

issue 104 | summer/wet season 2016

CRANA *plus* magazine

RRP - \$10.00

the voice of remote health

Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.



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CALL FOR ABSTRACTS INVITATION NOW OPEN

CRANApplus invites you to submit Abstracts
for the 2017 Annual CRANApplus Conference



By its very nature, remote and isolated areas generate unique, resourceful and innovative approaches to the delivery of health care.

Technology is advancing at a rapid rate, and we must ponder the question – *Has, does or will this change the way healthcare is supplied, experienced and performed in remote Australia?*

- What does the future of remote health look like, are we leading the way or stuck in the past?
- What are the innovative ways in which technology is utilised in the bush?
- Is technology the answer for improved access, safety, quality and affordability of remote healthcare?
- What are the benefits, risks and challenges that present to health professionals and consumers?
- Are our consumers getting healthier?
- What's coming, what's just over the horizon?
- Are we moving away from meaningful human interactions, what are the long-term implications?
- What foreseeable support will the remote health workforce need in the future?
- How is data changing the way we think and provide healthcare?

We encourage submissions from:

- Remote and isolated health professionals
- Consumers
- Remote or isolated health and community Service Providers
- Aboriginal and Torres Strait Islander health services
- Undergraduate and postgraduate students
- Researchers and education providers
- Professional bodies and associations
- State, Territory & Local Governments

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

**CLOSING DATE
MONDAY 15 MAY 2017**

from the editor

The Summer/Wet Season edition is, as always, a bumper edition, packed with stories, information and advice to sustain you over the summer.

Our cover photo of Nursing Student Katarina Samotna was too good to pass up. It will surely catch the eye of our international readers. Katarina's report (page 40) tells of her clinical placement experiences in Central Australia and her future career direction.

Members, students and stakeholders have contributed to this edition and it all makes great reading. We introduce Project Officer Judy Whitehead in this edition. Judy is spearheading the Rural Nursing Project and their goals in 2017. Dr. Shannon Nott shares exciting details and photos of his participation in the Mongol Derby Ride and how it tied into fundraising for services for the bush. Professional Services outline their achievements this year and major projects for 2017 and CRANApplus Bush Support Services offers a range of articles: identifying Burnout; the connection between art and health; and the growing challenge of 'ICE' in remote and rural Australia.

Feedback from CRANApplus short course participants continually tells us the caliber and expertise of the Facilitator team 'value adds' to their learning experience. We chat to two longtime Facilitators to find out why they chose to volunteer with CRANApplus and what they get from the role. The CRANApplus Education Schedule 2017 (pages 72 and 73) outlines details of courses and locations. Some courses are already heavily booked or full. Avoid disappointment and register soon for a course or preferred location.

If you weren't able to join us in Hobart we have a wrap up of events and photos for you. Last but not least a sincere thank you to our Sponsors and Exhibitors who supported the Hobart Conference and contributed to the success of the event.

Check out the CEO's letter (over page) for details of a chance to win two full registration passes to our 35th Conference in Broome in October!

Anne-Marie Borchers
Manager Communications and Marketing
CRANApplus



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

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

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

About the Cover: Nursing Student Katarina Samotna shares her photos and story of her clinical placement in the NT. Read article on page 40.

from the ceo



Dear CRANApplus Members and Stakeholders,

I hope you are reading the latest edition of the CRANApplus Magazine as you enjoy the festivities that mark the ending of one big year in Remote Health, and celebrate the opportunities that 2017 will bring.

We routinely hear about emerging or new remote health professionals, desperately searching for the support, education and advice that CRANApplus offers. It is a constant challenge to access and support these individuals, as we attempt to prevent burn out or them leaving disillusioned with remote health as a career choice. I see CRANApplus members as the solution to this, CRANApplus members are generally engaged and professionally 'linked in', providing us deep penetration into the remote and isolated health industry.

Not dissimilar to the principle of herd immunity, we strive to maintain a critical mass of CRANApplus members across our industry, they in turn advise and link their colleagues with networks, resources and supports. To help improve this we are asking for your help to encourage membership, by placing a CRANApplus poster (as per opposite page – they come pre-laminated and with wall mounts) in every remote, rural and isolated health service across the country. Just email publications@crana.org.au with the number of free posters you'd like sent to you. We encourage you to take a photo of yourself and/or your team with it on your workplace noticeboard and we will put it on our FACEBOOK page and in May we'll choose names for a prize of two full registrations, for our Broome Conference, 18–20 October 2017.

One of the many new initiatives that CRANApplus is implementing is the 'Mates of CRANApplus' membership category. This new category will be for organisations and businesses that support remote health and agree with the CRANApplus' values and priorities. Another example of how we are weaving a broad web of support and protection around our challenging yet essential remote and isolated healthcare workforce.

At the recent CRANApplus Conference, we were pleased to launch the Gayle Woodford Memorial Scholarship, a joint initiative between CRANApplus and the Centre for Remote Health, to provide free tuition to one person each year to undertake the Graduate Certificate in Remote Health Practice. I believe this is an enduring and fitting memorial to help us remember one of our remote health family who was tragically taken from us.

I hope you enjoy this edition of the CRANApplus magazine, and keep safe and well over the festive, summer and/or wet season.

Cheers

Christopher Cliffe
CEO, CRANApplus



CRANApplus 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.

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engage

reflections

Paul Stephenson, newly appointed Chair of CRANaplus reflects on both his career and developments within the organisation over the past few years.

In March 2012, I was writing about looking closely at the potential impacts and opportunities of the then 'National Health Reform'. How time gets away. We didn't see a major 'National Health Reform' In the years that have followed, however, CRANaplus did see significant advancement in the recognition of our agenda around education, support and advocacy. Some things change for the better while others seem to suffer little progress.

Today our organisation is more strongly than ever recognised and consulted on health care improvement strategies. Many are broader in scope and consequence and this only happens through sheer determination and dedication of our membership at work. At our recent Conference we were asked to be proud and

to show pride in our sector and services. I believe this was truly demonstrated across the presentations and from within the discussions generated from the floor.

Back in the early 2000s I was fortunate to be invited to do a clinical services review of infection control systems at a fully operating hospital in a remote province in PNG. I was overwhelmed at the standard of care and clinical skill in an environment so challenging and made very few suggestions for improvement. A most notable sight was the need to hang the washed (and subsequently reused) disposable (intact) gloves higher on the line and off the ground to avoid the dogs and kids playing with them. A true example of practicality as a foundation to supporting care access.

