRANApplus also continues to develop resources, respond to requests and advocate on behalf of the remote health workforce.

A very exciting milestone is the formal launch of the CRANApplus inaugural Reconciliation Action Plan at the 2015 CRANApplus Conference in Alice Springs, 15–17 October. As we play a leadership role within the remote context of healthcare, it is incumbent on CRANApplus to drive reform and build meaningful opportunities to help achieve reconciliation. We must leverage support, promote action and lead by example.

The CRANApplus vision for reconciliation is that self-determination, equality and equity for Aboriginal and Torres Strait Islander peoples will be achieved through building of relationships, the application of respect and the availability of opportunities. CRANApplus acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the land and seas, and respects and values the diversity of cultures within Australia.

Hopefully I'll catch some of you in Alice Springs at our Conference, and others as we travel around the country.

Cheers

Christopher Cliffe
CEO, CRANApplus

We want to hear your stories about remote health practice, and the best will be included in future editions. Editorial submissions, photos and questions about editorial content should be directed to publications@crana.org.au

reflections on the financial year

What a year it has been!!! And thanks to the work completed in the previous budget, our organisation has never been better positioned to seize the moment of opportunity.

While the new financial year is in full swing and the budget now set, it is worth stepping back to reflect on our recent achievements.

The key focus of the organisation's previous financial year budget was to invest heavily in innovation, evaluation and brand recognition. That budget helped to create many tools which will now pave the way for us to find internal efficiencies, continue to provide high quality services and to reaffirm the valuable work this organisation provides to the remote sector.

Some of the big-ticket items accomplished in the previous financial year included:

- The Bush Support Services evaluation and completed action plan
- Innovative IT upgrades and solutions to all major internal operating systems
- Realignment of our organisational structure
- Establishment of CRANApplus brand guidelines
- Development of a marketing and communication strategy

The biggest achievement of the year, however, was securing another funding agreement with our major partner the Department of Health. This agreement will see CRANApplus continue to be funded for core business up to 2018. In these changing economic times where funding

cuts are inevitable across all not-for-profit sectors, it is a testament to the excellent reputation of CRANApplus to see that the government recognises our services as being a critical component to remote health care, and as such, is continuing to fund our core business with no cuts over the next three years.

However, it is also clear that, in this challenging economic climate, restrictions will not support any additional government funding for the growth of our business beyond our current services. This means that, in order for the organisation to achieve its strategic aspiration – which is to grow the organisation and its services – alternate sources of income and internal efficiencies will need to be realised.

Of course all the organisation's past accomplishments and future aspirations cannot be made possible without the continued support and hard work from all of its volunteers, members and dedicated staff. With this in mind I have no doubt that the organisation will rise to the challenge, given the passion, selflessness and commitment these individuals give to this great organisation year in year out.

Steven Dangaard
CFO, CRANApplus ●





engage

president's musings

The dust has settled over the past three months at CRANaplus since our funding arrangements were confirmed and we are back to the work we do best – educating, representing and supporting the remote health workforce.

We are also exploring some other funding arrangements and activities as part of our business plan to become more self-sustaining in the future. For example, we have had initial discussions regarding a stronger evidence base for the remote workforce and the development of a research program for remote with our key stakeholders and four universities, headed up by Flinders University Centre for Remote Health – so watch this space.

Much of my work focus over the past few months has been in the development of a new book titled – *Australia's rural, remote and Indigenous health*, for publication by Elsevier Australia in early 2016. This has been an exciting, solitary and

sometimes gruelling process, which has made me reflect upon many things. It made me realise how much things have changed and improved in the rural and remote space in the past decade since the last edition of this book. It has also given me a broader and deeper understanding of issues related to the field. I was fortunate enough to work with several other authors who see the world differently from me on a number of levels, which has resulted in some fabulously insightful chapters with a strong clinical base. These have included a couple of new chapters: one is on remote health practice, with a case study of 'the day in the life of a remote area nurse' and providing practical advice about consultation models and ways forward. Two other exciting new chapters are on cultural perspectives: one on a new model of cultural safety; and one on working effectively in Indigenous health. This is written by an Aboriginal doctor, providing insight into Indigenous practice that I have seen nowhere else before.

I think that my continual research in the remote space greatly assists me in the governance of CRANaplus and helps me better understand the important work of the remote and isolated workforce even though I haven't personally worked remotely for many years.



As I write this, the national CRANaplus Conference in Alice Springs is looming and looks like it will be a fantastic one, as we all get to tell our stories and become enthused with our respective work. I look forward to meeting with you all then: safe travels, and don't forget to do something nice for yourself every day.

Dr Janie Smith
President, CRANaplus ●



board nominations



Benjamin Crough

Originally a rural boy I have slowly shifted my focus to remote healthcare where I proudly say I am a Pharmacist member of CRANApplus. In applying for a general committee position for the CRANApplus Board I believe I have the skill set and motivation required to make the

role something unique. I believe that with my early career experience and enthusiasm for remote life I am a positive and different choice for the CRANApplus Board. Currently I work for two pharmacies within South Hedland. My main role however is being the sole pharmacist within an Aboriginal Medical Service.

In this role I service the local area as well as surrounding Aboriginal Communities. I worked as a remote pharmacist's intern in 2014 between both Broome and Derby whilst covering trips to remote communities. Originally from Tamworth I studied my degree of Pharmacy in Armidale NSW.

I believe that with my early career experience and enthusiasm for remote life I am a positive and different choice for the CRANApplus Board.

My experience to hold such a position includes my ground work with fellow health professionals servicing remote and isolated communities with medications and disease management. My appointment to the University of New England's Council, were working with the

Chancellor and other councillors from Armidale NSW and wider NSW to make financial, logistic and strategic decisions for the University and its stakeholder. I was also Secretary for the National Rural Health Students Network where representing all health students interested in rural and remote health, our executive team was able to lobby Government and agencies for better experiences when students go bush. Working with groups such as SARRAH, Medicare locals and CRANApplus we were able to work on a number of projects to increase the favouritism of rural and remote health to these students.

CRANApplus is an exciting organisation, which has taken me and many other early career professionals under their wing.

Applying for this role some may consider me still very novice and inexperienced compared to more experienced remote health workers, however with the networks and opportunities that rural and in particular remote health has offered me, I am a suitable candidate. I have definitely experienced the highs and lows of remote life and times where I have wondered what I am doing out here, but then I see the impact on health outcomes that I make and it all makes sense. CRANApplus is an exciting organisation, which has taken me and many other early career professionals under their wing.

I feel that by electing me to the Board I can better relay and shed light on what it is like to be young and working remote whilst providing my governance skills I have attributed over the years. As more and earlier career professionals enter the remote workforce the CRANApplus membership can mirror this with electing a similar member to the Board. ●



Catrina Felton-Busch

Catrina Felton-Busch is an Aboriginal woman from Mornington Island and belongs to the Yangkaal and Gangalidda people of the Gulf of Carpentaria. She is the Director of the Indigenous Health Unit, for Division of Tropical Health & Medicine, James Cook University, currently based

on the Cairns campus. She has a Master of Public Health and currently undertaking doctoral studies around birthing for her home community of Mornington Island.

Catrina's health career commenced with James Cook University (JCU) at the Mount Isa Centre for Rural & Remote Health (MICRRH) in 2000 as the Co-ordinator of Indigenous Studies. Her family background, cultural connections to the Indigenous communities of North West Queensland and work experience, provided essential skills and knowledge for this work.

Catrina has a strong record of Indigenous health activity spanning 15 years and involving work centred around the management of training and education programs for Aboriginal and Torres Strait Islander health students and professionals in the university and vocational education and training sectors.

A current example of this work is as project lead of the Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Upskilling Project being undertaken by a JCU lead consortia of government and Aboriginal Community Controlled Health organisations and education providers. In addition to this she has a growing track record in Indigenous health research that reflects her own personal commitment to improving the lives of her own people.

Catrina has a strong record of Indigenous health activity spanning 15 years and involving work centred around the management of training and education programs for Aboriginal and Torres Strait Islander health students and professionals...

Catrina's previous Board experience has been as Chair, and Treasurer of Yapatjarra Community Controlled Health Service and Board member of the Mount Isa Community Controlled Health Service (now Gidgee Healing). She also served on the Board of the Rural Health Education Foundation.

I am an Aboriginal woman who has been raised, lived and worked in regional, rural and remote communities of Northern Queensland.

I am an Aboriginal woman who has been raised, lived and worked in regional, rural and remote communities of Northern Queensland.

I possess the requisite qualifications, experience, professional interests and Board experiences to make a significant contribution to the work of CRANApplus as well as bringing a unique Indigenous perspective to the Board. ●



Fiona Wake

My qualifications and experience as a Registered Nurse range across acute and primary health care over the past 25 years.

This has enabled me to develop a broad understanding of the challenges and issues health professionals face

on a daily basis in their practice as well as the overall challenges of the remote clinical and cultural setting.

I believe CRANaplus provides a sound pathway for health professionals working in rural and remote settings with the range of training and support which we actively utilise and promote at RAHC.

My position as Clinical Manager for Remote Area Health Corps (RAHC) since 2009 has brought me in regular contact both formally and informally with health professionals, managers and executives across all health services throughout the NT. I strongly believe in collaboration and sharing of resources – together we can address key issues around staffing, preparation and support for all Health professionals working in the rural and remote setting. RAHC is firmly focussed on supplementing the efforts of the permanent remote staff and values the constructive feedback and support they provide to our health professionals.

I advise on clinical governance, professional development, incident management and credentialing at RAHC. I am extremely proud during my tenure as Clinical Manager to have successfully implemented the RAHC Remote Educator (RE) program in response to the feedback of health services and health professionals. RE support enables health professionals to have the face to face support on their first placement out bush whilst taking some of the orientation pressures away from the regular staff. It's about 'the correct way the first time' during the cultural and clinical transition to the remote environment.

I maintain my clinical relevance by contracting six weeks of nursing in primary health services through the NT Hearing Health Program (HHP) outreach each year. I enjoy this work immensely and it also keeps me in touch with the extraordinary remote health professionals at the coalface and providing a chance for me to keep current regarding remote issues. The HHP work takes me to both AMS and DoH health services across the NT.

I believe CRANaplus provides a sound pathway for health professionals working in rural and remote settings with the range of training and support which we actively utilise and promote at RAHC. Also, importantly, CRANaplus provides a voice for remote practitioners and advice at many levels from individual support to corporate influence.

...importantly, CRANaplus provides a voice for remote practitioners and advice at many levels...

I hope with my experience I would provide sound insight and a valuable contribution to the CRANaplus Board. I have undertaken professional development in the role and function of the Board to underpin this contribution. ●



Robyn Williams

BA (ANU), RN (RDH),
Grad Dip Ed (NTU),
MPET (DEAKIN) PhD
Candidate (CDU)

I have nursing and education qualifications and over 35 years of experience of working with Indigenous peoples and various sections of the rural and remote

population, primarily in NT. My fields of expertise include cross-cultural curriculum development and program implementation; evaluation of community-based programs; and qualitative research in Indigenous and remote health issues.

I believe that I can bring a broad view of the rural and remote health areas with more connections than a 'city power station'.

I am currently coordinating the Bachelor of Health Science at CDU where I also worked with colleagues to develop a cultural competency framework and a remote health pathway in the Bachelor of Nursing. I work closely with the Chronic Conditions and Remote Health programs in the NT Department of Health and also work collaboratively with the National Rural Health Alliance, AMSANT, Indigenous Allied Health Association, CATSINaM, Centre for Remote Health, Lowitja Institute of Indigenous Health Research, CRANaplus and LIME.

I am also undertaking PhD studies where my thesis is on exploring preparation for health professionals to be culturally safe and effective practitioners in Indigenous primary health care settings.



Photo: Donna Lamb

Why I should be elected as Board member: I have been a CRANaplus member for a number of years and have presented at the last few conferences. I believe that it is crucial for rural and remote practitioners to have a voice and representation at local, regional and national levels. I have extensive professional and community networks. I bring a general perspective of being an experienced remote area practitioner and a more specific perspective of an educator of current and future health practitioners. Three of the units that I teach are Indigenous Health, cultural Competence in Healthcare and Rural and Remote Health; the last one being an exciting opportunity for nurturing and engaging with emerging rural and remote practitioners. Lastly, I believe that I can bring a broad view of the rural and remote health areas with more connections than a 'city power station'. ●

Naomi Gallagher

Started in Remote Area Nursing in Lockhart River in 1979. I have worked remote off and on since then and have been either full time or part time Army and I am still a serving member of the Army. I have worked in Lockhart River, Palm Island, Weipa, Christmas Island and NT. I have held the position of DON at Joyce Palmer Health Service, Palm Island March 2012 to November 2014 and now I am DON at Bamaga.

I am passionate about Indigenous Health and the health of people living in remote and isolated communities.

I am passionate about Indigenous Health and the health of people living in remote and isolated communities. I have a strong commitment to staff who care for these communities and want to mentor and support them.

I have a Masters of Management, Grad Dip in Nursing Management and a Master of Advanced Practice in Emergency Nursing. I was a foundation faculty member of the ACN Disaster Management Faculty and I believe I have the experience to help guide CRANaplus. ●



Photo: Steve Batten.

Dr Nicholas Williams

MB.BS., DipRACOG, MSc (Primary Health Care), Fellow of the Australasian Faculty of Public Health Medicine, Fellow of the Australian College of Rural and Remote Medicine.

Nick Williams was born in the mid-north of South Australia and trained at Adelaide University, graduating in 1980. He has considerable public health experience and has worked in Indigenous health for over 24 years in Africa, northern Canada, Central Australia and rural/remote South Australia.

He was the Senior District Medical Officer in Alice Springs for seven years in the nineties, providing RFDS evacuations and community medical services to remote Aboriginal communities.

Nick was extensively involved in the initial development of the CARPA Standard Treatment Manual...



Nick was extensively involved in the initial development of the CARPA Standard Treatment Manual and remains on the Editorial committee for the Remote Primary Health Care manuals.

He worked in general practice/public health at the Parks Community Health Service for 12 years until 2011. He maintained his emergency medicine skills with weekly sessions at Queen Elizabeth Hospital Emergency Department and GP locums in the top end of the Northern Territory throughout this time.

Nick has been a facilitator for the CRANaplus Remote Emergency Care program for over 15 years...

In 2009 he undertook a three-month International Committee of the Red Cross (ICRC) humanitarian mission to the North West Frontier Province of Pakistan, and worked in an Emergency Response Unit in the Philippines in response to Typhoon Yolanda in 2013. He continues to be available for Red Cross Emergency relief duties.

He lectures in Aboriginal Health/Public Health at University of Adelaide.

Nick is currently working with the Aboriginal Health Council of South Australia as a GP Supervisor, Aboriginal Health. This involves supporting the GP workforce in rural and remote Community Controlled Aboriginal Health Services in SA and supervising GP Registrars. He is the acting Medical Director at Pika Wiya Health Service Aboriginal Corporation in Port Augusta.

