

issue 100 | summer/wet season 2015

CRANA *plus* magazine

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from the editor

Prior to joining CRANaplus in 2008 I had attended CRANA conferences for half a dozen years as a trade exhibitor, returning each year and made to feel 'part of the family'. During those three days of networking I heard stories from extraordinary, humble, often unheralded individuals making a real difference to the health outcomes of the most disadvantaged of our population. When I was given the opportunity to work for the organisation that represented and supported them, I grabbed it, without hesitation.

I have seen milestone events for the organisation; opening membership to all working in remote health, reaching the 1000 member mark, opening offices in two more states, engagement of our esteemed Patron and the CRANaplus Reconciliation Action Plan are just a few.

The opportunity to produce and edit this Magazine, honestly, is the highlight of my working career. Sharing stories with you of challenges and accomplishments experienced by our members and the opportunity to inform and acknowledge their resilience, determination and dedication, often against great odds, is a privilege.

This edition is filled with great stories and images reflecting our members and stakeholders who choose to work, live and play in remote Australia, and too the students who are working towards a career in remote health.

Along with regular features we have included Conference highlights and photos for those of you unable to join us and details of the Call for Abstracts for our 34th National Conference in Hobart.

Enjoy this Summer/Wet Season edition, our 100th... another milestone!

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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.

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

About the Cover: Medivac24 Team (L-R) HeliWest daytime pilot Chris Peall, Flight Nurse Michelle Vegter (24/7) and night pilot Jim McGuire.

from the ceo



It's a great honor to be working for this organisation as we celebrate the 100th edition of the CRANaplus Magazine. We receive lots of feedback about how readable the format is, the real life stories that are told and the quality of the pictures that inspire. We are extremely fortunate to have such a dynamic editor in Anne-Marie Borchers, but I'd also like to thank all of the people who contribute stories, proofing, graphic design, photos and advertising.

I hope you have had an opportunity to log on to our new CRANaplus website and found how easy it is to navigate, regardless of whether you are on a computer, smartphone or tablet. Many people seek information and advice about remote health, how to get into the industry and how to support, educate and contribute once you're there. Our website provides access to useful information, hence it is such a priority for us to make sure that it is simple, relevant and easy to use.

Upgrading our website also gave us the opportunity to develop a function to document the long and at times, tumultuous birth and development of CRANaplus. From the Isolated Nurses Association in QLD, to CRANA the council of remote area nurses and subsequently onto CRANaplus, it's a great read. This remains a work in progress and will become richer with data as people contribute their photos, document and memories.

As I write this I am preparing to undertake a clinical stint as a RAN on Boigu Island in the Torres Strait. I am very lucky to have been able to keep clinical roles despite peeling off into management. I know this is not possible or even appropriate for everyone, but crikey it helps to keep it real!

I wish each and every one of you a safe and fun festive season regardless of where you are spending it, and an extra special shout out to those of you who are on on-call.

Cheers

Christopher Cliffe
CEO, CRANaplus



CRANaplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and pays its respect to their Elders both past and present.

remote health is geri's mark

Geri Malone, recently appointed Chair of the influential National Rural Health Alliance, is anticipating exciting and challenging times ahead.

"It's an honour to be nominated for the position," says Geri, who remembers the Alliance in its early days.

"I was invited in the 90s, I think to their second conference, to talk about emergency services in the bush, while working for the Royal Flying Doctor Service," she said.

"It was a very small conference, predominantly doctors, plus a few others.

Over the past 21 years, the Alliance has grown enormously: it now has 37 member organisations, and it has become multi-focused.

Health care is about everybody, the member organisations include a wide range of professional disciplines, health service providers plus consumer groups.

One of the big ones is the CWA which is not specifically about health, but which is certainly involved in health, particularly women and families."

Their conference, held every two years, has become a signature event for rural and remote health, said Geri.

The Alliance also has an annual 'Councilfest', where all the Council representatives of member organisations, come together to decide priorities for the next 12 months – and, in particular, what issues to take to politicians.

"This year, as on everyone's agenda, the priority is mental health," said Geri. "We know that people in rural and remote don't necessarily have a higher incidence of mental health issues, they have much poorer access to mental health services."



"Another issue this year is child health, acknowledging the importance of those early years. We are partnering with Children's Healthcare Australasia to hold a conference in Alice Springs in April next year, 'Caring for Country Kids'. And, as always, the issue of effective broadband for the bush, is on the agenda.

Geri has been a member of the Alliance on behalf of CRANaplus since 2012 and has been on the Board for two years.

Membership of the Alliance is increasingly sought by Organisations, said Geri, with certain criteria to be satisfied by applicants to show that they have something to contribute.

"Each organisation has their own focus; ophthalmology is about vision and eye health, others passionate about oral health or exercise physiology," said Geri. "But we all agree on one thing – the Alliance is about good health and wellbeing for rural and remote Australia."

"This is an exciting and challenging time," said Geri, who comes to the Alliance just when the face of the organisation, CEO Gordon Gregory has resigned.

"Gordon has been the CEO since the Alliance was formed," said Geri.

"I am only sad I will be the Chair to Gordon as CEO for his final six months."

"It will be a very important time for me as I have a lot to learn from him before he leaves. He is highly-regarded and respected, and a passionate advocate for rural health."

"My mark as Chair will be to promote remote health, to ensure it is well understood and encompassed in any discussions on rural health." ●



engage

president's musings

It is now that time of year where we are thinking about 'the geese getting fat and putting a penny in the old man's hat'.

It is also that time when we think about our families and hopefully get some quality time and good cheer with them.

For me the end of the year is always a time of reflection when I get to think about the events of the year past, what went well and what I need to learn from.

2015 has been an enormous, positive and very reflective year for me when many of the things I have been working towards for many years became a reality. There were three critical moments that I want to share with you.

In October we held the annual CRANaplus conference in Alice Springs which was a huge success. It was my privilege to be able to introduce Professor Roianne West, who

I have known for about 20 years, from when we both worked for the RFDS. I made a joke with Roianne, who is about 20 years younger than me and became a full professor before me. She said 'We have to get into leadership positions earlier Janie if we are going to have an impact, as we are going to die 17 years younger than your mob'. It made me think of the impact the almost daily recital of ATSI health statistics has on our Aboriginal and Torres Strait Islander colleagues. This is their lived reality and we need to remind ourselves of this frequently.

The second critical moment came about at the face-to-face Board of Directors' meeting in October. We heard the verbal reports from the various CRANaplus senior staff. It struck me just how in the past two years we have done the groundwork and now we are reaping the benefits of our review process. CRANaplus is in a strong position structurally, strategically, financially and operationally. I feel very proud

with where we are at and the direction we can now take. This is the result of strong leadership from the Board, the CEO and senior staff as they implement the Business Plan and also the financial support we receive from Government.



The third significant issue is a personal one that I want to share with you. My daughter Regan, who many of you met when she presented the LGBTIQ session at the CRANaplus conference in Darwin, is getting married to her lovely Rachel. Marriage is a critical time for all people as they make a lifelong commitment to each other.



Not only have these two gone through the usual processes that every couple go through before marriage but they have had to do so in an environment not recognised by Australian law and societal norms. Every step of the way there are judgements and language that is extremely gendered and we all do it without thinking.

They have had to respond daily to questions about 'what their husband does' in dress shops, whether they were sisters; and have you ever tried to buy a wedding card for a same sex couple? To deal with this takes enormous courage and determination daily and I greatly admire them in the way they conduct themselves in this world.

It also made me realise as health professionals how we need to observe our language in our daily lives if we are to work in ways that are inclusive, equitable and treat difference with difference.

This year I will be proudly celebrating Christmas with my rainbow family. I hope you all have a wonderful holiday season, even if you are working make sure you look after yourselves in the extreme heat and do something nice for yourself every day.

Dr Janie Dade Smith
President, CRANaplus ●



CRANaplus encourages you to submit an abstract for the
2016 CRANaplus Conference: Going to Extremes: How isolation, geography
& climate, build resourcefulness & innovation in healthcare.

Remote, isolated and rural practice is far away from the dominant metro centric models of health care. This results in adaption and innovation to adjust to the extreme conditions and characteristics of our amazing country.

'Going to Extremes' can come in many forms and requires our health workforce to be adaptive and flexible to ensure high quality healthcare despite:

- The extremes of climatic and weather conditions
- The vast distances and the Isolation caused by geography
- The expanded and extended roles we undertake to meet community needs
- The social and cultural diversity within and between communities

CRANaplus invites you to submit an abstract (either presentation or poster), highlighting how isolation, geography and climate, have helped build resourcefulness and innovation in the delivery of safe, high quality healthcare.

We encourage submissions from:

- Healthcare professionals
- Consumers and communities
- Service providers and managers
- Professional and Industry bodies
- Undergraduate and postgraduate students
- Researchers and education providers

An 'Encouragement Award' is offered annually for the best 'first-time' presentation at Conference.

Presentations are 15 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: Monday 16 May 2016
Full details are available on our website: www.crana.org.au

keynote speaker



When he retired from the High Court of Australia on 2 February 2009, **Michael Kirby** was Australia's longest serving judge. He was Acting Chief Justice of Australia twice.

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009–2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). He also serves as Editor-in-Chief of The Laws of Australia. He has been appointed Honorary Visiting Professor by 12 universities.

In 2010, Michael Kirby was awarded the Gruber Justice Prize. He served 2011–2012 as a member of the Eminent Persons Group investigating the future of the Commonwealth of Nations.

He was appointed as a Commissioner of the UNDP Global Commission of HIV and the Law. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. In 2013, he was appointed Chair of the UN Commission of Inquiry on Human Rights Violations in North Korea. He was also appointed in 2013 as a Commissioner of the UNAIDS Commission on moving from AIDS to the Right to Health (2013–2014). ●

regional health shines at primary health care awards

The recent HESTA Primary Health Care Awards had a distinctly regional feel with all three winners working to improve the health outcomes of Australians living and working in rural and regional areas.

The winners included an outstanding individual improving Indigenous health across Australia; a team of regional podiatrists working to prevent diabetes related amputations; and a rural NSW

Ambulance paramedic specialist driving greater care through mentoring, training and improving processes for paramedics.

HESTA CEO, Debby Blakey said this year's winners show the diversity of disciplines necessary to deliver outstanding levels of care, and better health outcomes.

"We are pleased to support professionals demonstrating exceptional leadership and commitment to improving patient care and

access to services across Australia, while also having a positive impact on communities," Ms Blakey said.

The winner of the 2015 Individual Distinction award, Don Palmer, founder and chief executive of the Malpa Project was recognised for starting an initiative that trains Indigenous children to be health ambassadors in their communities and bringing back traditional medicine to strengthen Aboriginal communities.

The Boab Health Podiatry team from Boab Health Services in Broome were awarded the 2015 Team Excellence award for their work with preventing diabetes related amputations – the regional podiatrists provide the only podiatry service to the Kimberley Health Region in Western Australia.

Matthew Simpson from Ambulance Service of NSW was given the 2015 Young Leader award for his work in driving greater patient care through mentoring, training and improving processes for paramedics – he is involved in the delivery of contemporary out-of-hospital clinical care to patients.

This year marked the third HESTA Primary Health Care Awards, a bi-annual event recognising the dedication and professionalism of those working on the frontline in health care, including physiotherapists, dentists, pharmacists, therapists, GPs, rehabilitation professionals, health educators and medical practice managers.

The Young Leader and the Individual Distinction Award winners each received a \$5,000 ME EveryDay transaction account and \$5,000 towards further education. The Team Excellence Award winner received a \$10,000 development grant.

The 2015 HESTA Primary Health Care Awards is a HESTA initiative, proudly sponsored by the bank owned by industry super funds, ME.

To learn more, visit hestaawards.com.au

With more than 25 years of experience and \$32 billion in assets, more people in health and community services choose HESTA for their super.

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Winners: Don Palmer, Malpa Project; Amy Freeman, Boab Health Services, Podiatry; Matthew Simpson, Ambulance Service of NSW.

Rosemary Cadden, who writes and edits for our magazine, popped in to visit some remote health workers on her epic road trip, driving from Adelaide to Alice Springs for this year's conference. Travelling through the outback and only touching the Stuart Highway on the outskirts of Alice Springs, Rosemary was following the Old Ghan railway track and the Overland Telegraph Line – tracing the tracks of 19th century explorer John McDouall Stuart.

Here are stories of two Remote Area Nurses from Marree, at the junction of the Oodnadatta and Birdsville Tracks.

a day in the life of june



I got hold of Sister June Andrew, resident nurse at the Marree Clinic, during a short lull in her day – between attending a funeral and her preparations for the First Aid room at the gymkhana the following day.

After 33 years in the township, June is not only the local nurse, she is involved in just about every club and association that's going, from the local Progress Association to the pub darts team.

Above: Sister June – open for business.

We drove in the clinic ambulance as she checked the local cinema where she runs film nights once a week "because I like the pictures," she says. The cinema, complete with proper chairs and a popcorn machine, was provided after she was featured on a TV program called Random Acts of Kindness.

Then it was over to the railway station to show me the not yet officially-opened Ghan Railway Museum, set up by the local Progress Association, of which June is currently Treasurer, has been Secretary and is a Past President.

"I planned to be here for five or six years," says June. "I think the locals now accept I'm here for good."

"I love the variety this job offers," says June. There's something new every day."

Attached to the Royal Flying Doctor Service (RFDS), June nowadays rarely has to call them at their Port Augusta headquarters, unless someone needs airlifting.

Then we are off to photocopy posters for the next day's gymkhana where June will not only be the on-call First Aid officer, she will also be selling drink tickets and keeping an eye on the lucky dip.

"I'd never heard of Marree before applying for the job, and had no idea where it was," she said. "I had to get a map to find out."