I reflect on a career geographically spanning from Palm Island to Mornington Island, North Queensland up to Saibai Island in the Torres Strait and now the Northern Territory.



All have involved clinical services and nursing care access considerations and I am certain the foundation of my chosen profession continues to serve me well in my decisions. Some of you would recall the early days of HIV in Australia. For Far North Queensland in the beginning of the 90s this brought many challenges in care access and delivery.

Introducing care standards and community prevention interventions was not a well sought after public health nurse role, as you can imagine. However it was many a colleague in our rural and remote profession who led the way to ease local opinion and inform communities, by soundly returning to the basic right of care access for all.

There are many stories of remote road side retrievals, births in not so desirable places, difficult emergency care decisions, difficult management decisions, as well as some good old 'common sense prevails' moments that I will share another time. The foundations to resilience and perseverance in some of the most challenging of times and decisions for me has been shared values and an ear to hear out the worst and best of it.

Enough of the chat, CRANaplus this season continues to make gains on the Safety and Security project consultations, the Rural Nursing project and this season we launch the 'Mates of CRANaplus' as a new initiative to capture the interest of the broader remote and rural sector that associates with health care.

Hope this finds you all in good spirits and that the season has been kind to you.

Paul Stephenson
Chair, CRANaplus ●



rural nurses voices need to be heard



CRANaplus is reaching out to rural nurses in Australia, with the aim of giving them a voice, identify any professional gaps, then work together to bridge those gaps.

"We plan to leverage the vast amount of experience and expertise we have in catering for the

remote health workforce," says Judy Whitehead (pictured), who recently joined CRANaplus to lead the Rural Nursing Project.

"CRANaplus excels in providing education, support and professional development to the remote workforce, and we believe these services are translatable into the rural sector."

Judy's work will build on an extensive literature review already undertaken. A Summative Literature Review has been posted on the CRANaplus website.

"CRANaplus excels in providing education, support and professional development to the remote workforce..."

"The literature says that rural nurses feel they are not receiving the recognition for the roles they perform," says Judy, who is undertaking an extensive consultation process.

She aims to meet with rural nurse leaders and clinicians (Registered Nurses, Registered Midwives, Enrolled Nurses), across the entire rural health setting – not only in hospitals but also in general practice, community health centres, and aged care facilities.

"So I am out there, sourcing nurses who may be interested in becoming part of the consultation process. We want to speak to as many nurses as possible."

Surveys, forums and consultations will be a large part of this 12-month fact-finding project. About 30 per cent of CRANaplus members have self-identified as having an interest in rural nursing. "We need rural nurses to engage with us, and tell us their stories, so that we can ascertain their needs," says Judy.

Judy says she is very excited by the opportunity to undertake this project with CRANaplus...

Judy says she is very excited by the opportunity to undertake this project with CRANaplus and she has 'hit the ground running'.

Judy, who grew up on a farm outside Quorn, a small country town in rural South Australia, knows the benefits of such a lifestyle. But she also recognises that people from urban areas often don't see a rural posting as a viable career option.

Judy has spent most of her nursing career with the Royal Flying Doctor Service and she has worked in the rural and remote areas out of Port Augusta, Broken Hill, Alice Springs and Adelaide. For the past 12 years she has been the Director of Nursing at RFDS South Eastern Section based in Broken Hill.

She has also been a REC facilitator with CRANaplus for many years.

The Summative Literature Review can be found on our website crana.org.au/professional/research/rural-research



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milestone for angel flight

September brought about an amazing milestone for the Angel Flight community with the completion of its 20,000th mission.

Wagga Wagga teenager Jarrod Roesler and his mum Linda had the pleasure of sharing this milestone with pilot and former RBA Governor Glenn Stevens on their flight home after Jarrod's treatment in Sydney.

To date, Angel Flight have transported more than 60,000 passengers from their rural residences to their city medical appointments and home again.

Pilot Glenn has completed 38 of these flights and Jarrod has flown 16 times, while driver Patricia has delivered 131 patients to their destinations.

Angel Flight is a charity that coordinates non-emergency flights for country people who are dealing with the triple threat of bad health, poor finances and daunting distances.

To date, Angel Flight have transported more than 60,000 passengers...

All flights are free for country patients attending medical appointments in the city. Angel Flight pilots donate their time and their aircraft to complete these missions while Earth Angels, also known as drivers, donate their time and cars to transport patients from the airport to their appointments and back again.



Pilot and former RBA Governor Glenn Stevens with Angel Flight CEO Marjorie Pagani prior to take-off for Mission 20,000.

"We have 3000 plus volunteer pilots and aircraft and another 3000 plus volunteer drivers and cars that assist us to complete our missions," Angel Flight CEO Marjorie Pagani said.

"We have 3000 plus volunteer pilots and aircraft and another 3000 plus volunteer drivers and cars that assist us to complete our missions..."

"We receive no Government funding, we don't pay for marketing or promotions and we don't sell merchandise meaning that the majority of money donated goes straight back into Angel Flights to pay for the fuel which the pilots and drivers use on our missions," she said.

Jarrod Roesler had been on the kidney transplant waiting list for three years and travelled to Sydney on a regular basis for dialysis.

One week after the milestone flight, Jarrod finally received the call he had been waiting for to receive his new kidney.

Angel Flight flew him back to Sydney to receive the life-saving transplant and he now has the chance to live a normal life.

"There will be no more dialysis for him and he has a bright future ahead of him," Ms Pagani said.

"Angel Flight will continue to fly him back and forth to Sydney for his check-ups."

If you would like to volunteer with Angel Flight or to make a donation, please visit our website www.angelflight.org.au or visit us on Facebook.



Volunteer driver Patricia Clarke, Jarrod Roesler and Linda Roesler.

Expressions of
Interest to participate

CRANApplus

collaborative, engaging and connected workplaces

CRANApplus will be hosting a symposium in April 2017 on Collaborative, Engaging and Connected Workplaces (CECW). The Symposium is aimed at addressing issues that create toxic workplaces. We are calling for expressions of interest from middle to senior management and human resource professionals in the remote health sector who deal with bullying, workplace conflict and harassment on a regular basis.

The CECW Symposium will focus on highlighting the psychological importance of healthy workplaces. It will explore the specific context of remote health and draw on the combined expertise of the participants. It will explore ways that leaders in remote health utilise evidence-based measures to further prevent and manage conflict, in order to maintain and create safe, productive and sustainable workplaces.

