





issue 97 | autumn 2015

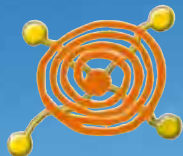
CRANA *plus* magazine

the voice of remote health

RRP: \$10.00



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educate	52	
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Centre for Remote Health

A joint centre of Flinders University and Charles Darwin University

Transition from RN to Remote Area Nurse 2015

ABOUT THE SHORT COURSE

A three week 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
- Remote Advanced Nursing Practice
- Pharmacotherapeutics
- Practical Skills

2015 DATES AND LOCATIONS

Tuesday 5th May – Friday 22nd May 2015 Alice Springs



\$2,600 CRANAplus Members – **\$2,800** Non Members

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/>

PO Box 4066 Alice Springs NT 0871 **P:** +61 8 8951 4700 **F:** +61 8 8951 4777

from the editor

We often hear concerns about our ability to attract and retain our future remote or isolated health workforce. But, if the enthusiasm shown by Student members in this edition and the article from the National Rural Health Students' Network (NRHSN) are any indication, it's not all bleak.

We know the importance of a supported and positive clinical placement, and the impact that experience can have on a health professional's career path. As the CRANAplus *Remote and Rural Mentoring Program* grows, the feedback from Mentees is how valuable this support is proving to be in helping them negotiate challenges and increase their confidence (read more on page 68).

This edition's offering from the CRANAplus Bush Support Services team includes articles about coping strategies when in crisis, taking a different perspective, and how we might best support the FIFO health workforce.

We welcome Torres and Cape Hospital & Health Service (TCHHS) as our newest Corporate Member and look forward to working closely with them to offer our support and services to their workforce. If you are an employee of TCHHS, you now qualify for discounted individual membership of CRANAplus (a saving of \$50). The Concessional Corporate Staff rate applies to anyone employed by any of our Corporate Members, and offers all the benefits of full membership.

Give some thought to submitting an Abstract for our 33rd National Conference to be held in Alice Springs, 15–17 October 2015. The theme is 'Telling Tales – The power of the narrative – How sharing stories shapes and influences outcomes'. Abstracts close 10 May 2015.

We encourage your feedback and ideas about possible content for the Magazine and trust you will enjoy this Autumn edition.

Anne-Marie Borchers

Manager Marketing and Communications, CRANAplus



facebook.com/CRANAplus



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Department of Health

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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.

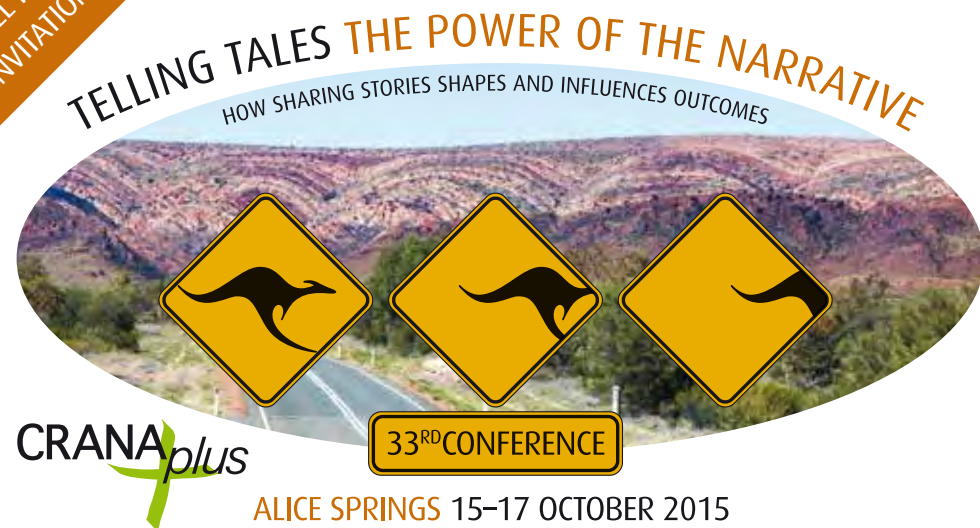
Magazine circulation 15,000.

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

About the Cover: Fifth-year CSU Dentistry student, Jessica Zachar, learning how to repair a jaw fracture. (Read story on page 11).

CALL FOR ABSTRACTS
INVITATION NOW OPEN



**CRANApplus invites you to submit Abstracts for oral and poster presentations
at the 2015 Annual Conference: Telling Tales – The power of the narrative.**

The power of story telling has existed in our society for many generations, shaping and influencing our behavior, attitudes and values.

Stories come in many forms: through images, data, the spoken word, song and dance. Narration creates cultural and paradigm shifts, changing our perception for engagement and improving health service delivery.

We invite you to submit an abstract to describe how sharing has shaped and improved the outcomes for remote and isolated people across Australia.

Abstracts will provide an opportunity for authors to communicate their stories and recent experiences of how 'the power of the narrative' has influenced changes in behavior, attitudes and values for improving health service delivery.

We encourage submissions from:

- Remote and isolated health professionals and consumers
- Remote or isolated health and community service providers
- Aboriginal and Torres Strait Islander services
- Professional bodies of nursing, medicine, midwifery, allied health, Aboriginal and Torres Strait Islander Health workers
- Undergraduate and postgraduate students
- Researchers and education providers

An 'Encouragement Award' will be offered, each day, to the best 'first-time' presentation at a Conference.

Presentations are 20 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: 10 May 2015
Full details are available on our website: www.crana.org.au

from the ceo

Dear CRANApplus Members and supporters, welcome to the Autumn edition of the CRANApplus Magazine.

Welcome to our new Federal Minister of Health, the Hon. Sussan Ley. CRANApplus is thrilled with our new Minister's rural background and rural electorate (her electorate of Farrer includes towns like Tibooburra, Menindee, Ivanhoe and Broken Hill). Along with her life experiences as a farmer, bush pilot and rouseabout cook, we have someone who understands the challenges facing people living in the bush, and the necessity to have a supported, resourced and educationally prepared local health workforce. (In addition her mum worked as a nurse on Thursday Island for a period!)

We acknowledge that many of the essential functions that CRANApplus provides to the remote health workforce can only be achieved through generous support from the Commonwealth Government. We recently submitted a request for a further triennial agreement to continue the vital role we provide and, as part of this process, it was essential to describe the way your professional body works to impact the health outcomes of people who live, work and travel in the remote and isolated parts of this vast continent.

CRANApplus exists to drive the delivery of safe, high quality, primary healthcare to remote and isolated areas of Australia. We are an affordable, grassroots, not-for-profit organisation that has provided over 30 years of education, support and professional services to the multi-disciplinary remote health workforce of Australia. Our services are tailored specifically for this unique section of the Australian health workforce which is difficult to physically access – but so essential. We achieve this through:

- Practical, evidenced-based short courses, delivered in remote, isolated and rural locations, and designed to meet the specific skill-set requirements of the remote multi-disciplinary health workforce
- A 24/7 confidential telephone bush support service to address crisis; prevent burnout; and improve retention of the workforce
- Dissemination and improved awareness of best-practice standards and changes to care
- Workshops and development of self-care resources to build the resilience of the new and current remote health workforce to overcome the challenges associated with remote practice
- Online access to numerous remote-specific education programs to reduce costs and improve access to education that most other health providers take for granted
- Development of clinical standards and guidelines about this unique area of the healthcare industry, along with the provision of advice
- Services to improve the support to Aboriginal and Torres Strait Islander people in the remote health workforce. ►►

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



►► On page 6 is a diagrammatic representation on how we think CRANApplus helps to improve the health of remote and isolated Australians.

Over the next few months you will see changes and improvements to the CRANApplus website as our 'review and refresh' project comes to an end.

The website will look schmick, provide greater functionality – with responsive capacity to be viewed on a tablet or smart phone – and have more intuitive navigation to easily access the vast amount of information available.

As we exit the wet season in our tropical north and leave the baking summer in the south, I hope you all have some time to pause and enjoy the reprieve in the weather.

Cheers

Christopher Cliffe
CEO, CRANApplus



Photo: Robin Fort.

Education and Training Grants for NT Health Professionals



The Northern Territory Medicare Local offers grants for NT health professionals to attend relevant education and training programs that support continuing professional development.

There are two types of grants[^] practitioners are eligible to apply for and funds can be used for registration fees, flights and accommodation to attend courses in Australia.

Practitioner Nominated Grants

Practitioners can nominate a conference or course of their choice and apply for funds to attend. The amount that can be applied for is dependent on the RA zone the practitioner is based:

- **RA zone 3 – up to \$700*** (e.g. Darwin)
- **RA zone 4 – up to \$1500*** (e.g. Alice Springs and Gove)
- **RA zone 5 – up to \$2000*** (e.g. Tennant Creek and Elcho Island)

**amounts exclude GST*

NTML Offered Grants

The NTML also offers grants of up to \$2000* for specific Australian conferences and encourages NT practitioners to apply.

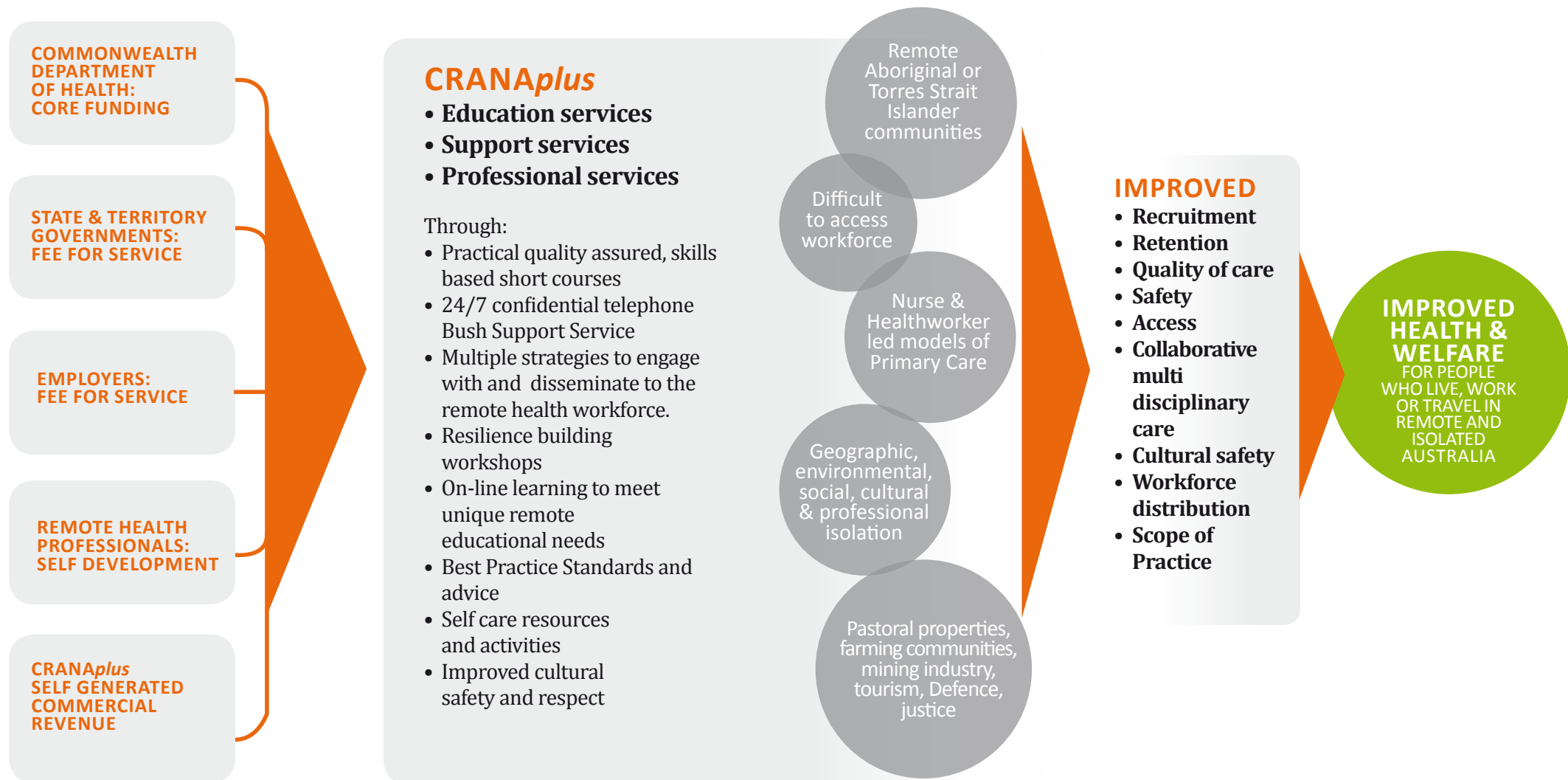
[^]practitioners are eligible for one grant funded by the NTML each financial year.

For more information on education and training grants, get in touch:

education@ntml.org.au
www.ntml.org.au/grants



How CRANApplus improves the health of remote and isolated Australians



Closing the Gap in Indigenous & remote health disadvantage

engage

president's musings

Over the past 12 months CRANaplus has reviewed all its programs – Education, Indigenous Support, Bush Support Services, Communications and Marketing – plus our professional and administrative processes.