Marree, population around 100, is about 700 kms from Adelaide at the junction of the Birdsville and Oodnadatta Tracks. "I got into my car and drove, and drove, and drove. Kept going and going and going. There was a lot more dirt road then. I was thinking 'how much further is this?'

"Turned out, I arrived just at the right time," she says. "Everyone was so nice. It was the end of the school term and all the teachers were having going away barbecues and then it was Marree's centenary, so there were more celebrations that I could join in with.

"Everyone knew who I was in a short time: trouble was, I'd met everyone in the dark and they'd been introduced by their nicknames: it probably took me about two years to get to know who everyone was."

Although Registered Nurses are no longer called Sister, the name has stuck for Sister June.

The population when June arrived in 1982 was around 150: the Ghan had already gone, and the last of the railway line was being pulled up.

Population now is around 100 "if everyone is here at the same time," said June.

"Over the years, the population has gone up and down, and the population is getting older.

"The town grows on you," said June. "You're never doing the same thing. It's varied, as you see people with different conditions.

"We have prevention programmes and get people to make sure they get their regular check-ups, come for their follow-up appointments, and attend regular monitoring of their diabetes for example."

June's clients are the townsfolk, probably 70 per cent Indigenous, plus the outlying pastoral properties. Then there are the tourists passing through.

"I like working by myself, working for the RFDS, and you can do community health stuff. You don't know what you are going to do from day to day."

Before dropping me back at the Clinic, we drive past the CFS, the local school and the kindergarten: all establishments that June has been involved with.

Then she hands me a copy of the Hergott Herald, the local newsletter she helps write, edit and put together for the community.

I'm exhausted. ●



no horsing around

When 20-year-old Lyn Edwards stepped off the train at Marree in Australia's Outback in 1975, her lovely new frock, platform shoes and white suitcase stood her out from the crowd.

The township's new district nurse certainly caught the attention of young Gordon Litchfield, out with his mates on that Friday night.

He quickly learned the best way to woo the young lass. He gave her a horse.

A year later, she became Lyn Litchfield and her plans to travel to Africa were abandoned. Until now.

Lyn worked at the Marree clinic for 40 years before finally retiring in March this year, and Lyn and Gordon are planning a trip to Namibia on a tour for rangeland farmers to learn about eco-management. Lyn will finally see Africa.

"Healing: it's the same for people as it is for the land," Lyn said. "If someone comes into the clinic with a headache, you check them out, ask some questions, try to find out why they have a headache, change the way they do things, improve their health management.

"It's the same with the land. If you see erosion, you do a bit of checking, work out what's causing the problem and then find solutions."

"Everything I've done in my life seems to have woven together in some way," Lyn said.

Her love of horses has certainly played a role in her nursing career, with her unique 'horse treatment' for humans introducing the benefits of massage to a community that otherwise would be unlikely to consider this a useful therapy.

Since childhood, Lyn has done hands-on treatments on her horses, massaging them for shin soreness and injuries. So it was a natural progression for her to take her skills to the people.

"If we couldn't give patients any more medication, I would rub their legs with olive oil and call it the horse treatment," she said.

Her love of horses has certainly played a role in her nursing career, with her unique 'horse treatment' for humans introducing the benefits of massage to a community that otherwise would be unlikely to consider this a useful therapy.

"I remember one old bloke, Norm, with diabetes came in to the hospital about 20 years ago. He had peripheral nerve damage; his feet were blue.

"He was at the limit of medication – so I told him 'I'll give you my horse treatment.'

"I gave him a massage each day for six weeks."

Then gaining a massage qualification, Norm's testimony must have helped Lyn's application to officially provide massages to patients one day a month, she said.

Above right: Lyn and Gordon Litchfield.



He wrote: "When I came to Lyn I couldn't feel my hands and my feet; I couldn't sleep for more than two hours; and I couldn't walk without the walking frame.

"Now I can walk all the way to the pub; I sleep all night; and I can feel Lyn's hands all the way to my heart."

Although she has retired, Lyn still volunteers one day a month to go into the clinic to do massages.

And Lyn just can't help herself: she is currently studying equine-assisted therapy,

"getting people out of the counsellor's office and onto a horse," she said.

"There's an old bushman's saying that the outside of a horse is good for the inside of a man.

"Horses are now being used in prisons, with people in the military who have trauma, and with children.

"I would love horses to be used more in nursing, and perhaps one day I can play a role in encouraging that." ●

rewards and challenges

Flight Nurse Michelle Vegter's patch covers a huge expanse in remote central Australia and her base is 1200km north east from Adelaide and 650km north west from Broken Hill.

No surprise that Michelle enjoys a challenge; she has a strong sense of adventure; and she has a deep love of flying.

Since January this year, Michelle has worked full time with the Royal Flying Doctor Service (SE Section) at Moomba Cooper Basin oil and gas field as the Helicopter Medical Emergency Service (HEMS) flight nurse.

But she's no stranger to these remote parts. With a nursing background in Intensive Care, High Dependency and Emergency Departments and Midwifery, she worked on a casual basis for eight years with the RFDS at Moomba, as well as with the RFDS in Adelaide before taking on this role.

Aimed at enhancing the safety of those living, travelling and working within the Cooper Basin, Cooper Medivac 24 is a 24-hour emergency rotary aero-medical evacuation service...

Michelle's current position as the RFDS nurse on board the dedicated 24-hour emergency helicopter based at Moomba is for a pioneering new service created by two oil and gas companies in the Cooper Basin. Senex Energy and Drillsearch who jointly fund the Cooper Medivac 24 helicopter (owned and operated by HeliWest), which is the first night-capable service of its kind in the region.

Aimed at enhancing the safety of those living, travelling and working within the Cooper Basin, Cooper Medivac 24 is a 24-hour emergency rotary aero-medical evacuation service, with the pilot using the latest technology in night vision goggles (NVGs) to increase the safety of night flying.

"Since the 24-hour service started, it has proved to be a lifesaver," Michelle said. "Most often, calls for assistance come later in the afternoon.

Before this service we would be restricted to daylight hours only for flying, so patients would have to be retrieved by road, adding considerable hours to the journey."

In the past year, Cooper Medivac 24's work has included transporting employees in the Cooper Basin who have become ill, tourists who have sustained minor to severe trauma from motorbike accidents and people who required involved search and rescue operations.

"Most often we have very little clinical information before we set off to find our patient," Michelle said. "If an EPIRB (Electronic Personal Identification Response Beacon) has been activated within the Cooper Basin, I will receive a call from ANSAR (Australian National Search and Rescue) who may only have Latitude and Longitude coordinates to give me, or sometimes the injured person will be travelling by themselves or within a group and have a Satellite phone to communicate a little more information." ▶▶



Aerial view of the Cooper Basin.

» Michelle recalls the incident recorded in the photos in this article when the helicopter crew had to locate a motorbike rider who had had an accident. "From on high, people and vehicles look very small and it can be hard to find them," Michelle points out. "While the pilots navigational instruments are very accurate, on this occasion, the patient's friends rode their motorbikes up and down the track to create a bit of dust storm to help us locate them. That was very handy."

While the aero-medical crew consists of only the pilot and flight nurse, Michelle says there are many others working behind the scenes. "During the retrieval, I will be communicating with the doctor in Broken Hill who will be organising his or her flight to Moomba for patient medivac," she says, "and also with the Moomba communications team and the RFDS nurses on site in the Moomba Health Centre who are preparing for the patient's arrival."

To date, Michelle says she has always had people on the scene to help: people travelling with the injured person or other tourists or station owners who just happen to drive past. "All of them are more than happy to lend a hand," Michelle said, "whether it's getting medical bags or equipment from the helicopter, holding IV bags or assisting with patient loading."

"The back of the ute has been used several times for transporting a patient on spinal board and vac mat from the scene to the helicopter," Michelle says. "This is remote resourcefulness at its best. Extreme weather either hot or cold, dust and flies can also add to the scenario."

The biggest challenge, says Michelle, is that she is the one and only person at the scene who can make the clinical decisions and provide the skills. "There are usually plenty of people to carry boxes bags and get things for me – but clinically, I am on my own," she says. "Thankfully, I do have the Satellite phone and can talk to the doctor in Broken Hill any time to clarify and seek advice about the situation."

The usual scenario before heading off is to discuss any issues with the pilot, anticipate and ensure appropriate equipment, and make a phone call to the RFDS doctor to inform of pending retrieval. It is often unknown how many are involved in the accident until the helicopter arrives at the scene.

On the way back to Moomba, the team on the ground is critical for the transfer to the health centre and both emergency services and RFDS nurses meet the helicopter and the patient is transferred to the Health Centre for further stabilisation.

The biggest challenge, says Michelle, is that she is the one and only person at the scene who can make the clinical decisions and provide the skills.

An RFDS doctor and flight nurse team will arrive from Broken Hill and may initiate further treatment prior to aero-medical medivac to a tertiary hospital in either Broken Hill or Adelaide, depending on the patient's condition.

"I do enjoy the challenge," says Michelle. "Each case we go to is different."

Michelle is currently undertaking Masters in Public Health with an Aero-medical Major through James Cook University to enhance her current nursing practice.

"The key issues that underpin my practice is safety to yourself and others; be prepared, resourceful and confident; maintain effective communication; and reflect on the retrieval to learn or potentially change practice," Michelle says. "I work with a great bunch of people and I am very privileged to have this very challenging but extremely rewarding position within the Royal Flying Doctor Service." ●

a journey of insights

It's been quite a journey for pharmacist Ben Crough over the past 18 months, both professionally and personally. Remote living has turned out to be nothing like this 'country boy' at heart imagined.

When Ben packed up his life at the end of 2013 and moved to WA, he began working remote as a pharmacy intern servicing the Kimberley region with medications. He is now a pharmacist

in South Hedland in the Pilbara, based at a pharmacy within an Aboriginal Medical Service. He intends to stay here for another year.

"This has been a life-changing journey and not one that I ever expected," he said.

In his first job, Ben and a fellow intern rotated every six weeks between Broome and Derby "and with this came two great groups of friends and networks in each," he said. »



Ben Crough.

► Ben quickly discovered that Derby didn't have the shops, pubs or fancy coffee shops of some other regional towns "but the community spirit and atmosphere was by far the best I have ever come across," he said. "Marsh parties, cheese and wine on the Derby jetty, barra fishing in Crocodile waters and karaoke at the local on a Thursday night were all some of the great memories I have of this time up there."

However, Ben admits that, while he looks at the positives the journey of working remote has brought him "there have been some bumps along the way."

On a personal level, Ben had to cope with his parents' decision to separate. "It wasn't smooth sailing and definitely had an impact on me, especially being so far away during that difficult time," he said.

"It was also about a month after this that I accepted to myself that I was gay and went on my first date with a doctor. Many thoughts went through my head before I did this, and I accepted that WA was going to be a new leaf in my book. Keeping most of this information private to start with, I slowly let people know

around me. Their support, friendship and guidance for what was going on, has been by far the biggest life-changing experience for me so far."

However, Ben's focus on work – supplying medications, patient counselling and disease management with fellow health professionals – never faltered during these difficult personal times.

Derby didn't have the shops, pubs or fancy coffee shops of some other regional towns "but the community spirit and atmosphere was by far the best I have ever come across..."

"This work led to me to accepting a job offer in South Hedland where I am currently based at a pharmacy within an Aboriginal Medical Service," he said.

"My work is confined to a small room with a service bench and no windows, but I love it. My day-to-day interactions are by far the best part of my day, where I can actually make an impact on a person's life, helping people who already have a disadvantage in health outcomes, and helping to Close the Gap."

Being a young health professional and gay in a small town, especially where the main populations are FIFO, is challenging, Ben admitted.

"Then there are times (probably more than a few) where I feel like I am missing out on things like seeing family, the buzz of a city, the lack of weekend escapes... yet the work that I do makes the negative episodes worthwhile," he said.

"I do love my job and look forward to the next year of my life here in the Pilbara, making an impact on the health of the local population before I look to new horizons in October 2016." ●

you could do that... or you could just go



CRANaplus Coordinator, Glenda Gleeson with Robyn Hill at the CRANaplus Conference welcome ceremony.

My story by Robyn Hill

It's 4pm in Newcastle on a Friday afternoon. Most people are gearing up to finish work and eager to dive into their weekend! I've just woken, I'm on night shift, for another three nights.

I reach for my laptop and head to the CRANaplus website and employment section. Browsing the opportunities I try to imagine what it looks like in Shark Bay or how hot it is in The Kimberly.

I see names of a few places I recognise, but most that I don't and I think about how much of this vast country I am yet to discover and daydream "maybe in ten years I could do that". This was my relationship with CRANaplus.

Eleven days ago I arrived in Alice Springs for the first time and attended my first CRANaplus Conference. From working at the John Hunter Hospital in Newcastle, employed in the Trauma and ENT specialty surgery ward, I was a long way from home and in a new realm of nursing. ►►



Photo: Wendy Bowyer.

► But I was thrilled to be on my path to remote nursing and surrounded by experts in the field.

Three weeks before the Conference I had a conversation with a CRANaplus Coordinator, Glenda Gleeson. I phoned Glenda after a family friend of mine mentioned, "I know a remote area nurse, maybe you could speak to her". The phone call with Glenda lasted about 30 minutes. I explained who I was, how I'd come to find her and I gave her a quick rundown about my professional experience as a nurse. I then told Glenda about my 'theory'. This theory I had developed from my distal understanding of remote nursing. I thought I might move to Adelaide and return to Emergency nursing to brush up on assessment and clinical skills.

"You have skills, ability and you will be valued."

I would possibly increase my exposure to servicing people from remote communities, seeing as they sometimes get referred to Adelaide. After about a year I might consider moving into a rural environment and after another year perhaps a remote area if possible. In my mind somehow this made sense, but on paper preparing for remote nursing in a Metropolitan hospital doesn't quite add up.

I pitched my theory to Glenda. She replied in her very cool and calm manner, "You could do that... or you could just go."