If you feel you would like to participate in this exciting two-day event. Please contact: Colleen,
Director of CRANApplus Bush Support Services email: colleen@crana.org.au mobile: 0448 011 956

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conference round up

This year's annual Conference once again was the launching pad for new ventures and areas for our organisation to explore, as well as providing indepth information and opportunities for discussion on important ongoing topics affecting our members and clients throughout Australia.

Participants, as always, enthusiastically embraced the challenge to not only listen to the varied presentations but also to contribute information and opinions, from big-picture topics to honing in on specific issues.

A common big-picture thread, not surprisingly, focused on work health and safety, and was featured on both days. It culminated in a symposium with guest speakers from organisations with vast experience in this area: Red Cross, Australian Antarctic Division, police, ambulance and hospital environments.

This Q&A session on maintaining staff safety in complex and diverse environments provided a powerful finale to Friday's offerings.

Issues directly affecting our clients and steps our members take to address them featured throughout the Conference. On both days, Rheumatic Heart Disease was a specific issue that surfaced in a number of presentations, highlighting the disturbing fact that Australia, an affluent country, still has a problem with this preventable disease.

Our Patron, The Hon. Michael Kirby, human rights expert and a champion of HIV education, once again endeared himself to Conference participants, and our other keynote speaker, Dr Bob Brown, renowned environmentalist, was also warmly welcomed. They were perfect figureheads for this year's Conference, Going to Extremes, as they have both spent their lives pushing the boundaries, and the line-ups to sign their books afterwards said it all.

The annual Conference is ideal for CRANApplus members to meet fellow rural and remote health workers. It is also a key once-a-year opportunity to discover new options for work and study and perhaps to take steps to contribute to CRANApplus projects and special interest groups.

See you in Broome in 2017!



Aunty Brenda Hodge gives the Welcome to Country.



Joanne Caruana HESTA Representative.



CRANplus Chair Paul Stephenson and CRH Prof Sue Lenthall display the Galyle Woodford Memorial Plaque.



Welcome to Country and networking event.



Geri Malone, Francine Douce (CNMO Tasmania) and Conference MC Karen Cook.



Danni-Lee Dean and Kadee Jones.



New CRANplus Fellows Dr Kathryn Zeitz and Monica Frain.



Jenny Costigan and Karen Schnitzerling.



Caitlin O'Connor, Louise Patel and Kerry Copley.



Q&A panel 'Maintaining Staff Safety in Complex and Diverse Environments'.



Robyn Carmichael and Nola Fisher.



Dr Bob Brown.



Guest speaker Prof Debra Thoms, Commonwealth Chief Nursing & Midwifery Officer.



Dr Jeff Ayton, Chief Medical Officer, Australian Antarctic Division.



Keynote and CRANAplus Patron The Hon. Michael Kirby.



Mr Tony Zappia MP, Assistant Shadow Minister for Medicare.



The Hon. David Gillespie MP, Assistant Minister for Rural Health.



Lauren Gale, Director Programs & Policy, RFDS.



Naomi Kikkawa, R&R Project Coordinator, QCPIMH.





CRANaplus award winners

Aurora Award

Winner: Glenda Lucas

Travelling to Utopia in Central Australia in 1993 for 12 months proved a massive learning curve and introduced our winner, Glenda Lucas, to a way of life she came to love. Ignorant of the Central Australian way of life and unaware that people still spoke in Traditional languages she



Glenda Lucas, then...

felt she had been propelled to another planet. She moved to Ntaria (Hermannsburg) for seven years then worked with Batchelor College, Old Timers and Central Australian Aboriginal Congress in Alice Springs, but the urge to return to Ntaria proved too strong and she returned there until August this year when she retired after 21 years in Central Australia.

Her colleagues say of her that she is a true 'quiet achiever'. Working quietly behind the scenes, others often unaware of the work she had been slowly, gently, thoughtfully doing until you realised what has been nipped in the bud, or artfully resolved.

Her colleagues say of her that she is a true 'quiet achiever'.

Her decades of work in the community meant that she was well known, understood and also knew and understood the community well.

Trusted by the community, people sought her advice knowing she would follow things up as she could, always seeking the most appropriate solution or plan of care for them and their individual situation. Remote nursing is not easy, often challenging, and she held invaluable experience, knowledge and wisdom that allowed her to provide invaluable care to mothers, babies, children and all community members.

The support and energy generously given to budding practitioners, visiting health services and researchers was also highly valued; anyone working with children in Ntaria will have heard of her and her work. She was an invaluable asset to the community, and greatly appreciated.

Excellence in Mentoring in Remote Health Award

Winner: Joanne Mahony

Sponsor: Remote Area Health Corps (RAHC)

Joanne is a Nurse Practitioner who has been employed for 13 years with the Royal Flying Doctors Service in Charleville, Queensland.

Mentoring is not a newly mastered skill of Joanne's as she has mentored many staff from a variety of disciplines over this time, the very low turnover rates of her team is an acknowledgement of her success and support. Her colleagues believe Joanne is an exceptional professional role model.



Joanne Mahony (right) with Emma Wex.



...and now, with longtime friend Marion Swift.



Tobias Speare.

Excellence in Education or Research in Remote Health Award

Winner: Tobias Speare

Sponsor: Centre for Remote Health (CRH)

Toby works as a pharmacist academic at the Centre of Remote Health and has a keen interest improving the quality use of medicines through education.

His colleagues believe that one of his major achievements has been the development of an on-line course 'Pharmacotherapeutics for Remote Area Nurses'. The course is of a very high standard, popular with demand increasing, and is mandatory for RANs working in the Departmental remote clinics in the NT. He strives to improve patient care through the judicious use of medications.

Excellence in Remote Health Practice Award

Winner: Rita Appelt

Sponsor: Mount Isa Centre for Rural and Remote Health (MICRRH), James Cook University

Rita works in Central Australia Primary Health as a relief Outreach Midwife for remote clinics. Rita's background includes remote area nursing, although she now focuses on remote outreach midwifery and women's health. Rita is seen as wonderful resource for remote women but also

for the remote midwives and non-midwives, assisting them to navigate the often-complicated journey from conception, pregnancy, birth, through to post natal care. Her peers believe that Rita's contribution is invaluable to the ongoing review and updating of the Remote Primary Health Care Manuals. Rita is a positive role model, and a wonderful exemplar of a remote midwife.