We also reviewed our governance structures and performance, with an external Board evaluation completed recently. It has been an invaluable experience. While not everything has come up smelling of roses, most areas are doing very well. Through this process, we have looked closely at ourselves, restructured, and put systems into place to improve our services and governance of CRANaplus in the future.

Now it is time to focus on our potential reach; to determine where the opportunities are; and to identify how to better support our membership and how to seize opportunities in an environment that is fiscally challenging.



The recent face-to-face Board of Directors' meeting was held at Bond University for the first time. Our agenda included many issues such as how we can represent and support you better; the importance of documenting our history; and how we can better seize business opportunities.



...we have looked closely at ourselves, restructured, and put systems into place to improve our services and governance...

A number of untapped opportunities we identified included how to support and educate clients working in remote and isolated areas, such as fly-in fly-out remote miners who are experiencing significant psychological and family issues; the potential for a vocational training program for remote area nurses that leads to Fellowship; potential opportunities with the rural workforce; and how we can contribute to initiatives around family violence.

Family violence is in the headlines at the moment following the release of the report *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* and Rosie Batty receiving the Australian of the Year award. This is a major issue for Australians in remote areas where an extremely high incidence of domestic violence is reported (and not reported).

I was horrified to find out recently that 14 Australian women had been killed in the first seven weeks of this year from family violence. We never hear this on the news; it is a silent epidemic. ▶▶

► CRANaplus needs to identify what we can do to contribute to the education, support and prevention of this epidemic in our society.

I was horrified to find out recently that 14 Australian women had been killed in the first seven weeks of this year from family violence. We never hear this on the news; it is a silent epidemic.



The other major relevant report to come out in the past month has been the *Close the Gap Report* from COAG. It reports being on track to halve the mortality rates for Indigenous children under five – but, since 2006, the gap has widened for cancer mortality and there has been no improvement for diabetes, or death from suicide and transport accidents.

The target to get Indigenous four-year-olds in remote communities to early childhood education has not been met, and the gap in school attendance continues to fall sharply in remote and very remote areas.

This is a major concern. There has also been no improvement in reading, writing and numeracy based on NAPLAN tests, with only 34.9% of children in very remote areas reaching the national minimum standards for Year 7 reading.

This is very concerning as we know that if you can't read and write then your ability to work and get out of the cycle of poverty that remote Indigenous Australians suffer is unlikely to be achieved.

Why do we let this annual report card waft across our bows each year and just report the statistics? As an organisation we need to put strategies in place to better contribute to improvement of these statistics through our education and support mechanisms.

Our thoughts have also been with our members and remote populations in the Northern Territory and Queensland who have suffered from Cyclones Lam and Marcia. We are thinking of you still as you work through the rubble in the harsh heat and isolation.

If anyone ever wants to contact me to offer suggestions about how we can improve our services or seize opportunities, please feel free to do so.

And remember to do something nice for yourself every day.

Dr Janie Smith
President, CRANaplus ●

closing the gap on oral health

Jessica Zachar, a final-year Dentistry student at Charles Sturt University, has her career hopes on going rural and assisting in closing the gap in oral health services.

Following her experience with the Royal Flying Doctor Service (RFDS) TOOTH (The Outback Oral Treatment and Health) Program and witnessing its value for people in rural and remote communities, Jessica Zachar has strengthened her resolve "to be the best dentist I can be for Outback Australia".

Jessica's four-week clinical rotation in Dubbo saw her providing dental services to the Dubbo community at the CSU Dental and Oral Health Clinic and also flying in and out to remote communities from the RFDS Dubbo Base.

Jessica acknowledges that, before starting her degree, she was unaware of the poor dental standards in Outback Australia, but after witnessing it herself back in 2011, she was inspired to strive towards closing the gap in oral health for rural Australia. ►►



» “That month in Dubbo was an unforgettable experience,” she said. A highlight was the opportunity to fly to Collarenebri and Bourke with RFDS dentist Dr Callum Addison. “My first day with the RFDS started with boarding the plane at 7:30am for a one-hour flight to Collarenebri, a town of approximately 400 people,” Jessica said. “Even with the heat, nothing could take away the excitement of the breathtaking views and sitting in the cockpit next to the pilot.”

“If we could emphasis that ‘healthy mouths makes healthy lives’ to people in these areas which have restricted access to these much needed services, this would be a big step.”

Flying in and out means that the RFDS has to take portable equipment, including a tool-box with all necessary dental instruments and mobile radiographic equipment.

“I could see that treating patients with the limitations of what we could carry was definitely a great challenge and a memorable one,” Jessica said. “It was also amazing to see what a difference having a dentist available made for the people of Collarenebri, who previously did not generally have access to one.”

Jessica’s second day with the RFDS took her to Bourke to provide treatment to patients at the Bourke Aboriginal Health Service.

“I was so lucky to work with Dr Addison, who has a wealth of knowledge about dentistry in remote locations,” she said.

“If there was one thing I could take from this whole experience, it is that there is still a gap between oral health education and people’s attitude towards the importance of oral health and how it impacts your overall wellbeing.

“If we could emphasis that ‘healthy mouths makes healthy lives’ to people in these areas which have restricted access to these much needed services, this would be a big step.”

It was not all work. Jessica’s weekends were spent exploring Dubbo’s well-known West Plains Taronga Zoo and participating in the popular Meerkat experience. “Even as a Queenslander, I was not prepared for the heatwave while I was there,” she said, “with temperatures usually in the low to mid 40s, so I spent lots of time swimming and being surrounded by kangaroos which were also trying to get their share of the cool water.”

Jessica strongly encourages dentistry students to take on a placement in remote Australia “as it will open your eyes to the challenges we still face in these areas to this day.”

Next year, Jessica has placement rotations in regional and rural areas including Brewarrina, Wagga Wagga, Bathurst and Port Macquarie. “As a student at a regional university campus, I have had the opportunity to be exposed to positive rural experiences throughout my whole degree,” she said. “I feel that this rural focus will provide me with the foundation and skills to be the best dentist I can be for Outback Australia.

“I would like to thank CRANaplus for the support in providing me with this Student Remote Placement Scholarship. Without this scholarship, I would not have been able to experience this amazing opportunity.” ●

Jessica was president of the CSU Student Dental Association in 2014 and Vice-President in 2013; and Rural Officer for the Australian Dental Student Association and the National Student Representative for the ADA RROHAP (Australian Dental Association Regional and Remote Oral Health Advisory Panel) in 2013-2014.

Jessica also received the National Rural Health Leadership Award in 2013 for her commitment and dedication in closing the gap and raising awareness of rural health issues in oral health.

a taste of professional rural nursing

Robin Tully, a 2nd-year Bachelor of Nursing Science student at James Cook University, used her recent placement, sponsored by Panda Pearls Australia, to consolidate her newly acquired clinical skills.

Longreach Hospital in the Central West Health Service District Queensland may be small in size – but it’s part of an extensive range of services for the region.

Nursing science student Robin Tully said she felt very fortunate to spend her professional-experience placement in this 31-bed acute hospital, as part of her 2nd-year elective subject, Rural and Remote Nursing.

“The Longreach Hospital staff made me feel very welcome and made my two-week stay a very valuable learning experience...”

The hospital offers accident and emergency, medical services, surgical services and paediatric and Midwifery services as well as allied health and visiting specialists including cardiac outreach team, child psychiatrist, general surgeon, obstetrician and gynaecologist, oncologist, paediatric team, palliative care/pain specialist, psychiatrist, respiratory physician, audiologist, and ophthalmologist. In addition, the Royal Flying Doctor Service has a base in Longreach so the hospital is the hub for the outlying areas of Alpha, Aramac, Barcaldine, Blackall, Boulia, Isisford, Jericho, Jundah, Muttaborra, Tambo, Winton and Winton.

“The Longreach Hospital staff made me feel very welcome and made my two-week stay a very valuable learning experience,”



Robin said. “The nursing staff are very encouraging and the hospital is geared towards facilitating student nurses. Students are quickly and confidently integrated into the patient care team.” ►►



► Robin explained how she was allowed to focus on the consolidation of new clinical skills learnt in her four previous clinical subjects. She was able to demonstrate her skills, working directly with patients, and using her skills in the specific context of rural and remote health services.

"Where possible, I was always buddied up with very knowledgeable nurses who were only too willing to consolidate my learning," she said.

"I would thoroughly recommend a placement in Longreach to anyone wishing to experience rural and remote Queensland..."

Robin stayed in the accommodation at the modern JCU house, conveniently located within the hospital grounds. "On welcoming students to Longreach the Mt Isa Centre for Rural & Remote Health (MICRRH) Placement Officer gave a brilliant guided tour of the town and surroundings including where to shop, where to eat and identifying all the must see places," Robin said.

Robin found Longreach to be vibrant, with many tourist activities, such as the Longreach Stockman's Hall of Fame and QANTAS Founders Museum.

"I would thoroughly recommend a placement in Longreach to anyone wishing to experience rural and remote Queensland," she said.

"...a real taste of professional nursing in rural and remote Australia..."

"Longreach has a lot offer; professional clinical experience; great down-time opportunities, beautiful accommodation and friendly staff.

"Most importantly, it offers a real taste of professional nursing in rural and remote Australia. Thank you to scholarship sponsors Panda Pearls Australia and to CRANaplus for supporting this opportunity." ●

a new perspective



Bridie Stewart, a 3rd-year Medical student at the University of Melbourne, can't wait for her next chance to practise remote medicine and live in outback Australia following her placement in Tennant Creek.

This year I was fortunate enough to do a six-week clinical placement in the Northern Territory. I'll admit that when I first learned that I would be placed in Tennant Creek I had no idea where the town was. However, in that moment I also knew that this was going to be an experience like nothing I've known before or experienced clinically in metropolitan Melbourne.

Google informed me that Tennant Creek is a town located about 500 km north of Alice Springs with a population of approximately 3,000 people. I began my journey flying directly to Ayers Rock and seeing the wonders of Uluru, Kata Tjuta, Kings Canyon and the West Macdonnell Ranges on a camping tour finishing up in Alice Springs. ►

I'll admit that when I first learned that I would be placed in Tennant Creek I had no idea where the town was.

» In Alice I received a formal orientation about Tennant Creek, which included a particularly enlightening session run by an Aboriginal woman about cultural safety and it's role specifically in the health care setting.

The hospital serves the population of Tennant Creek and the expansive Barkley region, the majority of which are Indigenous Australians.

The hospital in Tennant Creek has around 20 beds, including an Emergency Department and the medical ward. The doctors rotate through a General Practice run alongside the hospital.

At any one time there were usually two to three senior doctors and three registrars at the hospital, either training to be or qualified as senior rural generalists or emergency medicine specialists.

In addition, there was an ultrasonographer, a radiographer, a social worker, a pharmacist on weekdays and many nurses. I soon learnt that one person who played a pivotal role in the health care provision was the Aboriginal Liaison Officer.

The hospital serves the population of Tennant Creek and the expansive Barkley region, the majority of which are Indigenous Australians.

I was dismayed to see the living conditions in the town camps and the prevalence of communicable diseases such as scabies, ringworm and rheumatic fever to name a few.

Upon arrival in Tennant Creek it did not take me long to realise the reality of the inequity in health status of Indigenous Australians living in remote Australia.

I was dismayed to see the living conditions in the town camps and the prevalence of communicable diseases such as scabies, ringworm and rheumatic fever to name a few.

In terms of non-communicable diseases the number of multi-morbidities and the severity of disease progression was phenomenal, and in populations of patients much younger than I had ever seen before.