This I had not considered. She went on to tell me there's a range of opportunities in the Territory, so why not give it a go. She also gave me just a few simple words of confidence when she said "You have skills, ability and you will be valued."

After three nights and two full days, immersed in the world of remote nursing I was more convinced than ever this is the road I want to take. I met some of the most passionate, driven and down to earth people I've ever known.

For over a year I have been daydreaming about how to "go remote". For six months I have been planning how to make this happen, but surrounded by nurses, mentors and friends without this experience my theory was detached.

That night I thought a lot about my options and my pathway. By the following morning I had decided, it's time to go. I booked my spot at the CRANaplus annual Conference.

The next day I handed in my resignation and three weeks later I was on a plane to Alice. My longing for this change had been leaning on me for some time, but my catalyst was Glenda.

After three nights and two full days, immersed in the world of remote nursing I was more convinced than ever this is the road I want to take. I met some of the most passionate, driven and down to earth people I've ever known. The strength, persistence and desire for change was palpable in the stories told.

The range of speakers was vast, from politicians to students, academics to workers on the ground providing care.

Remote healthcare was exposed; the tribulations, the triumphs, the joys, the suffering, but with a constant undertone of resilience.

Most of the people I connected with have been in this field for over 15 years and they were enthusiastic about the future, fulfilled in their role and STILL passionate about their jobs.

Why would you want to work anywhere else? ●

The CRANaplus Rural & Remote Mentoring Program

Being mentored is one of the most valuable and effective development opportunities you can offer colleagues. Having the guidance, encouragement and support of a trusted and experienced mentor can provide a mentee with a broad range of personal and professional benefits, which ultimately lead to improved performance in their practice.

The mentoring relationship is built on mutual trust, respect and communication, and involves both parties meeting regularly to exchange ideas, discuss progress and set goals for further development.

In spite of general acknowledgement that there is a need for mentoring and the contribution it can make to the overall experiences of all staff, mentors and mentees, and ultimately retention, mentoring programs in health are virtually non-existent, either nationally or at a local remote level. CRANaplus has acknowledged this need and developed, trialed and evaluated a remote and rural mentoring program.

The purpose of the Program is to provide support and mentorship for new graduates to remote practice, being either a recent graduate or an experienced professional. At the same time it will provide current health professionals in remote practice with the knowledge and skills required to provide effective mentoring and transferrable skills that they can utilise every day in their own practice.

For more information
<https://crana.org.au/professional/students/mentoring-program>



winner of prestigious award



Photo Rosey Boehm.

At the CRANaplus Conference held on the 15-17 October 2015 in Alice Springs, Pauline (Polly) Rubin won the CRANaplus Excellence in Mentoring in Remote Health award.

This award recognises individuals who have made an outstanding contribution to mentoring early-career remote health professionals. Polly has portrayed excellence in remote health practice, the capacity to work with the future workforce and has made a profound and lasting contribution to the professional growth of an individual.

Above: (L-R) Professor Janie Smith (CRANaplus President), Polly Rubin, Genevieve Lewis (RAHC Clinical Coordinator).

"It did surprise me to get an award for doing what I love. Sharing experiences to help colleagues seems a very natural part of my role in being an older nurse. I am proud to have my efforts recognised but even prouder to be a nurse in the Territory".

As a Registered Nurse, Polly worked in a variety of roles all over Australia but soon learned that working in the Northern Territory was unlike anywhere else. Polly began her journey into remote work four years ago with Remote Area Health Corps (RAHC) as a mental health nurse.

"What encouraged me to join RAHC? I remember it well. I was answering an advertisement asking "do you want to make a difference?" and my

immediate reaction was this is an answer to my recent, unspoken thoughts", says Polly.

"This was new territory for me, not just geographically but culturally, so I was grateful to find out that RAHC had organised a two-day orientation, which answered many of my burning questions."

Polly embarked on her first placement in 2011 bound for Alice Springs to provide support and counselling to individuals and families experiencing mental health issues in the Alice Springs and various other communities.

"I was a senior mental health clinician working in a fast-paced environment in a team of skilled professionals, meeting daily challenges in our

efforts to help young children and their families deal with the ever changing social structure of the local community".

Polly completed six placements with RAHC as a mental health nurse until life events and family health issues called her home to New South Wales where she took on the mission to walk the final path with her husband.

"I recall with gratitude the genuine care and support from RAHC during those difficult days and I will always remember that kindness".

Fast forward a year and Polly was ready to return to work where she was successful in securing a position based in Alice Springs with Central Australian Health Service where she works now as a Senior Mental Health Clinician.

"Polly has always been a highly valued RAHC health professional. I know how highly she is regarded within the RAHC team and the clinical teams in which she has worked.

It is especially rewarding for us that Polly won a mentoring award that has been sponsored by RAHC for the last 5 years.

She personifies so much of what we are seeking to achieve with RAHC – attract and assist experienced health professionals to transition to remote practice and work to make a difference in Indigenous health outcomes.

The fact that Polly has now chosen to work on a permanent basis in the Territory is a win for her, RAHC, the health service and the individuals and communities she works with on a daily basis in the Territory", says Philip Roberts, RAHC General Manager.

If you'd like to know more about RAHC, please feel free to contact us via 1300 MY RAHC (1300 69 7242) or email us at enquiries@rahc.com.au



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



Pharmacotherapeutics for Remote Area Nurses

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**A course in the practical use of medicines in
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Registered Nurses who work in or are planning
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danielle's intentions are crystal clear

Danielle Rosenfeld-Lovell stepped from the plane into the dry, hot heat of Longreach in Central West Queensland, and so began her exploration into the option of remote nursing.

After 10 weeks at the Longreach Hospital, the experience had crystallised Danielle's thoughts: a 3rd Year Bachelor of Nursing Student at the University of Queensland, she now has every intention to seek work in rural/remote settings after her graduation.

Danielle, this year's University of Queensland rural health club Representative with the group TROPIQ (Towards Rural and Outback Health Professionals in Queensland) and the Rural and Remote Coordinator of the Australian Student and Novice Nurse Association, highly recommends that student health professionals take a rural or remote placement at some stage in their studies.

"It has often struck me since returning to Brisbane that I have been very fortunate to have been able to gain a fairly broad clinical experience..."

"I can't say that I'd given this kind of a career path much thought until early in my second year of university," Danielle said. "However, it was when I realised that most career opportunities for nurses in metropolitan regions required early specialisation, I decided that I'd explore the option." When she was offered an elective placement in Longreach, she jumped at the chance.

"I found the staff at the Longreach Hospital to be incredibly supportive and happy to accommodate student-learning experiences," she said. "I was particularly grateful for the



assistance of Longreach's Nurse Unit Manager, Bernadette Mullins, who went to great lengths to ensure that I gained a well-rounded experience. She offered a lot of support in assisting me to meet my placement objectives and in developing my confidence as a student Registered Nurse."

Danielle's placement was predominately completed in the general medical/surgical ward and in the accident and emergency unit, and she also had opportunities to rotate through operating theatre, recovery and through outpatient clinics.

"It has often struck me since returning to Brisbane that I have been very fortunate to have been able to gain a fairly broad clinical experience and that this will prove valuable as I enter the workforce," Danielle said.

"Although this may not be everyone's cup of tea, I believe that getting the sort of broad-brush experience that you can really only get outside of the city is incredibly professionally valuable to prospective health professionals.

"I'd like to thank all of the staff at Longreach Hospital for making my clinical placement experience a fantastic one!" ●

remote study bolsters regional health workforce

Studying from a regional centre has put student Robin Tully on a unique path to becoming a Registered Nurse.

Based in Cloncurry, Queensland, she has recently completed three clinical placements, travelling 4500 kilometres.

"The future of the regional health workforce is strong if opportunities such as my experience are to continue," she says.

She is a recipient of a CRANaplus Remote Placement Scholarship, which helped by allowing her to remain in Cloncurry and continue her studies.

She is in her third year of a Bachelor of Nursing Science (Internal) through James Cook University, Townsville.

She recently completed three clinical placements at Toowoomba, Brisbane and Mt Isa.



(L-R) Matthew Chambers, Lisa Dickson, Dora Thomas, Robin Tully.

"These were all extremely valuable experiences and it has strengthened my desire to remain in rural nursing," she said.

"As part of the mental health clinical subject I attended placement at the Ramsay Health Care facility New Farm Clinic located in Brisbane.

"It was a great learning experience to spend time in a specialist mental health facility that includes inpatient and day patient programs.

"It was a great learning experience to spend time in a specialist mental health facility that includes inpatient and day patient programs. I was able to gain first-hand knowledge of all areas from admission to discharge.

"At the Toowoomba SurgiCentre, I had first hand involvement across a broad range of specialities in the busy day surgical procedure unit. The friendly staff were very knowledgeable and welcomed students into their professional team.

Her final six-week placement was at the Mount Isa hospital in the busy medical ward.

The hospital is the hub for the catchment area for North West Queensland health district service and covers an area of 300,000 square kilometres.

"The clinical nurse educator was knowledgeable and served as a role model, while the nursing staff were only too willing at all times to pass on knowledge and help me to integrate into the nursing team. Most times I was buddied with an experienced staff member," she said.

"I have gained from these placements a broader understanding of the skills and knowledge needed to practice as a Registered Nurse, consolidating my learning over the last three years and providing me the opportunity to put theory into practice.

I have also gained confidence from these placements to practice as an effective member of the health care team with the intention to integrate my gained clinical experiences into my nursing delivery back home in Cloncurry where I am presently employed as an Enrolled Nurse.

"I have been fortunate to receive sponsorship from CRANaplus in both 2nd and 3rd years that has enabled me to travel vast distances away from my home base of Cloncurry to attend professional clinical placement in such diverse areas.

Soon to graduate, she said the opportunity of becoming an RN was made possible with the foresight of Dr Bryan Connor of the Cloncurry Flinders Medical Centre and Prof. Sabina Knight MICRRH to deliver the Bachelor of Nursing Science course directly to Cloncurry.

"I have been fortunate to receive sponsorship from CRANaplus in both 2nd and 3rd years that has enabled me to travel vast distances away from my home base..."

"The development and delivery of their vision of creating a local health workforce for the region of Cloncurry has been supported at different stages by various local organisations such as BlueCare, the Dept of Transport and BHP Billiton Cannington Mine," she said.

The collaboration between Cloncurry Shire Council and MICRRH/JCU has created a Learning



Centre that boasts state of the art video conference equipment and a modern clinical skills room which facilitates an excellent simulation practice opportunity for all Cloncurry based health professionals and students – Nursing, Medicine and Pharmacy. ●

placement cements career path choice

Christine Holden, Bachelor of Nursing Science student at USQ Toowoomba says her recent placement experience has cemented her decision to work in rural and remote Australia.

Christine had a month-long placement at Blackall Hospital in central-west Queensland, 960 kilometres from Brisbane.

"It took 12 hours to drive from Brisbane," she said. "It was hot, dusty and remote."

Christine said she experienced real life, in a rural hospital.

"An RN's day can change from minute to minute as one never knows who will come through the front door to the Emergency Department," she said.

"Here in Blackall, it is essential that all nursing staff have diverse skills and be 'a jack of all trades'.

"They are required to venepuncture, cannulate, use an iStat machine and be competent in Advanced Life Support. The RN is responsible to be up to date with the latest contemporary procedures, work autonomously, be able to communicate effectively with the multi-disciplinary team and quickly think on their feet."



Christine said she quickly realised that even though a doctor is always on call, the RN has to 'hold the fort', especially in emergency situations.

During her time in Blackall, several patients required the services of the Royal Flying Doctor Service and were flown to Rockhampton Hospital, the main referral centre for Central Queensland.

"I was able to escort two of these patients to the air strip to see the RFDS in action. Patients who required specialised treatment, not available in a rural-remote setting were air-lifted to Rockhampton. It was an exciting experience," she said.

"The rural-remote RN is multi-skilled. I had the opportunity to follow in their footsteps. I travelled to Tambo for two-day clinics with the SMO. As I greeted patients and took their vitals before their appointment and established a rapport with them, I was able to gain an understanding of what life is like living in Central

West Queensland and the challenges these people face daily. The locals were always 'up for a good old yarn' and lively story."

She said the experience was rewarding and cemented her decision and desire to become a rural-remote RN.

"The rural-remote RN is multi-skilled. I had the opportunity to follow in their footsteps..."

"I take my hat off to all the dedicated nurses and doctors who work in unison and tirelessly under such extreme conditions and situations. They do have lots of fun as well and lasting friendships are formed," she said.

Christine Holden's placement was a CRANaplus Scholarship initiative and sponsored by HESTA. ●

a trip to remember

Australian Indigenous Doctors' Association member Ms Danielle Dries recently spent six weeks in Yuendumu, a remote Aboriginal community located 300km northwest of Alice Springs, as part of an elective rotation for her medical degree at the Australian National University (ANU).

"ANU has an ongoing relationship with the Yuendumu community," said Ms Dries. "They have a house there, which accommodates two students at a time and allows ten students to complete placements throughout the year.

"The health clinic has a very approachable clinic manager and is mainly run by remote area nurses with a GP position that is covered for half of the year by a doctor who does three months on three months off. The other half of the year is covered by locum doctors who do 4-6 weeks at a time. There is also a full-time Aboriginal health practitioner, and most of the time, a midwife."

This placement allowed Ms Dries to delve into many different forms of health care and to learn from real life scenarios.

"We were able to work as part of the team with all the health professionals including nurses, the

GP, an Aboriginal health practitioner, plus visiting teams of cardiologists, renal doctors, dentists, midwives, audiologists and diabetes educators," says Ms Dries.

Not only was Ms Dries able to develop her practical skills, she could also completely immerse herself in the Yuendumu Community and learn about the challenges of living remotely.

"Some of the challenges I found while on placement were the cost of living and the effect it was having on the health of the community," she said.