Nick has been a facilitator for the CRANaplus Remote Emergency Care program for over 15 years and has served as a member of the CRANaplus Board for the past three years. He would like to continue in his role on the Board and feels he still has a lot to contribute to CRANaplus. ●

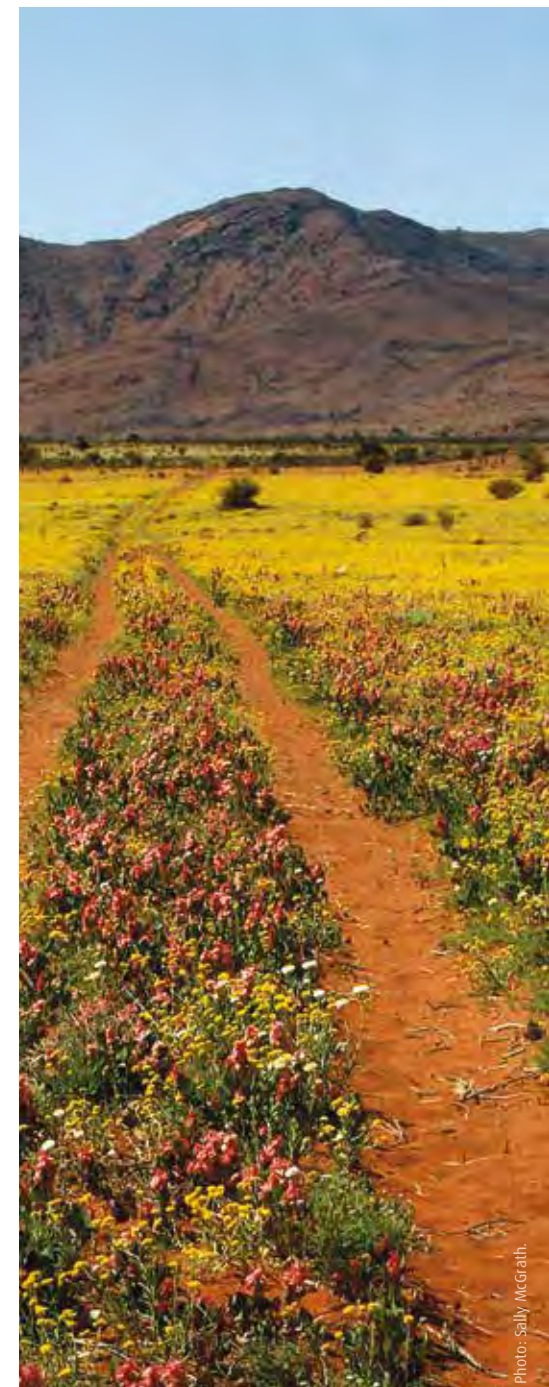


Photo: Sally McGrath.

nursing for half a century

"I have been a nurse for a long time," is a major understatement from Rosemary Bryant who recently retired as Australia's first Commonwealth Chief Nurse and Midwifery Officer.

With a career in nursing spanning 50+ years, Rosemary, well known among CRANaplus members for her regular appearance at our annual Conferences, says nursing is almost unrecognisable compared to when she started in 1963.

And the changes will continue, says Rosemary, who has spent the last seven years lobbying and advocating for the nation's 330,000 nurses and advising the Federal Minister for Health and the Department of Health on a range of nursing and midwifery issues.

With a career in nursing spanning 50+ years, Rosemary says nursing is almost unrecognisable compared to when she started in 1963.

Rosemary looks back on a number of gains, including access to Medicare by Nurse Practitioners, which means their patients can now claim for their services through Medicare.

Nurse Practitioners, who can also now write scripts, work in a wide range of areas, including areas such as sexual health, psychiatry, emergency departments, primary health and, of course, in rural and remote areas as well as urban.

Rosemary is also pleased that midwives can now practise independently with their own patients in collaboration with medical practitioners. "They basically work as independent practitioners, which is fantastic," she said.

The national register for nurses is another improvement, says Rosemary. "With one registration, nurses and midwives can move freely from state to state across Australia. In terms of safety and quality, if a practitioner has a restriction in one State it is now common knowledge across the country.

"While the aspect of care is paramount, there is also the requirement to be technically competent, and today's educational requirements are also significant."

There is the same standard for registration for all nurses and midwives. And for the first time we know how many nurses and midwives there are in the country."

Rosemary considers it inevitable that nurses, not just Nurse Practitioners, will be able to write scripts in the future. "The need for more health practitioners will push this change," she said. "Nurses will work more in the area of primary health, taking over some of the tasks currently done by doctors."

The role of Commonwealth Chief Nurse and Midwifery Officer, lobbied for by the nursing profession, was an election promise by the Rudd government, Rosemary points out. "There had been senior nurses in the Department previously, but that was many years before and completely different."

"I have really enjoyed this role and the ability to influence what happens to nursing," Rosemary said, "although you don't always get your own way."



Christopher Cliffe with Rosemary Bryant taken during our 32nd annual Conference last year.

Nursing today is totally different to when Rosemary began her career. "There are different demands on nurses now, not least the technology. We have had huge advances in medicine so nurses have to be more technically proficient," she said.

"I have really enjoyed this role and the ability to influence what happens to nursing..."

"While the aspect of care is paramount, there is also the requirement to be technically competent, and today's educational requirements are also significant.

"When people are receiving acute care in hospital, they realise that we can no longer

have the apprenticeship model for nurses. Because of the technical complexity of the work now, a university degree is the way to go."

Rosemary spent most of her clinical career in Adelaide, and was Director of Nursing at the Royal Adelaide Hospital before taking on the job of Victoria's Chief Nurse in the Department of Health. She then moved to Canberra in 2000, where she was executive director of the Royal College of Nursing, Australia, for eight years.

She was appointed to the newly created advisory role of Commonwealth Chief Nurse and Midwifery Officer in 2008.

The International Council of Nurses (ICN) has also been a major part of Rosemary's nursing life, serving as second vice president from 2005 to 2009, and then elected president in 2009, serving for four years before retiring in 2013. ►►

» “The ICN, based in Geneva, now has 134 countries, so to be the international president wasn’t always easy to do from Canberra,” she pointed out.

“My role was to lead the Board and determine policies for the organisation and I had to travel a great deal, meeting groups of nurses around the world.

“Once again, registration of nurses was an issue, as well as guidance and leadership in the socio-economic welfare of nurses, basically covering workplace wages and conditions.

“The working conditions for nurses in many countries are very bad: sometimes it is because of the government, sometimes it is that the government is poor and can’t afford to pay the nurses.

“What that means is nurse migration, as they want to come to countries like Australia to get good money, which they then send home. But, of course, that means that their own country is deprived of nurses.”

“The working conditions for nurses in many countries are very bad: sometimes it is because of the government, sometimes it is that the government is poor...”

Rosemary has also consulted to the World Health Organisation. In addition, she is a Fellow of The Australian College of Nursing, was made an Emeritus Director of Nursing at Royal Adelaide Hospital and was awarded the degree of Doctor of the University by both the Queensland University of Technology and Flinders University.

So it’s no surprise to hear Rosemary say that, after a break following her retirement, she “will be back doing something” in the nursing arena. ●



Health
Far West
Local Health District

For more information about a career
in the Far West, please visit our
Careers Lifestyle Website at
www.farwesthealthjobs.com.au

NURSING

Broken Hill

Registered Nurse – Facility Position

PFT, Salary: \$58,142–\$81,649 pa,
Recruitment No: 268810, Enquiries:
Kathryn Morrison, (08) 8080 1458 or
Kathryn.Morrison@health.nsw.gov.au
Close: 18/10/15.

For an Application Kit or to
apply online please go to
<http://nswhealth.erecruit.com.au>

We are committed to Equal Employment Opportunity
Ethical Practices, the principles of Cultural Diversity and
promote a smoke-free environment. Appropriate
criminal record and child protection checks conducted
for all positions. All employees (except casuals) are
eligible to Salary Package.



call for stories

My name is Bill ‘Swampy’ Marsh. To date I’ve written almost 18 books; the vast majority of those being under the title of Great Australian Stories.

These Great Australian Stories cover such topics such as the Royal Flying Doctor Service, shearing, railways, droving, outback towns and pubs and the CWA, to name a few.

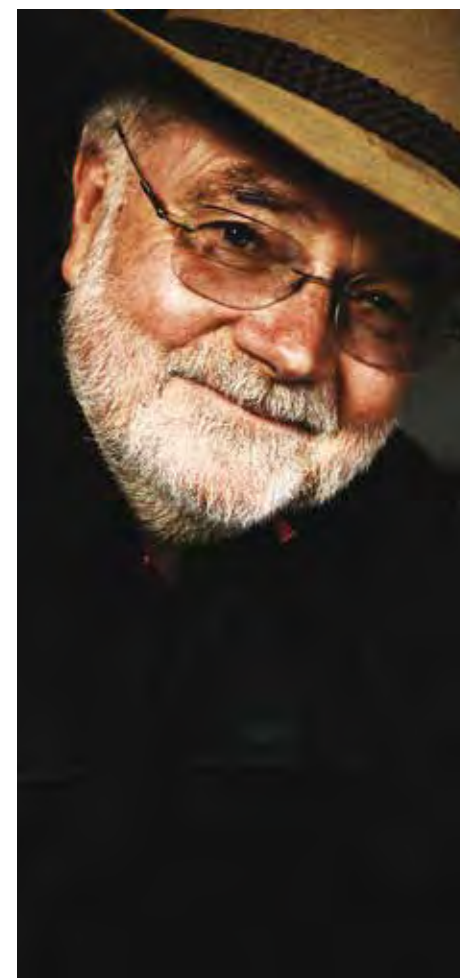
My book of Great Australian Outback Police Stories is soon to be released which will be followed in late 2016 by a second collection of outback school stories.

This project is not, in any way, intended to compete with Annabelle Brayley’s fine books but rather to bring even more public awareness of life in the remote areas of Australia.

I’ve recently been contracted by ABC Books-HarperCollins to write a collection of stories dealing with the lives, struggles and successes of those who work in the health industry, particularly in the outback regions. This project is not, in any way, intended to compete with Annabelle Brayley’s fine books but rather to bring even more public awareness of life in the remote areas of Australia.

As with all my other books, these stories will be done through interviews – either by phone or where practicable in person – and the contributors will be shown a draft of their story before it goes to the publishers so that any discrepancies can be sorted out.

Publication is expected to be in late 2017 but I have to have the stories in to the publishers before the end of 2016.



If you have a story to tell could you please contact me via my email address: bill@billswampymarsh.com and we can take it from there.

If you wish to find out more about me and what I do please feel free to have a look at my web site: www.billswampymarsh.com

I look forward to hearing from you and thank you very much.

outstanding health professionals recognised for excellence

The recipients of the Administrator's Medals in Primary Health Care 2015 were announced at a ceremony held at Government House on 12 August 2015.

These prestigious awards are presented annually to recognise and reward the outstanding service provided by the Northern Territory's primary health care professionals, often amidst challenging circumstances.

**Individual Award Recipient:
Irene Simonda,
Refugee Nurse Coordinator**

Nominated by a fellow volunteer at the WISE program for her role as a Refugee Nurse Coordinator, Ms Simonda was recognised for her passion and willingness to go above and beyond to provide patient-centred care in the refugee community.



Above: Individual Medal recipient Irene Simonda, Refugee Nurse Coordinator.

Right: His Honour the Honourable John Hardy OAM, Administrator of the Northern Territory, with Team Medal recipients Utira Kulintjaku Project Team.

**Team Award Recipient:
Utira Kulintjaku (UK) Project Team**

The Utira Kulintjaku project team was nominated for ensuring community members are always central to their care model, along with supporting people to develop equal and two-way relationships between traditional and western health professionals.



The Administrator's Medals in Primary Health Care are a collaboration between the following organisations:

- Aboriginal Medical Services Alliance NT (AMSANT)
- Associate Membership Committee (AMC)
- Centre for Remote Health (CRH)
- CRANaplus

- Northern Territory Government Department of Health
- Northern Territory General Practice Education (NTGPE)
- Health Network Northern Territory
- Services for Australian Rural and Remote Allied Health (SARRAH). ●

do you need to know where public toilets are located?

Visit the National Public Toilet Map
www.toiletmap.gov.au

The National Public Toilet Map, funded by the Australian Government Department of Social Services, shows the location of more than 16,000 public and private public toilet facilities across Australia. The map provides the capacity to plan toilet breaks on short or long journeys.

The Toilet Map can help plan your journey by providing:

- the location of the nearest public toilet
- details of opening hours, accessibility and parking
- accessibility for people with disabilities
- availability of baby change rooms
- availability of drinking water



How can you utilise the Toilet Map?

Plan the journey. Go to: www.toiletmap.gov.au

You can browse the map in a particular State/Territory, search for toilets by postcode, town or suburb, near a specific address or location such as a park, or plan a route from nearly any starting point to any destination in Australia. The system will identify the quickest route and create a list of nearby toilets.



You can then select only those toilets that you require and create a report which you can print for future reference, save to your 'My Toilets' account, download to your GPS device or send to your driver. **It's free!**

Access anytime using a mobile phone.
Go to: m.toiletmap.gov.au

The Toilet Map is available on any mobile phone with an internet browser. The Toilet Map is also available for the Apple iPhone. Just go to the App store on your iPhone or use iTunes to download the National Public Toilet Map App. **It's free!**

Other Resources

Continenace Foundation of Australia:
www.continenace.org.au

The Continenace Foundation of Australia (CFA) is the peak national organisation working to improve the quality of life of all Australians affected by incontinence. The CFA manages the National Continenace Helpline on behalf of the Australian Government. The free Helpline 1800 33 00 66 is staffed from 8am–8pm Monday to Friday (AEST) by continence nurse advisors who provide advice, resources and referrals to local continence services.

Bladder Bowel Website:
www.bladderbowel.gov.au

Information to assist with the prevention and management of bladder and bowel problems.

More Information

For more information, contact the CFA SA Health Promotion Officer via Jennifer.Mann@dcsi.sa.gov.au ●

Limb or joint pain in a school-aged Indigenous child?

Assume
acute rheumatic fever
until proven otherwise

Typical presenting symptoms:

- fever, malaise
- one or more painful joints
- unable to walk or use a limb
- unusual movements (chorea)



Notify all confirmed and suspected cases to the nearest Public Health Unit

Best-practice ARF prophylaxis requires IM Bicillin LA every 21 to 28 days!

The number of patients receiving all of their scheduled 13 injections per year is incredibly low. The majority of patients receive between 0 - 49% of their injections.

Days at risk can be avoided by giving Bicillin LA on or before the 28th day

Free online ARF/RHD education: self-paced education modules, which will entitle you to receive a CPD certificate, are available on www.RHDAustralia.org.au

Ref: *The Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease* (2nd ed, 2012). This guideline is available for download via www.RHDAustralia.org.au and as a **free app** via GooglePlay/AppStore

This information was provided by the RHD Program in QLD. Similar RHD Programs exist in other States/Territories. ☎ NT: 08 89228454 / WA: 1300 622 745 / SA: 08 74257146

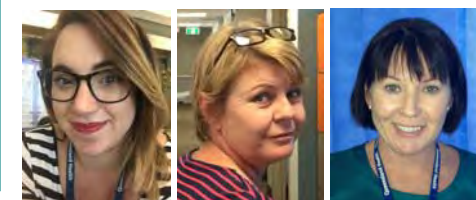
Almost all cases of RHD are preventable!

Acute rheumatic fever (ARF) is caused by an auto-immune reaction to an infection with the bacterium group A streptococcus (GAS). ARF is a short illness but can result in permanent damage to the heart valves, specifically the mitral and aortic valves. This is known as rheumatic heart disease (RHD). People who have had ARF once are susceptible to repeated episodes, which cause further cardiac valve damage. Following an initial diagnosis of ARF, patients require long-term antibiotic prophylaxis to avoid recurrences.

The incidence of ARF and the prevalence of RHD among Aboriginal and Torres Strait Islander have been reported as being among the highest in the world (AIHW 2013).

RHD Program Queensland Contact the RHD Program in Queensland on 1300 135854 or ArfRhdRegister@health.qld.gov.au for a range of **educational resources** for patients and clinicians.

Or contact one of the Qld CNCs direct:



Erin Howell 0428 688167 Cairns & Hin- terland/Cape & Torres HHS	Lou Axford-Haines 0457 531848 Townsville / Mackay HHS	Natalie Thomas 0457 594972 Mount Isa / North-West HHS
---	--	---

sense of community



Mary Miles, Director of Nursing at Old Timers' Village in Alice Springs, intended to stay for six months when she first arrived in the town. That was 40 years ago.

The retirement and aged care village on the Stuart Highway, just south of Heavitree Gap, is an icon in Alice. And the same can be said of Mary, who started working at the village part-time nearly 30 years ago and who has been 'running the joint' for the past two decades.