Collaborative Team Award

Winner: Cooper Basin RFDS Team

Sponsor: Brad Bellette Design

The Cooper Basin RFDS Team has been together for the past 10 years delivering daily primary and emergency health care to the remote and isolated Cooper Basin. The team looks after local residents, pastoralists and tourists as well as developing the first remote industrial service in Australia. The stability of the team has ensured a consistent front-line service, fostering a strong therapeutic relationship with all key stakeholders.

CRANaplus award sponsors 2016

Excellence in Mentoring in Remote Health Award

Sponsored by:
Remote Area Health Corps (RAHC)

Excellence in Education or Research in Remote Health Award

Sponsored by:
Centre for Remote Health (CRH)

Excellence in Remote Health Practice Award

Sponsored by:
Mt Isa Centre for Rural
& Remote Health (MICRRH)

Collaborative Team Award

Sponsored by:
Brad Bellette Design

Outstanding Novice/Encouragement Award

Sponsored by:
Aussiewide Economy Transport

The RFDS Nursing teams community knowledge and long-term stability ensures the best possible outcomes and constructive collaborative engagement during the Medical Officer visits, to the benefit of the remote population.

The Cooper Basin RFDS Team wish to donate the \$500 prize and will donate a further \$500 to support a student undergraduate scholarship

and placement with the RFDS. They would like the Scholarship to be called the Cooper Basin RFDS Scholarship.

Outstanding Novice/Encouragement Award

Winner: Daphne De Jersey

Sponsor: Aussiewide Economy Transport ●

mapoon health worker wins national award

Mapoon Maternal and Child Health Worker, award-winning artist, mum of seven and grandmother of five Daphne De Jersey, has won the CRANaplus (the peak professional body for the remote and isolated health workforce of Australia) Novice/Encouragement Award for completing her Cert. IV in Aboriginal and Torres Strait Islander Health Care Practice, her outstanding potential as a future clinician and leader in remote health, enthusiasm and commitment to remote health, willingness to learn and positive influence on the health of her community which is far beyond what is expected of early career Health Workers.

The award was presented to Daphne at a special ceremony at the end of the CRANaplus annual Conference which was held in Hobart on the 12-14 October.

Daphne, who is currently enrolled in a Diploma of Aboriginal and Torres Strait Islander Health Care Practice, said she had no idea she had been nominated for the award and was stunned to learn she had won.

"It was a bit of a shock when I found out I had won the award," she explained.

"My colleague said, 'can I give you a hug?' I thought it was because she had good news, but then she said, 'you're going to Melbourne, you've won an award!'

"It turns out I was going to Hobart which was great as my dad and grandfather were born there. I still have aunts and cousins there and I managed to catch up with them when I was there. The last time I was in Tasmania was 26 years ago, when I was 21 and it was a shock going back there from the Cape. We get cold weather on the Cape but it's different to Tasmanian cold weather – my fingertips froze, my face was red with cold and I think I lost a kilo as I had to walk fast to keep warm whenever I was outside."

"It was really interesting reconnecting with my aunts. One told me that before I was born, my parents (dad was white, mum was Aboriginal and Solomon Islander) went to the doctor to find out what colour their child would be if they were to have a baby. This was in the 1960s, when they were still removing half-caste children from their families. They were very frightened, my auntie said, that if they had a child, it would be taken away. In the end my sister and I weren't taken away but it was a real fear for my parents."

"I gave a speech when I accepted my award, sharing my family connection to Tasmania, the history of Mapoon and my family's history there. My mother and grandmother were born in Mapoon but our family is part of the stolen generation – Mapoon is not our traditional country but because some of us were born there, it's home." ►►



Daphne De Jersey (left) receiving award from Prof Janie Dade Smith at this year's annual CRANaplus Conference.

» "I also talked about how many hats people wear when they live in remote areas. In small communities, those that do stuff, get called on to do everything. I am a full time Health Worker, Chair of the Justice Group, run an arts organisation and a weekly Women's Group with my sister. Last year I got a real urge to do something for the women of Mapoon so my sister and I started this group and ran it three times a week. It's open to all women and as my sister and I are both artists we do art therapy with the women which relaxes them and gives them space to be creative and share their stories."

"We've dropped down to once a week but the Women's Group is really successful and families have noticed a positive change in the women who attend."

"While my job title is Maternal and Child Health Worker my role encompasses a lot more than that. In small communities, there is often a staff shortages and you are called on to deal with a whole range of health issues – because you can and because you're there."

Maternal and Child Health Team Leader (North Cape) Johanna Neville, who secretly nominated Daphne for the award, said the win was well-deserved.

"...She always puts her heart and soul into everything she does. I could not think of anyone else who deserves this accolade more."

"Daphne is not only an amazing worker but also an inspiring mother and artist. She always puts her heart and soul into everything she does. I could not think of anyone else who deserves this accolade more."

"She has been with us since 2010 and has been studying the whole time. She is a dedicated, committed worker, mother, grandmother and community member and we are so proud to have her on our team." ●



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prize recipients



Matthew Busbridge (left) with Prof Sue Lenthall.

Centre for Remote Health Prize
Outstanding Masters Graduate
Master of Remote & Indigenous Health 2016

Recipient: Matthew Busbridge

Healthcare Australia Prize
Most outstanding student in the topic
Remote Advanced Nursing Practice 2016

Recipient: Claire Alcorn



Claire Alcorn (left) with Michelle Morgan of HCA.

Chronic Disease Prize
Highest achiever in the topic Chronic Disease in Remote & Indigenous Primary Health Care
Sponsor: Therapeutics Guidelines 2016

Recipient: Janet Hunter



Photo: Steve Batten.

Japanese connection

Professor Midori Kamizato, involved in setting up a nursing programme to serve hundreds of remote islands in the southernmost part of Japan, was so impressed with the CRANplus Conference she attended in Alice Springs in 2009 that she has spent years planning a return visit.

This year, she brought Associate Professor Tomoko Miyazato, a colleague at the Okinawa Prefectural College of Nursing.

Professor Kamizato, in 2009, was looking for factors shared between rural and remote health care in Australia and island nursing in Japan, as she strived to set up a nursing programme at the College of Nursing, a public university in Naha, Okinawa's capital.

"Your focus on rural and remote nursing is growing," she said during a break in the Conference. "This has been a very interesting Conference for me."

Associate Professor Miyazato was similarly impressed. "I am interested to learn about the kind of work that the nurses in rural and remote areas of Australia are doing, and the experiences they have when they graduate from university and start working in remote areas."