"The cost of food and housing for families in Yuendumu was unbelievable. Two litres of milk cost \$8 and a lettuce cost \$6.50! Patients sometimes had factors complicating management, such as medications needing to be refrigerated, but they didn't have access to a fridge to store them in.

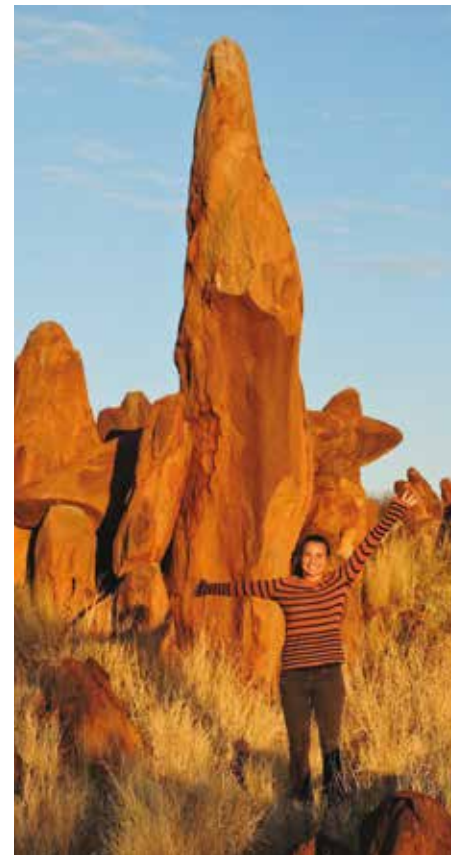
"We were able to work as part of the team with all the health professionals including nurses, the GP, an Aboriginal health practitioner, plus visiting teams of cardiologists, renal doctors, dentists, midwives, audiologists and diabetes educators..."

"I had so many amazing memories of this placement, from driving two hours to Papunya to watch the Yuendumu footy team win, to sleeping under the stars in a swag in the centre of the Australian desert. Every day was a really great experience, the children were beautiful and were always wanting to learn more.

"It was my first time in a remote community and the experience just confirmed that this is definitely what I want to be doing in the future!"

The Australian Indigenous Doctors' Association (AIDA) is a not-for-profit professional association contributing to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people. AIDA's ultimate goal is to reach population parity of Indigenous doctors, and to inform and support a culturally safe health care system.

For more information visit: www.aida.org.au ●



why advertise with CRANaplus?

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

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

CRANaplus offers several advertising options at very competitive rates:

1. The CRANaplus 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 CRANaplus 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. Cost is \$250 per week and free to Corporate Members.

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

Forwarded to over 7,000 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 Magazine rates, artwork specifications and contact details below for more information. ●

advertising rates

Black & White rates

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

Colour rates

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

Magazine colour insert

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

*Discounts apply to consecutive issues only.

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

Note: Centre spread is available from next issue.

*Corporate members receive further discount on these rates. Contact memberservices@crana.org.au 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. ●



Aboriginal Health Conference
2-3 July 2016
PAN PACIFIC PERTH

The youth of today – the elders of tomorrow
Developing strong commitments to improve the health and wellbeing of Aboriginal people in rural and remote communities

Call for abstracts
Rural Health West invites abstract submissions for oral and e-poster presentations for the 2016 Aboriginal Health Conference.



Abstract submissions close on Monday 4 April 2016



For further information visit www.ruralhealthwest.com.au/aboriginalhealth

CRANaplus corporate members



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



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



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



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



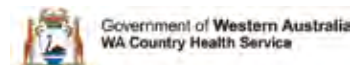
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



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



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



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



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



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



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



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



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



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



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 **Nurses' Memorial Foundation of SA Inc** has its beginnings in one of the world's first official Registration bodies for Nurses; The British Nurses' Association established in London in 1887. <http://www.nmfsa.net/>



Northern Territory PHN (NTPHN) leads the development and coordination of an equitable, comprehensive primary health care system and an engaged health workforce driven by community need.



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



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



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



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



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



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



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



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



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



Graduate group.



Mr Peter Wallace gave the Welcome to Country.



Acting Chief Nursing and Midwifery Officer NT,
Dr Robyn Aitken.



Tom Mahoney representing the Welcome Ceremony
Sponsors HESTA.

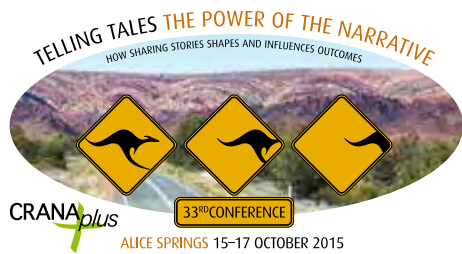


Presentation of new Fellows of CRANaplus.



New Lifetime Fellows of CRANaplus, Trudy Yuginovich
and Lyn Hinspeter.





Stephen Jones MP, Shadow Assistant Minister for Health.



Penny Shakespear, First Assistant Secretary, Health Workforce Division, Comm DoH and CEO Chris Cliffe.



Amanda Stein models the pearl necklace donated by Panda Pearls Australia.



Conference dinner.



Senator Fiona Nash addresses delegates.



Professors Janie Dade Smith and Roianne West launch the CRANaplus Reconciliation Action Plan.





Bosum Buddies, breast cancer advocacy and support group in Central Australia.



Student delegates.



The KAMS Crew.



Midwives in force.

CRANaplus award sponsors 2015

Excellence in Remote Health Practice Award
Sponsored by:
Mt Isa Centre for Rural
& Remote Health (MICRRH)

Excellence in Education & Research Award
Sponsored by:
Centre for Remote Health (CRH)

Excellence in Mentoring in Remote Award
Sponsored by:
Remote Area Health Corps (RAHC)

Outstanding Novice/Encouragement Award
Sponsored by:
Aussiewide Economy Transport

Collaborative Team Award
Sponsored by:
Brad Bellette Design



CRANaplus award winners

Excellence in Mentoring in Remote Health Award

Winner: Pauline (Polly) Rubin
Sponsor: Remote Area Health Corps

Pauline (Polly) Rubin works as a mental health registered nurse, based in Alice Springs, works at the Child and Youth Health Mental Health Service, provides support services to children in the Central Australia and Barkley regions. Polly is recognised for her extensive clinical experience, understanding of remote logistics and dynamics, which enables her to effectively mentor other team members. Polly has been described as ticking all the boxes as a mentor, being willing to share her skills, knowledge and expertise, demonstrates a positive attitude, provides guidance and constructive feedback. Polly is seen as an excellent role model.

Excellence in Education in Remote Health Award

Winner: Sally Foxley
Sponsor: Centre for Remote Health

Sally Foxley works as lecturer at the Centre for Remote Health in Alice Springs is described as a dedicated and professional nurse and midwife who's committed to improving Aboriginal and Torres Strait Islander health outcomes through education. As the Topic Coordinator of Remote Nursing Practice puts great emphasis on ensuring nurses are appropriately prepared for their



Polly Rubin.



President Janie Dade Smith, Sally Foxley and Prof Sue Lenthall.



President Janie Smith, Annette Jones and Prof Sabina Knight.

remote clinical settings, through ensuring and supporting other lecturers, so they are grounded in the remote context. Sally has been described as being very supportive of all her students and has support from a number of volunteers of the program. This is seen as a testament to her professionalism, skills and enthusiasm.

Excellence in Remote Health Practice Award

Winner: Annette Jones
Sponsor: Mount Isa Centre for Rural and Remote Health, James Cook University

Annette Jones works as a Primary Health Centre Manager at Docker River Primary Health Care Centre, in Northern Territory. Annette has been described as an extraordinary nurse whose qualities of a clinical leader promotes teamwork, offers support and mentors staff members, provides excellent advice in regards to clinical judgment and is adept to solving complex clinical problems.

As a professional nurse conveys consistency, compassion and empathy towards staff, clients and the community members. Annette's sense of humour, remains alive and well, even in the face of great adversity. Docker River residents trust and respect Annette and view her involvement in a program as an endorsement of its credibility, such as the Older woman's health event held at Yulara in 2014.

Outstanding Novice Award

Winner: Benjamin Crough
Sponsor: Aussie Wide Transport

Benjamin Crough is well known to CRANaplus as representative of the NRHSN and now as an outstanding individual who has the unique ability to adapt and excel in his new work



Mark Lock (left) Managing Pharmacist, South Hedland presents Benjamin Crough with his Award.

environment as pharmacist manager of the Pilbara Pharmacy Services. Benjamin has been described as having the ability to be composed in a fast, high-pressure work setting, providing Aboriginal and Torres Strait Islander healthcare. His friendly and outgoing personality enables him to gain the trust and respect of the community, providing timely medication advice and service.

Collaborative Team Award

Winner: Utira Kulintjaka Team
Sponsor: Brad Bellette Design

The so-called UK team consists of a group of senior Anangu from the remote APY Lands in South Australia, a coordinator of the Ngangkari program, project officer, and others who participate by invitation. They include a psychiatrist, a nurse practitioner, and a psychologist. This team actively works together in developing mental health resources for remote communities for whom English is a third and fourth language. The team seeks to move forward in developing equal relationships between traditional and western healers by the development of resources useful to both.



The UK Team (L-R) Margaret Smith, Anawari Mitchell, Emma Trenorden with Prof Janie Dade Smith.



Four Aurora Award Winners: Vicki Gordon, 2008; Robyn White, 2009; Sandra McElligott, 2015; Sabina Knight, 2004.

Aurora Award

Winner: Sandra McElligott

Sandy has worked as the remote women's health educator in Central Australia for over 15 years. In consultation with Aboriginal Health Worker colleagues she has developed stand alone training packages to upskill RANs and Aboriginal Health Workers and has been the driving force in Central Australia for many years in ensuring they had access to practical, high quality education around women's health and procedures. Resources such as DVDs, booklets and brochures on such diverse subjects as reporting sexual abuse, breast care, the hospital journey for maternity patients, breastfeeding, antenatal and post natal care in the communities.

Sandy has accessed funding from various organisations and been instrumental in developing links with other services to ensure women receive the best possible care. Sandy has been instrumental in facilitating a yearly face to face workshop for all Central Australian midwives as a professional development and networking forum.

She is well-known and highly-respected across Central Australia for her ongoing work in strengthening the remote workforce, advocating for both front line workers and patients and for her practical hands on clinical work when out in the remote communities. She is a true 'shining light' and would be a deserving recipient of the Aurora Award. ●



CEO Chris Cliffe, Sandra McElligott and President Janie Dade Smith.



To the Cranaplus committee and management board,

I have just returned home to North Queensland after a fabulous adventure travelling within the Northern Territory after attending, as well as presenting at the Cranaplus 33rd annual conference in Alice Springs. You are all to be congratulated on the remarkable team effort involved in putting this conference together.

As this was my first experience with Cranaplus, I must remark on how welcoming and helpful everyone I came in contact with during the presentation process has been. Amy in the office fielded my phone calls with professionalism and friendliness and Cal, on the audio/visual technology front was amazing. There was also a general feeling of warmth in the room amongst those who already knew one another. I would also like to sincerely extend my gratitude to the presentation selection panel.

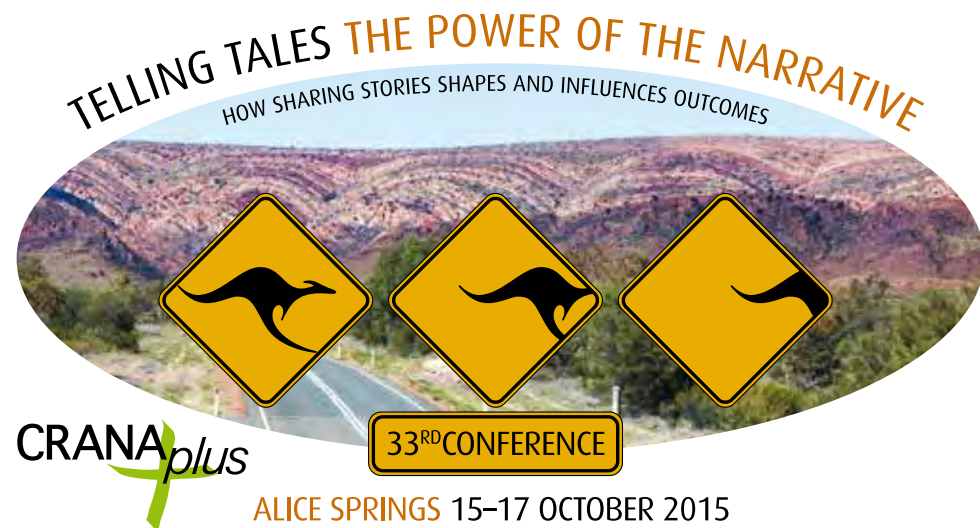
I appreciate that the relevance of my abstract submission, "Writing down your sorrow" to the story telling and narrative focus of the conference was recognised and that you gave my subject matter-pregnancy and stillbirth loss- an inclusion. This conference was a remarkable gathering of some truly inspiring individuals who everyday do remarkable work. They are making a difference to the individuals in their care as well as strengthening community connections with those from their locations.

This conference presented me with a wonderful opportunity to share my research with a wider audience of health professionals and for that I am extremely grateful. I also met some very interesting and fabulous people. Thank you very much.

Now that I am a member of Cranaplus I will continue to look forward to each newsletter and the regular emails sent which reflect what's going on within remote health across Australia. I wish you all the very best with any future endeavours and I hope to connect with you again sometime in the future.

Many kind regards, Sandra.

Sandra Bulger



powerful beginning to conference

Racism and inequity are two important issues that we need to focus on, CRANAplus CEO Chris Cliffe told delegates at this year's Conference.

"It's a tragedy that racism still exists in Australia," he said.

"Racism has an insidious, eroding impact," he said. "The evidence is clear: racism has a direct and profound impact on not only the emotional, but also the physical health of victims."