Mary has just finished counting the takings from the Village's annual fete, traditionally

Above: Mary Miles (centre) with volunteers at the fete.

held on the second Saturday of August every year. The fete has become such an institution that the date heralds the end of winter for the local community. Scores of local organisations automatically pencil the date each year in their diaries to volunteer their services for the fete, which this year raised around \$70,000.

Some of the volunteers have been involved with the fete for 20 years, Mary said, and the local community use the event as a chance to catch up with old friends.

"I've seen a lot of changes to nursing over the years, a lot of changes to the funding arrangements for retirement homes over the years, a lot of changes to Alice Springs.



"But we haven't changed the Old Timers' fete," she laughed. Folk wouldn't go for changing the formula, which has been much the same since it started in 1967.

Mary now has her sights on organising the annual Christmas do for the residents, held at the end of November each year. The village also has an on-site folk museum where volunteers are mainly residents in the Village's independent cottages.

"Community support for the old folks' home is 'tremendous', Mary said.

"I have been fortunate to have a really good team behind me. It is very hard to retain



staff, particularly in remote areas, but we began sponsoring overseas RNs about 13 years ago and this has been very successful. We have some really capable nurses here.

"Over the years I have looked after some incredible, amazing Territorians," Mary said.

"They have perhaps had to move out of their homes because they needed more care. It has really been wonderful to be part of their last days.

"There is a real sense of community out here."

To cater for the needs of Indigenous residents (about 50%), Mary said that kangaroo tail was sometimes on the menu.

Old Timers' Village was one of John Flynn's (RFDs) projects and opened in 1949. The original home consisted of a hostel and staff quarters. It now has 40 cottages for independent living, a 68-bed high-care nursing home and a 40-bed facility, as well as a day therapy centre. ●

the highs and lows are all good

Flying high and delving deep have all been in a day's work for Registered Nurse Dianne Few, who counts work in prison health, with asylum seekers, on gaslines and oil rigs, and in remote Australian communities among her varied employment situations.

"My husband and friends think that I do really exciting work," she said. "I always disagree: I say I do normal work in interesting environments."

It was while working FIFO for more than two years in the gas pipeline fields in Queensland that Dianne dug deep. "I qualified for underground mining work and undertook multiple relief contracts at mines in Queensland," she said. "The deepest I've been underground is 1240m I believe: very dark but very interesting."

"I never thought that as a nurse my uniform would consist of hi-vis, hard hat, steel caps and safety glasses."

"I never thought that as a nurse my uniform would consist of hi-vis, hard hat, steel caps and safety glasses."

Over the past year, Dianne has worked on gas and oil exploration rigs in Papua New Guinea.

"It's absolutely amazing: the country, the people, the work places," she said. "I fly into the country and then take a chopper to the land-based rig where I stay for the entire swing of usually 21 days but it can go up to 42."

Dianne said that, on a nursing level she found it "very humbling" to realise that the very basic care she can provide is often the best care that the locals have ever had.

"The work provides wonderful and rewarding experiences on a daily basis," she said.

In addition to local employees, staff come from many countries including Australia, USA, Canada, Philippines, Thailand, UK, France, NZ, Spain and Russia.

Dianne's clinic is a purposely fitted out shipping container, as is her accommodation.

"There is no radio, TV, Foxtel or any other entertainment comforts," she said. "We expats survive on sharing movies and TV series on computer hard drives."

"The food is an experience. The availability of pork and rice for breakfast, lunch and dinner, has almost seen me eat my last pork."

Dianne said that she and her back-to-back were the only nurses working in this environment in the country. "We are both Aussie expats who've worked on the gas pipelines together in the past so we get on extremely well," she said. "But we are never on site at the same time. If we are lucky, we might see each other on a very remote airstrip or the local airport when we are coming from and to the site."

Dianne said the clinic was reputedly the best in the country and they were very proud of that.

"The best part about the job are the interactions with people that I would never have met under other circumstances," she said.

"Working on a rig has its moments. Many locals don't like wearing boots or any Personal Protection Equipment (PPE) so daily inspections of hands, feet and socks have become standard to ensure compliance safety and that no one has any injuries they are trying to hide from not wearing appropriate footwear."

"Tropical ulcers are very common amongst the local population and often the patient has been suffering with them for months. When they attend the clinic, the problem can often be totally resolved in 7-10 days with medication and daily dressings. ►►



» The dressings usually consist of Jelonet, Melolite and Hypafix – which are very white in appearance. The locals show off the dressings almost like a badge of honour and seem very proud of them. I had never seen people take such good care of their dressings till then and they will suddenly wear shorts when not on duty so all can see.”

While the rig is being moved, Dianne is currently doing relief work in remote Australian locations, including the Pibara where Dianne worked with the Western Australia County Health Service (WACHS) and had unlimited support from the Royal Flying Doctor Service (RFDS).

“For the first time I worked closely with the RFDS and although I always respected what they did and how they did it, I must admit that the respect I have for the organisation and individuals at the coal face, has increased 10-fold,” she said. “I worked in a single nurse post and found support at the end of the phone 24/7 to be amazing. Most contact was via telephone consultation and issues were sorted out extremely well and easily.”

“I would also certainly recommend this type of work to anyone wanting to seek any kind of change. At the end of the day though it is the people that make the jobs interesting and enjoyable.”

At the end of her secondment, Dianne and the incumbent nurse worked together during a football carnival in the town, as it was an extremely busy time with dislocated shoulders, a broken foot and other injuries and illnesses.

“We had a few people with gastro and were able to finally identify the likely cause to be kangaroo tail stew that someone had brought



Dianne with her son Ben.

to town,” she said. “We had to contact the local police and ask them to track it down and dispose of it before we had others come down with gastro too.”

Dianne plans to undertake the CRANaplus Practical Skills Course in Cairns at the end of September. She previously undertook the four-day Emergency Response Training Course at Napa Napa in Port Moresby.

“I have enjoyed every post that I’ve been to and the experiences are so different to working in the city,” she said. “I doubt I could or would return to a metropolitan hospital setting now. My daughter Lauren is an RN (2nd year out) and has seen the variety of roles and jobs I’ve undertaken and this has given her a greater awareness of the wide scope of practice for Nurses.

“Luckily for me I like flying as I have had so many flights in the last couple of years. And I’ve just started flying lessons to get my pilot’s licence.”

“I would also certainly recommend this type of work to anyone wanting to seek any kind of change.

“At the end of the day though it is the people that make the jobs interesting and enjoyable.” ●

FREE BLOOD PRESSURE EDUCATION RESOURCES

NPS MedicineWise has developed a range of resources for Aboriginal and Torres Strait Islander peoples about high blood pressure in partnership with the Heart Foundation, the National Aboriginal Community Controlled Health Organisation and Aboriginal Health Council of South Australia.



High blood pressure flip chart

For small group discussion and education sessions with health workers, clients and families.

Suitable for use in health clinics, community settings and at home.



High blood pressure brochure

Explains the concept of high blood pressure, its implications and treatment options. Also provides lifestyle and medicine information.

Can be used with clients and families or in education sessions with health workers.



High blood pressure patient flyers

Individual flyers (pads of 20 or 50) to explain the benefits and potential risks of different blood pressure lowering medicines:

- ACE inhibitors
- angiotensin receptor blockers
- beta blockers
- calcium channel blockers
- thiazide diuretics

To order these free resources go to nps.org.au/blood-pressure/indigenous-resources



dalai lama in central australia

Registered Nurse Gawaine Glasby will forever remember his encounter this year with the Dalai Lama in a tin shed near Uluru, with camp dogs roaming freely around the legs of everyone present.

The opportunity came during his recent three-month locum at Mutitjulu Health Centre in Central Australia with the Central Australian Aboriginal Congress (CAAC).

"To be able to meet the Dalai Lama under the great shadow of Uluru with my wife by side and my daughter in my arms was beyond humbling and I would be lying if I said it didn't leave tears in my eyes," he says.

The Dalai Lama was fulfilling his own dream to meet Uluru's traditional owners: a dream he had held after sighting Uluru from the air some years previously. After meeting some of the Traditional Owners at Mutitjulu water hole at the base of Uluru, His Holiness then went into Mutitjulu to meet community members, offering some of his valuable time and words of wisdom.



"The first thing that struck me as he made his way from his heavily chaperoned vehicle to the tin shed we were to sit in, was his absolute genuineness," Gawaine says. "He emerged from his car and immediately began to disband from his entourage in order to immerse himself in the crowd."

"As I observed his advisors, it was evident that they were on a time limit that was already running well behind schedule, but His Holiness was not deterred and seemed determined to take his time and make this most of the opportunity we were all there to share."

"To be able to meet the Dalai Lama under the great shadow of Uluru with my wife by side and my daughter in my arms was beyond humbling..."

Sitting in the tin shed that is Mutitjulu's community hall, with traditional owners on either side of him, Gawaine said that the Dalai Lama looked out into a packed audience who were in awe and excited, some a little bewildered, with the usual contingent of camp dogs roaming freely amongst their legs.

Though he addressed the crowd in English, everything he said was translated to Pitjantjatjara so that all present could be apart of his words.

"One of his strongest messages for the community members was the importance of learning and embracing the English language as much as their own dialect, as a means for their culture to be strong and to thrive," Gawaine said. "He explained that English is the universal language of the world and is a vital part of the preservation of the incredible culture and identity of Indigenous Australians."



"He went on to explain this is the same for indigenous cultures worldwide, and he believed it will provide the means for future leaders to have a strong voice not only within Australia but over the world."

"This message resonated with me for days after and made me reflect on how true this was and how he conveyed this message in a simple, yet humble manner."

Gawaine said that, as a non-indigenous Australian, he was keen to learn more about the different cultures, languages and heritage of indigenous Australians. "I see this as a positive avenue," he said. "I hope Australia's cultural heritage can be preserved and enjoyed by my children and their children in the future."

Despite running late for other commitments, the Dalai Lama was happy to answer questions, pose for photos and accept gifts from the community, Gawaine said. "He wasn't keen at trying the witchetty grub he was offered and had us all in gales of laughter when he explained that it looked like a Caterpillar, which happens to be the one animal in the world that he was afraid of as child and was still not entirely comfortable with!"

Gawaine said that, as the Dalai Lama left the shed and began to make his way back to his vehicle, he had the incredible opportunity to share a



few moments of laughter and a handshake with him. "He approached me in the crowd after he spotted me wearing a 'Free Tibet' t-shirt which I had after visiting McLeod Ganj in Northern India where the Dalai Lama has a residence. He was in Residence during our visit, but we were unable to hear him speak in person at the time."

"There were two things that struck me in meeting His Holiness. Firstly, his kind gentle touch and infectious giggle that he is so renowned for. Secondly, he had eyes that were warm and friendly yet they 100% engaged you as he spoke."

"The remarkable opportunities that nursing, and in particular remote area nursing, has afforded me throughout my career are immeasurable" Gawaine said. "This day will be held as one of my most memorable." ●

dr paul proimos: ready to go remote again

After more than 25 years of working mostly in emergency medicine, I was familiar with treating car accident victims and people experiencing heart attacks. I wanted a new challenge – one where I could use my skills, honed in quite a few of Victoria's emergency departments and also in general practice, to help some of the sickest and most disadvantaged people in Australia.

I got in touch with Remote Area Health Corps (RAHC) to find out more about taking on a short-term paid placement, where I could swap my work as a general practitioner in Melbourne's eastern suburbs for delivering vital primary healthcare in one of our nation's furthest corners.

I embarked on a three-week stint through RAHC with the Department of Health on Groote Eylandt, which lies about 50 kilometres off the

mainland in the Northern Territory. The island, the largest in the Gulf of Carpentaria, is the homeland of the Anindilyakwa people and also has a fly-in fly-out mining community.

This was my first experience working with remote Aboriginal communities. Each day, I was one of a small group of health professionals who travelled from the mining area to health centres dotted across the island.

Remote health is considered rough and tough but my placement wasn't unpleasant. In fact, Groote Eylandt is incredible...



Remote health is considered rough and tough but my placement wasn't unpleasant. In fact, Groote Eylandt is incredible – full of lush greens and surrounded by vivid blue waters. It's simply captivating and the people are amazing.

We hear a lot about the poor state of Indigenous health but until you go there and see it first-hand, it's hard to comprehend the extent of the overwhelming healthcare needs in Indigenous communities.

We treated a lot of children, infectious problems and diabetes, and while most of the work was fairly straightforward, there were conditions that you just don't see in urban Australia which are rife up north. Rheumatic fever and rheumatic heart disease is rampant – we were treating 10-year-olds who were having heart surgery. Sometimes, I found it difficult to believe I was in Australia.

...we were treating 10-year-olds who were having heart surgery. Sometimes, I found it difficult to believe I was in Australia.

One day, I assisted a palliative care patient with cancer who was the elder of his Aboriginal community. His dignity and gentleness impressed me. It struck me that he was the elder yet he was younger than me. The shorter life spans that Indigenous Australians face really hit home.

RAHC was great throughout my placement. Advice and assistance were only a phone call, text message or email away. It was reassuring to feel that support and connection even when you're out in the middle of nowhere.

Our concept of suffering in urban Australia is quite different to the reality of how some people live their lives in isolated areas.



In several weeks of working in Melbourne, it's unlikely I'd come across one person as sick as the majority of people I came into contact with on Groote Eylandt.

Sometimes we lose track of how we can help people. These isolated communities are crying out for help. I'd definitely encourage other general practitioners to go remote. Here, you can use your skills and abilities to their maximum potential. My experience exceeded my expectations – I found it personally and professionally rewarding while it also boosted my enthusiasm for my work back home.

My first RAHC placement was a chance for me to give back...

My first RAHC placement was a chance for me to give back and at the same time, I came away with a deeper insight into Indigenous health and the fascinating, unique Aboriginal culture that exists on Groote Eylandt.

I've already put my hand up for my next placement with RAHC. Any location will do – the more remote, the better. ●

skill, expertise and dedication of a bush RN ... at 30,000 feet



Gene Hildebrand is a very lucky man.

He was kept alive with a total of 54 shocks from a defibrillator, the majority of them on the flight from Alice Springs to Adelaide.

Mr Hildebrand, 50, began his working day at Pine Gap on Monday morning on 6 July 2015 feeling unwell with a pain that began in his ears and travelled slowly down his jawline and neck, centring in his chest.

He was taken by ambulance to Alice Springs Hospital and given thrombolytic clot-busting drugs. They failed to work and it was decided Gene needed emergency heart surgery in Adelaide to clear his coronary artery so the Royal Flying Doctor Service (RFDS) was called.

RFDS Alice Springs Flight Nurse Carol Illmayer and Pilot Mark Haldane say it is a miracle that Mr Hildebrand survived at all. The patient had been delivered in a stable condition with a requirement to monitor his blood pressure and medication inflight.

But Mr Hildebrand went into cardiac arrest in the hangar while waiting to be loaded onto the Pilatus PC-12 for the three-hour flight to

Adelaide. Both Carol and Alice Springs Hospital Emergency Medicine Registrar, Dr Chris Edwards, worked to stabilise Mr Hildebrand in readiness for the flight.

"As soon as we got him on the plane he arrested on us again; he probably arrested another six times before we closed the doors on the plane," Carol says.

They had to consider whether it was worth going to Adelaide or just take Mr Hildebrand back to Alice Springs Hospital where Carol says he would most certainly have died. If he was to have any chance of survival, he needed to go to Adelaide.

"It was very, very busy, it challenged both the doctor and I in our skills; he went from different rhythm to rhythm – it tested all of our ECG knowledge," Carol says.

"We had to draw up multiple drugs to give him during the flight, his blood pressure was dropping and he was going in and out of consciousness."

The pair used nearly every single drug available on the flight.

"I think 50 minutes out of Adelaide when he arrested and we had to start CPR we thought 'oh no, he's given up'," Carol says.

"We were quite worried about whether the two of us could handle another 50 minutes of CPR but luckily he turned around and responded after five minutes."