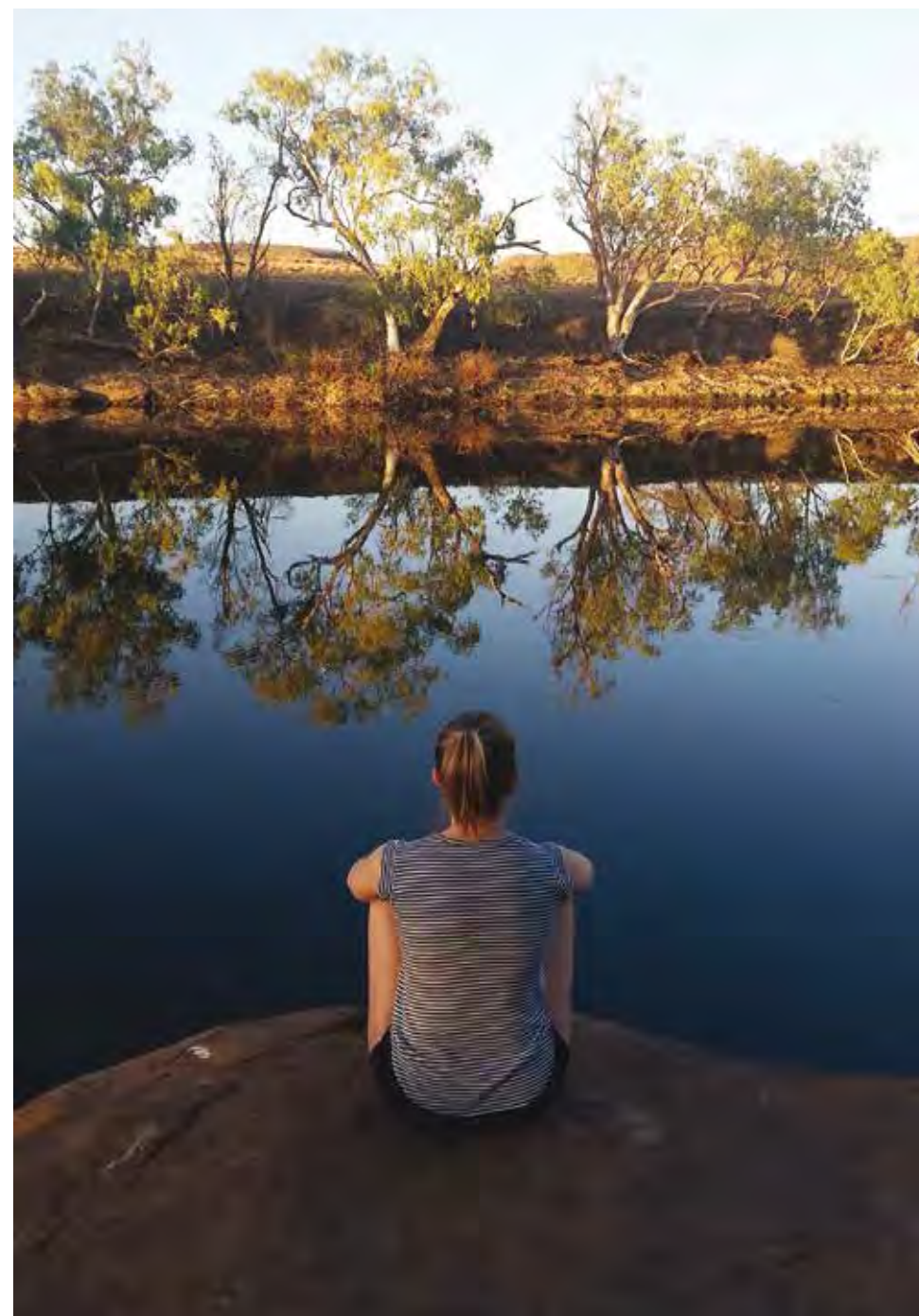
Added to this was the complexity of social situations, including alcohol abuse and domestic violence, and of course the importance of Aboriginal cultural values and beliefs.

I enjoyed meeting so many people from backgrounds hugely different to my own. The wide range of knowledge and skills sets of doctors and nurses was admirable.

However, it was the resilience of all people living in remote Australia that was most astounding. I enjoyed meeting so many people from backgrounds hugely different to my own. The wide range of knowledge and skills sets of doctors and nurses was admirable.

I had the opportunity to complete a number of practical tasks I had never done before such as suturing, digital blocks and incision and drainage of abscesses. I even had the chance to ride with the ambulance crew for a Friday night shift which was very exciting and enlightening.

This experience has certainly changed my perspective of medicine forever. ●



witness to the transition of life

For 3rd-year Nursing student Heidi Brown, her placement at Coonabarabran Hospital in NSW, thanks to a HESTA scholarship, has been the highlight of her degree.

The birth of a healthy baby boy heralded the start of Heidi Brown's placement at Coonabarabran Hospital.

"That first day was very special," she said.

"A lady arrived in the Emergency Department and she was progressing through labour very quickly. The Coonabarabran Hospital's maternity unit closed down over a decade ago and the nearest maternity units are around two hours away.

"The staff were incredible, worked as a team, and taught me a million things as the labour progressed – and a healthy baby boy was born. At the same time, a palliative patient was nearing the end of her life. For me, it was an incredible opportunity to be part of both situations, to see the transition of life and the emotions involved."

Heidi, a third year student from Charles Sturt University at Wagga Wagga, spent four weeks immersing herself as part of the staff at Coonabarabran Hospital and within the community.

"We can all relate to the first-day nerves that keep us awake the whole night before, and then keep us shaking in our boots, praying



we will make it to the end of our first day, and hopefully our first week," Heidi said.

"Starting at a new hospital for a placement never gets any easier. But starting my final prac for my degree at Coonabarabran Hospital, I was welcomed with such genuine friendliness and openness that the shaking in my boots soon decreased to a dull tremor."

After her first week, Heidi had her own patient load, and given the responsibility of a Registered

Nurse. "At first this was daunting and the shaking returned," she said. "However, the support from all the staff was incredible, and my confidence increased dramatically."

The Coonabarabran Hospital's maternity unit closed down over a decade ago and the nearest maternity units are around two hours away.

Heidi's free time was also memorable.

"I stayed in the nurse's accommodation, and, when not on shift, myself and a few other nurses would go exploring the Warrumbungle's and the surrounding district.

"I was also able to spend time on a childhood friend's farm, catch up on lost time, and help organise her upcoming wedding, which was very special."

"Without this scholarship, sponsored by HESTA, I would not have been able to complete this placement," said Heidi, who explained that the four-week placement was part of an eight-week block, which meant she was not getting paid for eight weeks.

"This placement has been the highlight of my degree. The experience I have gained will greatly assist me in my new graduate year.

"Thank you CRANaplus and HESTA for your support, I appreciate it very much." ●



observations – old, new and misty



Traditional snake bite treatment to telehealth surgical services: 3rd-year Nursing student Deborah Ellis provides a snapshot of old and new practices she recently experienced in rural Australia.

Perioperative, post-operative, ward nursing and shifts in the emergency department ensured Griffith University Gold Coast student Deborah Ellis had a rewarding experience during her clinical placement in Stanthorpe Hospital in south-east Queensland.

“I was very privileged to work alongside some awesome, caring, highly skilled and passionate team members,” Deborah said.

“The new Nurse Unit Manager Jan Faulconbridge was exceptional at organising my shifts to make sure my experience was rewarding and beneficial.

“I was fortunate to observe a caesarean section and a public surgery session and, in the Emergency Department, the clinical

presentations ranged from snake bites, to farm quad bike accidents to simple injuries.”

Deborah also witnessed the procedures, plain and sophisticated, that are necessary in rural Australia.

“I was very privileged to work alongside some awesome, caring, highly skilled and passionate team members...”

“I noticed that Stanthorpe does not have a pathology lab in town, and the closest facility is in Warwick, a 50-minute drive away,” she said. “Every morning at 9:00 am the blood specimens are boarded on the local bus service to Warwick.”

At the same time, her experiences included observation of telehealth, increasingly used for surgical outpatients.

Stanthorpe Hospital, first opened in 1913, is a teaching hospital for medical students, nursing and physiotherapy placements. It serves a population of about 5,385, which expands from October to May with the influx of backpackers for the fruit-picking season of apples, grapes and stone fruit.

The heritage-listed hospital has had considerable renovation, including the refurbishment of the maternity unit including a birthing pool and two birthing suites. However, the building has retained its heritage originality – and apparently a few resident ghosts. Deborah doesn’t say whether these were among her observations during her stay in the nursing quarters on site!

What she did enjoy were the beautiful sunsets and early morning mists during crisp morning walks in this beautiful scenery.

“I was very well supported in my clinical experience at the Stanthorpe Hospital. Everyone worked harmoniously as part of a team.

“I was very well supported in my clinical experience at the Stanthorpe Hospital,” Deborah said. “Everyone worked harmoniously as part of a team.

The people of the local community were very friendly and very appreciative of the outstanding service provided by the Stanthorpe Health Care Service.” ●



an eye-opener

Kristyn Fanning, a 2nd-year Nursing student at James Cook University in Cairns, thought she had a clear picture of what being a remote area nurse was all about. Her recent placement in Weipa showed there was so much more.

"My eyes have been widened to the complexities and hardships of nursing within a remote community," she said.



"Seeing the skill level and expertise of the nurses has given me so much more appreciation for the diversity of their clinical scope of practice. It has also given me a deeper understanding of the endorsements and accreditations nurses need in the outback so they can give patients the best possible outcomes."

Kristyn had recently completed studies in Rural and Remote Australia, Indigenous Health and Primary Health Care in the Bachelor of Nursing Science she is undertaking when she headed for Weipa Hospital

Weipa is located on the Western Coast of the Cape York Peninsula and is a staggering 800 km from the nearest major hospital at Cairns. Its catchment area extends to Marpoon in the north and Aurukun in the south. The Royal Flying Doctor Service is regularly called upon to take patients to Cairns or Townsville.

"Seeing the skill level and expertise of the nurses has given me so much more appreciation for the diversity of their clinical scope of practice."

"I have achieved much more in this remote setting than I could have imagined possible," Kristyn said.

One opportunity was to visit the Primary Health Care Clinic at Naprahan, about 10 km south of Weipa. "This is a very busy clinic with a team of dedicated health workers, nurses, doctors and specialists who gave me every opportunity to get involved with patient care," she said. "Being able to work closely with the doctors at this clinic was the kind of experience I had not had before and I loved it.



"Being able to do so much in one placement was just the diversity I had hoped for: full physical assessments of patients with symptoms of Acute Rheumatic Fever; inspecting ears for otitis media; throat and nasopharyngeal swabs in patients with suspected Influenza; and being able to watch the set-up of peritoneal dialysis and haemodialysis machines.

"Seeing the level of chronic diseases here astounded me and gave me more of a drive to one day work in a Primary Health Care Clinic myself," said Kristyn.

"The one thing that made this placement outstanding was the people I encountered, both staff and patients. Walking onto the ward on the first day I was greeted with welcome arms and gentle guiding hands. The staff could not do more for me and were even willing to take me out to try my hand at catching a barra.

They took me sightseeing and included me in their weekend get-togethers.

"This was a wonderful experience that I would recommend to anyone with an interest in rural and remote health.

"Being able to do so much in one placement was just the diversity I had hoped for..."

"I have always had a love for the outback, so being able to combine my interest in remote health and my passion for the bush in one was an incredible opportunity. Receiving the scholarship from CRANaplus helped me make my dream of experiencing remote nursing a reality and for this I am so very grateful." ●

worth the wait

Raeleen de Rusett had been waiting her entire degree for the opportunity to go to a remote/rural area and finally, for her last nursing practicum, she headed off to Wyndham Hospital in the Kimberley region of WA, thanks to a CRANAplus Scholarship.

Consolidating and increasing my knowledge of wound care and discovering the necessity for remote area health workers to have sound paediatric nursing knowledge are just two benefits I can list from my five-week stint in Wyndham Hospital.

I witnessed firsthand the importance and efficacy of an Aboriginal Liaison Officer. This staff member at Wyndham was outstanding in her role...

I also quickly learned the importance of teamwork in such a small workplace, and the importance of incorporating primary health care with every patient, an area which is a passion of mine.

The hospital is only small, consisting of a five-bed ward, with two boarder beds, plus the emergency department (ED). It is staffed 24/7 by a fantastic group of nurses, and there are also two doctors to attend to patients via appointments and ED presentations. Other staff consist of administration, Aboriginal Liaison Officer, community health nurse, child health nurse, practice nurse and facilities staff.

I witnessed firsthand the importance and efficacy of an Aboriginal Liaison Officer. This staff member at Wyndham was outstanding in her role and enabled successful health care delivery by the medical staff; demonstrating the need for



cultural safety within Indigenous communities by non-Indigenous staff and how this improves health care delivery tenfold.

I was fortunate to work with a diverse team of nurses from Australia, India, South Africa, Zimbabwe, and New Zealand; all with a wide variety of experience both in large urban hospitals, as well as rural/remote and overseas. I was impressed with the high level of clinical experience and the willingness for all staff to share their knowledge.

Due to the small size of the team and necessity for regular dressing changes, I was able to witness daily/weekly progressions of wound healing. I experienced presentations for burns, abscesses, foreign objects, and surgical wounds on patients recently returned from Perth. There were interesting cases of wounds that were not healing correctly, such as hypergranulation and

wounds affected by environmental influences in tropical areas. Throughout I was able to utilise various wound products which was significant in consolidating and increasing my knowledge of wound care.

There were interesting cases of wounds that were not healing correctly, such as hypergranulation and wounds affected by environmental influences in tropical areas.

Other presentations included chronic health conditions such as lupus, diabetes mellitus, renal conditions, mental health and cardiac problems.

There were also acute conditions such as tonsillitis, conjunctivitis, and respiratory infections. This prac provided a great source of knowledge development covering a broad range of conditions which may not have been as available in a larger facility.

It was through this prac experience that I understood the necessity of sound paediatric nursing knowledge when working in a rural or remote settings, as a large portion of the patients were children. I had always been somewhat cautious within a paediatric setting due to the emotional response it can elicit, both from the family members involved and from within myself as a nurse. I am now more confident within my practice in this area and more aware of family centred care. At the other end of the spectrum I was honoured to be involved in the palliative care for one of the community's elderly residents. ►►



» It just goes to show that no matter the age of a person, a life is precious and that it is truly sad when that life is no more.