"Regardless of where racism lurks," he said, "we must be brave enough to not let those nasty comments slide or laugh uncomfortably at that slightly racist joke."

"Racism lurks in organisations, services, communities and individuals, and until we provide leadership and 'call out' racism, no matter where we see it, how can we expect Aboriginal and Torres Strait Islanders to feel safe and respected whilst in our care."

In his opening address to the conference, Chris also pointed to the inequity of services in remote areas compared to the cities.



CRANAplus CEO Chris Cliffe.

"Our nation is a wealthy, well-connected, peaceful, developed country," he said. "But still, the further away people live from a capital city, the worse their health becomes."

Chris called on delegates to be part of a strong voice to argue against powerful groups that push "metro-centric health agendas" and to remind decision-makers of the reality of life in remote Australia, the people who live there and the health workforce that serves them." ●

the write road to recovery

We can lose everything – every single thing we own – our homes, our relationships, our possessions – but we cannot lose our story.

Stephanie Dale, guest speaker at this year's Conference and an award-winning author and journalist, is taking The Write Road, a creative mental health initiative, to communities all around Australia.

Launched in May last year, Stephanie so far, has travelled 40,000km to 36 towns, delivering 137 workshops in community halls, woolsheds and beside waterholes to 557 people.

At the conference, Stephanie told the story of a young Indigenous woman at one of her workshops who shared her journey and later said: "I have never felt as calm as I have since that workshop."

"This is the power of visibility," Stephanie said. "It is the power of claiming our right to raise our voice and speak our truth. The power of story."

"Writing – the act of releasing inner narratives from our heart, mind and body – can lead us to knowing our Self," Stephanie said.

"When we know our Self we can trust our self. When we trust our Self, we can see clearly. When we can see clearly we are confident even in adversity."



Stephanie Dale.

When we are confident we are brave. And when we are brave, we are true.

And when we are true we are strong."

The point of The Write Road is not to unearth talent – although Stephanie says there are some people in the heart of our remote red continent with memoirs, science fiction trilogies and short story collections whose names you will hear in the future.

"The purpose of The Write Road is recovery – recovering human voices that have fallen silent, recovering spirits that are suffering for lack of hope, recovering the will to claim what is rightfully ours." ●



there is enormous hope

Indigenous Australians have the worst health in the developed world, Professor Roianne West told delegates at the annual CRANApplus Conference in Alice Springs earlier this year.

They have higher levels of ill health and mortality than other Australians; they are more likely to die younger; they are more likely to experience chronic illnesses such as mental health, diabetes, cardiac disease and renal failure; and they are three times more likely to be admitted to hospital.

"Our peoples have maintained a continuous connection to each other, culture and country, longer than any other human group on the planet..."

This seems to be the start of a rather bleak story, Roianne said, who is a member of the Kalkadoon desert people from Far North West Queensland.



Roianne West.

"But there is enormous hope," she said.

"Your profession is, and has been, at the forefront of health advancement here in Australia and around the world," she told the delegates.

Roianne, with more than 20 years' experience in Indigenous Health, comes from a long line of healers. She sees enormous potential in the role of Indigenous knowledge and the unexplored potential that exists for two-way learning.

"Our peoples have maintained a continuous connection to each other, culture and country, longer than any other human group on the planet," she said.

"In the process we have acquired deep knowledge, understanding and experience that can only come from such a sustained relationship.

"It is right here in Australia that our ancestors forged their resilience and handed to us the legacy of our ancestral beings and our responsibility for the future of our people. Through massive change in landscape and human development over more than sixty thousand years our people have continued.

"This achievement is worthy of acknowledgement."

Roianne's mother has been a health worker for nearly 50 years. "She has been having similar conversations almost daily with her non-indigenous colleagues," Roianne said.

"I have been working in Indigenous health for 20 years and have similar conversations almost daily.

My hope is that my daughters are not having this conversation when they become leaders in Indigenous health in the very near future.

To use Indigenous knowledge, we need to build a recognisable Indigenous health workforce, but growing and nurturing this workforce continues to be a challenge for us," Roianne said.



DVD featuring Indigenous students of Griffiths Uni Nursing & Midwifery School.

"My vision is that I want to see my people socially and economically included in the nation. I want to see our kids educated, healthy and with the opportunity to grow up and get to jobs and to be engaged in meaningful activity. I want to see our people living in good housing. I want our children to have good food to eat, fresh air to breathe and clean water to drink."

"Unfortunately, based on 2013 workforce data, we have 186 Indigenous midwives nationally. We know this is grossly inadequate given the need."

The number to reach parity with the population of Aboriginal and Torres Strait Islander

Australians is 608, but taking into account the higher number of births for non-Indigenous women, that number rises to 852. This is 4.6 times the current number.

But to illustrate just how much hope there is, Roianne showed a DVD to the conference of Indigenous students in the School of Nursing and Midwifery at Griffiths University, called First Peoples Aspirations and Pathways to Health Program.

As one student Moa Newman from Bamaga said: "I'm the eldest of eight siblings and I just want to show them that uni is just another stepping stone and to go to that pathway."

Roianne concluded her presentation saying: "My vision is that I want to see my people socially and economically included in the nation. I want to see our kids educated, healthy and with the opportunity to grow up and get to jobs and to be engaged in meaningful activity. I want to see our people living in good housing. I want our children to have good food to eat, fresh air to breathe and clean water to drink.

"Not too much to ask!" ●

itchy and scratchy

Scabies is a marketing nightmare, says Dr Buddhi Lokgue, a GP who has worked on scabies programmes in Top End communities for a number of years.

It's a boring name, it's no more than an itch to many, and it's not a top priority in health centres.

"But I think scabies is a fascinating disease," he said. Working in remote areas of Australia, he joked: "It really got under my skin."

"In the early days, when I arrived and announced myself as the scabies man, one wag dubbed me and my assistant Itchy and Scratchy, and those nicknames stuck, he said.

Scabies arrived in the Top End in the 70s, to discover it was a perfect environment to flourish. In the early days, there would be 'skin days' where a copper cauldron was set up in communities to wash all the clothes and bed linen. Since then, their healthy skin days have been held and a number of projects and

programmes to try to deal with the disease, such as medications.

Crusted scabies, which is a hyper infestation of the scabies mite, with numbers sometimes building up to several million is a particularly big problem, Buddhi said.

A number of issues make this a difficult one to deal with, including lack of knowledge of the causes and the inability to deal effectively with the problem in remote community conditions.

There is often a stigma attached to the disease, and also a high rate of reinfestation of the mites, causing patients and families to become disillusioned and to question their treatment.

Some patients suffer from crusted scabies for decades.

But when programmes are introduced and there is success, he said people tell him: "We were blaming ourselves for our children suffering. Please share the story – so others don't have to suffer like our families." ●



Dr Buddhi Lokgue.

talking about mental health



Emma Trenorden and Anawari Mitchell.

Finding ways in Pitjantjatjara and Ngaanyatjarra as well as in English to talk about mental health is the focus for the Uti Kulintjaku team in Central Australia, a band of Ngangkari, senior Anangu, interpreters and mental health professionals.

The group is about bringing issues out in the open – talking about mental health and trauma – to help families and communities see and understand what's happening,

Project officer Emma Trenorden gave a presentation of the mental health literacy project at this year's conference in Alice Springs, showing the breadth of tools the team is using to get the message across, including posters, paintings and animations.

"The Uti Kulintjaku team is working towards creating a shared understanding about how we talk about mental health," Emma said.

"This involves the words we use and the way we talk about mental health."

Uti Kulintjaku means 'to think and understand clearly' in Pitjantjatjara.

NPYWC is a service delivery, advocacy and support organisation created by Anangu women from the 28 remote communities in the tri-state region of NT, SA and WA.

Two animations, one featuring a young woman, the other a young man, highlight how communities can help their young people when they display the signs of depression and other mental illness. The animations, using language and English, help to demystify mental health issues.

Tools being explored include a compendium, a 'Words for feelings' map, an Itinguru Pulkaringkuntja poster; emotional literacy animations and magnets, an App and a colouring-in book for children.

"The Uti Kulintjaku group is sharing what we learn about mental health and trauma with our families, communities, and health workers," said Emma.

"We talk with our families and our posters are in our communities – at the clinics, offices, stores and other public places."

As a quote on one of the slides in the presentation, from Valerie Foster, Helen Martin, Margaret Smith and Theresa Nipper says: "We are learning as we go along. We've now got words to talk about these things with our children and grandchildren. We are bringing things out into the open and we really enjoy this work."

www.npywc.org.au ●

getting across the DUI message

Registered Nurse Pepita Hunter will never forget the Sunday morning she woke to find nine missed calls on her phone from the clinic where she works in Beagle Bay, a remote community in the Kimberleys.

Her two sons had been involved in a motor accident.

"That experience has pushed me to try and make a difference in getting the message across about drink driving," she said.

"Initially it was a one-off presentation at my younger son's school, but the response has pushed me to go further.

"The principal said: 'You can't stop there. You must deliver it to as many schools as possible.'

"And so that's why I'm here today," she told delegates at this year's Conference in Alice Springs.

Pepita's presentation focuses on the effects of alcohol, young people, and driving.

"So many lives have been taken due to alcohol and DUI and so many families, friends and the community have also been affected," she said.

Pepita said she has attended many motor vehicle accidents in her years at the clinic "though back in April 2013, that was one of the worst I have ever attended, and not because my sons were involved."

The police report stated that her older son Akeem had fallen asleep at the wheel, veered off the road and, as he tried to correct the car, it fish-tailed and rolled seven times.

One passenger not wearing a seat belt was found 10 metres away from the car.

"Most young people think they are bullet-proof," Pepita said. "Akeem thought that."

"Having a few drinks then jumping behind the wheel, they have that thought of 'it will never happen to me.'

"My son found out the hard way."

Pepita hopes that by telling her story to as many people as possible, she can get across the message about the risks and the dangers of getting behind the wheel when DUI.

"If I can even get through to just one person then I know it has that ripple effect that can change the lives of others," she said.

"My sons mean the world to me, they are my oxygen, without them I cannot survive and I almost lost both my sons that day, just because of one stupid decision.

"That's why I want to do something to try and help other families so that they don't have to go through what I went through."

Pepita's story has a happy ending.

At the end of her presentation, she shows a slide of her son Akeem, now a qualified boilermaker, who graduated and completed his trade this year, and has a fly in-fly out job at Solomon mines.

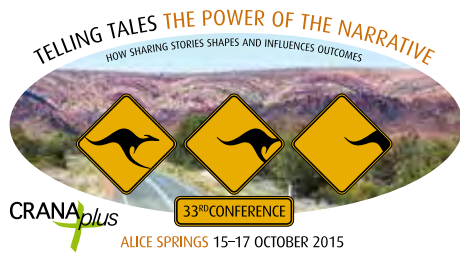
When Pepita gives her presentation to young people she concludes: "From the bottom of my heart I hope my presentation has had an effect on you all and the message has gotten through." ●



Pepita Hunter.



Graphic slide from Pepita's presentation



Tony Kotsonis of HESTA with delegates.



Ian Roberts of Varley Specialised Vehicles with delegates.



Mary of Wesley LifeForce demonstrating new phone APP.



Josh Scell (NT DoH), Dwayne Pearce (Chairperson NATSIHWA) and Colleen Gibb (CATSINaM).



Jessie Anderson (CDU) and Louise Clark and Georgie Dornier (Menzies) with a delegate (white shirt).



CRH staff Kristal, Jenny and Steph with delegates.

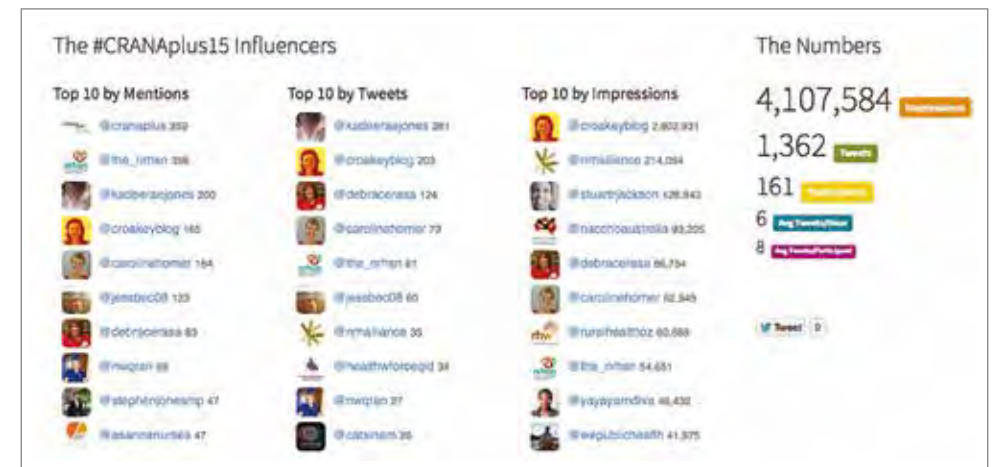
birds on a wire

Our resident tweeters for the Conference were Kadee Jones and Jessica Leon. But many of our

delegates also twittered to their hearts delight, as you can see from the stats below. ●



CRANaplus Tweeters Kadee Jones and Jessica Leon.



making it happen...

Rosemary Cadden is responsible for editing and proofreading articles for the magazine.

Rosemary leads a bit of a double life, careerwise. She has been involved with the media for, as she says, "more years than I wish to count!" She's worked as a journalist, PR consultant, media adviser and editor.

She's also been involved in writing and editing books, most recently co-authoring a book published by Wakefield Press called "Making a Meal of It", a guide on how to avoid wasting food.

In addition, for the past 10 years, Rosemary has been involved in teaching English as a second language to migrants, refugees and asylum seekers. She also trains people to teach English, examines the speaking and writing skills of international students and writes materials and resources for English teaching.

rosemarycadden@gmail.com



Rosey Boehm smiles for (with) the camera.