Carol says they were so busy they lost count of the number of times they had to shock Mr Hildebrand during the flight. It was only after they returned to their home base that they realised Mr Hildebrand had been shocked 54 times.

"It is very rare, I've never had to shock a patient more than 10 times. He's very lucky, someone was looking after him," Carol says, "I really think it's a miracle for him to be alive really, and so well."

"We kept going because he kept going."

Mr Hildebrand was rushed to the Royal Adelaide Hospital where the clot was removed and a stent was inserted into his artery. He was released from hospital a week later and is now back home in Alice Springs with partner Carmen Uloth.

"There were times there when I thought 'this is the end, I'm not going to make it'," Mr Hildebrand says, "But I said to myself I'm not going to die on this plane."

Just six weeks later, Gene and Carmen met Carol and Mark at the RFDS Alice Springs Base to thank them for saving his life.

Carol says it's not often they get to meet patients again but when they do it's a reward.

"It's not an everyday job, that's what I love about it," Carol says. ●

why advertise with CRANApplus?

It makes sense that it is no use advertising somewhere where your target audience won't see it.

CRANApplus is the only organisation with remote health as our sole focus. Our extensive membership and stakeholder database means CRANApplus is uniquely placed to reach Australia's remote health professionals.

CRANApplus offers several advertising options at very competitive rates:

1. The CRANApplus Magazine – The voice of remote health

"I read it cover to cover" is a statement we hear again and again from our readers.

Currently our quarterly publication enjoys a circulation of 15,000 copies each quarter (and growing). It reaches those who are passionate about remote health in Australia.

Our beautiful design provides a quality environment for your ad. We are a content-rich publication, so yours will not get lost in a sea of other ads.

Our print publication is supported by website resources. Each issue is online in perpetuity with your ad just as it appears on the printed page.

2. The CRANApplus Website – www.crana.org.au

Our newly designed website offers organisations the opportunity to advertise career vacancies in a dedicated Employment section. Your logo, text (up to 500 words) and contact details are displayed.

Repeat advertisers have reported successful, value for money, results as we reach that niche group of health professionals most suited to their remote health sector needs. ►►

Above: L-R: RAN Carole Illmayer, Pilot Mark Haldane, Gene Hildebrand and Carmen Uloth.

► Your website advertising is reinforced as your employment vacancies will be drawn to the attention of our weekly e-Newsletter readers who are encouraged to check out this area of our website. Cost is \$250 per week and free to Corporate Members.

3. The 'Friday Update' – weekly e-Newsletter

Forwarded to over 6,000 recipients 50 weeks of the year, this is an excellent vehicle to get your message out to our readers promptly.

advertising rates

Black & White rates

		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	880	1,584	2,244	2,816
Third page	Horizontal: 128mm W x 59mm H Vertical: 65mm W x 121mm H	600	1,080	1,530	1,920
Double page		3,040	5,472	7,752	9,728

Colour rates

		One issue	2 issues (- 10%)*	3 Issues (- 15%)*	4 Issues (- 20%)*
Full page	as above	2,240	4,032	5,712	7,168
Half page	as above	1,232	2,218	3,142	3,942
Third page	as above	840	1,512	2,142	2,688
Double page		4,256	7,661	10,853	13,619

Magazine colour insert

		15,000 single-sided	15,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,500	2,000

*Discounts apply to consecutive issues only.
Magazine is printed in A5 format. Other advertising sizes can be negotiated.
Note: Centre spread is available from next issue.
*Corporate members receive further discount on these rates. [Contact memberservices@crana.org.au](mailto:memberservices@crana.org.au) for further information.

Publication Dates: March, June, September, and December
Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date.
Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK. ●

Organisations advertising career opportunities on our website have their message brought to the attention of our readers and find the combination of website and e-Newsletter advertising an effective method to advertise time sensitive career vacancies.

If you have an event you would like to list in our e-Newsletter please contact us and we will place your event for free.

You can view our Magazine rates, artwork specifications and contact details below for more information. ●

Western Desert dialysis has got a deal for YOU!



You might have heard our good news? The Commonwealth government is giving us some money to build more dialysis centres in remote communities. We are all so excited! In preparation we are on the look out for new dialysis nurses who would like to come and work with us.

And... as an added incentive, we will pay a SPOTTERS FEE of \$500 to the person who introduces them to us. We'd rather pay our friends than an agency, so mates... get to it and pass it on!

Email us at enquiries@wdnwpt.com.au for more details or give Deb or Morgan a call on (08) 8953 6444

CRANApplus corporate members



Working with our many partners, **Abt JTA Asia Pacific** implements bold, innovative solutions to improve the lives of the community and deliver valued outcomes for our clients. We provide a comprehensive range of services from policy to service delivery in the public and private sectors contributing to long term benefits for clients and communities.



NSW Air Ambulance located in Sydney is currently recruiting. If you are a dual Registered Nurse and Registered Midwife with additional critical care experience, contact the Senior Flight Nurse Margaret Tabone on 0413 019 783.



Apunipima Cape York Health Council is a community controlled health service, providing primary healthcare to the people of Cape York across eleven remote communities.



Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



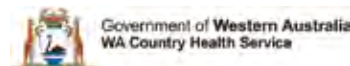
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



NT Dept Health – Primary Health Services/Top End Remote Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



Department of Health and Human Services (Tasmania) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



WA Country Health Services – Kimberley Population Health Unit – working together for a healthier country WA.



As an Aboriginal community-controlled organisation, the **Derby Aboriginal Health Service** is committed to core principles including Aboriginal self-determination, access, equity, empowerment and reconciliation, and offers community members culturally appropriate comprehensive primary health, education, health promotion and clinical services.



Gidgee Healing delivers medical and primary health care services to people living in Mount Isa and parts of the surrounding region. Gidgee Healing is a member of the Queensland Aboriginal and Islander Health Council (QAIHC) and focuses on both Indigenous and non-Indigenous people.



Healthcare Australia is the leading healthcare recruitment solutions provider in Australia with operations in every state and territory. Call 1300 NURSES/1300 687 737. 24 hours 7 days. Work with us today!



Health Network Northern Territory leads the development and coordination of an equitable, comprehensive primary health care system and an engaged health workforce driven by community need



HESTA is the industry super fund for health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Today we serve more than 760,000 members and 119,000 employers.



Indigenous Allied Health Australia's vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander peoples.



The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.



Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory.



KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.



The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400 kilometres (9 days).



NAHRLS provides assistance with Locum back-fill for Nurses, Midwives and Allied Health Professionals in rural and remote Australia who would like to undertake CPD activities.



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate healthcare to the Ngaanyatjarra people in Western Australia.



QNA Healthcare (QNA) is a Boutique Nursing Agency specialising in contract and permanent recruitment solutions for remote and regional healthcare providers throughout Australia. At QNA we have a strong commitment to 'quality' for both our Nurses and clients.



The **Remote Area Health Corps (RAHC)** is a new and innovative approach to supporting workforce needs in remote health services, and provides the opportunity for health professionals to make a contribution to closing the gap.



The **Royal Flying Doctor Service** Central Operation provides 24-hour emergency aeromedical and essential primary healthcare services to those who live, work and travel in rural and remote South Australia and the Northern Territory.



The **Royal Flying Doctor Service** has been ensuring equitable access to quality comprehensive primary health care for 80+ years to remote, rural and regional Queensland.



Silver Chain is a provider of Primary Health and Emergency Services to many Remote Communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to **build community capacity to optimise health and wellbeing**.



The **Spinifex Health Service** is an Aboriginal Community-Controlled Health Service located in Tjuntjuntjara on the Spinifex Lands, 680km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



The **Torres and Cape Hospital and Health Service** provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



Your Nursing Agency (YNA) are a leading Australian owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities. Please visit www.yna.com.au for more information.



"Making our families well" Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the **Western Desert Dialysis Appeal**. Their aim was to support renal patients and their families and return them to their country and families where they belong.

BOOK NOW!!!

TELLING TALES THE POWER OF THE NARRATIVE

HOW SHARING STORIES SHAPES AND INFLUENCES OUTCOMES



who's telling tales?

Sharing stories to shape and influence outcomes is the focus of this year's CRANApplus Conference – and delegates will surely be sharing stories for a long time after, considering the calibre of keynote and invited speakers, presentations and special events.

Mental health, preventative health, brain injury, palliative care and coronary artery disease are just a few examples of issues to come under the spotlight – and that's just on the first day of our organisation's 33rd Conference, to be held this year in Alice Springs, from 15–17 October.

The new CRANApplus website will be launched, as will the new CRANApplus Reconciliation Action Plan.

Topics will also cover the generations, with presentations focused on engaging young people through to keeping grandmothers strong.

Keynote speaker on Day One is Stephanie Dale, award-winning regional journalist and author, while Day Two's keynote speaker is Dr Buddhi Lokuge, co-founder of EveryVoiceCounts and a public health doctor who has worked with Medicin Sans Frontier.

A 'pop-up market' on Friday evening with local stallholders displaying traditional weaving, artwork, bush medicine therapies, leather, jewellery and various crafts, has been organised as a private event exclusively for our delegates,

This will take place after the plenary session, in the Convention Centre amphitheatre.

Finally, the Annual Awards Dinner will be held under the stars at the Desert Park centre where delegates can sip champagne as the sun sets on the magnificent West MacDonnell Ranges and reflect on the "power of the narrative."

program

OPENING THURSDAY 15 OCTOBER

9:00 am	Registration desk opens
3:00 pm	Registration desk closes
4:00 pm	CRANApplus Annual General Meeting, Macdonnell Room, ASCC
6:00 pm	Conference Opening Ceremony (Sponsored by HESTA) in the Trade Display Area
	Welcome to Country
	Presentation of new CRANApplus Fellows
	Cocktails and canapés
8:00 pm	Finish

DAY ONE FRIDAY 16 OCTOBER

9:00 am	Welcome/Housekeeping
	Session 1 Chair: Christopher Cliffe, CEO, CRANApplus
9:10 am	Launch of the new CRANApplus website
9:15 am	Keynote speaker Stephanie Dale, <i>The Write Road</i>
9:50 am	Janie Smith <i>Rob and Stella live in Nabvana</i>
10:05 am	Ms Penny Shakespeare, First Assistant Secretary, Health Workforce Division, Commonwealth Dept of Health
10:20 am	<i>To be advised</i>
10:35 am	Question time (15 minutes)
10:50 am	Morning tea (30 minutes)
	Session 2 Chair: Kathryn Zeitz
11:30 am	Selected reading
11:35 am	Invited speaker Professor Roianne West <i>The power of narratives in improving Australia's First People's health outcomes</i>
12:05 pm	Pepita Hunter <i>A mother's story: getting the message out to Aboriginal kids</i>
12:20 pm	Monica Frain <i>Photovoice in engaging young people as a tool</i>
12:35 pm	David Campbell <i>Realising economic benefits through preventative health: lessons from the experience of Aboriginal people in caring for country</i>
12:50 pm	Emma Trenorden <i>Uti Kulintjaku: creating a shared language for mental health</i>
1:05 pm	Question time (10 minutes)
1:15 pm	Lunch (1 hour)

Subject to change.

DAY ONE CONTINUED FRIDAY 16 OCTOBER

	Session 3 Chair: John Wright
2:15 pm	Selected reading
2:20 pm	Invited speaker Pat Anderson, Chairperson Lowitja Institute
2:35 pm	Fiona Hildebrand <i>Listening Forms the Basis of the One Disease Program (Scabies)</i>
2:50 pm	Susan Gauld and Sharon Smith <i>Sharing Knowledge of Brain Injury through Stories</i>
3:05 pm	Sue Carroll <i>Providing Quality Palliative Care in the Bush</i>
3:20 pm	Sarah Brown <i>Sharing our Story (Purple House)</i>
3:35 pm	Question time (10 minutes)
3:45 pm	Afternoon tea (30 minutes)
	Session 4 Chair: Lyn Byers
4:15 pm	Selected reading
4:20 pm	Robyn Williams <i>Remote Area Health Professionals' narratives – remarkable stories from remarkable people</i>
4:35 pm	Hazel Booth, Sally Foxley and Sue Lenthall <i>Coronary Artery Disease – When things go wrong: Learning from coronial reports involving remote area nurses in remote Indigenous communities in the Northern Territory</i>
4:50 pm	Michelle Sweet <i>eMental Health in Practice a Primary Health Care Approach: The Stay Strong iPad App</i>
5:05 pm	Kylie McCullough <i>Towards a theory of remote nursing practice</i>
5:20 pm	Question time (10 minutes)
5:30 pm	Wrap up and close

DAY TWO SATURDAY 17 OCTOBER

9:00 am	Welcome/Housekeeping
	Session 5 Chair: Christopher Cliffe, CEO, CRANaplus
9:10 am	Janie Smith <i>Launch of the new CRANaplus Reconciliation Action Plan</i>
9:15 am	Keynote speaker Dr Buddhi Lokgue
9:50 am	Diane Craig/Meg McLoskey <i>Narrative Characteristics of the Australian Nurse Family Partnership Program: A strength based, relationship based intervention</i>
10:05 am	Mr Stephen Jones MP, Shadow Assistant Minister for Health
10:25 am	Question Time (15 minutes)
10:40 am	Morning tea (30 minutes)

Subject to change.

DAY TWO CONTINUED SATURDAY 17 OCTOBER

	Session 6 Chair: Janie Smith
11:10 am	Selected reading
11:15 am	Invited speaker Deb Ceresa <i>Why Social Media is essential for health professionals</i>
11:45 am	Bruce McKay <i>Yarning and Story Telling! Their roles in Health Worker Education</i>
12:00 pm	Katie Michell <i>Keeping Grandmothers Strong and Culture Alive – Women's Health in Central Australia</i>
12:15 pm	Rebecca Irwin <i>Reach for the stars: encouraging our rural and remote secondary students to be future health leaders</i>
12:30 pm	Question time (15 minutes)
12:45 pm	Lunch (1 hour)
	Session 7 Chair: Nick Williams
1:45 pm	Selected reading
1:50 pm	Invited speaker Prof Caroline Homer <i>Maternity services in remote areas – whose narrative are we listening to?</i>
2:15 pm	Sandra McElligott <i>Just let them feed DVD</i>
2:30 pm	Glenda Gleeson <i>The Power of the Narrative – Looking through a glass onion</i>
2:45 pm	Sandra Bulger <i>Writing down your sorrow</i>
3:00 pm	Rosie Downing <i>How rural and remote birthing services in Scotland, Canada and Aotearoa/New Zealand provide sustainable and safe maternity care</i>
3:15 pm	Question time (10 minutes)
3:25 pm	Afternoon tea (30 minutes)
	Session 8 Chair: Christopher Cliffe
3:55 pm	Selected reading
4:00 pm	Invited speaker Annmaree Wilson <i>Bush Tales: Using Narrative Therapy to Build Resilience in the Remote Area Health Workforce</i>
4:25 pm	Michael Tyrrell <i>Missionary, Mercenary or Misfit ("the 3Ms"): just another bush tale?</i>
4:40 pm	Genevieve Lewis and RAHC Health Professional <i>Stories of Support – working with RAHC in the NT</i>
4:55 pm	Question time (10 minutes)
5:00 pm	Wrap up and close
7:00 pm	CRANaplus Annual Awards Dinner Alice Springs Desert Park, Madigans Function Centre, Larapinta Drive, Alice Springs

Subject to change.

special guests



Penny Shakespeare is the First Assistant Secretary of the Health Workforce Division of the Commonwealth Department of Health, which aims to build the capacity of Australia's health workforce to meet the challenges of delivering health services to the community. She has previously worked in senior roles in the Medicare benefits and private health insurance areas of the Department. Prior to joining Health, she worked as an industrial relations lawyer for the Commonwealth and was head of the ACT Office of Industrial Relations for three years. Penny has a Masters degree in International Law. ●



Stephen Jones was first elected to the Federal Parliament in 2010 representing the NSW regional electorate of Throsby, centred around Wollongong, where he has lived for most of his life. He was re-elected in 2013.