Okinawa is the southernmost prefecture of Japan, comprising hundreds of islands in a chain over 1,000 kilometres long from the southwestern most of Japan's four main islands to Taiwan. The Okinawa Prefecture covers the southern two thirds of that chain. ●



Midori Kamizato (Japan), Naomi Kikkawa (Brisbane) and Tomoko Miyazato (Japan).



October 28, 2016

Gimli
ROC 180
Canada

CRANplus
PO Box 127
Prospect SA 5082
Australia



Dear All

I wish to thank everyone at CRANplus for the initial invitation to speak at the 2016 conference and then for the support and interest in my presentation.

Also thank you for the financial support (Grant) given to me to attend the conference. I did enjoy the time there even if I fumbled at the beginning of my presentation but I think everyone enjoyed seeing my workplace through pictures. A big thank you for the pearl drop earrings.....unexpected but wonderful.

Once again thank you

A. Cusack

Anneliese Cusack

sharing a common goal

As a representative for Indigenous Allied Health Australia (IAHA), Will Kennedy, a mental health worker in Taree on the mid north coast of NSW was on a mission when he attended this year's CRANaplus Conference in Hobart.

He was determined to get as much out of the Conference as possible; promote the IAHA to students at the University of Tasmania through Riawunna, the uni's Indigenous Student Centre; and visit the Tasmanian Aboriginal Health Service in the city.

Will, 37, works with the Chronic Disease team at Biripi Aboriginal Corporation Medical Service, and is a second-year student at Charles Sturt University (CSU) Wagga Wagga, studying a Bachelor of Health Science (Mental Health). He is also on the Student Representative Committee (SRC) at IAHA.

Will's first challenge, after getting permission from Biripi, was to secure funding for this trip. "My role (with SRC) has helped me develop professionally and personally in gaining the confidence to approach people and organisations to find out whether there is any support for students to attend such events," says Will, who secured an Indigenous student grant at CSU and an offer from CRANaplus to waive the cost of registration fees.

In his free time on his first day in Hobart, it was off to Riawunna at the University of Tasmania for Will. "I was there to help share information in my role at IAHA and advocate for IAHA in regards to Allied Health and the copious amount of support you get when you are part of the IAHA family," he said. "With a little luck I also hoped to maybe entice a few new student members to IAHA."



Leona McGrath, Belinda Gibb and Will Kennedy.

From his initial visit, Will was invited back by a senior staff member "to come and have another yarn so they too can learn more about IAHA and my role".

"The passion displayed by all staff there gives you a sense of belonging and pride in knowing that such driven people are there," he said. "This will only lead to great outcomes for all indigenous students in Tasmania. I am grateful for this relationship, which I know I will grow from."

The next place on Will's list was to pop into the Tasmanian Aboriginal Health Service. "What a place," he said. "It was vibrant, felt warm and inviting, and I was lucky that the staff there, from the admin staff on the front counter to their male health worker Aaron Everett, made me feel at home. Aaron has a massive role to fill but from all I could see he does it with pride, passion and with a big smile on his face."

The CRANaplus Conference itself, he said, was "priceless in regards to the information shared and what I learned in a short time.

"Again I felt part of a big family that in reality actually feels quite small. The keynote speakers were varied and were all just as interesting as the one before them."

Will said that, as a student, he felt nervous attending the Conference on his own for the first time, not knowing what to expect.

"Well I needn't have felt nervous, because what I got was really spoilt."

"For any student that may be feeling a little nervous about new beginnings and the unknown I say 'go and trust those around you who have walked this road before'. I feel everyone has the same vision and shares the common goal of helping provide better care and services to not only clients/patients but also to friends, colleagues and family as no one is left behind."

"I would like to extend a thank you to my work place employers Biripi Aboriginal Corporation Medical Service, Charles Sturt University Indigenous Student Grants and Scholarship team, the staff at CRANaplus for a wonderful opportunity, all my extended family at Indigenous Allied Health Australia and also everyone I was lucky enough to meet and yarn with."

Madaang Guwu
(Thank you in Wiradjuri language) ●

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Testimonial about GRANT to attend Conference

I am writing to thank CRANaplus and the sponsors of the NMFA Grant that enabled me to attend the recent CRANaplus conference in Hobart.

The 2 day conference program was truly a memorable learning experience, with some wonderful resourceful, inspirational and varied speakers from a vast range of backgrounds and work environments.

I have come away with my head full of ideas that may inform and promote and hopefully improve my own practice as a locum RAN in the NT. It was also an excellent opportunity to engage with many other conference attendees who also work in extremes and isolation.

Once again please express my gratitude to the sponsors of my Grant.

P. Bird

Philippa (Pip) Bird

staying safe around dogs

In many remote Indigenous communities dogs are free to roam, along roads and footpaths, and around other public places like playing fields, schools and shops.

Dogs are often seen outside homes and yards where they gather unrestrained and unaccompanied by their owners. These can be unusual and worrying sights for people new to living and working in a remote community.

AMRRIC's *Staying Safe Around Dogs* video series explains how these free-roaming animals are not strays but rather an important part of their owners' lives. Just as non-Indigenous people value dogs for companionship and protection, so do Indigenous people, but there are also additional reasons including hunting skills and spiritual beliefs.

The videos explore the significance of dogs through a range of interviews with elders, locals and visitors in Ti Tree, Tennant Creek, Milingimbi and the Dreamtime home of dogs, Ali Curung. They then move on to give practical advice on assessing and minimising the risk of dog bites.

"Dogs have evolved to live with people over thousands of years and so they've learned to understand some of our behaviour," Behaviour expert, Eileen Fletcher says. "We can also learn about dog body language to recognise what they're trying to tell us."

Eileen shows the viewer different kinds of dog behaviour that indicate whether a bite is likely to happen.

She goes on to demonstrate ways to avoid or defuse potentially dangerous situations including the protective actions to take should a dog try to attack.

AMRRIC's aim is to improve the health of animals in remote Indigenous communities which in turns improves the health of the people too, hence the strategies aim to avoid harm to dogs and people by using practical steps to risk management.

The *Staying Safe Around Dogs* series comes in two parts:

Part 1 – Working with Dogs is designed for people going to work in communities

Part 2 – Living with Dogs targets people residing in communities

The video series can be accessed at <http://www.amrric.org/our-work/staying-safe-around-dogs-0>

Thank you to the Northern Territory Government for funding the *Staying Safe Around Dogs* DVD.