Rosemary Cadden (left) and Alison Fort having a laugh.

Rosey Boehm provides many of the photographs for the magazine and website. You may have seen her, camera in hand, taking candid shots and official photographs at previous seven CRANaplus Conferences.

Like Rosemary, she has also stopped counting how many years she has been working as a professional photographer! Rosey started her career as a press photographer in country Victoria and then with the Adelaide Advertiser, before moving into public relations.

For the past 20 years, Rosey has had her own business, specialising in photography of conferences, events and people at work.

She also teaches people how to use their digital cameras and improve their photography, running workshops for beginners and more experienced amateur photographers, plus organised sessions for travellers wanting to improve their skills before their next holidays!

Rosey has another thing in common with Rosemary; she also leads a double life as a garden and landscape designer, where she is able to combine her two main skills – taking fantastic shots of the beautiful gardens she creates!

www.roseyboehm.com.au

An established and capable freelance designer, **Alison Fort** (above right) is responsible for the design, layout and pre-print production of the magazine.

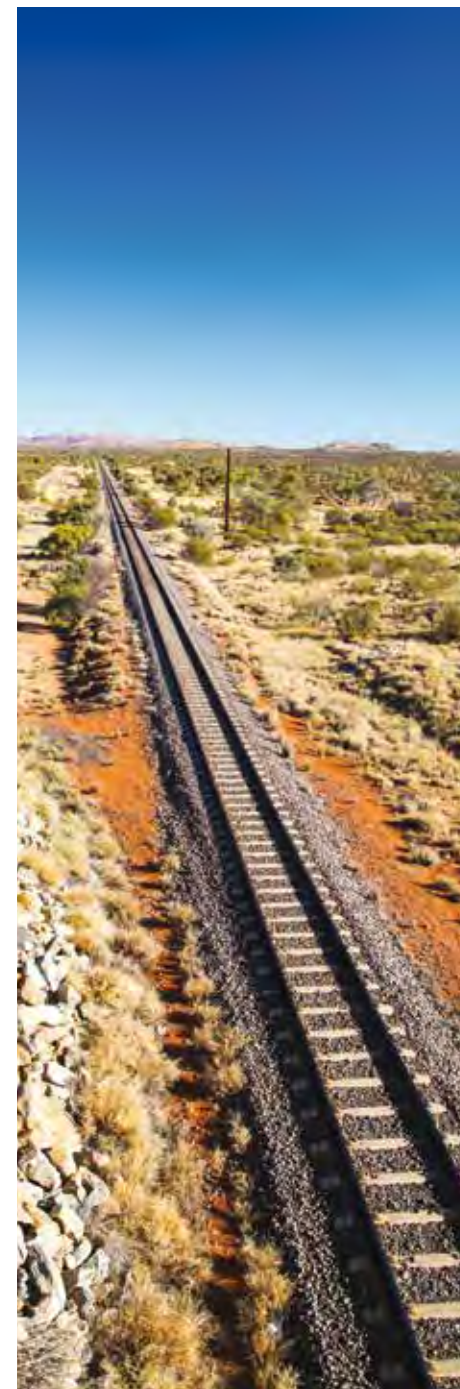
Having moved across continents working as a designer, she has now re-settled in Adelaide, where she counts CRANaplus as one of her many valued clients and feels part of their busy team.

Working in Sydney and London for many years, Alison has an impressive international client list with a broad range of design service needs. Ranging from one person new business start-ups to multi-national business consultancies, she has the experience of getting an effective message across to her clients' clients.

Some of her work has recently been published in an International Design Annual and, as a member of the Australian Graphic Design Association (AGDA), she is an active participant in the local graphic arts' scene and has her finger on the pulse of current trends.

Alison is also a 'causist' and offers her time and skills to select NFP organisations on a pro bono basis, helping to establish their brand in the 'professional' arena. She is very proud (and flattered) to have been made Patron by the Board of Festival Fleurieu (formerly the Leafy Sea Dragon Festival), after the Festival in April this year. Having been part of the team on the last three Festivals, she is also very proud of the Bronze Award it received at the recent SA Tourism Awards, and is looking forward to Festival Fleurieu 2017!

www.alisonfort.com ●



support

dealing with workplace stress: the attitude of fun

Work is a common source of stress for individuals. There are lots of reasons that people may feel pressured at work. The demands of the job might be very high. Some people may not like the actual job they are doing or they may feel under trained or not experienced enough. Difficult work colleagues are another source of workplace pressure.

Apart from organisational factors, there are individual reasons why the workplace can be stressful. Time management can be a challenge for some individuals. Prioritising tasks and goal setting can equally be a difficulty. All of these things, of course, are variable. Some days are diamonds, as the song goes and on those days it is possible to sail through calmly. Other days are not so easy. Again the factors that contribute to the outcome of the day depends on the complex interaction between personal and organisational factors, many of which we may feel are out of our control.

One factor where we have a choice about is attitude. The attitude that you adopt in your workplace is definitely a choice.

The first step in dealing with workplace stress is to choose to be positive, to be optimistic. The second step is to realise that within even the most challenging work environments change is possible and starts with each individual.

The first step in dealing with workplace stress is to choose to be positive, to be optimistic.

As part of the Resilience Building and Self Care workshops that Bush Support Services runs, we sometimes ask participants to identify the personality characteristics of work colleagues that they admire, they see as effective and who they would most like to be like and to work with.

The sorts of qualities that participants often nominate include caring, flexible, fair, tolerant and with a good sense of humour.

The qualities that participants see as least desirable include rigid, cynical, sarcastic, punitive and no sense of fun.



So if you are serious about dealing with stress in the workplace making a choice about an attitude to start with is an important first step. Recently the CRANaplus organisation celebrated World Mental Health Day by inviting staff to enter a Silly Hat Competition. CRANaplus faces workplace practicalities that will not be unfamiliar to any rural and remote health workers. ►►



CRANaplus Silly Hat Competition, Cairns Office (L-R) Joe, Denise, Anni, Liz, Chris.

» There are three different worksites in different states and some employees work from home. So the opportunities for getting together is very rare. However, having made the decision to introduce the fun, creativity kicked in and through the creative use of technology via taking selfies and Facebook, the event was possible. The process of planning was exciting for those involved and contact between individuals who had never previously worked together occurred. Moreover, the photos made people smile.

It is possible to choose a positive attitude to the workplace and in doing so change the climate. If you are feeling stressed a work think about introducing some fun activities as a place to start. Be creative! Each workplace will have its own sense of fun. It is important that the activities you choose are accessible to all and appropriate. We would love to hear about what you choose to do!

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



CRANaplus Silly Hat Competition, Adelaide Office (L-R) Back: Jenny, Sue, Kate, Helen, Anne-Marie, Claire. Front: Marilyn, Karen, Marcia.

DVD wins prestigious international award

The New York Film Festival is one of the world's most prestigious film festivals. Started in 1963, the festival aims to showcase international films of merit produced for a wide range of purposes.

CRANaplus Bush Support Services is delighted to announce that its promotional DVD *CRANaplus Bush Support Services* has been announced as a Finalist Award Winner.

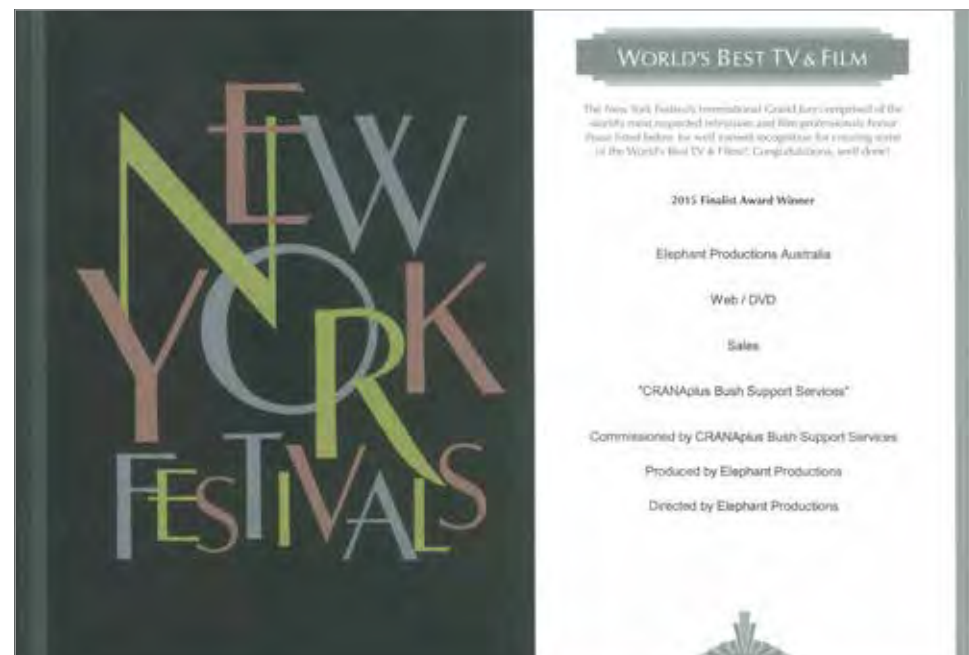
The New York Film Festival selects films for awards that 'enhance awareness, accessibility and understanding of the art among a broad and diverse range of film-going audience'.

The DVD was conceived and written by the CRANaplus Support team to promote and enhance accessibility of the service to rural and remote health workers and clearly that goal was achieved and has been recognised



internationally. The DVD was produced and directed by Perth-based Elephant Productions.

The BSS Informational DVD, which highlights services provided, has proved extremely popular with some 5,000 copies being distributed to date.



the remote practitioner and the art of maintaining strong and positive relationships

By Christine Martins, Psychologist,
CRANaplus Bush Support Services

Successful relationships can be difficult to establish and maintain at the best of times, but for those who live and work in a remote setting it can be very complex and tricky indeed.

Positive connections with others sustains us and delivers support in both the good times and the more demanding and challenging times. However these relationships require care and work to maintain closeness. In the remote setting this presents a challenge but is all the more rewarding when we succeed. Positive relationships with others is sustaining and supportive and this is especially so when we play and work in the same space.

The lack of contact with friends and family can create a background level of stress. So what are the best means of strengthening those contacts? What strategies might we consider putting in place to ensure we have adequate support from friends and family even though they are geographically isolated from our workplace?

Not all relationships look the same or work in the same way. What works for one individual may look and feel quite different to others. There are however some common features in positive and healthy relationships. This article focuses on those features and offers some suggestions which studies have found to be helpful in the art of maintenance of a positive relationship.

Workers in a remote setting rely on supportive relationships with their colleagues, their managers and their contacts within the community itself. These relationships enable the remote professional to competently perform their role.

One of the difficult things about working in a small community is interpersonal conflict. Conflicts can be particularly damaging when they are with the team you are working with because it is difficult to escape the situation. In a small community people live, work and socialise in the same space. Even minor issues of conflict can escalate into major problems if they are not handled in a proactive or effective way.

Not all relationships look the same or work in the same way. What works for one individual may look and feel quite different to others.

Clearly, we are challenged in difficult conversations. We can feel angry, hurt and confused. Others can let us down or betray us and we can feel defeated by these emotions. However, these are conversations in which we need to engage. As we learn to better navigate these conversations (and it can be a learnt skill) we create wider opportunities for understandings of ourselves, others, and our relationships. Preparing for these conversations is the key to success; preparing a script for what we need to say, choosing an appropriate place to say it and choosing the best time to have the conversation. This preparation helps us to feel more in control of a situation in which we may feel we have little control.

Equally important we can learn when it is time to exit a relationship which has become toxic. This may mean leaving a community and consequently have serious consequences, but it is important to ask if a relationship is beyond repair.



When there are insufficient support structures, a number of studies have indicated that the remote practitioner can experience stress in a variety of differing ways. Giorgi et al (2015) found that workplace bullying is one of the most common work-related psychological problems when support mechanisms are poor or absent. This research also indicated that patient care can be consequently compromised. There is of course a spillover to the organisational climate and burnout can be an end result of toxic workplaces.

When bullying occurs it is a result of people not coping and can have devastating effects on a workplace. Support can be found from within the work team with trusted colleagues, from friends within the community, and from friends or family who are at a geographic distance. It is necessary to balance these relationships so there is not too high a reliance on any one support structure.

We have many differing relationships; with a partner, with children, with friends, with supervisors and with colleagues. Each of these connections nurtures us in different ways and meets different needs although there are common features.

Successful relationships are based on the following components: open and respectful communication; mutual trust; team approaches and decision making; and early resolution of conflicts. Each of these is critical to a positive and healthy workplace but perhaps the most significant factor lies in the skill of open and clear communication. Being able to tackle those tricky and demanding conversations in a clear and non-confronting way is perhaps the most challenging conversations to have but arguably the most rewarding. ►►



►► The art of clear communication delivers improved job satisfaction, more positive relationships with others and a basis from which disputes or misunderstandings can be more easily resolved. Articulating our needs in a respectful manner is critical to successful communication.

What is important to us? What are our goals and aspirations? These are questions we so often leave unexamined and yet are so important in our exchanges with others. When we openly share these larger issues with trusted others, we strengthen the connections between us.

Very few of us tackle this in the most efficient way. Too often we find ourselves wary of tackling those tricky issues due to a fear of conflict. Asking questions to truly understand the other person and then actively listening allow a better understanding of issues which may affect us.

When we openly share these larger issues with trusted others, we strengthen the connections between us.

Harriet Lerner, a psychotherapist with many publications in the field of human interaction has said that our capacity for a creative and happy life depend on connecting well with the key people in our lives. Lerner focuses on us how to 'set things right' and overcome issues of disconnect. Her book *The Dance of Connection* (2009) is a valuable discussion on the connections between people and how they can be strengthened.