Wyndham has a large Indigenous population as well as servicing outlying remote Indigenous communities; a doctor visits one of those communities weekly and I was fortunate enough to have the opportunity to accompany one of the doctors on such a visit. It was in a small plane and therefore bounced around a bit but once on our way the views of the surrounding area were breathtaking.

...my prac at Wyndham strengthened my love for small community nursing with its need for community interaction and the ability to provide strong continuity of care for a patient.

Also accompanying the flight were two palliative care staff from Broome who serviced the Kimberly area. One of these staff members was originally from the remote community and was able to provide a great tour of the area, through the old mission and to the local arts centre.

I was also able to accompany one of the RAN's on home visits and for clinic sessions. This day provided a great overview of remote area nursing and community engagement.

Rural/remote nursing is the direction I want to pursue, as I grew up in a rural setting in the lower south-west of WA, and so I was excited about my placement at Wyndham. After many years spent travelling around Australia, I was very keen to return to the northern parts and, as I love a good road trip, the five-day drive from Bunbury where I was studying at Edith Cowan University's Southwest Campus, was a bonus.

But, before I knew it, it was time for the road trip back. It was time to say goodbye to the red dirt and the desert landscapes. But not for long. I'm now embarking on a graduate nurse program at Kalgoorlie Health Campus and I'm back in the heat and the red dirt and the slender trees with shiny bark.

I will definitely head back to the northern parts once I've garnered solid clinical skills in a large hospital, as my prac at Wyndham strengthened my love for small community nursing with its need for community interaction and the ability to provide strong continuity of care for a patient.

My sincere thanks to the Anonymous Sponsor of the CRANaplus Scholarship who assisted me with this great experience. ●



Undergraduate remote placement scholarships available

CRANaplus is the peak professional body for all remote health.

Each year since 2006 CRANaplus has made a number of scholarships available to undergraduate students studying a health discipline at an Australian University.

The scholarships offer financial assistance to support students who are interested in working remotely and gives them the opportunity to experience a remote health setting first hand. This demonstrates the commitment of CRANaplus to the future remote health workforce.

The CRANaplus Scholarships are among a range of benefits offered student members by CRANaplus including professional connections, mentoring, access to resources and psychological support services for undergraduate students.

Scholarships provide financial assistance of up to \$1000 per applicant, per remote placement. They can be applied to the cost of fares, accommodation and other incidental costs incurred by a student undertaking an undergraduate placement in a remote area of Australia and its external Territories.

The closing date for the scholarship application is 31 July of each year

For full details of eligibility and how to apply go to

www.crana.org.au

from strength to strength

Meg Wareham joined Kirrae Health Service last year as Health Team Leader/ Practice Nurse and here she tells us about the service and settling in to the role.

Kirrae Health Service in the Framlingham Settlement on Eastern Maar country on the western plains of Victoria is an example of a program committed to providing a service that is culturally sensitive and acceptable to the community.

The long-term goal is for community members to take responsibility for their own health needs, both in preventative behaviours, initiating their own consultations, and ultimately following through with treatment.

The long-term goal is for community members to take responsibility for their own health needs, both in preventative behaviours, initiating their own consultations, and ultimately following through with treatment.

Framlingham is one of only two dedicated aboriginal settlements in Victoria, where people continue to live on aboriginal land. It services community members from Framlingham, Purnim, Allansford, Bushfield, Ellerslie, Princetown, Terang, Koroit, Yambuk, Port Fairy and Warrnambool.

Kirrae Health Service, set up in the '70s, puts a lot of work into providing fun and stimulating activities that engage community members.

It is a Community Controlled Aboriginal Health Service and is a member of VACCHO (Victorian Aboriginal Community Controlled Organisation). Kirrae Health Service has been successful in establishing strong links with regional services and this has resulted in better health outcomes for the community without sacrificing the autonomy of the Health Service or the community.

"It's a great place to work with a strong team and the community are friendly people. It's a very close community with strong family ties..."

Services have expanded over the years and now include; Primary Health Care, assistance to access specialist services, Health Promotion activities, community play group, chronic disease prevention, in-home HACC services, holiday activities, immunisations, community luncheons, and drug and alcohol services.

A registered nurse is on site four days a week and three Aboriginal Health workers are there three days a week. Kirrae Health Services is also lucky enough to have a Social Emotional and Wellbeing Coordinator, who provides counselling and crisis intervention for a wide range of issues within the community.

"It's a great place to work with a strong team and the community are friendly people," Meg said. "It's a very close community with strong family ties, so it's taken a bit of time for the community to warm up to me.

"I really feel I can make a difference in the community's health outcomes and their general wellbeing." ●



improving indigenous health and wellbeing



Menzies School of Health Research is Australia's only medical research institute dedicated to improving Indigenous health and wellbeing. Menzies has a 30-year history of scientific discovery and public health achievement.

Menzies' Education and Training team coordinates and delivers postgraduate public health and health research courses with Charles Darwin University. The course lecturers and research supervisors from Menzies are acclaimed experts in their fields.

The courses cover Indigenous, tropical, local and global public health research and practice. They address major public health challenges in northern and central Australia, the Asia-Pacific region and internationally.

The course lecturers and research supervisors from Menzies are acclaimed experts in their fields.

These include health inequalities; economic and social determinants; changing environmental conditions; infectious and chronic diseases; development and urbanisation; and access to and acceptability of services.

A graduate from Menzies' Master of Public Health, Gabrielle McCallum, currently manages Menzies' respiratory program in the Child Health division. This includes large *National Health and Medical Research Council* funded clinical trials and other large multi-centre studies.

These programs are active in the Northern Territory, Australia and internationally. Gabrielle has just submitted her PhD looking at improving the management of bronchiolitis (especially Indigenous children) hospitalised with bronchiolitis.

"I have a particular interest in improving lung health and wellbeing of Indigenous children, by improving evidence-based programs, education and translating research findings into meaningful and culturally appropriate outcomes," said Gabrielle.

"I feel I can approach staff members for advice and help..."

"The support I received when I enrolled and throughout my first semester back at university from the Menzies' Education and Training team has been outstanding. I feel I can approach staff members for advice and help in any issue that may present itself."

Gabrielle mentors junior Menzies' staff, students and colleagues. She also teaches the Tropical Child Health unit for Menzies Master of Public Health.

Education and Training
Email: education@menzies.edu.au
Phone: (08) 8946 8600 ●



excellence awards & symposium



Northern Territory 2015 Nursing & Midwifery Excellence Awards and Securing a Safe & Professional Workplace Symposium

Dr Robyn Aitken is the Acting Chief Nursing and Midwifery Officer for the NT. In this role Robyn is a member of the Department of Health Executive and

provides advice to the Chief Executive and Minister for Health. Although employed by the NT Department of Health, Robyn's scope of leadership extends across to all nurses and midwives across Government and non-Government sectors.

Celebrating the achievements of nurses and midwives is a key platform of Robyn's leadership. Now in their 12th year, the annual Nursing & Midwifery Awards will be celebrated with a number of new initiatives.

Celebrations will kick off in Alice Springs on International Midwives Day (Tuesday 5 May, 2015) with a special cocktail event to announce the nominees and finalists.

Now in their 12th year, the annual Nursing & Midwifery Awards will be celebrated with a number of new initiatives.

On Friday 8 May the Minister for Health will host the awards ceremony, a gala dinner and entertainment in Darwin. During the day the celebrations will, for the first time, include a joint Department of Health and Australian Nursing and Midwifery Federation (ANMF) NT Branch sponsored Symposium.

The Symposium 'Securing a Safe & Professional Workplace' will include presentations from the Northern Territory Coroner, the ANMF Federal Secretary, CRANaplus Bush Support Services and nursing and midwifery scholars Professor Sandra Dunn and Professor Caroline Homer. The content of the Symposium reinforces the joint commitment of the Department of Health and ANMF to providing professional development opportunities for nurses and midwives and to improving workplace culture and safety for nurses, midwives and the people they care for in the unique health care environment of the Northern Territory.

On Friday 8 May the Minister for Health will host the awards ceremony, a gala dinner and entertainment in Darwin.

Many of you will know Robyn from her work in Remote Health education over the last eight years and her passion for improving the health of remote and Indigenous Australians. She has retained her commitment to education as a way of supporting nurses and midwives at all stages of their career in remote and primary health care settings. Robyn says "We have to be committed to supportive and appropriate workplace behaviours at all levels, and strengthening nurses and midwives professionalism and ability to cope with the unique challenges of working in isolated and culturally diverse contexts.

The content of the Symposium reinforces the joint commitment of the Department of Health and ANMF...

Australian Nursing & Midwifery Federation NT and Northern Territory Department of Health Symposium: Securing a Safe & Professional Workplace

Friday 8 May 2015, Darwin Convention Centre

8:30 am–9:00 am	Registration
9:00 am–9:15 am	Opening Address Yvonne Falckh, ANMF NT Branch Secretary
9:15 am–10:15 am	Presentation <i>National perspective on safe and professional workplaces</i> Lee Thomas, ANMF Federal Secretary
10:15 am–10:45 am	Presentation <i>Professional accountability for maintaining a safe workplace</i> Mr Greg Cavanagh, NT Coroner
10:45 am–11:15 am	Morning tea (30 mins)
11:15 am–11:55 am	Presentation <i>Educating Nurses & Midwives to create safe and professional workplaces</i> Professor Sandra Dunn, CDU
11:55 am–12:35 pm	Presentation <i>Challenges of working in a non-traditional practice environment</i> NCTCR
12:35 pm–1:15 pm	Presentation <i>Medicines, poisons & therapeutic goods legislation to ensure safe and professional practice</i> Bhavini Patel, NT Department of Health
1:15 pm–2:00 pm	Lunch (45 mins)
2:00 pm–3:00 pm	Presentation <i>Strategies to manage inappropriate behaviour</i> Annmaree Wilson, CRANaplus Bush Support Services
3:00 pm–4:00 pm	Presentation <i>Continuity in Midwifery care – evidence for safe and professional practice</i> Professor Caroline Homer, Director, Centre for Midwifery, Child and Family Health, University of Technology Sydney & President Australian College of Midwifery
4:00 pm	Closing Address Dr. Robyn Aitken, A/Chief Nursing and Midwifery Officer, NT Department of Health

"Education is a key component, and working with ANMF for launching the Symposium demonstrates my commitment to collaboration with our union colleagues on addressing issues that affect the working life of nurses and midwives."

Both the Symposium and Awards will be held at the Darwin Convention Centre. Nurses, midwives and health care professionals will be able to purchase tickets to attend either or both events.

Tickets are now available from the Darwin Entertainment Centre website:
<http://www.yourcentre.com.au>

"We have to be committed to supportive and appropriate workplace behaviours at all levels..."

Keep informed about these events by visiting the Nursing & Midwifery Excellence Awards website: http://www.health.nt.gov.au/Nursing_and_Midwifery/Nursing_and_Midwifery_Excellence_Awards_2015/index.aspx

For more information call 1800 000 648 or email nursing.info@nt.gov.au ●

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.

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.

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. 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 rates, artwork specifications and contact details below for more information. ●

advertising rates

Standard 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 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. ●



RURAL & REMOTE: NURSING & MIDWIFERY SCHOLARSHIPS

Open 2 March 2015 – Close 8 April 2015

Scholarships for all nurses and midwives are available for:

> Continuing Professional Development > Nursing and Midwifery Re-entry

Apply online www.acn.edu.au | scholarships@acn.edu.au | 1800 117 262

An Australian Government Department of Health initiative supporting nurses and midwives.
Australian College of Nursing is proud to be the fund administrator for this program.

CRANApplus corporate members



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.



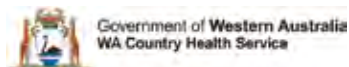
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



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.



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.



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!



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.



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.



The Northern Territory Medicare Local (NTML) is committed to achieving an equitable, comprehensive primary healthcare system, driven by community needs, to improve the health and wellbeing of all Territorians.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base of 830 and growing. Our administration base is in the Iron Ore rich town of Newman.



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.



Staffing | Specialised Recruitment | HR Solutions | Inhouse Services

Randstad's healthcare team has provided the best people, recruitment solutions and HR services to your industry for over 30 years.



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.