In his first term Mr Jones served on the House of Representatives Economics Committee as well as the Infrastructure and Communications Committee. He was also active in the area of Manufacturing policy.

In 2013, Mr Jones was appointed by Opposition Leader, Bill Shorten as the Shadow Parliamentary Secretary for Regional Development and Infrastructure.

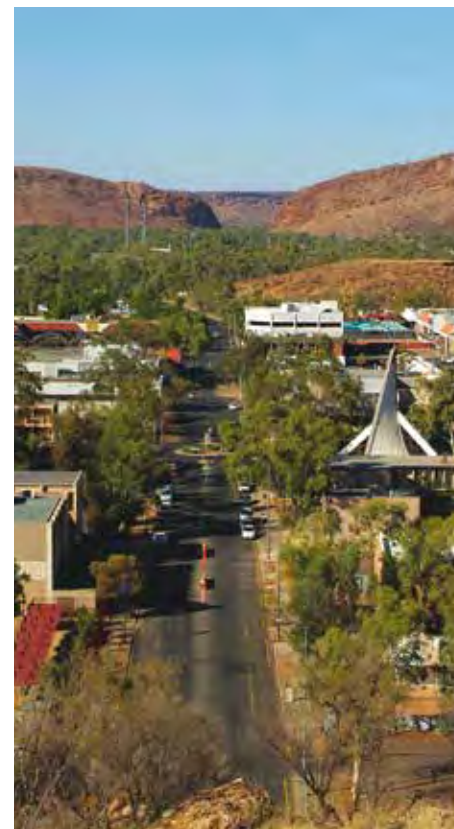
In 2014 he was appointed to the Shadow Ministry by Mr Shorten as the Shadow Assistant Minister for Health.

Mr Jones' shadow portfolio responsibilities include Regional and Rural Health, Organ and Tissue Donation, regulation of Therapeutic Goods, Food Standards, Gene Technology, Nuclear and Chemical safety and the National Blood supply.

Mr Jones currently serves on the Standing Committee on Health, Joint Select Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander People and Caucus Committee on Social Policy.

Mr Jones holds a Bachelor of Arts degree from the University of Wollongong and a Bachelor of Laws degree from Macquarie University.

Prior to entering the Federal Parliament he worked as a community worker for various front line disability services, youth and health services and as a lawyer with the Australian Council of Trade Unions (ACTU) and as the Secretary of the Community and Public Sector Union (CPSU). ●



keynote speaker



Stephanie Dale is an award-winning regional journalist and author, with wide-ranging experience in media, politics and publishing.

Throughout 20 years in the newspaper industry she was a passionate advocate for the visibility and voices of everyday Australians.

She now works to encourage people and communities to identify their story and speak for themselves. In 2014, she founded *The Write Road*, a creative initiative that takes writing and communications workshops and training to the bush and beyond.

What began as an arts program quickly evolved into a proactive mental health strategy that is achieving wonderful outcomes for individuals and remote communities. ●

PENNY SHAKESPEARE: DAY ONE: 10:05 AM

STEPHEN JONES: DAY TWO: 10:05 AM

STEPHANIE DALE: DAY ONE: 9:15 AM

keynote speaker



Dr Buddhi Lokuge is the co-founder of EveryVoiceCounts and a public health doctor who has worked in Afghanistan, Africa and the US for Medecins Sans Frontiers, and in remote Northern Australia.

Buddhi has implemented large scale public health projects, and led international campaigns around malnutrition and access to low cost essential medicines.

He was founding coordinator of the East Arnhem Scabies Program, is co-author of *A Doctor's Dream*, a story of hope from the Top End, and is co-creator of the TV show *Black As*. ●

DR BUDDHI LOKUGE: DAY TWO: 9:15 AM

CAROLINE HOMER: DAY TWO: 1:50 PM

ROIANNE WEST: DAY ONE: 11:35 AM

ANNMAREE WILSON: DAY TWO: 4:00 PM

invited speakers



Caroline Homer is the President of the Australian College of Midwives. She was the first President to be publicly elected, has been an active member of ACM for more than 18 years and has served on many national and state-based committees.

In her day job, she is the Director of the Centre for Midwifery, Child and Family Health, Director of Midwifery Studies and the Associate Dean for International and Development in the Faculty of Health at the University of Technology Sydney and she practises as a midwife at the St George Hospital.

Over the last 10 years she has also been an instructor in the CRANaplus MEC and MiddUS courses.

She has led research into the development and implementation of innovative models of midwifery care and the translation of research into clinical practice.

She was an author in the recent Lancet Series of Midwifery and the 2014 State of the World's Midwifery Report. ●



Roianne West is the daughter of a life-long health worker and advocate and the granddaughter of a long line of healers. Roianne's people are Kalkadoon, desert people,

from Far North West of Queensland. Roianne has over 20 years of experience in Indigenous Health where she started her journey as a health worker and then on to becoming a Registered Nurse.

Roianne is currently the Professor for First Peoples Health at Griffith University and Deputy Chairperson for the Council of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). Roianne's expertise is in Indigenous health workforce development, including developing more clearly articulated, seamless and supported pathways for Indigenous peoples into University health programs and creating opportunities to ensure that Indigenous people's who have the ability to and aspire to study at university get the opportunity to do so.

Roianne strongly believes that Indigenous knowledge and strong Indigenous leadership are critical to improvements in Indigenous health outcomes and pathways to higher education are critical to building a smarter Indigenous Australia. ●



Annmaree Wilson is the Senior Clinical Psychologist for CRANaplus Bush Support Services. She is clinically responsible for the management of the team of Bush

Support Services' psychologists. She enjoys the diversity of work provided by Bush Support Services, particularly the telephone counselling and designing and facilitating workshops.

Annmaree completed her undergraduate and postgraduate degrees in clinical psychology at the University of New South Wales. She completed her PhD at the University of New England. She has worked extensively both in Australia and overseas, in rural and remote settings, mainly in the area of child, adolescent and family work.

She is particularly interested in Narrative Therapy and has practiced as a narrative therapist for many years. As well, she has taught the approach to both undergraduate and post graduate students.

Annmaree is looking forward to the opportunity to talk about the narrative approach to therapy at the CRANaplus conference.

She sees narrative as a really useful way of working with callers to Bush Support Services because it is a collaborative and non-pathologising approach.

It assumes that people all have many skills, abilities, values, commitments, beliefs and competencies that will assist them when they experience difficulties. It is a way of working therapeutically that takes into account the broader context such as class, race, gender, sexual orientation and ability. ●

invited speakers



Pat Anderson AO is an Alyawarre woman known nationally and internationally as a powerful advocate for disadvantaged people, with a particular focus on the health

of Australia's First Peoples. She has extensive experience in all aspects of Aboriginal health, including community development, advocacy, policy formation and research ethics.

Ms Anderson has spoken before the United Nations Working Group on Indigenous People, and currently serves as the Chairperson of the Lowitja Institute. She has also been the CEO of Danila Dilba Health Service in Darwin, Chair of the National Aboriginal Community Controlled Health Organisation, Executive Officer of the Aboriginal Medical Services Alliance Northern Territory (AMSANT), and was the Chair of the CRC for Aboriginal Health from 2003 to 2009. Ms Anderson has published many essays, papers and articles. She was a co-author with Rex Wild QC of *Little Children Are Sacred*, a report on the abuse of Aboriginal children in the Northern Territory.

In 2007 she was awarded the Public Health Association of Australia's Sidney Sax Public Health Medal in recognition of her achievements and she was awarded the Human Rights Community Individual Award (Tony Fitzgerald Memorial Award) in 2012 and an honorary doctorate from Flinders University in 2013. Ms Anderson is based in Canberra.

In June 2014, Ms Anderson was appointed Officer of the Order of Australia (AO) for distinguished service to the Indigenous community as a social justice advocate, particularly through promoting improved health, educational and protection outcomes for children. ●



Debra Cerasa is an experienced and qualified senior executive in the health sector, with a diverse resume of experience in management and leadership roles. Currently, her role is

Chief Executive Officer (CEO) at Otway Health and Community Services. Most recently Debra was the Chief Executive Officer (CEO) of MS Australia and was the CEO with Royal College of Nursing Australia (2008 to 2012).

Debra is motivated by a belief that health care is a right for all and not a privilege. She holds a practical, down-to-earth approach to research, education and quality improvement.

She has become an active participant in the use of Social Media believing there are enormous benefits in harnessing the appropriate use to assist our communities in health, illness prevention and wellbeing. This energy for Social Media has been a positive driver for changes in the approach to advocacy with the MS Australia National Advocacy Program.

Debra is regarded by many as an innovative change agent who believes that progress in health and wellbeing can be inspired by everyday stories of real people. ●

PAT ANDERSON: DAY ONE: 2:20 PM

DEBRA CERASA: DAY TWO: 11:15 AM



2013 winners, left to right: John van Bockxmeer, Craig Maloney, Alison Gibson and Jodie Mackell representing MBM.

Join your colleagues and celebrate at the HESTA Primary Health Care Awards

Tuesday 10 November 2015
Plaza Ballroom, Melbourne

Tickets on sale now at hestaawards.com.au
Discounted price for group bookings.

\$30,000
in prizes to be won!*

*Proudly sponsored by:



Follow us:

@HESTAPHCawards

/HESTAPrimaryHealthCareAwards

**TICKETS
ON SALE
NOW**

Proudly presented by:



hestaawards.com.au

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249 Trustee of Health Employees Superannuation Trust Australia (HESTA)
ABN 64 971 749 321. Terms and conditions apply. See phcawards.com.au for details



support

staying motivated in a changing workplace

New technologies, an increase in the range of professionals doing remote health work, the challenges of fly-in fly-out and changes to funding all present challenges to health professionals working in the remote setting.

The remote health workforce is undergoing a period of change and there are a number of key personality and other factors that predict survival in this climate. These include flexibility, versatility and education.

Surviving change well in the workplace also seems to be reliant on that mercurial thing we call "motivation". People who are successful in their personal and professional lives and cope with change display high motivation. They are people who don't sit on their past achievements but who have the energy to take on bigger and better things and to actively seek out new challenges.

Motivation is a complex phenomena largely because it is subconscious. It's about a feeling that occurs before you are able to act. Anything that you feel like doing is motivated by something. Another way of seeing motivation is as an energy that needs expression.

Motivation is a complex phenomena largely because it is subconscious. It's about a feeling that occurs before you are able to act.

Motivation can be understood in terms of physical and psychological needs. Physically, motivation comes from basic needs, such as a need for food, air, water and shelter. Psychological motivations are somewhat more complex and interesting! One psychological motivation is the idea of mastery over oneself or one's occupation.

Staying motivated in a changing workplace requires the acceptance of a central notion that engaging in certain activities, indicative of motivation, will be of benefit to you.

Another psychological motivation is the need to belong and to conform. This is about the fact that humans are community beings, and being recognised for the contribution to community is very motivating. Finally, creativity is an important psychological motivation. Learning new things seems to be a challenge that propels humans to new behaviours.▶▶



► Staying motivated in a changing workplace requires the acceptance of a central notion that engaging in certain activities, indicative of motivation, will be of benefit to you. These activities include a range of social, physical and cognitive skills.

Understanding barriers to engaging in these activities is an important component of enhancing motivation. One of the barriers to being motivated is family of origin experiences. It is important to be aware of how your past experiences may affect the choices you make. This is where counselling, such as that offered by CRANaplus Bush Support Services, may be of benefit as it may help you to articulate factors that are impeding self-motivation.

CRANaplus Bush Support Services DVD

With beautiful images of the outback and remote communities, interviews and re-enactments, this DVD is supported by actor Jack Thomson, who provided the voiceover, and funded by the Australian Government. And to its merit, it reached the finals in the 2015 International Film Festival in New York!



You can order your free copy of the DVD at www.crana.org.au/support/ or watch it on YouTube

There are some useful exercises that you can do to help you start thinking about your own motivation. The first step is to think about people in your world who you see as being highly motivated. Ask yourself what is driving their workplace motivation and think about where it might take them professionally.

One of the barriers to being motivated is family of origin experiences.

Secondly think about yourself and the areas where you feel you are highly motivated. Think about the skills that you use in order to be successful in these areas. List the areas where you feel your motivation could be greater and what skills might be required to achieve this.

Finally think about what experiences in your past may be affecting your motivation and what you might do about this.

It is important to be aware of how your past experiences may affect the choices you make.

Whatever your current level of motivation is in terms of the changing remote health workplace, the degree of motivation and the direction it is taking can shift. How you act, think and feel all contribute to your self-motivation.

How you act, think and feel all contribute to your self-motivation.

The trick is to become aware. If motivation is an issue for you, do something about it! And remember the psychologists at CRANaplus Bush Support Services are available to help 24/7. Call us on 1800 805 391. ●

RESEARCH STUDY



Bush Support Services



Improving the Management of Remote Health Professionals who have Experienced a Traumatic Event

Invitation for Remote Health Professionals and Managers to be interviewed:

CRANaplus Bush Support Services together with the Centre for Remote Health are currently conducting a study aimed at improving the management of remote health professionals who have experienced a traumatic event through the development of best practice guidelines, education workshops, and materials. The first part of the study is to gather information about what may have helped or what may have hindered your recovery. We would also like your feedback about what strategies you feel would improve the management of health professionals who have experienced a traumatic event.

The interviews will be conducted by a person experienced in trauma, but who is not part of the research team.

All interviews will be confidential and only de-identified information will be published.



If you are willing to be interviewed for this study, could you please contact Sue Lenthall
Email: Sue.Lenthall@flinders.edu.au Phone: 08 8951 4707



Take a different perspective get more of the good life

The pursuit of happiness keeps many of us engaged with work and life in general in order to strive for this elusive concept. Recent research has found that taking a different perspective on our experiences can greatly enhance our satisfaction and imbibe more meaning in our lives. In fact the benefits of positive expression have been shown to increase wellbeing and even longevity.

Being optimistic and demonstrating kindness are two ways that can greatly improve your life satisfaction. Optimistic people tend to interpret their troubles as transient, controllable and specific to one situation therefore not generalising and projecting difficulties into the future.

The exercise of kindness calls on your strengths to rise to an occasion and meet a challenge. As such kindness consists of total engagement and loss of self consciousness. Time stops. It is the ultimate mindfulness experience if you like. With a shift in perspective and the practice of kindness we can be well on the way to having more of the good life – both qualitative and quantitative!

Think about it this way – if you were offered two cocktails one which would increase fear, sadness and anger and the other which offers good cheer, increased self esteem and wellbeing – which would you choose? When presented in such a way the choice seems clear doesn't it and it really can be achieved by simply taking a different perspective. It is particularly important to take note of your interpretation of endings as these can colour the entire relationship or experience.

WARNING – This will require some conscious decision making! All too often we seek to take a different path but end up doing the same thing over and over. This is because we need to set a new default position, similar to your computer settings – if you don't specifically tell the computer what to do it will use the default. The good news is that, with practice, your new choices can become your default. Bss would like to invite you to try this and our new competition is designed to encourage some different perspective taking.

Announcing our 2015 Wellbeing competition – *Taking a New Perspective*.

We would love to receive your entries which can comprise of one or more of these four options:

1. Poetry or short story about your experiences in taking a different perspective or about an act of kindness you have experienced or given
2. A short story about a courageous step you have taken in the right direction.
3. Poetry or short story about an ending that you have been able to take a different and more positive perspective on.
4. Mindful photography which demonstrates some perspective taking

We would also welcome photos of artwork you have done which denote the qualities of perspective taking. All written works should be <500 words. Entries may be chosen to feature in the June and September editions of the CRANaplus Magazine and the winner will be announced at our Conference in October in Alice Springs. Please let us know when submitting if you do not give permission for your entry to be featured in this way.