She speaks of the need for 'an authentic voice' where we can define what we need in our relationships and 'clarify the limits of what we will tolerate or accept in another's behaviour.' (p3).

Sometimes simply knowing a friend or family member is there for us is sufficient even though there may only be sporadic contact.

What do we look for in our relationships with others? Clearly this differs between individuals and we all have varying levels of need for connection and time spent with others. However, we can all gain through the presence of nurturing relationships however infrequent the actual contact. Sometimes simply knowing a friend or family member is there for us is sufficient even though there may only be sporadic contact. But how often do we tell these pivotal people how much we value their friendship or their support? This small act of recognition can be so important and will always be warmly received.

The lack of contact with friends and family who live elsewhere can add to feelings of isolation. How can we keep in touch with those contacts even though they are living at a distance? Remote communities do not always enjoy good internet or phone facilities, although there have been huge improvements in these areas. Many isolated communities now have mobile phone towers and broadband internet. This technology enables not only regular contact with family or friends by phone and email but also through VOIP (Voice Over Internet Protocol) means such as Skype.

A nurse in a remote Northern Territory settlement once observed that she had found Skype video sessions to be an invaluable means of maintaining close contact with her grandson who lived overseas and that he was able to recognise her voice and face through these calls.

A form of visual contact which allows for increased intimacy and a deeper level of sharing in the experience.

Skype contact can be used to convene regular sessions with a peer supporter or a supervisor who is at a geographic distance. Many health practitioners have reported they found a peer support mentor to provide invaluable support from an experienced and respected colleague.

Consider establishing a regular debriefing or peer supervision session with a colleague who lives or works elsewhere. This contact can be made by either phone, Skype or email (or a combination of all these technologies). Teasing out the important issues with an external contact can be empowering and can encourage us when we feel dispirited.

Often the big issues, those which we hesitate to raise while we are separated from our closest friends or family, are left until there is a holiday or a break from the community. It can be difficult to resolve differences from a distance.

Consider establishing a regular debriefing or peer supervision session with a colleague who lives or works elsewhere. This contact can be made by either phone, Skype or email (or a combination of all these technologies).

Problems and difficult issues are often left until there is a chance to discuss them face to face. This means that these visits away from the community can be tense, as there are unresolved issues in the background. Raising issues at an earlier time, while still in remote allows for easier solving of problems with distant relationships. ►►

►► Make a phone call, use email, write a letter or use Skype; use the best means at hand to resolve issues. Be proactive and nip things in the bud before they become harder to tackle further down the track. The general principle is that the longer an issue remains unresolved the harder it can be to tackle. Small misunderstandings snowball into larger disagreements.

Reflecting on our core values and being clear about what matters enables us to engage in more authentic conversations.

Many remote area health professionals have found the Bush Support Line to be a valuable resource to provide support in a wide range of ways. A team of qualified psychologists who are experienced in the remote context is accessible 24 hours a day on a free and confidential counselling phone line.

Available to rural and remote health professionals and their families, the line offers debriefing on professional issues and counselling support on personal issues. If an issue is troubling or bothering you, the Bush Support Line is the appropriate support mechanism.

Callers report they find it helpful to share concerns with someone who is objective and independent. The line can be accessed by ringing 1800 805 391.

The BSS Support line also offers sessions by Skype and regular contact can be arranged with the same counsellor. The Support Line can be particularly useful to strategise a way to deal with relationship issues. Remember, a problem shared is a problem halved!

The challenge in building positive and nurturing relationships is to determine what we need to share with others and with whom. Reflecting on our core values and being clear about what matters enables us to engage in more authentic conversations. There are many benefits which derive from these connected relationships but perhaps the most critical, the most valuable outcome, is increased job satisfaction while working remotely through the presence of supportive connections.

References

Giorgi G., Mancuso S., Fiz Perez, F., Castiello D'Antonio A., Mucci N., Cupelli V. Et al. Bullying among nurses and its relationship with burnout and organizational climate. *Int J of Nursing Practice*, March 2015

Lerner, H (2009) *Dance of Connection* Harper Collins: Sydney



Would you like to talk to an Aboriginal counsellor?

Call **0438 694 488** to make an appointment or leave a message at the CRANAplus Bush Support Services Toll Free 24-hour 1800 805 391 Support Line for a return call from an Aboriginal Psychologist.

What is the telephone counselling line about?

It is a safe confidential telephone line (**0438 694 488**) staffed by an experienced Aboriginal Psychologist, who is a man from the Gamilaraay people in Northern NSW.

If you are working in the remote or rural health context you may wish to speak to an indigenous counsellor who is knowledgeable about current indigenous issues and how this is impacting on your life. Some of his experiences are working as a counsellor and Psychologist in Indigenous and mainstream health organisations in mental health and drug & alcohol. He has provided counselling and support to Indigenous and Non-Indigenous people from "all walks of life" for the past 20 years.

CRANAplus Bush Support Services acknowledges Aboriginal and Torres Strait Islanders who are valued members of the Remote and Rural Health Workforce.

CRANAplus Bush Support Services acknowledges and understands that the trauma of historical events associated with colonisation of Indigenous land can be passed down through the generations. For many the effects are being fully experienced daily and even if protected from the traumatic experience of the past, many directly experience trauma through illnesses, accidents, incarceration, family violence and abuse.

Although the effects of past and present trauma can be severe, recovery can be assisted by appropriate interventions. Talking to someone who is not a part of your mob may be helpful. CRANAplus Bush Support Services have a staff of culturally competent professionals who are respectful and able to respond to distress, loss, grief and life stressors in a compassionate and supportive manner. Although we can have the skills to deal with our own problems sometimes it is helpful to have someone to share your story with. This is strictly private and confidential.

How to access:

If you are working in the Rural or Remote Health workforce and would like to access the Indigenous specific telephone counselling line please contact us on **0438 694 488** to make an appointment. If you are calling on your mobile phone just let us know and we will call you straight back.

Some of the content in this brochure may cause sadness or distress.

Your family members are also entitled to call the above number for free confidential support and counselling.

www.crana.org.au/support



Australian Government
Department of Health

"CRANAplus Bush Support Services acknowledge the traditional custodians of the land and districts in which this brochure is distributed. We pay our respects to the Elders past and present and accept their guidance when working with Aboriginal and Torres Strait Islander communities."

educate

RAN managers – are you getting your professional development?

What CRANApplus offers

As a peak provider for professional development to the remote area health workforce, CRANApplus provides a range of courses, from acute and emergency care, through to primary health care. At CRANApplus we believe that ongoing professional development is the key to supporting remote area nurses (RANs) at all levels, including RAN managers.

In providing education, professional and support services at CRANApplus, we listen to and are informed by our members. Naomi Gallagher, Director of Nursing, Bamaga Hospital, commented on the recent CRANApplus professional services management workshop "Remote Managers... We have a lot of experience between us and sharing that knowledge is a way to help each other and look at other strategies to deal with situations. Remoteness has its own unique challenges."

Unique challenges

Our experience is also that remoteness does have its own unique challenges, as Wakerman and Davey¹ observed:

There is a growing literature pertaining to distance management, and management of virtual and dispersed teams. The literature identifies a number of common issues:

- appropriate staff recruitment and orientation
- an appropriate management style
- effective communication
- shared purpose and clearly defined roles
- clear decision making processes
- adequate infrastructure.

The literature also reports that 'opportunities for development and skill development are significant in reducing RAN stress'².

Colleen Niedermeyer, Director of Bush Support Services reports that in discussing the 24 hour

support line available to all the remote health workforce, in relation to manager calls: 98% report high levels of day to day stress in the workplace, 81% report problems with on the site team (conflict and personality clashes) and 81% report on professional issues (which, most of the time can be resolved).



What do you want?

Given this, what sort of professional development courses are RAN Managers seeking? At the recent CRANApplus workshop it was clear that venturing into management development was just the tip of the iceberg in meeting RAN Manager's professional development (PD) requirements.



Remote sector employers we have spoken with support this, and acknowledge the difficulties that managers face, including the lack of readily available courses and the real need for ongoing professional development opportunities.

In relation to supporting RAN Managers, according to Opie et al², three areas for workplace action include:

heightened management and co-worker support, fostering professional development opportunities and increasing job control through augmented professional influence and decision making. ►►

►► From evidence to practice

CRANaplus supports the notion of evidence-based practice and, through the provision of evidence-based clinical courses, we aim to support RANs in translating evidence into practice in order to provide the best possible care. Similarly, our future CRANaplus management and leadership workshops will feature a strong evidence base in both content and delivery. This approach aims to support RAN Managers to develop best practice in their own management and leadership styles creating a culture of learning, development and support within the remote and isolated sector. This is because management and leadership styles are strong drivers of workplace culture and can either support or hinder nurses in translating evidence into clinical practice.

Integrated skills

The roles of clinician, manager and leader are often integrated in the remote health sector, and, as such, Remote Clinic Coordinators and Managers require skills within all of these domains. Therefore CRANaplus will continue to integrate clinical, professional, and support services within its education and professional development. This approach to developing our RAN Managers is supported by Opie et al² who report:

We were also mindful that managers as RANs also experience significant levels of emotional stress and exhaustion. The messages from this work might be not only to increase job resources, but to reduce emotional exhaustion and foster long-term work engagement through workplace actions and organizational supports, which might subsequently decrease remote area nursing workforce turnover.

CRANaplus recognises that, above all, RAN Managers need skills within a range of domains and so we provide evidence based professional development courses within a range of domains – from the clinical to the professional.

Where to from here?

Finally, Wakerman and Davey provide salient commentary regarding the future focus for CRANaplus management, leadership and education courses. They aptly set the scene in relation to meeting the professional development needs of RAN managers:

Formal registration or formal qualifications should be required. Support for appropriate education and ongoing professional development should apply to managers as it does to other health professions. Within rural and remote services, where distance management is important, training should specifically ensure managers who are competent in implementing:

- Careful recruitment in order to select competent, autonomous staff who have devolved authority
- Monitoring systems and effective feedback
- Regular lines of communication
- Scheduled management visits
- Periodic 'times out' at head office for staff to ensure consistency and provide pastoral care as needed
- Prompt management response as problems arise.

Through future management and leadership courses the message will be clear – although the challenges for RAN Managers are unique, and managers may be remote – even isolated, they are not alone!

References:

1. Wakerman J Davey C. Rural and remote health management: 'the next generation is not going to put up with this...' Asia Pacific Journal of Health Management 2008;3(1).
2. Opie T, Dollard M, Lenthall S, Wakerman J, Dunn S, Knight S and MacLeod M. Levels of occupational stress in the remote area nursing workforce. Aust J Rural Health 2010;18:235-41.

Kate Davis
Director Education Services
CRANaplus ●

emergency care courses delivered to cocos keeling islands



(L-R) Stevhnice White, Richard Melville, Tanja Hitchman, Valerie Capstan, Denise Smith, Wendy Tempest, Takin Capstan. Wearing the CRANaplus orange t-shirt supporting 'Community and Primary Health Care Nursing Week'.

Nurses and health workers on the Cocos Keeling Islands are now better prepared for health emergencies, thanks to CRANaplus.

CRANaplus Education Team, Wendy Bowyer and Andrew Walmsley delivered the Remote Emergency Care course.

The team flew to the small community of West Island, within the Indian Ocean's Health Service, to deliver the CRANaplus flagship course to four Remote Area Nurses from Home and West Island,

two Remote Area Nurses from Christmas Island and two health workers from Home Island.

The course was tailored to meet the needs of the Islander staff in consultation with the Health Clinic Manager, Alanna Watson.

In tailoring the program delivery there were a number of additional factors to consider including the fact that Home Island is predominantly Muslim which required cultural considerations such as dressing appropriately and allowing time for attendance to prayers during the day. ►►

► Ferry timetable restrictions also needed to be factored in to allow for participants to attend.

Among the scenarios included in the course were sick mariners being off loaded on to the island and the potential injuries from loading and unloading on the wharf, drownings, cardiac disease and the growing prevalence of diabetes, particularly among the Cocos Malay Islanders.

There are two health services on the Cocos Keeling Islands, West Island and Home Island.

West Island, where the airport is situated, has a well-equipped health clinic with a team providing health care for the island staff and tourists.

Home Island, a ferry ride across the lagoon, has an equally modern and well-equipped health clinic and provides care to almost 450 residents. Several of the nurses have homes on the island as well as a medical officer whose house is located on the foreshore of the lagoon.

The nursing staff had experienced a traumatic event a few weeks prior to the delivery of the course, and the community was dealing with the unexpected loss of a young person.

While supporting the community, the health team used the event as an opportunity to deliver health messages.

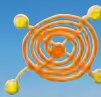
The health workers from Home Island, brother and sister Nek Adillah and Nek Kush, were born on the island. Inspired by their uncle who was the only health care worker during the Clunies-Ross era and who did everything from birthing to bandaging.

The nursing staff had experienced a traumatic event a few weeks prior to the delivery of the course, and the community was dealing with the unexpected loss of a young person.

Nek Kush trained as a health worker in Broome and then completed his X-ray technician course in Perth. (The Clunies-Ross family ruled the Cocos Islands for more than 150 years until 1984, when the Islanders voted to fully integrate with Australia).

The program and assessments were completed in enough time to allow for a brief tour of the island in the local transport, modified quad bikes. ●




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A joint centre of Flinders University and Charles Darwin University


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


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

For Adrienne Evans, Remote Area Nurse, an unexpected 3am phone call was the trigger to put her new skills to the test.

The voice on the other end of the phone said, "my partner is in the shower and thinks she has had a show." My response to that statement was "I'm assuming she is pregnant, when is the baby due?"

It was September, neither the man on the phone nor his partner knew when the baby was due, but thought it was December. All I could think was – I am not a midwife and I was not equipped to deal with a 3-month preterm birth.