Staying Safe Around Dogs was produced for AMRRIC by David Darcy www.mongrel.com.au ●



a paramedic intern in the Northern Territory – a personal experience

'Do you want a job as a paramedic in Darwin?'... 'Yes please! Where do I sign?' A few weeks after travelling to Darwin for an intensive two-day interview process, Trent Ramsay received the above call from the St John Ambulance Australia Northern Territory (SJAANT) recruitment officer.

Working as a paramedic in the Northern Territory had been my dream and goal for a number of years... dreams do come true!

The first question friends and family asked me was: 'Why the Northern Territory?' The land, according to local lore, where every creature not only wants to kill you but has more than enough ability to follow through...

The NT has a lot to offer. It's a place of great beauty, amazing waterfalls, stunning coastlines, terrific camping, friendly people, delicious food. And for paramedics – a great diversity of patient presentations.

During the first day of paramedic induction all the fresh new graduate interns walked into the classroom nervous and excited. We called ourselves 'The Foxtrots', after we found out 'Foxtrot' was the clinical call sign on the radio for interns.

The Foxtrots instantly united as our new family away from home. The next five weeks of induction were full of laughs. This was followed by the non-clinical week at the end – the part that everyone was looking forward to... the driver training. This included: spinning out of control in a skid car, speeding as fast as possible in an ambulance around a race track, and heading into the bush for some epic 4WD training.

Then the sad part came... the day the new family of Foxtrots was separated.

Half of the Foxtrot family would work in Alice Springs and the other half would stay in Darwin. This was the beginning of our own on-road journey.

This was also the beginning of the 'firsts'; when we all were very jealous in a 'sick' paramedic way of the first person to perform intravenous (IV) cannulation, insert an laryngeal mask airway (LMA) down someone's throat, use the Intraosseous (IO) (bone) cannulation drill, first big motor vehicle accident (MVA), first resuscitation.

Working as a paramedic in the Northern Territory had been my dream and goal for a number of years... dreams do come true!

I had one of the firsts – I was the first to have my bum pinched by a patient. When I mentioned this during my patient handover at the hospital bedside it caused a sudden giggle from the half a dozen female staff present. I was also the first, but not the last, to drop a stretcher on scene (not with a patient on it). This is a common newbie mistake as a result of not locking a latch on the stretcher properly when lowering it to half way. As I turned red, the very experienced Intensive Care Paramedic (ICP) I was working with calmly and reassuringly said with a slight grin, 'Oh no, my mistake Trent. I meant to say let's half-height the stretcher'. From that point I realised the paramedics in the NT had a great personality and cheeky sense of humour.

My next two months were split between two excellent paramedics, a Scot and Jeff, the experienced South African ICP from my first job. ►►



► During these first two months I was frustrated at not being as competent as these two experienced paramedics. Both laughed at my frustrations and mistakes and then we all laughed knowing that every paramedic starts their journey at the beginning.

The next four months were with Phil, an experienced paramedic from England. We would reassure our patients that between the two of us 'we have twenty-seven and a half years' experience. Phil has twenty seven and I have half a year! I learned from Phil how to become confident and competent in the job and how to keep my approach simple and appropriate.

The following six months were with Dave, another experienced paramedic from Scotland. Dave taught me how to make patients laugh and feel comfortable while assessing and treating them. Dave emphasised the importance of working within a team. He also led by example in demonstrating the importance of keeping everyone happy – from the cleaner, to the nursing home staff, to the bosses, to the hospital staff, to the police... and most importantly the coffee shops. When reflecting with Dave on my practice and what I needed to improve on he said, "Trent, we do a very quirky and diverse job.

The sooner a paramedic understands that and enjoys the different elements of the job and the unique side of people we encounter, the more enjoyable the job will become. Paramedicine can be a funny job at times – so don't forget to laugh and smile every moment you can".

We would reassure our patients that between the two of us 'we have twenty-seven and a half years' experience. Phil has twenty seven and I have half a year!

Then there are the station officers, managers, and education team. These people support and keep the interns in line. I may have been guilty of needing to be kept in line on the odd occasion. The relationship with the bosses made it hard to get through a shift without having a laugh. They were always there to support me, discussing research, answering my thousands of questions and challenging their staff in a number of ways.



The Foxtrots.



Simulated accident.

At one accident when a pedestrian had been hit by a car travelling at night on a 100 km/hr road I had been tasked by the lead treating paramedic to insert the IO (bone needle). I had practised this skill hundreds of times in the simulation room. Now I had to step up and apply this skill in real life. The station officer gently guided my trembling hand as I felt the pressure of the importance that this IO needle be inserted correctly to give this patient the best chance of survival. I warily peered past my colleagues to the unresponsive person lying in front of me. The scent of alcohol was prevalent. I closed my eyes for a second, took a big breath and reassured myself that if she was unfortunate enough to feel the very painful and almost medieval procedure it might mean she is not as sick as we were suspecting and the outcome for her might be survival... I pierced the needle through the skin; made contact with the hardness of the bone, I cautiously drilled the needle until I felt a pop of the bone and the needle was in the right place.

It was an eerie feeling... I just drilled into a person's bone... I drew back the bone marrow into a syringe... Relief! It was successful and now we were able to administer medications and fluids to hopefully bide her time before the emergency operations she would need at hospital.

For the majority of the Aboriginal patients, it is important to speak simple English and commonly known phrases unique to the Northern Territory.

I take my hat off to this 'mob' (group of people), many speaking English as their third, maybe fifth, language, and many coming from hardship and trauma. But boy do these people know how to have a laugh, and the kids can certainly be cheeky and full of fun.

Common phrases you learn in the NT include the pain scale – 'small, medium, or big mob's pain', homeless/no fixed address – 'long-grasser', short of breath – 'short wind', assaulted by two or three people, 'double banged' or 'triple banged'. ►

► Common patients' illnesses in the Northern Territory include: missed dialysis complications; cardiac problems including rheumatic heart disease; assaults; infected wounds exacerbated by tropical weather and dirt; road trauma; and non-adherence with medication and treatment.

The Northern Territory has a road toll four times larger than the national average. The road toll was 49 for 2015. A number of factors appear to contribute to this: alcohol; speed; lack of seat belt use; excessive persons in cars; non pedestrian-friendly roads; and generally silly people.

If you're thinking of coming to the Northern Territory for routine work, think a bit more... it's an adventure!!! An adventure that's hard not to love!