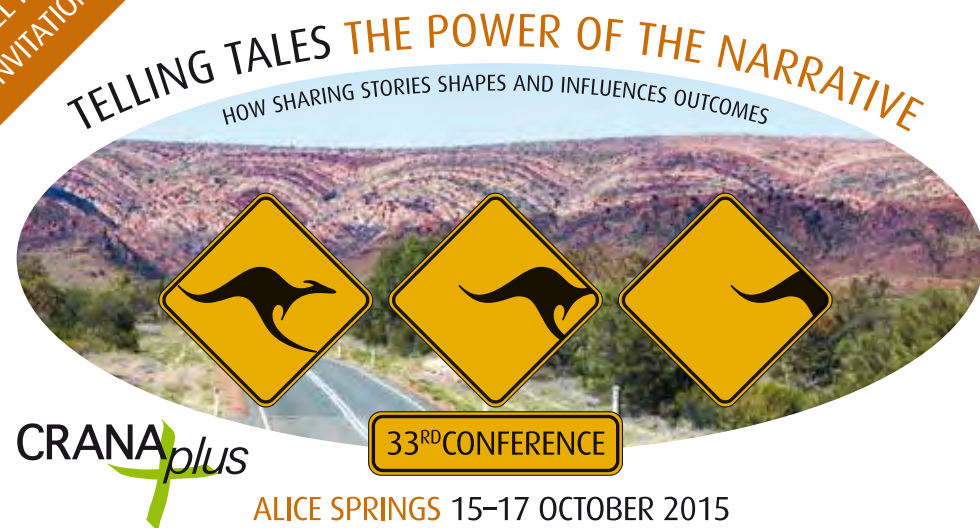


The **Torres and Cape Hospital and Health Service** provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach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

CALL FOR ABSTRACTS
INVITATION NOW OPEN



CRANAplus invites you to submit Abstracts for oral and poster presentations at the 2015 Annual Conference: Telling Tales – The power of the narrative.

The power of story telling has existed in our society for many generations, shaping and influencing our behavior, attitudes and values.

Stories come in many forms: through images, data, the spoken word, song and dance. Narration creates cultural and paradigm shifts, changing our perception for engagement and improving health service delivery.

We invite you to submit an abstract to describe how sharing has shaped and improved the outcomes for remote and isolated people across Australia.

Abstracts will provide an opportunity for authors to communicate their stories and recent experiences of how 'the power of the narrative' has influenced changes in behavior, attitudes and values for improving health service delivery.

We encourage submissions from:

- Remote and isolated health professionals and consumers
- Remote or isolated health and community service providers
- Aboriginal and Torres Strait Islander services
- Professional bodies of nursing, medicine, midwifery, allied health, Aboriginal and Torres Strait Islander Health workers
- Undergraduate and postgraduate students
- Researchers and education providers

An 'Encouragement Award' will be offered, each day, to the best 'first-time' presentation at a Conference.

Presentations are 20 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: 10 May 2015
Full details are available on our website: www.crana.org.au

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.

The Write Road is founded on the premise that to be well, human beings must create. Fascinatingly, to me, most people long to write – personal stories, family stories, community histories, or more ambitious projects such as novels. Despite this, phenomenal numbers of people are immobilised about how and where to start, which, notably, adds to burdens of stress and low self esteem. Research shows creative expression is vital to wellbeing. ●

invited speaker



Dr Buddhi Lokuge is 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.

He is co-author of *A Doctor's Dream*, a story of hope from the Top End and has coordinated the implementation of large scale public health projects, worked as a management consultant, and led international advocacy campaigns to raise attention to the crisis of malnutrition and make life-saving medicines affordable to low income populations. ●



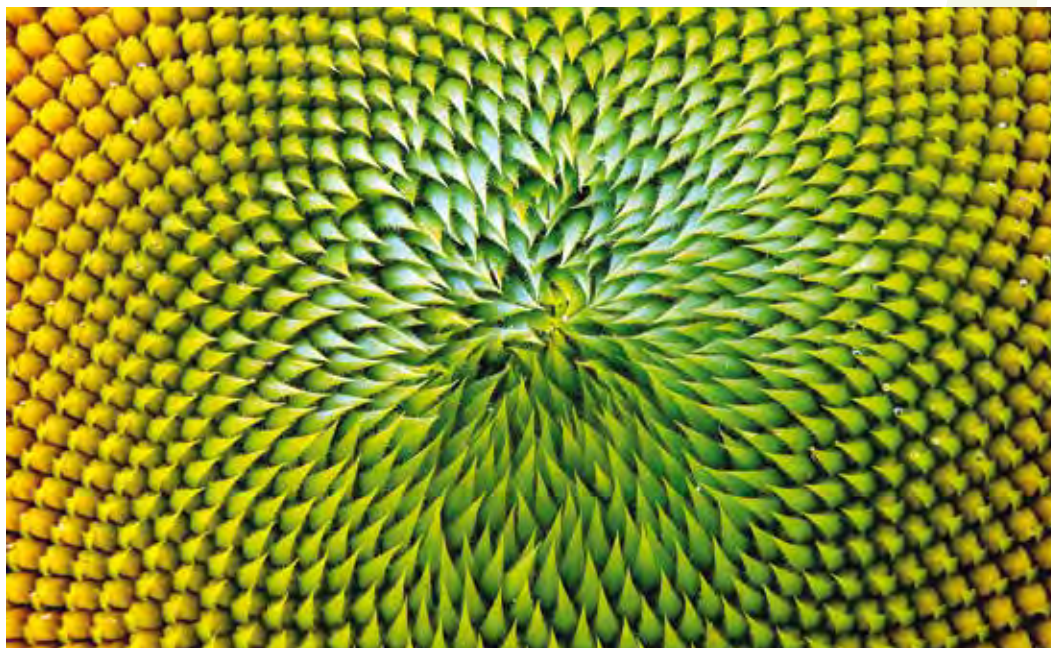
support

take a different perspective – get more of the good life

Therese Forbes is not promising you'll live longer if you participate in the CRANaplus Bush Support Services' 2015 Wellbeing competition *Taking a New Perspective* – but she does reckon the benefits could go well beyond the lure of the \$500 prize money. Here Therese urges you to get out that camera or get writing – for your own wellbeing.

The pursuit of that elusive concept – happiness – keeps many of us engaged with work and life in general. Recent research has found that taking a different – positive – perspective on our work and life 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, which means they don't tend to generalise and project current difficulties into the future. It is particularly important to take note of your interpretation of endings as these can colour the entire relationship or experience.



With a shift in perspective and the practice of kindness we can be well on the way to having more of the good life...

The exercise of kindness calls on your strengths to rise to an occasion and meet a challenge. Kindness consists of total engagement and loss of self-consciousness. Time stops. It is the ultimate mindfulness experience.

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 offering 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 can be achieved by simply taking a different perspective. ►►



► **WARNING** – This will require conscious decision making! All too often we seek to take a different path but end up doing the same thing over and over.

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...

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.

CRANaplus Bush Support Services invites you to set a new default position and our new competition is designed to encourage some different perspective taking.

We would love to receive your entries (multiple entries welcome).

Here are the four options:

- Poetry or short story about your experiences in taking a different perspective or about an act of kindness you have experienced or given.
- A short story about a courageous step you have taken in the right direction.
- Poetry or short story about an ending that you have been able to take with different and more positive perspective.
- Mindful photography which demonstrates some perspective-taking. We would also welcome photos of art work 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 next two CRANaplus magazines. (Please let us know when submitting if you do not give permission for your entry to be featured in this way.)

The winner, with a prize of \$500, will be announced at the Conference in October in Alice Springs.

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

Therese Forbes
Psychologist
CRANaplus Bush Support Services ●

fly in fly out (FIFO) services: can we keep them grounded?

Last year there was a parliamentary inquiry into the fact there had been nine suicides in the mining industry in 2014 in the Pilbara alone. Factors relating to these suicides include: reluctance to access services; stress; fatigue; pre-existing mental health issues; and isolation.

For any of us watching miners waiting to board a plane at the airport to return home to their family, we see they're not having friendly conversations to support each other. Some are sleeping on the floor, while re-charging their mobile phone using the airport power-point. Others are just too tired to talk.

But that's miners, what about Fly In Fly Out (FIFO) nurses, doctors or other FIFO health professionals? Similar issues are apparent for FIFO health professionals: social isolation; less help-seeking behaviours; reduced access to supports and services; high stress; long work hours each day; working long periods without a break; poor connections with family; difficulty being accepted...and the list goes on. It sounds like the issues all rural and remote workers experience, except, perhaps, for the last item listed: 'difficulty being accepted'.

If you've been working in your workplace's community for more than a couple of years you're likely to still be there because you've been accepted by your colleagues and by the community.

If you've been working in your workplace's community for more than a couple of years you're likely to still be there because you've been accepted by your colleagues and by the community. It's one of the main goals we strive for in rural and remote work: acceptance in our community. It means we can relax a little, and get on with our work knowing that people will access the services we have to offer, we have friends, we know the workings of the community, we know the families, we grow alongside them, and witness their successes and their losses.



It's about caring, taking some time to think about what goes through our minds when our FIFO colleagues fly into town.

This article is not about suicide. It's about caring, taking some time to think about what goes through our minds when our FIFO colleagues fly into town. For some of us we're relieved "Great! They're here, now we can get these patients tended to" but for others it can be "Oh, here comes the FIFO" and our related thoughts can be negative. What's on your mind when your FIFO colleague arrives? Seriously, take a moment to reflect on what your thoughts are when FIFO colleagues arrive in your community.

Sure, the FIFO health worker may rush in, sometimes late, carrying their smells of the city, wearing their city clothes (at least initially until they tone it down), expecting us to fit in with their busy day in the clinic. ►►

► Who are they anyway? Well, who are they? Have you taken the time to find out? Is your FIFO colleague Australian, or are they from another country/culture? If so, what do you know about that country or culture? Does your FIFO colleague have a family? Why have they chosen to be a FIFO? How do they live? Where do they live? Do you know them as well as you may have known a full-time health professional? Are they feeling accepted in your workplace team? When's the last time you shared a cuppa or a yarn with them?

We're all busy, but as health professionals, our work is to save lives and care for others, and sometimes that means working on relationships to help save lives.

This article is about relationships. It's about connecting with people, especially in our workplace. We're all busy, but as health professionals, our work is to save lives and care for others, and sometimes that means working on relationships to help save lives. If the miners had our skills to care for their colleagues, there may have been fewer suicides. We have an advantage, we have communication skills, we work with people every day, and we provide comfort and care to our patients, but are we extending this level of care to our colleagues?

Have you ever wondered why your non-smiling FIFO colleague isn't smiling? Could they have a pre-existing mental health issue such as depression? Could your busy, pedantic FIFO colleague have a touch of anxiety? If you're thinking that you don't have the time to find out, then perhaps you could think again. Pre-existing mental health issues are not restricted to the miners, nor are relationship problems, family discord, or feelings of disconnectedness.

A holistic model of care is not restricted to biomedical care, it includes a model of social health care, and since rural and remote health

professionals have usually made a lifestyle choice to work where they work, their world is not just about their job. Is that true for you? If a community member was feeling disconnected and discussed this with you after hours, wouldn't you attempt to assist that person to gain connections, even though you weren't at work, weren't getting paid, couldn't document it on the spot, and couldn't give a biomedical response? My guess is that a lot of us would.

FIFO workers may not have the same connections as full-time rural and remote workers. It takes time to build trust and community connections. When FIFO workers fail to gain such trust and connection in their early days of working remote, it can affect their morale and eventually their mood. Whilst it's typically their choice, but sometimes not their choice, to refrain from living in the remote community in which they work, if we can accept their position, just like we made our own choice about lifestyle, we may have an easier time assisting our FIFO colleagues to gain acceptance.

How often have you heard one of your fellow-workers say "That FIFO won't be here for long, just watch them"? If our FIFO colleagues remain working in our communities for longer periods they're more likely to be accepted, learn more, and may be more likely to work remote again after their contract expires, if their experience is positive.

We may not have the time or knowledge to change the fact that remote communities have FIFOs instead of full-time health professionals, but by working on our relationships with them, we should be able to make their time working with us more positive. This in turn will make our work more pleasurable. We can't ground their planes and make them stay in our communities, but if we help ground their emotions, help them feel accepted, and engaged in our lives, we're likely to improve positivity all around, for us and for them, for our teamwork, and patient care.

Here are some suggestions on how we can help improve relationships with our FIFO colleagues:

- Make time to talk with your FIFO colleagues
- Be yourself, take off your 'work hat' for five minutes
- Share something personal about yourself
- Find out what you have in common, e.g. pets, family, hobbies, or interests
- Talk about something other than the weather
- Be persistent, if at first you don't get talking, keep trying, ask questions to start a conversation
- Keep it brief, you're at work after all, but it doesn't have to be a long chat
- If there's no time to talk, share a smile
- Focus on hearing your FIFO colleague's responses to you (practice active listening)
- Put your thoughts on paper, leave a thank you note for your FIFO colleague to read on the plane after a hard day of working together
- Introduce your FIFO colleague to others using their name and something positive you've learned about them
- Share a brief report in a meeting or at a gathering, about how your FIFO colleague worked well on a difficult project
- Refrain from gossip, refuse to talk about a colleague unless they're present to defend themselves
- Read up about your FIFO colleague's cultural background, or ask them about it
- Suggest a cultural lunch in your staff room, with a focus on food from your FIFO colleague's country (resources allowing)
- Make sure your FIFO colleagues are invited to your morning tea or lunch breaks
- Debrief with your FIFO colleague, or make time for them to debrief with you
- Arrange a welcome morning tea for new FIFO colleagues, and don't forget farewell lunches or dinners if they leave
- Don't be a silent bystander if someone is treating your FIFO colleague poorly, address it, name it, and be a positive role model. FIFOs are your workplace colleagues just as much as you are theirs.