Send your entries to
therese@crana.org.au
by 30 September 2015

A prize of \$500 will be awarded to the winner

BUSH SUPPORT SERVICES



1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

**for multi-disciplinary remote health practitioners and
their families**

**staffed by registered psychologists with remote and
cross-cultural experience**

available from anywhere in Australia

Resources also available
SELF-CARE BOOKS • SELF-CARE WORKSHOPS

Phone: 07 4047 6404 Email: bss@crana.org.au Web: www.crana.org.au/support



educate

putting theory into practice

A teenage tourist travelling around Australia with his family and a young boy playing Tarzan on his parents' cattle property were unwitting beneficiaries of Clinical Nurse Lesley Delandelles' newly-gained skills shortly after she'd completed a CRANApplus course.

"Within a fortnight back at work after the Practical Skills Course, which included emergency management of eye injuries and the identification/treatment of common ear conditions, the relevance of the education I gained became apparent," Lesley said.

Lesley works in Jericho, a small rural town 500 km west of Rockhampton in Central West Queensland, with a very large catchment area of cattle properties. "I went there back in 1991 and planned to stay in the area for only a couple of years for the experience," she said. "That's nearly 25 years ago!"

First to present at the clinic after her course was a teenager travelling with his family around Australia who was concerned about a purulent discharge from both ears, Lesley said.

"The discharge had been persistent for about two weeks despite ongoing oral antibiotic cover and, on examination, both ear drums were perforated," Lesley said. "I followed the CRANApplus recommended guidelines of care."

Lesley explained that, first of all, she took a swab of the exudate and spoke with the on-call RMO at the Barcaldine Hospital for orders regarding pathology and medications. As the family was planning to continue their travels to the Northern Territory, it was arranged that they visit their chosen doctor in Alice Springs for the pathology results and, when it became apparent that the culture had grown an unusual bacteria, a definitive treatment approach was recommended and follow-up care with an ENT Specialist in Darwin was arranged.

been doing the Tarzan swing from a piece of rope attached to a large tree when he fell to the ground and a piece of timber became embedded in his right eye.

"Again the emergency management for eye injuries was relayed to the mother and the Barcaldine Hospital was notified that they were on their way, and I am happy to say the little lad's eyesight was not affected by the injury," Lesley said.

"I can say those two days of travelling each way to Cairns for the course was more than worthwhile."

Lesley said she had attended two CRANApplus courses this year, the Practical Skills Course in April and the Remote Emergency Care Course in July. "I found both to be very informative and the course content relevant to my professional responsibilities," she said.

"I first started working out here because many of my family lived on properties in the district, and my great aunt was one of the first Bush Nurses in Jericho," she said. "My grandfather often told me, as a small child, of the many adventures she wrote home about.

"This type of nursing is professionally addictive: I love the case variety and being a part of a team that delivers holistic care." ●

"I have heard recently from the family and the teenager is now well and excited about being able to go swimming and to be free from ear problems," she said.

The second incident was a telephone call from a concerned mother on a cattle property about 70km north of Jericho, whose young son had



fresh eyes on education



Kate Davis has booked herself into a Remote Emergency Care and a Maternity Emergency Care course as part of her “steep learning curve” as our Director of Education (Acting) – filling in for Libby Bowell who is on long service leave.

Kate, who took on the role in late July, comes to the job with extensive experience in educational services in the acute sector, as well as skills in leadership and a nursing background. Her previous job was Director for Nursing Programmes at the William Light Institute in Adelaide and, before that, Acting Director Staff Development at the Royal Adelaide Hospital and the Central Adelaide Local Health Network.

“I believe my contribution to the Educational Services at CRANaplus is that I come with fresh eyes,” she said, “and certainly at the heart of my vision during my term here is

to work towards improving patient care and improving education for nursing staff to be able to do that.”

Kate, based in the Adelaide office, said that attending the courses and meeting as many members as possible is part of her aim to discover as much as possible about the environment that CRANaplus members work in, and the level of skills and knowledge they need to deal with those environments.

“It is already clear that they need advanced, high-level skills – and a high range of skills,” she said. “Their needs are different to health workers in more urban environments – to cater for their scope of practice, their accountability and the diversity of situations they see.”

Kate said she was looking forward to meeting members at the forthcoming annual Conference in Alice Springs. ●

linking clinical workplace learning and remote area practice – ensuring health for all

There’s no question that nursing work is challenging, particularly in remote and isolated practice, and for nurses to provide high quality care and achieve the best possible patient outcomes, they need to be at the top of their game and constantly learning. I heard recently of a nurse who attended a CRANaplus Advanced Remote Emergency Care (AREC) courses.

She told us that a patient had arrived at her clinic in septic shock with the following observations:

- BP 75/40
- Pulse 179 irregular
- Resps 40
- Temp 39.7

Having attended the AREC, and learnt of the ISBAR mnemonic, the nurse was able to convey the gravity of the patient’s Situation, calling the District Medical Officer (DMO) and giving the message “septic shock, pre-arrest”, Careflight then responded by tasking a plane immediately. This is just one of the many instances we hear of the relevance and crucial link learning has in the workplace context, whether in a remote and isolated health clinic, or a large regional Emergency Department.

Some recent research I was involved in focussed on the concept that nurses’ work and learning are an integrated experience; meaning, nurses learn through the above situations described in the clinical workplace. However, they also learn out of the clinical workplace, in simulated clinical learning environments and increasingly virtual or on-line environments, (such as those provided in various CRANaplus courses). Whether the learning is taking place directly in the clinical area or is related to the workplace, support from organisations and clinics is vital to ensure nurses keep up to date with best practice and their learning.

The level of learning and skills remote nurses require in the workplace came home to me when looking at the mandatory skills list required by the Northern Territory – the list was daunting – but the fact is it reflected the advanced and highly skilled nature of the remote area nurse’s practice. Additionally, if you look at the CRANaplus publications ‘Pathways to Remote Professional Practice’ and ‘A Framework for Remote and Isolated Professional Practice’ it is clear that the knowledge and skill levels required to practice in this setting can take years to acquire.

The level of learning and skills remote nurses require in the workplace came home to me when looking at the mandatory skills list required by the Northern Territory – the list was daunting...

So it’s pretty clear that learning is vital for nurses to stay on top of the latest evidence and to provide excellence in patient care. But it turns out that as well as influencing safe, quality care and decreased adverse events, organisational support for workplace and clinical learning also influences nursing retention.

Workplace culture and relationships are important not only for nurses’ learning, but more broadly for health care organisations and whole of health systems, as the economic consequences and benefits for workforce stability and retention are apparent. ►►

► Increased job satisfaction, related to work climate characteristics is well correlated with nurses' intention to stay and low turnover rates.¹ Therefore, to address workforce retention issues, organisations are well advised to seriously consider strategies to support nurses' learning and foster healthy workplace cultures. So, although nurses as professionals are accountable for their own learning, organisational support is also crucial for nurses' learning and the benefits for the organisation are very clear in both fiscal terms and in the quality of care delivered.

Nurses need to have supportive relationships with their peers, educators, leaders and managers.

Significant factors within the workplace or organisational culture that influence nurses' learning include: leadership, managers and management systems and practices, access to, accountability and support for education and professional development, and access to and support from mentors, preceptors, peers, colleagues and expert nurses. Importantly, these factors are consistently presented in the literature as either facilitators or barriers to nurses' learning experiences.²

"Workplace bullying is one of the most common work-related psychological problems. Bullying costs seem higher for organisations composed of health-care workers who perform direct-contact patients-complex tasks."

Nurses need to have supportive relationships with their peers, educators, leaders and managers. Accordingly, leaders and managers have a responsibility to provide clear systems, policies and procedures, and conduct their relationships in a healthy, respectful and caring way to enable nurses to learn – because if they don't, patient care suffers!

Additionally, when these supports are absent Giorgi et al warn that "Workplace bullying is one of the most common work-related psychological problems. Bullying costs seem higher for organisations composed of health-care workers who perform direct-contact patients-complex tasks".³



Photo: Steve Batten.



Photo: RABC

Missouridou also supports this by noting that 'Bullying is a widespread phenomenon in nursing, with multiple harmful effects such as decreased quality in patient care, illness among the personnel, drop-out and low levels of professional satisfaction'.⁴

"Bullying undermines sharing and trust, the hallmarks of learning environments".

Learning is linked with psychological safety within the workplace, because as Schoonbeek notes "Bullying undermines sharing and trust, the hallmarks of learning environments".⁵ To ensure health for all – nurses and patients, it seems a healthy, learning workplace culture is essential.

Sadly though, as well as being an international phenomenon bullying in the workplace is also on our own doorstep. CRANaplus Bush Support

Services advise that 24% of the calls received between January and June 2015 related to bullying in the workplace. 90% of the calls were from RANs with 10% reported by Allied Health Practitioners. Colleen Niedermeyer, National Program Manager with The CRANaplus support program (collectively known as Bush Support Services) stated "We are noticing that reports of bullying in the workplace are no longer nurse specific – the problem appears to be spreading across all health disciplines".

So the issue is now an inter-professional one that affects clinical practitioners' own health, their learning and ultimately patient care. Colleen adds that Bush Support Service takes reports of bullying and its destructive effects seriously – hence the provision of a 24 hour Bush Support (phone) Line for all remote practice health practitioners, as well as the development of a 'Bullying' mobile phone app by Dr Annemarie Wilson and development of the internationally award winning DVD which aims to send a message offering support to the remote health workforce and their families. ►



» So, if learning in the workplace is important for nurses – how much more important is it for remote area nurses? Remote and isolated practice nurses regularly make life and death decisions and they cannot predict what is about to unfold in their own clinic, on the end of the phone, or within their area. They must have access to up to the minute, accurate, evidence based resources (such as CARPA, the Primary Clinical Care Manual and Clinical Procedures Manual) and learning activities, in the clinical workplace. After all, the quality of their learning experiences and the support they receive for them has immediate implications for quality patient care and job satisfaction, as well as more broadly for nursing retention, economic productivity and safe patient care.

Support and safety in the workplace, including psychological safety, and peer, collegial and educator relationships are fundamental to nurses' learning. To effectively support nurses' learning and contribute to a healthy workplace environment, everyone must have a role, because every interaction counts! Whether you are a nurse in a remote practice, a leader, manager or educator, the same question can be asked – "do I contribute to the learning of the nurses within this workplace or organisation in a positive and helpful way?"

References:

1. Lavoie-Tremblay M, Paquet M, Duchesne M, Santo A, Gavranic A, Courcy F, et al. Retaining Nurses and Other Hospital Workers: An Intergenerational Perspective of the Work Climate. *Journal of Nursing Scholarship*. 2010;42(4):414-22.
2. Davis K M, Whiteford C, White S, Stephenson M. The influence of workplace culture on nurses' learning experiences: a systematic review of the qualitative evidence. *Joanna Briggs Data Base of Systematic Reviews and Implementation Reports* 2014.
3. Giorgi G, Mancuso S, Fiz Perez F, Castiello D'Antonio A, Mucci N, Cupelli V, et al. Bullying among nurses and its relationship with burnout and organizational climate. *Int J Nurs Pract*. Mar 2015.
4. Missouridou E. Bullying in nursing: Causes and ways of dealing with it. *Nosileftiki*. 2011//;50(2):123-31.
5. Schoonbeek S, Henderson A. Shifting workplace behavior to inspire learning: a journey to building a learning culture. *J Contin Educ Nurs*. 2011 Jan;42(1):43-8.

Kate Davis
Director Education Services
CRANaplus ●

CRANaplus
 improving
 remote health



10%
OFF
 CPD courses*

Employers have you considered your staff professional development needs for 2016?

We will deliver private training for organisations across Australia.

CRANaplus is Australia's only Registered Training Organisation that develops education services tailored to the remote and isolated health sector and delivers those courses locally where they are needed.

Visit our website to see the full range of courses currently on offer: www.crana.org.au

Take advantage of our 10% discount offer on any fully booked private course in February 2016 (limited availability).

Weekend or weekday! We're ready!

For further information
 email liz@crana.org.au or call 07 4047 6407

www.crana.org.au

* Limited availability. Conditions apply.

a shared focus

"We are all working within our varied environments to improve the life of women, their newborns and their families."

Glenda Gleeson, the CRANaplus MEC/MIDUS Coordinator, was speaking after the International Confederation of Midwives Asia Pacific Conference held in Yokohama in Japan in July, attended by 3000 midwives from the region.

"The conference created an environment to learn of midwifery in Japan, Nepal, Myanmar and Afghanistan," she said, "and to be updated on current research happening across the Asia Pacific region."

Glenda's presentation at the conference was about the CRANaplus Midwifery Upskilling (MIDUS) course, which was created to increase contemporary education for midwives working in isolated practice in remote and rural Australia.

Outlining the issue's relating to maternal health in the remote Australian context, Glenda said there was enthusiastic interest from midwives on the situation of Australian Indigenous women and the types of educational resources used for this program.



Above: Glenda Gleeson.

Right: Delegates at International Confederation of Midwives Asia Pacific Conference in Yokohama.

On the morning of the conference, Glenda, who had spent two weeks exchanging a brief few words of English with gracious and helpful Japanese people, said she was "so looking forward" to enjoying an easy English conversation. Rising early from her Ryokan accommodation (traditional Japanese guesthouse) in Kyoto, she caught the bullet train to Yokohama.

The conference began with the Australian College of Midwives President Professor

Caroline Homer leading the delegation for Australia. Presentations/Workshops/Displays were a mix of English and Japanese, with social media used to inform interested midwives who were unable to attend. Attending a workshop facilitated by Professor Caroline Homer, in her role as a member of the WHO Collaborating Centre for Nursing, Midwifery and Health Development (WHOCC) was exciting and encouraging, Glenda said.

"We learnt how Afghani midwives have had such a strong focus to improve outcomes for the women and families using the Toolkit from the State of Midwifery 2014 report.

"Discussing the priorities for maternity care in our region in a small group with midwives from nine countries, it was refreshing to see the unity we share despite the vast differences in our midwifery realities," she said. ●






endorsements and accreditations

CRANaplus is dedicated to the development and delivery of high quality education programs specific to the needs of Remote and Isolated Health Practitioners, which is fundamental to the delivery of safe care and the retention of Remote Health Professionals.

Our Education Program offers a suite of remote emergency and maternity emergency courses including online education.

Many CRANaplus courses (see table below) are accredited or endorsed by a number of organisations. ●


It is a pre-requisite that all nurses working for the Northern Territory Dept of Health in remote areas are to have completed a Remote Emergency Care (or an equivalent course) and the Maternity Emergency Care course.




ACN is the professional nursing organisation that supports nurses throughout their career and is a voice of influence for nurses in policy matters.



Endorsed by the Australian College of Midwives.
Approved for 20 CPD points in the MidPLUS Program.



ACRRM is responsible for setting the professional standards of training, assessment, certification and continuing professional development of medical professionals caring for rural and remote communities across Australia.



This organisation is an authorised provider of accredited activities under the RACGP QI&CPD Program.