The Northern Territory has ambulance stations in Darwin, Katherine, Nhulunbuy, Tennant Creek, and Alice Springs. I had the opportunity to work at all except Katherine. Nhulunbuy was a magical experience; a stunning coastal mining town in North East Arnhem Land, a 15-hour drive from Darwin – 'down the track'. This is a town of great community and culture.

Whilst I was there, I had the opportunity to experience the power, authority, and strength of this mob's culture at the four-day Aboriginal festival, Garma. This festival includes great music, storytelling, dancing, art, basket weaving, spear making, and political chats.

After Nhulunbuy was my Tennant Creek experience. This town is 500 km north of Alice Springs and the locals here are proud 'desert people'. I never knew what to expect at the beginning of a shift and one job in Tennant Creek was a great learning experience for me. We were dispatched to a motor vehicle accident 30 km out of town. This involved one car, six

persons, and one dog. As I stepped through the remote clinic door as the designated treating paramedic, I remember thinking the place looked like a M*A*S*H-style army clinic.

As the youngest person in the room by at least ten years, no-one was more surprised than me that people were waiting for my next suggestion or asking my opinion on the next step that should be made including: the best way to assess and stop one of the patients bleeding, establishing a difficult IV cannulation, which medications to give, and which patients need to have aero-medical evacuation.

This was a challenge that tested my leadership. It was a nice feeling when nurses expressed their sincere thanks for the help when we were leaving.

Other unique experiences for me included: running in uniform in the heat of Darwin for the emergency services race; donating blood for the emergency services challenge; helping with the first aid in the schools program; reading an ambulance picture book to primary school kids; my crewmate Dave and I becoming the new faces of the ambulance service on their television ad (the irony is neither of us had a TV to watch it); providing a 'tool box chat' to construction workers on heat injury and dehydration; and having my belly washed in crocodile-infested water as a welcome to country during a remotely located CRANaplus Maternity Emergency Care course.

Of course there is the big test – the Authority to Practice final assessment. This consisted of a very nerve-wracking day including a written test, panel oral assessment and scenario.

Following successful completion you get pats on the back from everyone and a welcome to the qualified paramedic team. If you're thinking of coming to the Northern Territory for routine work, think a bit more... it's an adventure!!! An adventure that's hard not to love! ●

rural doctor completes world's toughest and longest horse race, for rural mental health – with a broken neck!



Dr Shannon Nott has returned to Dubbo NSW after completing the world's longest and toughest horse race, the Mongol Derby, albeit with a broken neck! Dr Nott completed the gruelling 1008 km journey across the wild and rugged Mongolian Steppe in a race where organisers reported the highest broken bone rate since the race began.

The Mongol Derby is renowned in the Guinness World Records as the world's longest and toughest horse race. In 2016 it saw 44 riders from around the world compete for bragging rights in who could conquer the epic 1008km course the quickest. The Mongol Derby recreates

Genghis Khan's infamous postal route system where a rider would ride between urtuus (horse stations) over a period of days to pass messages across the expanding Mongol Empire. Riders this year rode across 28 urtuus spread 30–40 km apart over the 1008 km route changing their horse at each urtuu. Of the 44 riders who began the race, only 26 finished with the remainder retiring due to injury or fatigue.

Dr Nott, who works out of Dubbo Base Hospital as a District Medical Officer, rode in the lead pack throughout the race, leading the race with up to 300 km to go. It was at this stage when Shannon lost his horse, following an attempt to remount it after collecting a fallen raincoat. ►

» “I was on an incredibly strong gelding that day and unfortunately my raincoat fell out of my bag forcing me to get off him,” the Western NSW doctor remarked. “I knew it would be tough to get on the guy again as it took three Mongolian horse herders to hold him from bucking too much when I jumped on him originally. Sadly my assumptions were right and he turned into a bronc as I was swinging my leg over forcing me to bail.” By the time Dr Nott received help from local horse herders to catch his horse, the lead pack were too far ahead to close the gap.

The former finalist for Young Australian of the Year commented, “Words cannot really begin to describe how amazing competing in the race is. The horses, whilst small and stocky are the most incredible animals. Some of them would go for hours galloping across boggy marshes, clearing marmot holes and dodging wild dogs. Some days you would literally feel like you’ve been strapped to a rocket, one that could self-destruct at any minute.”



“The race was unlike anything I have ever done before. Whilst it was such an amazing experience, it was also one of the most intense physical and mental challenges that I have had to put myself through. Some days your body ached all over and the slightest wrong movement would cause you to cry.



Some days your body ached all over and the slightest wrong movement would cause you to cry. Other days you would be so overwhelmed by the beauty of the landscape, the friendliness of the Mongolian people or the athleticism of your horses to you would shed tears of joy.

Other days you would be so overwhelmed by the beauty of the landscape, the friendliness of the Mongolian people or the athleticism of your horses to you would shed tears of joy. It was an emotional rollercoaster ride and that was one of its biggest surprises.”

Shannon finished the race in seventh position on day eight of the race, only three hours behind the winners and some two days in front of the final riders. Of his nights out on the Mongolian Steppe, he found shelter with

nomadic Mongolian families on five nights, only staying in the designated urtuus on two occasions.

Upon his return to Dubbo, Dr Nott underwent MRI scans for ongoing neck pains following a fall at 350 km into the race. He soon discovered that he had broken three of the vertebrae in his neck prompting spinal specialist input.

“In hindsight, I probably had a concern deep down that I had done some serious damage to my neck. I’m incredibly lucky that I could continue the race and tolerate the pain it was generating and even more lucky that I didn’t end up with permanent neurological damage.”

Despite the broken neck, Dr Nott was one of the lucky ones with multiple riders requiring aeromedical retrieval with injuries ranging from internal damage to bleeding on the brain.

Shannon Nott participated in this year’s Mongol Derby raising funds to help run rural-specific wellbeing training for youth with the hope that these programs can address the increased rates of self-harm and suicide seen in the bush.

For comments contact Shannon directly:

Dr Shannon Nott

Email: nott_sh@hotmail.com

Mobile: 0409 903 325 ●

scholarship program

The CRANaplus scholarship program specifically targets undergraduate students studying in a health discipline at an Australian university who have a genuine interest in remote and isolated health.

Through the generous support of members and organisations these scholarships offer students the opportunity to experience health service delivery in a remote location.

Opportunities to undertake a clinical placement in a remote setting are quite limited. The travel cost, especially for students who do not receive financial assistance, is also prohibitive.