I laughed when I first heard the saying "I'm not here for a long time, I'm here for a good time". Our FIFO colleagues aren't here for long, but while they're on the ground, we can help by sharing positive words and feelings to make it a good time for them, as well as ourselves. Who knows? We may learn something!

Amanda Akers
Clinical Psychologist
CRANaplus Bush Support Services ●



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 CRANApplus 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.

coping with crisis

All of us face significant crises and trauma at different times in our lives, each as varied as there are people in the world, says Senior Clinical Psychologist Annmaree Wilson. Here she gives some ideas on coping.

A life crisis can range from a diagnosis of a life-threatening illness, the death of a loved one, the end of a long-term relationship, a natural disaster, losing a job or being the victim of a violent crime. As we know, health workers in remote areas are particularly at risk of exposure to trauma.

People's responses in a crisis often follow a common pattern, and there are a number of ways of coping with those common elements.

The profound emotional reaction to a crisis experienced by individuals can affect their ability to function effectively. At times this interference to normal life can last for a long time, even beyond the lifetime of the actual crisis. Ongoing high levels of emotion and stress cause exhaustion, which does two things in particular: it impedes decision making and it makes people susceptible to illness.

People's responses in a crisis often follow a common pattern, and there are a number of ways of coping with those common elements.

Firstly, during times of intense emotion, it is hard to maintain insight. It is important for people experiencing a crisis to acknowledge that what they are going through is normal: that their responses are normal. ►►





►► These emotional responses actually serve a survival purpose and are part of the fight/flight response. Professional counselling, such as that provided by CRANaplus Bush Support Services, can be particularly helpful with this, as people in the immediate environment can sometimes be unhelpful, unsupportive or in crisis themselves and so unable to provide the necessary perspective.

...life is unpredictable and cannot, in some ways, be controlled.

In addition, resilience is an important strength to help cope with crisis and regular attention to resilience-building strategies is very important. This is a very individual thing but research increasingly shows the central role that exercise and a regular creative activity plays in helping build resilience.

Another aspect of coping with a crisis or trauma is for people to establish some sort of meaning around the event and to be able to accept their personal vulnerability; accept that all of us will eventually die; and accept that life is unpredictable and cannot, in some ways, be controlled.

If an individual is in the habit of routine personal reflection, through writing in a journal or regular personal counselling, for example, the ability to find meaning around traumatic events becomes a familiar process.

Once again, a support service like CRANaplus Bush Support Services can help people find meaning and cope when faced with a traumatic event or personal crisis.

Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



2014 winners, left to right: Outstanding Graduate: Zoe Sabri, Nurse of the Year: Stephen Brown, and Team Innovation: Prof Jeanine Young representing the Pepi-pod® Program.

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Recognise their outstanding leadership and innovation by nominating them in one of three categories:

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educate

education on the move

The CRANApplus Education team is back in full swing with courses running every weekend around the country.

Two new courses – the Paediatric Emergency Care course (PEC) and the Practical Skills (PS) Course – have been added, following feedback over the past few years.

These courses follow a different format. Both courses require online participation through modules and assessment prior to attendance at the face-to-face (F2F) component.

This is designed to allow more focus on the practical elements of the F2F course and will reduce the amount of F2F time (time away from the workplace) for participants.

The Paediatric Emergency Care (PEC) course looks at paediatric emergency assessment and management, and follows our successful formula of a mix of lectures and practical skills.



Photo: Steve Batten.

Participants who successfully complete the course will be current in both basic and advanced paediatric life support.

The neonatal life support content can be extracted from this course and we are looking at ways to complement the midwives' MIDUS course so they can complete both midwifery upskilling and neonatal life support at the same time...watch this space for more information.

Two new courses... have been added, following feedback over the past few years.

The Practical Skills (PS) Course is a one-day face-to-face course focussing entirely on clinical skills, with the theory completed online prior to the skills day. To be launched and piloted in Cairns in April, the course topics include: plastering, suturing, and ear and eye assessment.

We are privileged to have the input and support of two emergency physicians in the development of this course.

During the pilot phase, we will evaluate different versions of the course with the remote health professional in mind as to what is needed and what is most wanted.



During the pilot phase, we will evaluate different versions of the course with the remote health professional in mind as to what is needed and what is most wanted.

Our plan is to look at each topic as a two-hour block that can be marketed privately to meet the needs of individual services or agencies. This course will be available as a selection of four modules delivered at a one-day workshop.

It's still a case of 'watch this space' as we work towards piloting and evaluating the first course in April.

Another future option is the PS course delivered in combination with the Triage Emergency Care course.

Our range of courses are displayed on our website and we continue to reassess all courses regularly to ensure we are delivering current and relevant information.

www.crana.org.au ●

CRANApplus advanced life support (ALS) course options

Does your heart skip a beat when faced with a cardiac emergency? Are you expected to be a competent Advanced Life Support provider? Do you have difficulty getting away from work to get this important competency ticked off?

In the context in which we work we often have limited exposure to cardiac arrest emergencies.

Combined with the fact that ALS techniques are regularly reviewed and updated, it is important that as remote and rural health professionals, we undertake Advanced Life Support training

annually to ensure our knowledge and skills are up-to-date. A recent revision of the CRANApplus ALS Course options is designed to help resolve all of these issues.

The various options for program completion are designed to reduce the amount of time you need to spend at the face-to-face course if getting away from work is an issue.

Upon successful completion of our course you will receive a Basic and Advanced Life Support certificate.

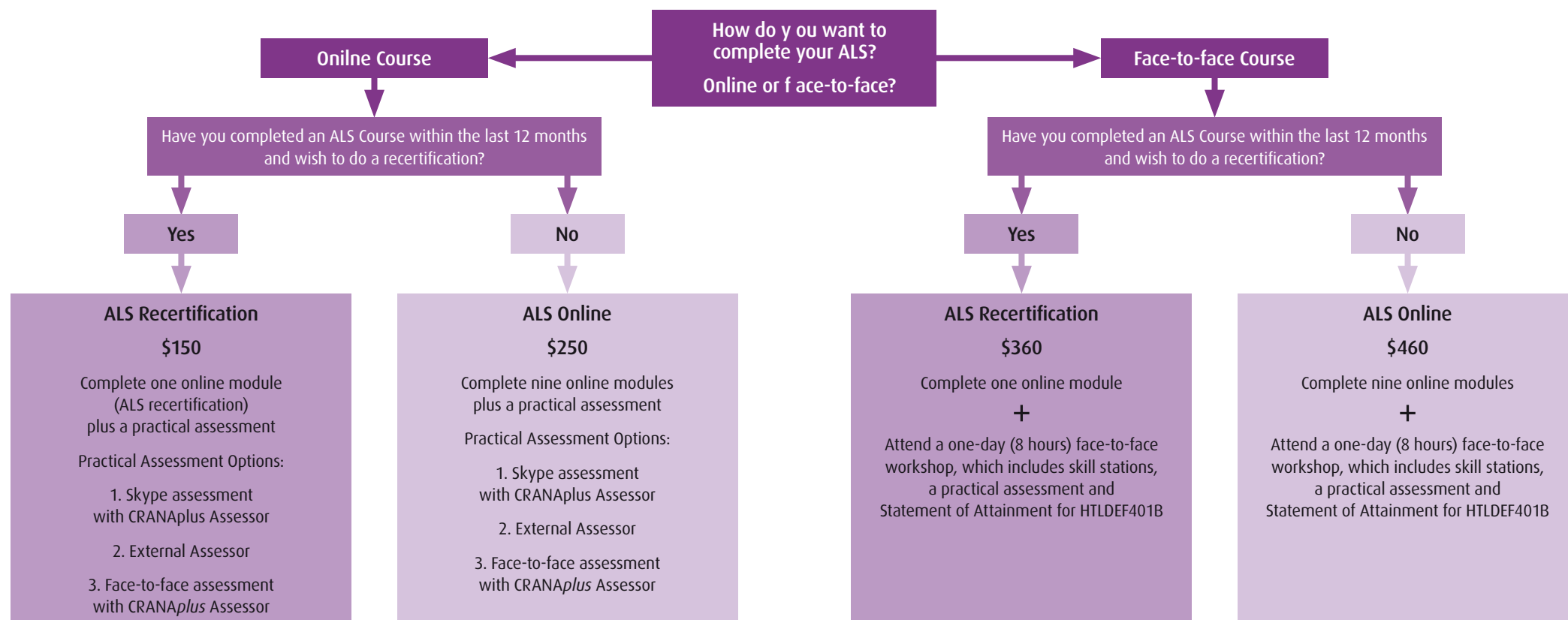
Course Options

The CRANApplus ALS Face-to-face Course includes one nationally accredited unit of competency HLTDEF410B – *Record Clinical Information During Casualty Resuscitation Techniques*. This course content provides sufficient scope to support this unit of competency.

A Statement of Attainment will be issued if the student successfully completes the required assessments associated with this unit of competency.

Endorsements

The Advanced Life Support Course is endorsed by the ACN and attracts a total of 22 CPD points (14 online/eight face-to-face). It is also endorsed by ACRRM and attracts 10 ALS and 10 PRPD points + 20 PRPD Anaesthetics and Emergency Medicine MOPS and RACGP and attracts 40 Category 1 points and is eligible for Emergency Medicine grant – one day, Anaesthetic grant – one day. The Advanced Life Support course is also available as a private course. **For more details contact sue@crana.org.au** ●



Please note that enrolment is valid for 12 months, however the practical assessment must be completed within 6 months of completing the online modules.

Please note that enrolment is valid for 12 months, however the online modules must be completed less than 6 months prior to attending course and more than one week prior to attending course)

early identification and recognition the key in the revised PEC



People working in remote areas are anxious about paediatric care and want to know how to manage this well, says CRANaplus Coordinator Anni Kerr (pictured left).

Infants and children are not small adults. They are different anatomically and physiologically. This means health professionals need to have a different approach for dealing with them.

Testimonials:

Cairns Course

"Online material good. Generally scenarios and instructors very helpful and provided positive reinforcement."

"Great skill workshops with hands-on opportunity."

"I enjoyed the course and feel it will help my general confidence in dealing with paed."

Christmas Island Course

"This course has given us the opportunity to review our practice and make some changes to our health service. Quality improvements will be discussed and equipment reviewed (e.g. PEEP with BVM), more active use of I/O, role allocations and teamwork and paediatric formulas and normal values in emergency room."

"The two additional modules in the Paediatric Emergency Care (PEC) course have strengthened the focus on early identification and prevention of debilitating and deteriorating health in children," Anni said. "Sick and injured children are affected more easily than adults, for example, from low oxygen levels, low blood sugar and low blood volume."

"This course aims to enhance the knowledge of health professionals working with sick and injured children, providing the skills to identify a sick child and respond accordingly. In the instance of a critically unwell child presenting with airways, breathing, circulation and/or disability issues, we look at identifying these problems early. Putting strategies in place to manage the airways, assisting their breathing, managing fluids and disability, prevents going down the pathway to paediatric resuscitation. Early identification and prevention of the downwards spiral is the fundamental focus."

The course encourages health professionals to adopt a holistic primary health care approach to paediatric health care management. Vaccine preventable childhood diseases and early recognition of signs and symptoms of acute rheumatic fever are viewed as being pivotal in decreasing the burden of childhood diseases, said Anni.

Courses this year will be held in a number of locations, including Darwin, Newman (WA), Cairns, Adelaide and Alice Springs.

This course established in 2013 and revised in 2014, is advanced level and designed specifically for health professionals who are working in, or considering working in rural and/or remote settings. The course is designed to meet the learning needs of Registered Nurses, Remote Area Nurses and Midwives, Paramedics, Flight Nurses and Medical Officers.

All health professionals who are required to be a competent Paediatric Basic and Advanced Life Support Provider will benefit from this course.

Putting strategies in place to manage the airways, assisting their breathing, managing fluids and disability, prevents going down the pathway to paediatric resuscitation.

The Paediatric Emergency Care is endorsed by the ACN and attracts a total of 38.5 CPD points (22 online/16.5 face-to-face). It is also endorsed by ACRRM and attracts 10 ALS and 28 PRPD points + 30 PRPD Anaesthetics and Emergency Medicine MOPS and RACGP and attracts 40 Category 1 points and is eligible for Emergency Medicine grant – two days.

The changes to the course aim to provide the health professional with a comprehensive, flexible and self-paced online learning program that complements the two-day interactive and practical course.

This course meets national standards and covers the First Line Emergency Management and Care of Sick and/or Injured Child, including Paediatric Basic and Advanced Life Support.