We arranged to meet at the clinic in a few minutes. I arrived to find a car with all the doors open and no one in sight. Remember it is now after 3am. Calling out, "is anyone there?", I was answered with "she's having the baby" from the shadows in front of the clinic. My heart sank.

I walked over to them to see that the baby had arrived, on the concrete, in front of the clinic.

Having just completed the CRANAplus Maternity Emergency Care (MEC) Course, I was amazed how the training, demonstrations and rounded education all came back. I was so pleased to have learnt this knowledge and practised these birthing-related skills.

I walked over to them to see that the baby had arrived, on the concrete, in front of the clinic.

After having a look at the baby, who thankfully was breathing and opening and shutting her eyes, I quickly opened the clinic and got some towels and blankets to keep both mum and baby warm, as mum was showing signs of going into shock.

Once all were relocated into the clinic I called in the second nurse to assist (it turned she out had never seen a newborn or attended a birth).

I opened the CARPA 'Women's Business Manual' for guidance, and as a reminder. We had a positive outcome, with mother and baby being transferred to the nearest hospital for follow up care.

The MEC gave me the skills, knowledge and confidence to assist this woman and her baby. I was able to remain calm and to methodically work through supporting mother and baby...

The MEC gave me the skills, knowledge and confidence to assist this woman and her baby. I was able to remain calm and to methodically work through supporting mother and baby, delivery of the placenta, checking to ensure the placenta and her perineum were intact and recognizing that mum needed follow up care that could not be provided at the clinic (by this time we had established that the baby was full term and weighed just over three kilograms).

I would like to thank the CRANAplus Coordinators and Facilitators of the MEC course for providing a practical and relevant training course that is definitely a 'life saver' when out bush.

The CRANAplus Maternity Emergency Care course is designed for Nurses, Aboriginal and Torres Strait Islander Health Practitioners, Paramedics, and Medical Officers. It enables the remote health workforce to develop the knowledge and skills necessary to provide emergency care for expectant mothers and their babies in a remote or isolated setting.

For more information <https://crana.org.au/education/courses/programs> ●

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* Limited availability. Conditions apply.

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Maternity Emergency Care

- WESTERN AUSTRALIA**
- Port Hedland, 27-29 May
 - Esperance, 1-3 July
- QUEENSLAND**
- Hughenden, 5-7 August
 - Longreach, 18-20 November
- NORTHERN TERRITORY**
- Daly River, 5-7 August
 - Tennant Creek, 11-13 November
- VICTORIA**
- Shepparton, 4-6 March
- NEW SOUTH WALES**
- Ballina, 18-20 March
 - Broken Hill, 24-26 August



Advanced Remote Emergency Care

- WESTERN AUSTRALIA**
- Port Hedland, 13-15 May
 - Perth, 10-12 June
- QUEENSLAND**
- Rockhampton, 16-18 September
- NEW SOUTH WALES**
- Coffs Harbour, 4-6 November



Midwifery Upskilling

- WESTERN AUSTRALIA**
- Kununurra, 8-10 July
 - Broome, 4-6 November
- QUEENSLAND**
- Rockhampton, 29 April - 1 May
- NORTHERN TERRITORY**
- Alice Springs, 3-5 June
- NEW SOUTH WALES**
- Port Macquarie, 19-21 August



Remote Emergency Care

- TASMANIA**
- Hobart 16-19 October
 - Broome, 4-6 November
- WESTERN AUSTRALIA**
- Kununurra, 8-10 July
 - Broome, 29-30 October
- QUEENSLAND**
- Mt Isa, 30-31 July
 - Cairns, 12-14 August
- NORTHERN TERRITORY**
- Alice Springs, 21-23 March
 - 23 - 25 June & 22-24 August
 - Tennant Creek, 3-5 June
- NEW SOUTH WALES**
- Port Macquarie, 19-21 August
- VICTORIA**
- Portland, 1-3 April
- SOUTH AUSTRALIA**
- Coober Pedy, 2-4 September



Advanced Life Support

- WESTERN AUSTRALIA**
- Kalgoorlie, 30 April (1 day)
- QUEENSLAND**
- Cairns, 4 June (1 day)
 - Mt Isa, 1 August (1 day)
- SOUTH AUSTRALIA**
- Adelaide, 19 March (1 day)
 - Adelaide, 20 March (1 day)



Paediatric Emergency Care

- TASMANIA**
- Hobart, 10-11 October
- WESTERN AUSTRALIA**
- Geraldton, 16-17 April
 - Karratha, 6-7 August
 - Fitzroy Crossing 1-2 September
- NEW SOUTH WALES**
- Dubbo, 12-13 March



Triage Emergency Care

- WESTERN AUSTRALIA**
- Esperance, 2 May (1 day)
- QUEENSLAND**
- Cairns, 5 June (1 day)



Practical Skills Triage

- TASMANIA**
- Burnie, 6 Feb (1 day)
- WESTERN AUSTRALIA**
- Kalgoorlie, 29 April (1 day)
 - Kununurra, 11 July (1 day)
- NORTHERN TERRITORY**
- Tennant Creek, 6 June (1 day)

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represent

professional services

As we enter into this last part of the year it is good to reflect on the activities we have been involved in.

It is encouraging that we continue to be asked for our remote context input to a diverse range of issues.

The Conference in Alice Springs this year, as always, was a wonderful opportunity to network and to hear the stories of so many great innovative programs and activities.

Pre-conference this year we held a workshop, *Essentials for Remote Managers: Path to positive outcomes*.

CRANaplus has long identified a gap in Professional Development opportunities for those in leadership roles in the remote context. We tailored the workshop for existing Managers, those who aspire to management and leadership roles or anyone with an interest in developing their own management/leadership knowledge and skills.



Our objective: *To provide remote managers and potential managers, an opportunity to sharpen their capabilities in leadership and management expertise, and broaden their understanding of Clinical Governance.*

It was great to have 18 participants in the program from a range of employment settings and roles.

Marcia Hakendorf, Professional Officer and Kate Davis, Acting Director of Education conducted the six-hour workshop.

The workshop covered a range of topics from discovering a unique leadership and management style, the importance of teams, clinical governance and steps for leading change.

Clinical Governance was brought to life by Monica Frain, Remote Clinic Coordinator, Kimberly Population Health Unit, WACHS, who gave examples of successfully and creatively, weaving governance into all aspects of health service. Topics covered included; strategic planning, establishing clinical committees, reporting and monitoring mechanisms, staff development and engaging with clients, their families and wider community. Monica proudly shared the great news of their recent accreditation results being 98% – a testament to the robust clinical governance systems and processes being in place for clinicians to deliver safe, quality care. ▶▶





» Dr Annemaree Wilson, Senior Psychologist for CRANaplus Bush Support Services, conducted a session on 'Mindfulness', which was very well received by the participants. This emphasised the critical importance of self-care in remote

and isolated practice and provided techniques to manage stress levels. This workshop also provided a valuable opportunity to gain insight to inform the development of a National Development Program for Remote

health Managers *Essentials for Remote health Management: a path to better outcomes*. The plan is to develop a program spanning over a three-month period, with a flexible delivery mode and tailored to the participants learning

needs, and the remote context. CRANaplus is in discussions with Australian College of Health Service Managers (ACHSM) to co-badge this module and collaborate on other aspects of the content and support for the program.»



►► Other activities:

Australian Nursing and Midwifery Accreditation Council (ANMAC)

- Enrolled Nurses Accreditation Standards
The first consultation paper for the review of Enrolled Nurse Accreditation Standards. Information available at <http://www.anmac.org.au/enrolled-nurse-accreditation-standards>
- Re-entry to the Register Midwife Accreditation Standards
The second consultation paper for the review of Re-entry to the Register Midwife Accreditation Standards closed in September.

Australian College of Midwives (ACM)

- invited participation in an online consultation regarding three documents currently in development as part of the Midwifery Practice Scheme (MPS) project, which are:
- Draft ACM Birth at Home Midwifery Practice Standards
 - Draft Transfer from Planned Birth at Home Guidelines
 - Draft Requirements for membership of the MPS.

For information on this body of work:
<http://www.midwives.org.au/scripts/cgiip>

Position papers update

Palliative care

We followed our usual process which includes an extensive research and consultation by Project Officer Marcia Hakendorf, resulting in a

draft Position paper which is then circulated to CRANaplus Fellows and the Network of interest members. We also engaged and consulted with Australian Palliative Care Nurses Association with the intent to co-badge this paper. More information is available at: www.crana.org.au/professional

Birthing on Country (BOC)

In collaboration with Australian College of Midwives and CATSINaM we developed a position paper on BOC. With the advice of an extensive working group we have reached final draft, which is now awaiting endorsement by each of the three organisations.

Australian Commission on Safety & Quality in Health Care (ACSQHC) – remote perspective on National Standards

We continue to engage with the ACSQHC in their review of the National Safety & Quality Health Service (NSQHS) Standards. It is very important to be able to offer the remote context perspective to these Standards and we have established a strong connection with the Commission in that they continue to ask for our input. However we rely on our members to inform us, so please stay in contact on this important issue and contact marcia@crana.org.au with your input.

Best wishes for the festive season,

Marcia Hakendorf and Geri Malone
Professional Services, CRANaplus ●

health students reach for the stars

They came, they saw, they participated... they were impressed.

That's what happened when members of the National Rural Health Student Network came to Alice Springs for the CRANaplus Conference.

Nursing student Bernadette Carey says the event has further inspired her to pursue a career in remote Australia.

Bernadette is the Nursing Representative at SPINRPHEX Rural Health Club in Western Australia, where she attends the University of Notre Dame.

"I was re-energised and uplifted listening to the yarns from the speakers telling their stories. I felt very enriched after hearing Emma Trenorden and Anawari Mitchell share their stories of mental health care through the Ngangkari Program. Also the continued work of Dr Buddhi Lokuge and his work on crusted scabies.

"The spirit of the Conference being that of the narrative has improved my knowledge as a novice on remote and Indigenous health. I intend to make it out to remote areas to nurse when I have more clinical experience including emergency and mental health. ►►



Nursing student Bernadette Carey gets up close and personal with Uluru after the Conference.

» “When I begin to practice I will certainly take into account the holistic model of care needed and the importance of listening to clients as they’re the experts in their lives,” she says.

Bernadette says the CRANApplus staff she met provided her with great confidence about the support services they deliver to remote area nurses.

Also attending the conference was NRHSN Vice-Chair Rebecca Irwin who delivered a presentation entitled “Reach for the Stars” about the student network’s Rural High School Visits program. Last year 264 Rural Health Club members volunteered to give career talks and discuss healthy living with nearly 3,000 rural and remote secondary students through this Federally-funded program.

“I was reenergised and uplifted listening to the yarns from the speakers telling their stories.”

“Rural Health Club members tell their personal health career journey. I, myself, studied nursing at the University of Newcastle, and worked as a Registered Nurse before transitioning into Medicine at the Australian National University.

“I have attended many high school visits over the past 5 years, including the NT program

where I went to Tennant Creek, Hermannsburg and Yirara College here in Alice Springs. I used my career journey to emphasise that there are multiple career pathways to get to the same end point.”

“When I begin to practice I will certainly take into account the holistic model of care needed and the importance of listening to clients...”

NRHSN Nursing and Midwifery Officer, Jessica Leon and fellow ROUNDS Rural Health Club member, Kadee Jones were also both active on twitter throughout the conference as official “tweeters”.

Kadee says she was blown away by what she heard and saw.

“CRANApplus 2015 was my first conference experience and I fell in love... it certainly increased my enthusiasm to become a remote area nurse and eventually move into aeromedical nursing. The main thing was I wasn’t reading stories in a book, I was hearing them first hand from real people.”

“CRANApplus 2015 was my first conference experience and I fell in love...”

Other students funded by the NRHSN to attend CRANApplus 2015 were Laura Wright, a nursing student from STARRH Rural Health Club at Charles Darwin University, and Michael Saligari, a social work student from WAALHIIBE Rural Health Club in Western Australia.

The NRHSN is the only multi-disciplinary student network in Australia. It is supported by Rural Health Workforce Australia and funded by the Commonwealth Department of Health.

Find out more at www.nrhsn.org.au ●



NRHSN Vice-Chair Rebecca Irwin presenting.

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WAALHIIBE and SPINRPHEX joint annual conference

By Lynne Jeffares

This year, the annual WAALHIIBE* and SPINRPHEX** Joint Annual Conference was held at The University of Notre Dame Australia in Fremantle. Around 100 university students from across all health disciplines came together to network and engage in workshops and presentations which were run by prominent rural health practitioners from across the country.



WAALHIIBE
Rural HealthWest

The conference theme was *From the horse's mouth* and featured keynote presentations from:

- **Dan Mahony**
Future Health Leaders Chairman and rural physiotherapist
- **Tess Ivanhoe**
CRANaplus Chronic Disease Program Manager
Nganampa Health Council, South Australia
- **Dr Jilen Patel**
Kimberley Dental Team Senior Dental Officer and Director

In addition to the variety of presentations on offer, students were treated to workshops covering a number of areas including ophthalmology; key word signing; speech and hearing services; and disaster management.

A trade stall, held during the morning tea and lunch sessions, also allowed students to engage with relevant organisations such as Senses Australia, Doctors for the Environment, Australian Indigenous HealthInfoNet, Rural Health West, General Practice Students Network, MDA National, Australian Student and Novice Nurse Association and CRANaplus.

Finally, after a rewarding day of mind expansion, one lucky nursing student was rewarded with their very own copy of the CRANaplus Clinical Procedures Manual!

* WAALHIIBE stands for The Western Australian Allied Health Interested In Bush Experience (WAALHIIBE) Student Rural Health Club.

** SPINRPHEX stands for the Students and Practitioners Interested in Rural Practice Health Education Xcetera Student Rural Health Club. ●



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¹Davis DP, et al. *Resuscitation*. 2015;92:63-69.

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