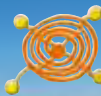
CRANaplus course

Endorsed or accredited by

REC (Remote Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
MEC (Maternity Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p>
AREC (Advanced Remote Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
MIDUS (Midwifery Up Skilling)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by MidPLUS (Australian College of Midwives)</p>
ALS (Advanced Life Support)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
PEC (Paediatric Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
BLS (Basic Life Support)	<p>Endorsed by the Australian College of Nursing (ACN)</p>

education courses for 2015

Location	Dates	MEC	AREC	MID	REC	ATSI MEC	ALS	BLS	PEC	TEC	ATSI REC	PS NEW
Darwin, NT (1 day)	10 Apr											
Alice Springs, NT	10-12 Apr											
Darwin, NT	11-12 Apr											
Darwin, NT	17-20 Apr											
Cairns, QLD (1 day - Pilot)	20 Apr											
Alice Springs, NT	20-22 Apr											
Cairns, QLD	21-23 Apr											
Derby, WA	1-3 May											
Roma, QLD	1-3 May											
Daly River, NT	8-10 May											
Dysart, QLD	15-17 May											
Alice Springs, NT (1 day)	21 May											
Alice Springs, NT	22-24 May											
Thursday Island, QLD	27-29 May											
Darwin, NT	29-31 May											
Coffs Harbour, NSW	12-14 Jun											
Jabiru, NT	12-14 Jun											
Cairns, QLD	12-15 Jun											
Katherine, NT	16-18 Jun											
Adelaide, SA (1 day)	19 Jun											
Charters Towers, QLD	19-21 Jun											



Centre for Remote Health
A joint centre of Flinders University and Charles Darwin University

Transition from RN to Remote Area Nurse 2016

ABOUT THE SHORT COURSE

A 12 Day face-to-face program that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses. Content includes Framing Indigenous Health, Primary Health Care, Self Care and Remote Advanced Nursing Practice.*

2016 DATES AND LOCATIONS

Monday 6th June – Wednesday 22nd June
Alice Springs

Cost: \$2,000


CRANaplus
improving remote health

* To satisfy all the requirements of the program, participants will be required to complete Pharmacotherapeutics for RANS (online) and the CRANaplus Remote Emergency Care (REC) course.

No fees apply for students enrolled in **Flinders Remote Health Award Courses** following provision of a student number. Send your registration no later than 4 weeks prior to course start date.

For registration enquiries please contact:
Short Course Administration Officer – Centre for Remote Health

E: crh.shortcourse@flinders.edu.au **W:** http://www.crh.org.au/
P: +61 8 8951 4700 **F:** +61 8 8951 4777

Location	Dates	MEC	AREC	MID	REC	ATSI MEC	ALS	BLS	PEC	TEC	ATSI REC	PS NEW
Adelaide, SA	20-21 Jun											
Katherine, NT	23-25 Jun											
Lorne, VIC	26-28 Jun											
Cairns, QLD	26-28 Jun											
Toowoomba, QLD	26-28 Jun											
Barcaldine, QLD	10-12 Jul											
Mt Isa, QLD	10-12 Jul											
Newman, WA (1 day)	16 Jul											
Darwin, NT	16-18 Jul											
Newman, WA	17-18 Jul											
Newman, WA (1 day)	19 Jul											
Benalla, VIC	24-26 Jul											
Darwin, NT	24-27 Jul											
Esperance, WA	31 Jul-2 Aug											
Darwin, NT (1 day)	12 Aug											
Darwin, NT	13-15 Aug											
Darwin, NT	16-18 Aug											
Laynhapuy, NT (1 day)	18 Aug											
Laynhapuy, NT	18-19 Aug											
Alice Springs, NT	28-30 Aug											
Alice Springs, NT	29-31 Aug											
Hobart, TAS	4-7 Sep											
Darwin, NT	11-13 Sep											
Alice Springs, NT	14-16 Sep											
Cairns, QLD (1 day)	18 Sep											
Cairns, QLD	19-20 Sep											
Ceduna, SA (1 day)	24 Sep											
Darwin, NT	24-26 Sep											
Ceduna, SA	25-27 Sep											
Alice Springs, NT	12-14 Oct											
Alice Springs, NT	18-19 Oct											
Alice Springs, NT	18-20 Oct											
Broome, WA	30 Oct-1 Nov											
Townsville, QLD	30 Oct-2 Nov											
Mt Isa, QLD	6-8 Nov											
Cairns, QLD	6-8 Nov											
Longreach, QLD	20-22 Nov											
Cairns, QLD	20-22 Nov											
Adelaide, SA (Student REC)	4-6 Dec											
Hobart, TAS	4-6 Dec											

○ Private. ■ Department of Health and Flinders Students. Please check website as details may change.



represent

professional services

As we in the southern states bunkered down for a pretty cold and seemingly long winter it is great to see a bit more sunshine with warmth in it.

Activities in the Professional Services area have been rolling along with the usual diversity

Remote Area Nursing and Remote Health Research – Think Tank

The notion that there is a constant workforce turnover in the remote health sector was the springboard for lively discussion at a recent forum of health professionals and academics in Alice Springs.

Janie Smith and Marcia Hakendorf, representing CRANaplus, along with representatives from a number of remote and regional area health services, joined with the university sector at the Centre of Remote Health to discuss potential areas of research in various aspects of remote and isolated health workforce, clinical practice and education and training.



Associate Professor Sue Lenthall, of the Centre for Remote Health, introduced and facilitated the day's discussion. It succeeded in creating a strong sense of collegiality and the sharing of potential areas where collaborative research could be undertaken. It also helped raise possible research questions that could be explored by undergrad and postgraduate students.

This is an exciting venture for CRANaplus to be a collaborative partner in future research. Watch this space...



Health Inquiry – Chronic Disease submission

The Parliamentary Standing Committee on Health sought submissions for the Inquiry into Chronic Disease Prevention and Management in Primary Health Care.

Thanking those members of our Chronic Disease Network of Interest and CRANaplus fellows and members contributing to this submission by providing their grounded perspectives and relevant examples of the services being delivered for the prevention and management of chronic disease. A copy of our Submission is on the website (<https://crana.org.au/advocacy/submission-papers/>)

All submissions to this Parliamentary Inquiry are available on the Parliamentary Committees website. (http://www.aph.gov.au/Parliamentary_Business/Committees/House/Health/Chronic_Disease)»

►► We are anticipating an invitation to appear before the Committee, which is not only an opportunity to talk about the relevant issues, but to tell the stories of the remote health context.

CRANaplus is pleased to partner again, with what was the Northern Territory Medicare Local, now known as the Health Network NT for the Administrator's Medals in Primary Health Care. We were a member of the selection panel that decided on an Individual and team award winner, see page 16.

ACSQHC Clinical Standards

The Australian Council Safety & Quality in Health Care (ACSQHC) consultations continue to come through, when updating their Clinical Standards.

This provides another opportunity to ensure the context of remote health is included in these standards, whilst the clinical care is based on evidence sometimes the context of where the care is delivered is not evident.

This year we have provided comment on:

- Delirium Care
- Hip Fracture care

Website: www.safetyandquality.gov.au

NRHA – Councilfest

As a member body of the National Rural Health Alliance (NRHA), we will be represented at the annual Councilfest in Canberra in September.

This gathering of 37 member bodies come together, to work on Policy and Key issues Paper, to take to Parliament House when meeting Politicians of the political parties.

New resources – Mentoring Postcard and Pathways to Remote Professional Practice Booklet and Poster

We decided to make *what we do*, Visible and recently developed a mentoring postcard and Pathways to Remote Professional booklet and Poster. These promotional resources are to inform students, new graduates, or those nurses/

midwives seeking a career in the remote sector of the available clinical support, preparation needed and Professional Standards within a Framework for remote practice.

If you would like some promotional materials for your staff please contact us via email professional@crana.org.au



Birthing On Country Position Statement – CATSINaM, ACM and CRANaplus initiative

We reported in the last edition on the progression of this Position Paper. The good news is that the end is near. The Working Group consisting of broad representation across the health sector, has reached a final draft. The final draft will be by all three organisations. Another space to watch.

PHC Advisory Group Consultation Discussion Paper and Background

A Primary Health Care Advisory Group has been appointed by the Commonwealth Government to examine the opportunities for the reform of primary health care in the management of people with complex and chronic disease.

I was invited as the CRANaplus' representative for the meeting held in Canberra along with other representatives from key National Nursing Organisations.

This was an important opportunity for recognising the remote context as well as reinforcing the critical and diverse roles, nurses play in PHC services.

The Advisory Group has held a series of public consultations and the opportunity for public comment through an on-line survey, which I am sure many of you took the time to do. We wait with great interest.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/PrimaryHealthCareAdvisoryGroup-1>

Pre-Conference Management Program

Places are still available for remote managers and potential managers to attend a one-day workshop, which focuses on you sharpening your capabilities in leadership and management expertise, broaden your understanding of Clinical Governance, and the importance of effective management practices.

To apply please visit our website: www.crana.org.au

Geri Malone and Marcia Hakendorf
Professional Services, CRANaplus ●

POSTGRADUATE COURSES IN REMOTE HEALTH

For further information contact the Student Administrator
Ph: (08) 8951 4790
Email: crh.studentadmin@flinders.edu.au
www.crh.org.au

Flinders University
Graduate Certificate in Remote Health Practice
Graduate Diploma in Remote Health Practice
Master of Remote & Indigenous Health
<http://www.flinders.edu.au/courses/postgrad/rhp>

Charles Darwin University
Master of Nursing (Nurse Practitioner)

APPLY NOW FOR SEMESTER ONE 2016

Charles Darwin University
CRANaplus improving remote health
Flinders University
Centre for Remote Health
A joint centre of Flinders University and Charles Darwin University

australia's enviable nursing ratios

The International Council of Nurses (ICN) Conference in Korea welcomed an insight into Australian nursing education and student placements recently, thanks to the Australian Student And Novice Nurse Association (ASANNA).

Our enviable nurse-patient ratios, compared to many other countries, stimulated a lot of interest, said Registered Nurse Stephanie Jeremy, Co-Founder, Director and Co-President of ASANNA, who gave the presentation to the International Student Assembly, held the day before the conference proper.

She was joined on the Korean trip by fellow members, Susan Buckland, Tianna Camilleri, Madelaine Younger and Jack Matulich.

"On the day of the Student Assembly, we arrived to a large auditorium, set very formally and filled with many people," Stephanie said. "There were over 42 nations represented, and the audience was filled with much colour, with many people wearing their country's national dress.

"The ASANNA presentation went well, and it was also wonderful to hear some of the common challenges and successes that many countries have."

"On the day of the Student Assembly, we arrived to a large auditorium, set very formally and filled with many people. There were over 42 nations represented, and the audience was filled with much colour, with many people wearing their country's national dress."

"We were reminded that Australia does have it a lot better than we realise," Stephanie pointed out. "The nurse-patient ratio in NSW, mandated to be one nurse to four patients, is well known overseas where the situation is often very different. It is one nurse to 100 patients in one African country, which we found hard to believe.

"Of course, the difference is that, in Australia, we do all of the caring, from showering, toileting and feeding, through to advanced skills such as in ICU. In many countries, they must rely on families, care assistants and even privately-hired carers for those who can afford it. ▶▶



Left: ASANNA Team with our host Hailey in traditional dress. L-R: Stephanie Jeremy, Madelaine Younger, Hailey, Jack Matulich, Tianna Camilleri, Susan Buckland.



ASANNA

Australian Student And
Novice Nurse Association



ASANNA President Steph giving the presentation.

►► "Our clinical placement system also seemed to be better than many, with the usual ratio of student to preceptor here being 1:1. Many countries had far greater ratios which of course would reduce the quality of education in many cases."

The ASANNA group's preparations to travel to Korea for the conference, held every two years in a different country, was overshadowed by media reporting of the outbreak of Middle Eastern Respiratory Syndrome or MERS in Korea at the time. Advice from the Australian and Korean Governments was that it was safe to travel, although the Hong Kong Government was permitting essential-only travel.

"We were to practice increased hand hygiene, ensuring we did not touch our hands to our mouths or eyes," Stephanie said. "As is often the case, media reports were out of proportion to the reality on the ground and we were glad that we decided to travel."

The Australian group was keen to learn at the conference about a body of work called 'Grow Your Wellness' undertaken by the ICN and aimed at nurses.

'Grow Your Wellness' offers assessment, intervention and advocacy tools for behavioural changes that address unhealthy lifestyles, including unhealthy diet, tobacco use and lack of physical exercise.

'Grow Your Wellness' offers assessment, intervention and advocacy tools for behavioural changes that address unhealthy lifestyles, including unhealthy diet, tobacco use and lack of physical exercise. growyourwellness.com

"The conference was fantastic, both personally and professionally," Stephanie said. "Many of us have already started saving for the next conference which will be in Spain in two years' time!" ●

'gutsy' effort by uni health students

If we can do it, you can too!

That was the message that five Rural Health Club members took to schools in remote South Australia recently.

Spreading the word about health careers were four nursing students and an aspiring physiotherapist, from the University of South Australia's ROUSTAH Rural Health Club – part of the National Rural Health Student Network.

They called in at St Joseph's Catholic School in Port Lincoln before heading out to Ceduna, on the edge of the Nullarbor Plain, to meet with students at Ceduna Area School.

The trip was a homecoming for Port Lincoln local and first year nursing student Ruby Backen who was delighted to encourage secondary students to follow in her footsteps.

"It was great to come back and share what I've learnt so far," she told the *Port Lincoln Times*. "We've been talking about our courses and ways to make everything less daunting."

Accompanying the students on the visits was their mascot 'Gutsy Gus', a medical teaching mannequin who has developed into something of a cult figure among Australia's Rural Health Clubs. ►►



Medical teaching dummy 'Gutsy Gus' took centre stage during the workshops.

Photo: Tracy Bennett, Ceduna Area School.

» 'Gutsy' takes centre stage during the hands-on workshops that club members run after their formal presentations. His removable plastic organs come in handy for anatomical puzzle games and for pointing out the ill-effects of smoking and drinking on various parts of the human body.

The visitors met with Year 11 and 12 students at both schools, and also volunteered to present at a careers evening for parents while they were in Ceduna.

Olivia Ting, the sole physio student on the trip and chief organiser, fielded a number of questions about different entry pathways into physiotherapy as well as student accommodation options in Adelaide.

The ROUSTAH members rounded off a busy schedule with tours of the Port Lincoln and Ceduna hospitals, both of which have benefited from recent investment by the South Australian Government.

Below: Nursing student Milean So demonstrates taking of blood pressure to students at Ceduna Area School.

"It was a real bonus to see these facilities," said Olivia. "I certainly wasn't expecting Ceduna Hospital to be as large and well-equipped."

Joining Olivia and Ruby on the trip were nursing students Rushley Ebero, Milean So and Carley Anderson.

The University of South Australia played a key role in supporting the visit as well as hosting a lunch for the students at its Rural Clinical School in Port Lincoln.

The National Rural Health Student Network and its clubs provide a voice for students who are passionate about improving rural health in Australia.

As part of a national campaign, club members volunteer to visit rural high schools where they speak to local students about university studies and careers in health. Last year, 300 rural health club members volunteered to visit 117 rural high schools and met with more than 5,000 country students.

The NRHSN is funded by the Federal Department of Health and is supported by Rural Health Workforce Australia. Find out more at www.nrhsn.org.au ●



Photo: Tracy Bennett, Ceduna Area School.

Essentials for Remote Health Managers – Path to Positive Outcomes

A One-day Management Workshop

6
CPD POINTS

You are warmly invited to attend a One-day Management Workshop specifically designed for remote managers and potential managers.

The Program will provide remote managers and potential managers, an opportunity to sharpen their capabilities in leadership and management expertise, and broaden their understanding of Clinical Governance.

Workshop Dates:

15 October 2015 9:30am– 4:00pm
Alice Springs Convention Centre

Cost:

\$100 per person

Organisational management has a strong influence on staff's performance, willingness to engage, retention and the delivery of safe, quality care for achieving positive outcomes for the health service, clients, their families and wider community.

The Program is designed on the mandatory National Safety and Quality Health Service Standards, Standard#1: Governance for safety and quality in health organisations, with specific focus on the four pillars of Remote Clinical Governance.

The Workshop will be tailored to the participants learning needs, and the remote context. The CRANAplus Clinical Governance Guide will be used as the resource for this workshop.

Don't miss out on this great opportunity for managers to network, share their local experiences and tap into CRANAplus' mentoring program.

Morning/afternoon tea and lunch provided.

Book early as places are limited!!!

Registration details and the draft program can be found at www.crana.org.au



connect

new global campaign calls on health sector to step up on climate

By Fiona Armstrong
Executive Director
Climate and Health Alliance

Back in 2012, the Australia arm of a new global network of green and healthy hospitals was established in Australia. Environmental health expert Dr Peter Orris, senior advisor to Health Care without Harm, was in Sydney to launch the initiative at the inaugural *Think Tank on Greening the Health Care Sector* – a now annual event co-hosted by Climate and Health Alliance and the AHHA.