Emergency scenarios, practical sessions, video and skills workshops support lectures in small group sessions. Skill stations are purposely designed to enable participants to actively participate in experiential learning.

The Paediatric Emergency Care (PEC) course is also available as a private course.

Interested participants should contact Anni Kerr on annikerr@crana.org.au for more information regarding relevance to their practice. ●

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)

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



Paediatric Emergency Care (PEC)

Do you experience anxiety with paediatric presentations?

Do you want to improve the emergency management of infants and children in a rural, remote or isolated practice setting?

Are you expected to be a competent Paediatric Life Support provider?

Then the CRANaplus Paediatric Emergency Care (PEC) Course is for you

PEC is an advanced level course for Registered Nurses and Midwives, Paramedics, Aeromedical retrieval professionals and Medical Officers. PEC has been designed specifically to cover all aspects of the assessment, early identification and intervention of paediatric presentations especially when working in rural remote and isolated practice settings.

Course Dates & Locations:

Darwin	11 & 12 April	Adelaide	20 & 21 June
Newman	17 & 18 July	Cairns	19 & 20 Sept
Alice Springs	18 & 19 October	(Conference)	

Cost:

CRANaplus Members \$1050, Non-members \$1100

Course Delivery

eRemote learning – nine modules to be completed prior to face-to-face (F2F) program. A two-day intensive F2F program offers participants multiple simulation-based experiential learning opportunities. Scenarios are designed to incorporate the National Safety Quality Health Service Standards. For more information on the course content, learning outcomes and assessment process please visit www.crana.org.au/education

On successful completion participants will be awarded:

1. Basic and Advanced Paediatric Life Support; and
2. HLTDEFHC410B Record Clinical Information During Casualty Resuscitation Techniques.

Training.gov.au is the official National Registry of VET in Australia and provides more information regarding these units of competency and our status as a Registered Training Organisation (RTO No. 40719)



Accreditation & Endorsements

The Paediatric Emergency Care (PEC) Course is endorsed by:



This course has been allocated 22 online and 16.5 F2F CPD hours according to the Nursing and Midwifery Board of Australia – Continuing Professional Development Standard.



twin passion

Leonie McLaughlin (pictured right), a facilitator with CRANaplus in MEC and MIDUS courses since 2011, is currently MEC Coordinator while Michelle Bodington is on three months' leave, bringing with her a wealth of experience and knowledge.

"This opportunity taps into my twin passions for midwifery and education beautifully," she said. "So I was thrilled to be able to take up this relieving position for Michelle."

"This opportunity taps into my twin passions for midwifery and education beautifully..."

Leonie's interest in midwifery surfaced soon after her training at the Alfred in Melbourne, during a volunteer stint in India.

"Working as an RN in a small regional operating suite, I was sent to midwifery," she said.

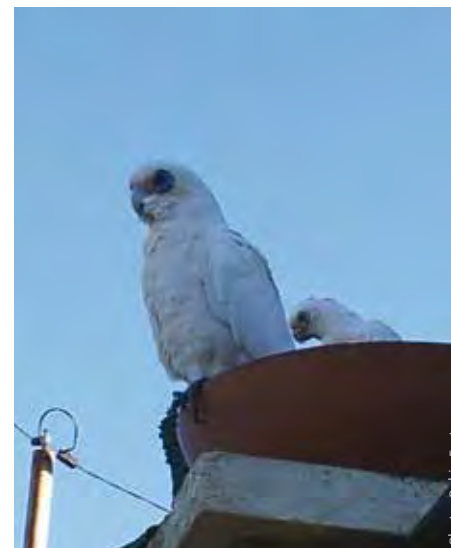


Photo: Robin Fort.

"I quickly realised that there was a whole field of care I knew little about, so I came back to do midwifery at Queen Victoria Hospital in 1984/1985.

"I loved midwifery right from the start, and have worked as a midwife in various roles ever since, including tertiary birth suite, private midwifery practice, birth centre, women's clinic, CBE, lecturing, clinical teaching and rural nursing."

Leonie has continued to study throughout her career, completing numerous qualifications including a Grad Dip in Adult Education and Training, a Masters in Education and the Cert IV TAE.

Leonie lives in Mansfield in rural Victoria where she has been CNC Education/RN/RM at Mansfield Hospital for 15 years.

"I loved midwifery right from the start, and have worked as a midwife in various roles ever since..."

The timing of this three-month appointment is perfect, said Leonie, who acknowledges the support and encouragement she is receiving from the executive team at Mansfield Hospital; Michelle, Glenda and Caitlin from the CRANaplus MEC team; and husband Wil and their daughters Tilley and Charlie.

"Here I am," said Leonie. "I am looking forward to working fulltime with CRANaplus; learning, contributing and sharing in this important midwifery education across Australia." ●



educations 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	●										



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.




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>

represent

connections

Since the summer edition there has been a number of significant professional matters, which has involved Professional Services.

Rural & Remote Midwifery Advisory Group

Over the past 18 months the Rural and Remote Midwifery Advisory Group has advised the Australian College of Midwives, National Board of Directors on a number of matters, which effect midwives and women who live and work in rural and remote communities. The intention of this Advisory Group is to assist the College to make informed decisions and undertake effective advocacy in relation to rural and remote maternity care.

The Advisory Group consists of 14 members bringing diverse perspectives from various leadership roles in midwifery rural and remote practices, such as, models of care, academic research and policy representation.

Among the Advisory Group are: Glenda Gleeson, Coordinator, CRANaplus Maternity Emergency Care Program; Rosie Dowling and Vanessa Page, CRANaplus Facilitators; and Geri Malone, CRANaplus Director of Professional Services.

The issues discussed are broad including such issues as:

- The NMBA review of registration standards
- Clinical placements for students
- Representation to Northern Territory (NT) Minister for Health and Federal Minister for Health regarding Remote Area Midwifery positions in NT
- Recruitment issues
- Patient Assisted Transport Systems (PATs) issues
- Information on the research Identifying maternity services in public hospitals in rural and remote Australia.



Stay connected – If you would like to know more about the Rural & Remote Midwifery Advisory Group's matters, please contact us, particularly in regard to issues relating to remote maternity health, email: professional@crana.org.au

The Remote Health Workforce Project Report

As previously reported at the CRANaplus Conferences the pilot study for this project was undertaken in collaboration with SilverChain Group based in Shark Bay in the Gascoyne Region of Western Australia.

The overall aim of this study was to provide a comprehensive understanding of the diversity and unique characteristics of remote health, in recognition that there is limited data that reflects the primary health care activities and occasions of service provided across remote Australia.

...there is limited data that reflects the primary health care activities and occasions of service provided across remote Australia.

Specifically we endeavored to capture the occasions of care delivered by Nurses in a remote setting context and in this case scenario it was a Nurse Practitioner/Remote Area Nurse Model. ►►



► The project resulted in a data collection tool and a process to collect occasions of service encompassing direct and non-direct activities. This was reported as easy to use and forms the basis of a consistent taxonomy to be used across the sector.

This was small study but opportunities exist to replicate, using the tools delivered, in other remote health care settings to assist with future service and workforce planning.

A special 'Thank You' to SilverChain (WA), for their collaboration with this Project, particularly Sandy Bell, Nurse Practitioner at Shark Bay during the study and Lesley Pearson, Regional Manager.

Report is now available on our website:
<https://crana.org.au/advocacy/submissions/>

Mentoring Program

Be connected – The CRANaplus *Remote and Rural Mentoring Program* continues to grow with participants from various health disciplines, who are either undertaking the online mentoring module or actively participating in the mentoring process. The mentoring program is a great way to be connected, and supported whilst working in various health settings across rural and remote Australia. Currently we have a greater number of mentors. We would like to invite interested students, new graduates, and experienced health professionals 'new' to remote and rural practice to register their interest.

For information and to register your interest as either mentor or mentee contact Marcia Hakendorf, Professional Officer, Professional Services email: marcia@crana.org.au

DHHS Tasmania – One State, One Health System, Better Outcomes

In 2014, the Tasmanian Government launched a series of Health Reforms for Tasmania's health services including the Green Paper on 'Delivering Safe and Sustainable Clinical Health Services' advocating the rebuilding of Tasmania's health services to deliver improved outcomes for patients.

For Tasmania members wanting information regarding of this initiative visit their website:
<http://www.dhhs.tas.gov.au/onehealthsystem>

Nursing and Midwifery Board of Australia (NMBA) Updates

The Nursing and Midwifery Board of Australia frequently update Fact Sheets and undertake wide-ranging Consultations on proposals effecting nursing and midwifery professions the NMBA is a good website to ensure you are keeping up-to-date and abreast of the professional issues.

The mentoring program is a great way to be connected, and supported whilst working in various health settings across rural and remote Australia.

Recent Updates included the 'Context of Practice for Nurses and Midwives' Fact Sheet, (<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Context-of-practice-for-registered-nurses-and-midwives.aspx>)

A recently completed project explored the need for Registration of 'Speciality' practice within the nursing profession. As a result of the project, NMBA has concluded there will be no additional recognition of nursing specialties. For further information about this subject visit the website at <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/Specialist-recognition.aspx>

CRANaplus Remote Health Awards 2015:

It's 'Award' time, with the States and Territories calling for Award Nominations for their Nursing and Midwifery Awards, for further information visit the individual State or Territories' Department of Health's Nursing and Midwifery Office website.

The CRANaplus Awards 2105, celebrating *Remote Practice* consists of five categories a nominee may be eligible for:

- Excellence in Remote Health Practice Award
- Excellence in Education and/or Research Award
- Excellence in Mentoring in Remote Health Award
- Outstanding Novice/Encouragement Award
- Collaborative Team Award

The prestigious 'Aurora Award' recognises an individual who has made an outstanding contribution to remote health, providing inspiration, leadership and energy to make things happen.

Every year at the CRANaplus Conference, the winners are announced.

Winning a CRANaplus Award is important for our remote workforce as it gives recognition acknowledging their valuable contribution and commitment to the professions and to remote and isolated communities.

Worthy candidates for these Awards may be working alongside you. We encourage you to submit a Nomination.

Nominations are now open, with the **Closing Date: Friday 31 July 2015**. The Nomination Application is straight forward, visit our website: <https://crana.org.au/>

Geri Malone and Marcia Hakendorf ●



be mentored – be connected – achieve goals



Being part of the **CRANaplus Remote and Rural Mentoring Program** is a great way for students and new graduates to be connected and have the support they need whilst 'learning the ropes' during their clinical placement.

By participating in the program, they will establish formal relationship with a mentor who is well experienced in their field, and meet at times, agreeable to both. This helps in discussing those challenges, confirming those positive experiences when dealing with their 'every-day' practices. Providing guidance and suggesting networking opportunities, along the way, helps in achieving their professional goals.

Jessica Zachar (pictured above), a student from Charles Sturt University, Orange has recently joined CRANaplus Remote and Rural Mentoring Program has this to say about it.

The *Remote and Rural Mentoring Program* is a great opportunity for you as a final-year undergraduate student or new graduate to tap into this wonderful program, it will provide you with mentors who will support, assist you to navigate, decision-make, and network as new comer to the remote and rural health sector.

My name is Jessica Zachar and I am currently a final-year dentistry student at Charles Sturt University. I have had the amazing opportunity to study in regional Australia during my five-year undergraduate degree in the town of Orange, New South Wales. As a final-year student I've been undertaking my clinical rotations around rural New South Wales including Bathurst,

Wagga Wagga, Port Macquarie and Brewarrina. During these years, I have built a strong interest and passion in the field of rural health and with graduation just around the corner, going out bush is going to be an exciting yet challenging period as a recent young graduate.

This is what attracted me to participate in the *CRANaplus Remote and Rural Mentoring Program*, as it was a program specifically designed to provide students and recent graduates that support network for young health professionals who want to take that step into going rural.

The Remote and Rural Mentoring Program is a great opportunity for you as a final-year undergraduate student or new graduate to tap into this wonderful program...

At the moment I have been fortunate enough to do placements in rural and remote communities including the Royal Flying Doctor Service Tooth Program. Having a supportive mentor during this time has assisted me greatly to discuss my challenges and positive experiences along the way. I joined the program in January and look forward to what the program has to offer for the rest of the year and working closely with my mentor into reaching my goals in becoming a dentist for rural Australia. I would recommend this program to any student or recent graduate who is interested in going rural and are not sure where to begin.

For more information about *CRANaplus Remote and Rural Mentoring Program* visit our website <https://crana.org.au/advocacy/remote-and-rural-mentoring-program/> ●

young advocates for rural health

The **National Rural Health Students' Network (NRHSN)** provides a voice for university health students interested in improving health outcomes for rural and remote Australians. It also promotes rural health careers to students both at university and secondary school.

Leading the NRHSN this year is a new executive committee headed up by Chair, David Khoo (pictured right), a medical student from Deakin University in regional Victoria and a member of NOMAD Rural Health Club.



"One of our main priorities in 2015 will be to advocate for better rural and remote pathway support for medical, nursing and allied health trainees," says David, who is also a qualified nurse. "This is critical if Australia is to create a home-grown, multi-disciplinary rural workforce."

"One of our main priorities in 2015 will be to advocate for better rural and remote pathway support for medical, nursing and allied health trainees."

The student network will also focus on Aboriginal and Torres Strait Islander health, including greater engagement with Indigenous communities. This will build on 2014 when 145 NRHSN members attended 15 Indigenous community events across Australia.

The student network will also focus on Aboriginal and Torres Strait Islander health, including greater engagement with Indigenous communities.

Another top priority will be to promote rural health careers to country students through rural high school visits. ►►

Joining David on the 2015 NRHSN Executive Committee are:

- Vice Chair, Rebecca Irwin, a medical student at ANU in Canberra and a registered nurse (ARMS Rural Health Club)
- Secretary, Natalie Kew, a medical student at the University of Melbourne (OUTLOOK Rural Health Club)
- Nursing & Midwifery Officer, Jessica Leon, a nursing student at the University of Notre Dame in Sydney (ROUNDS Rural Health Club)
- Allied Health Officer, Ankur Verma, a physician assistant student at James Cook University in Townsville (RHINO Rural Health Club)
- Community & Advocacy Officer, Felix Ho, a medical student at Flinders University in Darwin and qualified paramedic (STARRH Rural Health Club)
- Indigenous Health Officer, Danielle Dries, a medical student at ANU and qualified physiotherapist (ARMS Rural Health Club)
- Medicine Officer, Joshua Mortimer, a medical student at the University of New South Wales (RAHMS Rural Health Club)

» This is a popular program which last year attracted 300 NRHSN members who visited 120 country high schools, running health activities and giving career talks to more than 5,000 country students.

The NRHSN has more than 9,000 members who belong to 28 Rural Health Clubs at universities throughout the nation.

They include students from medical, nursing and allied health courses.

Another top priority will be to promote rural health careers to country students through rural high school visits.

The NRHSN Program is funded by the Australian Government and managed and supported by Rural Health Workforce Australia.

Find out more at www.nrhsn.org.au ●



ASANNA

Australian Student And
Novice Nurse Association



Rural Health Club members with a local high school student during a visit to Wilcannia NSW.



connect

a prescription for global public health: no more coal

By Liz Hanna and Peter Sainsbury

The health of our planet is not the only thing at risk of unabated coal burning. The health of our population suffers when we burn coal too.

Published ABC Environment Online
24 February 2015

The coal industry has been dealt a series of blows in recent months, with investors selling out, banks refusing to finance coal projects and the three main political parties in the UK in lockstep with a joint commitment to phase out coal.

The economic profitability of the industry in Australia is already under pressure from caps on coal imports in China, and increasing warnings to investors not to risk their funds as finance sector trepidation grows about the massive carbon bubble that exists in fossil fuel energy resources globally.

These commercial challenges to the industry are far from isolated. The health damage caused by coal is also hitting the limelight as health and medical groups and local communities increasingly voice their alarm at the ill-health and premature death caused by coal production, transportation and combustion.

If this was not sufficient justification to scupper coal investments, we also have global warming and climate change, as burning coal is damaging planetary ecosystems that support life and health.

So there is no wonder that there are increasing calls for constraints on production and a transition away from coal.

Troubled by the failure of governments to regulate greenhouse gas emissions and limit climate damages, health and medical experts and groups are raising their voices louder, and ramping up their efforts to highlight coal's local and direct harms to health as a means

of increasing attention on coal's substantial contribution to global warming.

While specialist environmental medical experts have raised concerns for some time, the broader health community is beginning to speak out, with public health associations from around the world now calling for an end to coal.

Profits of multinational companies must not be prioritised over risks to health and wellbeing.

A *Call to Action* released following the 2015 World Public Health Congress in Kolkata, India, this month, noted the particular contribution of coal to health and climate damages and called for a "rapid phase out of fossil fuels over the next decade to ensure the health of national populations and humanity's future".

Attended by 1,600 delegates from around the world, the Congress was organised by the World Federation of Public Health Associations.

The health damage caused by coal is also hitting the limelight as health and medical groups and local communities increasingly voice their alarm at the ill-health and premature death caused by coal production, transportation and combustion.

Congress statements powerfully present the united voice of the world's public health experts. Such statements carry considerable weight in influencing policy positions of the Federation and its national association members. ►►



►► They provide wise counsel on policies affecting public health. Governments must listen.

Closer to home, a new report from the 28 health sector members that form the national Climate and Health Alliance has been released, focussing on the health risks from coal in the Hunter Valley in NSW.

As an intensive coal-mining region, the Hunter provides a cautionary tale for the world in terms of impacts on local communities and the contribution to global climate change. The report gives insight into the health risks faced by people in close proximity to industry operations as well as signalling the massive economic costs arising from the contribution of one region's coal production to global damage from climate change.

The report entitled 'Coal and Health in the Hunter: Lessons from one valley of the world' reveals NSW taxpayers are bearing the costs of health damages in the region worth tens of millions of

dollars each year. Locals are paying with their current and future health. Further, the social costs of carbon (global damages arising from climate change) attributable to Hunter Valley coal amount to billions of dollars (estimates range from \$16 billion to \$66 billion) per annum.

Around 90 per cent of fossil fuel assets currently held in Australia... cannot be burnt if we are to achieve emissions reductions rapidly enough to stop global warming...

Climate change is not just something that happens to the Great Barrier Reef or Pacific Islands. The health of ordinary Australians may suffer as the temperature rises.

Around 90 per cent of fossil fuel assets currently held in Australia (predominantly combusted for electricity production either here or overseas) cannot be burnt if we are to achieve emissions reductions rapidly enough to stop global warming at less than two degrees celsius above pre-industrial temperatures.

It is clear that time is up for coal. Profits of multinational companies must not be prioritised over risks to health and wellbeing – and it would be a grave folly to ignore these global harms.

The Hunter Valley is just one example of hundreds of global communities that can and must develop a new economic base by transitioning away from coal. Efforts must commence to develop new sustainable and healthy industries that offer jobs and a secure economic future, yet do not pose unacceptable threats to health, nor irreversibly degrade natural assets.

The NSW government that forms after the election next month must provide the necessary support and leadership for this transition. Community fears about the transition must be heard and taken into account, support offered for retraining and incentives provided for new industries.

Through its skilled and diverse population, valuable industries and remaining natural assets, the Hunter has the chance to put the building blocks in place now to transition away from coal. A failure to do so will further exacerbate risks to the community's health from the shocks of social and economic disruption when the global carbon bubble eventually, and inevitably, breaks.

Climate change is not just something that happens to the Great Barrier Reef or Pacific Islands. The health of ordinary Australians may suffer as the temperature rises.

Dozens of climate and health experts signed an Open Letter to the NSW Premier yesterday, saying: "It is time to begin to phase out coal production in the Hunter Valley and begin a transition to a safer, healthier, and secure economic future."

Along with our international colleagues, we propose a simple prescription for healthy communities and a stable climate: no more coal. ●

Dr Liz Hanna is Fellow at the National Centre for Epidemiology and Population Health, ANU and President Climate and Health Alliance.

Associate Professor Peter Sainsbury is Adjunct Associate Professor at the School of Public Health, University of Sydney and a board member of the Climate and Health Alliance.



support for aboriginal and torres strait islander AOD workers and communities to reduce harms from alcohol and other drug use

By Joanne Hoareau and Kathy Ride, Australian Indigenous HealthInfoNet

The Australian Indigenous Alcohol and other Drugs Knowledge Centre (Knowledge Centre) (www.aodknowledgecentre.net.au) is a web resource which brings together a comprehensive collection of culturally appropriate alcohol and other drug (AOD) materials for individuals and practitioners working to reduce harms from AOD use in Aboriginal and Torres Strait Islander communities.

Launched in June 2014, the Knowledge Centre provides a wealth of information on substance use in relation to Aboriginal health focussing on alcohol, illicit drugs, prescription drugs and volatile substances. Each section contains: publications; policies and strategies; health practice and health promotion resources; and a comprehensive list of programs and projects relating to AOD. There is also an extensive searchable bibliography of over 12,000 AOD publications and two portals are currently under development – an AOD Workers' portal and a Community portal.

Fetal alcohol spectrum disorders

Fetal alcohol spectrum disorders (FASD) are not unique to Indigenous communities, however there is an ongoing need to address the social, emotional, cultural and economic factors that contribute greatly to the disproportionate harms that exist among Aboriginal and Torres Strait Islander peoples. Addressing alcohol use in pregnancy requires a shared responsibility for a healthy pregnancy, including from family, community and society.

The FASD section of the Knowledge Centre provides a collection of resources with a focus on Australian content. It provides policies and strategies, publications, resources and training materials supporting the prevention and management of FASD in Aboriginal and Torres Strait Islander communities.

AOD Workers' portal

The AOD Workers' portal, currently under development, provides information on alcohol and other drug use, including key facts, practical tools for assessment and treatment, health promotion resources, publications and programs. Topics include cannabis, stimulants, benzo-diazepines, harm reduction and mental health.

...the Knowledge Centre provides a wealth of information on substance use in relation to Aboriginal health focussing on alcohol, illicit drugs, prescription drugs and volatile substances.

In recognition that Aboriginal alcohol and other drug work can be rewarding but also demanding and stressful, the AOD Workers' portal has a section on *Taking care of yourself* which includes *Tips for workers* on strategies to protect worker wellbeing. Developed in collaboration with the National Centre for Education and Training on Addiction (NCETA), *Tips for workers* provides

information for Aboriginal AOD workers on ways to prevent stress and burnout. Each person is different, and understanding factors that trigger stress and applying strategies to reduce stress is important for worker wellbeing. Managers and organisations can also do a lot to address aspects of the work situation that cause stress. A range of publications and health promotion and practice resources related to worker wellbeing can be found in the *Taking care of yourself* section.

Community portal

The development of the Community portal is underway and is aimed at community members who are working to reduce the harms of alcohol and other drug use in their communities.

To best inform construction of the Community portal, research staff from the Knowledge Centre have engaged in a process of community consultation to find out more about the information needs of communities.

The development of the Community portal is underway and is aimed at community members who are working to reduce the harms of alcohol and other drug use in their communities.

Some strong themes have emerged from these consultations such as: the importance of sharing success stories; community empowerment; support for young people; support for people with mental illness; and providing information that is easy to understand. We will be developing the Community portal to best reflect the priorities identified through these consultations. ►►



► Anyone who has been involved in the delivery of programs to help reduce the harms of alcohol and other drug use in Aboriginal and Torres Strait Islander communities, is encouraged to submit their stories for inclusion on the Community portal. Send your story to j.read@ecu.edu.au or via the Contact us link on the website <http://www.aodknowledgecentre.net.au/aodkc/contact>. You can include photos or a short video if you like.

AODconnect

Also under development is an app for iPhones, iPads and other Apple devices. AODconnect is a national directory of alcohol and other drug treatment services for Aboriginal and Torres Strait Islander people.

It has been created for the Aboriginal and Torres Strait Islander alcohol and other drug (AOD) workforce or any health professional working in the AOD sector. This app is also useful for those looking for a specific Aboriginal and/or Torres Strait Islander AOD service.

The app allows you to find a service by state, territory and/or region through an interactive map of Australia or by alphabetical listing.

The app has the option to filter by six treatment categories:

- counselling and referral
- harm reduction and support groups
- outreach, mobile patrols and sobering up
- residential rehab
- withdrawal management
- young people.

Knowledge Centre support

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre is supported by a collaborative partnership with the three National AOD Research Centers (the National Drug Research Institute, the National Centre for Education and Training on Addiction and the National Drug and Alcohol Research Centre). This federally funded project was awarded to Edith Cowan University's Australian Indigenous HealthInfoNet by the Department of Health.

For more information on the Knowledge Centre: www.aodknowledgecentre.net.au aodknowledgecentre@healthinfonet.org.au



Photo: Robin Fort



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

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the country women's association of australia (CWAA) nursing grant

Terms of Reference

Name of Fund:

The Country Women's Association of Australia Continuing Professional Development Grant

Purpose:

To support a rural nurse or midwife in their continuing professional development

Funding:

This Grant is funded from the interest received on the capital investment from the CWAA Cookbooks. The amount to be decided annually by the member associations of CWAA

Type of Fund:

Trust Fund

Nominator of Trust Fund:

National President

Management of Funds:

Trust Fund is managed by the National Officers

Terms of Grant:

To be awarded annually. To be presented at either the CWAA National Conference or National President's Meeting with the State and Territory Presidents

Criteria for Applicants:

1. An enrolled, registered nurse or midwife who currently works in a rural setting
2. Interest in and knowledge of issues specific to women and children in rural Australia
3. Current CV with two nursing referees
4. A written (500 word) report will be required by the CWAA

Selection Criteria:

- The National Secretary and the National President will make the final decision
- Application to be sent to contact as listed on the application form
- Application forms will be available from CWAA of Australia, State and Territory CWAA Offices

The Country Women's Association of Australia

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