There were around 4,000 members of the Global Green and Healthy Hospitals then; now, with the commencement of an online platform to support this virtual community, the global network has grown to over 15,000 members. This dynamic community of people and institutions is working together in a giant and dynamic global collaboration to share

knowledge, skills, tools, and resources to build up global best practice in sustainability in healthcare, and accelerate the transition of health care to low carbon operations.

Starting from just a handful of members a few years ago, the Pacific region now has more than 150 hospitals and health services from across Australia and New Zealand as part of the network. We hope to dramatically grow the participation of Australian and New Zealand hospitals and health services in coming years, and see the lessons from this region as potentially cutting edge sustainable healthcare practices.

Our innovative workforce, coupled with the growing realisation among health service leaders and managers regarding cost savings and reputational benefits, is likely to see greater investment in efforts to realise these gains, offering Australia and Zealand the chance to be world leaders in this field.



We already have amazing work being done: Austin Health in Victoria has implemented a comprehensive environmental management strategy, with initiatives underway across several facilities to improve energy efficiency, limit waste, reduce water use, and create green outdoor healing spaces, among other things.

Specific gains include the introduction of additional recycling streams, leading to further diversion of waste from landfill with almost 20% of all waste now being recycled. Mater Health in Queensland has saved almost \$1 million and around 400 tonnes of carbon emissions in one year with smarter electricity contracts. St Vincent's Health Australia is investing heavily in energy efficiency and expects to reduce energy consumption by 30–40%.

Across the Tasman, Counties Manukau District Health Board (DHB) are recycling paper, glass and electronic waste, cutting carbon emissions and organising car-pooling for staff. Counties Manukau DHB have reduced their carbon footprint by 4% every year since 2012, and are the first Australasian participant in 2020 Health Care Climate Challenge – a new campaign launched in May to encourage hospitals across the world to set their own emissions reduction targets – to reduce their carbon footprint and protect public health from climate change.

Other participants in the 2020 Challenge include Gundersen Health System (USA), Hospital Albert Einstein and Hospital Sirio Libanes (Brazil), Kaiser Permanente (USA), National Health Service (NHS) Sustainable Development Unit (England), Virginia Mason Health System (USA), Western Cape Government Health (South Africa), and Yonsei University Health System (South Korea). Several of the initial participants, such as Kaiser Permanente, Yonsei University Health and the NHS have already committed to reduce their greenhouse gas emissions by 30% or more by 2020. ►►

» All have also pledged to encourage public policy, economic development, and investment strategies that move their societies away from fossil fuel dependency and toward healthy energy alternatives.

While the 2020 Challenge offers incentives through the spirit of competition and recognition of achievements through awards, the ethic of the Global Green and Healthy Hospitals network is really all about collaboration. It is an inspiring demonstration of an emerging global trend towards cooperation, rather than competition; of sharing, rather than secrecy; with an emphasis on community, rather than individuals.

As we wrestle with the challenges of a resource-constrained, climate changed world, this kind of cooperation can enable us to build on our strengths, support others, and in doing so build

trust, resilience, respect, understanding, *and power*, while boosting quality of care, realising financial savings and ensuring public health and environmental protections.

It is also the case that cooperation is fun, and personally rewarding. Through my own involvement I've seen people inspired, friendships develop, ambitions realised and then renewed through this relentlessly positive and supportive network. When people of shared passion (and for many, concern about our future is a deep and profound passion) come together, change is not only possible, but from my observation of the network, it becomes exponential and, we hope, unstoppable.

* This article first appeared in the August edition of the Health Advocate and is reproduced with permission from the Australian Healthcare and Hospitals Association. ●



Are you up to the
#2020Challenge?

2020
HEALTHCARE
Climate Challenge

advocacy for change on the social determinants of health

By Michael Moore
Chair, Social Determinants of Health Alliance

The Social Determinants of Health Alliance (SDOHA) is a collaboration of like-minded organisations from the areas of health, social services and public policy established to work with governments to reduce health inequities in Australia.

Abundant evidence shows that on a statistical basis the higher your income or level of education in Australia, the better your health will tend to be. People in the most disadvantaged social groups are also far more likely than those in the higher socioeconomic groups to have long-term physical or mental health problems. They are less able to gain an education or maintain a job to retirement and are more likely to die at a younger age.

But it doesn't have to be that way. We know that health inequities arise through the differing circumstances in which we grow, live, work and age. These circumstances are modifiable. Political, social and economic policies that determine, for example, wages, employment conditions, affordability of housing, transport, childcare, pre-school, quality education and affordable health care create conditions that influence whether Australians are healthy or not. They influence who benefits and who doesn't.

SDOHA members believe that health inequalities are unacceptable and undermine our social and economic well-being. Good health is a fundamental human right. The Alliance is dedicated to progressing an agenda for change through a range of advocacy and engagement activities. As part of our ongoing campaign, SDOHA – in conjunction with the Southgate

Institute for Health, Society and Equity at Flinders University – held a Public Forum on the topic of 'Achieving health equity through action on social determinants' on 7 May 2015 in Canberra.

The Public Forum brought together some of Australia's great thinkers to discuss the big challenges and opportunities in Australian health policy.

SDOHA was privileged to have Professor Fran Baum and the team from the Southgate Institute come to Canberra to present the findings of an Australian Research Council project on the social determinants of health and equity in Australian health policy. The Southgate team presented key messages from the research for health policy makers, policy makers in general, and all those interested in promoting effective action by governments to address the social determinants of health.

Speakers and topics included:

- Professor Fran Baum, Director, Southgate Institute – *Intro to the research and its policy implications*
- Dr Matt Fisher, Senior Research Fellow – *Key messages for health policy makers and advocates*
- Professor Dennis McDermott – *The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 as a case study of good practice in policy development addressing the social determinants of health*
- Ms Clare Philips – *Social determinants of health in Australian government's policies on child health*

Abundant evidence shows that on a statistical basis the higher your income or level of education in Australia, the better your health will tend to be.

Speaker presentations were followed by a Panel Discussion on how to develop health policy that addressed social determinants of health and health equity, facilitated by Professor Colin MacDougall. Panellists included:

- Prof Tom Calma AO – National Coordinator, Tackling Indigenous Smoking; Co-Chair, Reconciliation Australia; and Chancellor, University of Canberra
- Mr Stephen Jones MP – Shadow Assistant Minister for Health
- Mr Tony Carmichael – Executive Director of Strategic Planning, Environment and Planning Directorate, ACT Government ►►



L-R: Michael Moore, Stephen Jones MP, Tony Carmichael, Prof Tom Calma AO.

SDOHA
SOCIAL DETERMINANTS
OF HEALTH ALLIANCE

► Following the panel session, Associate Professor Toni Schofield PhD from the Faculty of Health Sciences at the University of Sydney also spoke about her new book, entitled *A Sociological Approach to Health Determinants*.

Presentations from the event are available on the SDOHA website at www.socialdeterminants.org.au

SDOHA is committed to delivering an ongoing schedule of events to facilitate the promotion of ideas by key thought leaders with a view to promoting meaningful dialogue and change in public policy. As part of this commitment, we are about to finalise details of this year's SDOHA Anti-Poverty Week Oration, to be held in Canberra during the week of 11–17 October 2015. Further information about SDOHA's Anti-Poverty Week Oration will shortly be available on the SDOHA website.

Anti-Poverty Week is a week where all Australians are encouraged to organise or take part in an activity aiming to highlight or overcome issues of poverty and hardship here in Australia or overseas. It was established in Australia as an expansion of the UN's annual International Anti-Poverty Day on 17 October. SDOHA's Inaugural Anti-Poverty Week Oration on 14 October 2014 featured the National Chair

of Anti-Poverty Week – Professor Julian Disney – who highlighted the relationship between poverty and ill-health. We were honoured to be able to bring such a distinguished speaker to Canberra as a contribution to the extensive national schedule of activities marking Anti-Poverty Week in 2014. Stay tuned to our website to see how we intend to top that in 2015!

SDOHA is committed to delivering an ongoing schedule of events to facilitate the promotion of ideas by key thought leaders with a view to promoting meaningful dialogue and change in public policy.

SDOHA currently has over 60 organisational members from the areas of health, social services and public policy. Further information about SDOHA is available on the website at www.socialdeterminants.org.au and additional information about Anti-Poverty Week can be found at: www.antipovertyweek.org.au ●



Photo: Steve Batten.

media release



THE COUNTRY WOMEN'S ASSOCIATION OF AUSTRALIA (CWAA) ANNOUNCES 2015 NURSING GRANT AWARDS

The Country Women's Association of Australia (CWAA) is proud to announce the recipients of the CWAA Rural and Remote Area Primary Health Care Nursing Grants for 2015. The grants are of special importance as the nation's health services struggle throughout Australia but more particularly in rural and remote communities where sometimes the nurse is the only health professional available.



The 2015 recipients are:

Candace Angelo (NSW)

Graduate Diploma of Indigenous Health Promotion (USYD)

Yasmin Curran (NT)

Graduate Certificate in Child and Family Health Nursing (RCNA)

Jennine Lavender (WA)

Rural and Isolated Practice (Scheduled Medicines) Registered Nurse (AACL) (pictured above left)

Karen Thorne (QLD)

Master of Nursing Science (Nurse Practitioner) (QUT)

Michelle Vegter (SA)

Master of Public Health (Aeromedical) (JCU) (pictured above right)

The Country Women's Association of Australia | ABN 65 020 254 668 | www.cwaa.org.au

diabetes a growing problem for aboriginal and torres strait islander people

Recent research shows that Aboriginal and Torres Strait Islander people are now three times more likely to have diabetes.

Diabetes Australia, which administers the National Diabetes Services Scheme (NDSS) on behalf of the Australian Government, has found that up to 60 per cent of type 2 diabetes can be prevented if people are supported to follow a healthier lifestyle.

According to Donna Murray, CEO at Indigenous Allied Health Australia, these figures emphasise the importance for people with diabetes within Aboriginal and Torres Strait Islander communities signing up to the NDSS to access support services, as type 2 diabetes is one of the biggest contributors to the health gap between Aboriginal and Torres Strait Islander people and other Australians.

"The findings highlight the importance of health professionals working with Aboriginal and Torres Strait Islander communities to overcome barriers to registration and check that those who are already registered are aware of the services," Ms Murray says.

"The findings highlight the importance of health professionals working with Aboriginal and Torres Strait Islander communities to overcome barriers..."

The NDSS was set up to provide support and financial relief to people with all types of diabetes to help them live well by self-managing their condition.

Establishing links between General Practitioners (GP), Credentialed Diabetes Educators and health workers within Aboriginal and Torres

Strait Islander communities is essential to increasing the number of people with diabetes registering on the NDSS, and encouraging those already registered to use the range of support services to live well with diabetes.

"Strong relationships developed through culturally responsive approaches are essential in meeting the needs of Aboriginal and Torres Strait Islander people with diabetes."

"Collectively, health professionals have an opportunity to play a lead role in encouraging Aboriginal and Torres Strait Islander engagement with the NDSS," says Ms Murray. "Strong relationships developed through culturally responsive approaches are essential in meeting the needs of Aboriginal and Torres Strait Islander people with diabetes."

The NDSS provides information specifically targeted to Aboriginal and Torres Strait Islander people with diabetes, free or discounted products, including insulin syringes, pen needles, insulin pump consumables, and urine and blood glucose testing strips.

While a Credentialed Diabetes Educator or a GP must certify the NDSS registration form, Ms Murray says there are opportunities to make the registration process easier for Aboriginal and Torres Strait Islander people with diabetes.

"Health professionals can engage with Aboriginal and Torres Strait Islander health workers and practitioners to promote the benefits of the NDSS, assist with the process and increase registrations," Ms Murray says.

Aside from the support provided, the NDSS is also a key tool in helping to map diabetes prevalence across Australia. The information may also inform health decision making, such as identifying areas of most need.

In response to research, the NDSS has developed a range of culturally appropriate communication materials to address some of the barriers to NDSS registration now known to exist within Aboriginal and Torres Strait Islander communities. These can be accessed

from the Development Areas section of the NDSS website at ndss.com.au

The NDSS is an initiative of the Australian Government administered by Diabetes Australia.

For more information, please contact Tim Heywood, programme coordinator of the NDSS Aboriginal and Torres Strait Islander Peoples with Diabetes National Development Programme at Diabetes Queensland on (07) 3506 0944 or timh@diabetesqld.org.au



case study: remote queensland

Tony Pappas, Diabetes Educator

Martina Berolah, Torres Strait Islander from Manunda (Cairns)

Martina Berolah is a mainland Torres Strait Islander woman who has lived all over Australia and regularly visits the Torres Strait Islands in her work for BreastScreen Queensland.

Martina was diagnosed with type 2 diabetes in 2000. Before taking steps to manage her diabetes and joining the National Diabetes Services Scheme (NDSS), Martina says she was in denial about her condition for years, not realising it was the cause of her constant thirst and tiredness, regular headaches and blurred vision.

Her blood glucose levels kept increasing and she continued to put on weight until her doctor sat her down and told her what would happen if she didn't make health and lifestyle changes.

In her regular visits to the Torres Strait Islands, Martina had seen many women suffering dialysis, limb amputation and blindness as a result of diabetes complications or undiagnosed diabetes.

"It was like a light just went on and I thought 'I'm too young to be like that and I've got people that need me to be around for a long time yet'," she said.

Her doctor reminded her that her NDSS card meant she could access free needles and cheaper test strips on the mainland and on the islands, something she hadn't realised.

"If I didn't have the NDSS card I'd be in trouble, as I couldn't afford it otherwise," she said. "I know a lot of people don't like asking for help from others, but you only need to get someone to point you in the right direction, help you fill out the registration form and send it in.

"Then you can take control of your own health." ►►



» Martina made big changes to her diet, eating healthier foods and having smaller size meals. She stopped eating sweets, fried take-away food like chips, and stopped drinking sugary drinks. She started gentle exercise and says her grandkids help keep her on her toes.

"I tell my friends to grab their grandkids and just go for a walk along the beach," she says. "It's not hard. I think having a goal, something to live for is a big factor in getting me through this."

Martina says she knows a lot of people living with diabetes, but worries that they're not aware of the free support that's available through the NDSS.

Tony Pappas, a diabetes educator at Wuchopperen Health Service in Cairns, says the rate of diagnosed diabetes in Cairns has increased by 12 per cent in the last two years.

"Getting a handle on diabetes means making some big changes in life, but it's more manageable with the right information and support," he said.

"I tell my friends to grab their grandkids and just go for a walk along the beach, it's not hard. I think having a goal, something to live for is a big factor in getting me through this."

Anyone diagnosed with diabetes can register and get the free support and discounted products available through the NDSS. The Scheme covers all types of diabetes and the NDSS card can be used all over the country.

The rate of diabetes amongst Aboriginal and Torres Strait Islander people is estimated to be three times higher than for other Australians. Because NDSS support services are targeted in areas with the highest number of registrations, people who register can live better with diabetes while also helping others in their community get the support they need. ●



FREE telephone counselling & support

for families of Remote Health Practitioners living/working anywhere in Australia

Feel the need to chat with someone outside the square?

Call the CRANaplus Bush Support Services Toll Free Support Line on 1800 805 391.

- We are here 24 hours every day, offering a FREE and confidential service with anonymity guaranteed.
- Calls are FREE of charge from landline phones. We return calls to mobile phones.
- Our psychologists are qualified and fully registered professionals.
- Repeat callers may speak to the same psychologist on request.



Australian Government
Department of Health

For more information visit
www.crana.org.au/support



**FUTURE
HEALTH
LEADERS
NATIONAL
CONFERENCE:
INSPIRING
TOMORROW'S
LEADERS
19-21
NOVEMBER
SYDNEY
REGISTRATION
NOW
OPEN**

conference.futurehealthleaders.org.au