Another challenge can be finding a remote health service that has the capacity and interest in supporting student placements.

We know the importance of a positive clinical placement experience and the impact that can have on a health professionals' career path. We also know that the success of clinical placement is based on many factors and it is why CRANaplus supports the approach of the National Health Rural Students Network (NRHSN) who recently developed their document "Optimising Rural Placements Guidelines". This document, endorsed by CRANaplus,

identifies criteria that needs to be met both by the student and the hosting location.

The purpose of the scholarships is to assist with the cost of travel, meals and accommodation, which may be incurred when undertaking such a placement. The scholarship does not cover loss of wages, University fees or textbooks.

Eligibility for our Scholarships includes CRANaplus membership and membership of a Rural Health Club www.nrhsn.org.au

At the completion of their placement, students are required to write a short report which is published in the CRANaplus Magazine.

These positive clinical experiences for students have changed their awareness and passion to potentially work in this exciting sector.

Are you inspired?

If you think you would like to sponsor a scholarship, you can contact Anne-Marie Borchers (scholarships@crana.org.au) to discuss the options.

CRANaplus has DGR status (Designated Gift Recipient) and any donations over \$2 are tax deductible. ●

Are you ready for a remote placement???

The CRANaplus Undergraduate Student Remote Placement Scholarship is available to students who, as part of their undergraduate course of study through an Australian University, undertake a remote location placement.

The Scholarship provides financial assistance of up to \$1000 per successful applicant, and is intended to provide assistance towards the cost of fares, accommodation and other incidental costs incurred by a student while undertaking a remote placement.

The Scholarship may be claimed for placement undertaken for the current calendar year and may be retrospective to the closing date, and funds awarded on provision of tax invoices for costs incurred.

Email scholarships@crana.org.au for more details.

scholarships 2016

Scholarship sponsor	Recipient	Placement location	Discipline
Colleen Van Onselen Memorial Scholarship	Steve Arnold	Carnarvon Hospital WA	Nursing
HESTA	Katarina Samotna	Alice Springs Hospital, Haast Bluff and Titjakala Clinics	Nursing
CRANaplus	Elizabeth Pressley	Coomealla Aboriginal Health	Nursing
ZEITZ ENTERPRISES	Gabby Tentye	Mount Gambier Hospital	Nursing
CRANaplus	Katie Louise Conway	Kununarra Hospital	Nursing
Michael Ilijash Perpetual Scholarship – sponsored by Jan Ilijash	Kate Tran	Alice Springs Hospital	Nursing
HESTA	Dennis Nguyen	Tennant Creek Hospital NT	Bachelor Medicine/Surgery
CRANaplus	Lily Sideris	Riverland General Hospital Berri SA	Nursing
CRANaplus	Anthea Gibson	Alice Springs Hospital	Nursing
Colleen Van Onselen Memorial Scholarship	Melissa Gina Mellan	Carnarvon Public Hospital and Mount Magnet	Nursing
CRANaplus	Claire Matheson	Alice Springs Hospital	Medicine
CRANaplus	Jennifer June Turner	Thursday Island Hospital	Nursing



multiple positive experiences

Indigenous health has always been a passion for Katarina Samotna, a 3rd-year Bachelor of Nursing student at Charles Darwin University. And her recent placement in the remote Indigenous communities of Haasts Bluff and Titjikala in the Northern Territory and at Alice Springs Hospital (ASH) has cemented her commitment.

This four-month placement entirely exceeded my expectations.

The remote area nurses at Haasts Bluff and Titjikala, who provide primary health care and primary clinical care for approximately 200 community members, are highly-educated and experienced nurses with outstanding clinical skills. During my placement, I felt very supported and comfortable, and gained a lot of understanding and knowledge from these nurses.

During my placement, I felt very supported and comfortable, and gained a lot of understanding and knowledge from these nurses.

I learned and practised a variety of skills, such as health assessments, running patient consultations, prescribing and dispensing medication, administering vaccinations, suturing, organising medical evacuations and retrievals, performing child health assessments and antenatal examinations, and chronic disease management. All these experiences and the professional benefits of working in remote areas, such as greater autonomy and responsibility, sparked my desire to become a Remote Area Nurse.

I gained multiple positive experiences from this placement, which have influenced my practice. For example, I developed excellent cross-cultural communication skills when dealing with Indigenous clients. This is a valuable asset to my future practice as I am planning to work in remote Indigenous communities after my graduation.

I would like to sincerely thank CRANaplus for supporting me with the costs of undertaking this wonderful clinical placement experience.

My skills in assessing the patients' health have also significantly improved, as I developed confidence in respiratory assessment, auscultation, and eye and ear examination.

I had several opportunities to run patient consultations, becoming more systematic when obtaining patients' medical history and recording it in the progress notes. Also, I learned how to assess the patients' symptoms effectively and identify their diagnosis, including the most suitable medication required. Hence my knowledge of pharmacology significantly improved.

At ASH, I worked closely with Aboriginal health practitioners to develop cultural competence when dealing with Indigenous clients. I joined the Alcohol and Other Drugs team, experienced retrieval medicine with the Royal Flying Doctor Service, and participated in health promotion and education programs for Indigenous youth in remote communities. For example, in Haasts Bluff, the initial interest in the community services is to take Aboriginal children and youth for a trip into a bush, and so prevent them from boredom.



Also, this activity might increase their desire to be physically active, which might prevent them from developing chronic conditions, such as obesity, hypertension, and diabetes. Furthermore, spending all day outside, in the bush, emphasises Aboriginal culture and their spiritual connection with the land and nature.

I also realised that engagement with the community is the most efficient strategy

dealing with isolation, when working in very remote settings. I am now confident that these experiences have provided me with the knowledge and skills required to work with Indigenous people in remote and rural settings as a well-rounded and qualified Registered Nurse.

I would like to sincerely thank CRANaplus for supporting me with the costs of undertaking this wonderful clinical placement experience. ●

step out of your comfort zone

Being a student is the perfect time for stepping out of your comfort zone and taking new opportunities, says 3rd-year nursing student Lilly Sideris.

Lilly admitted feeling slightly intimidated and a little uneasy about venturing into a rural environment for her placement. Then she was sent into a foreign medical environment.

But the placement, she says, has provided her with the experience and confidence she needs to begin her career as a registered nurse.

I think I am speaking on behalf of all registered nursing students when I say that placement is often a daunting yet exciting experience. As a student in my third and final year of studies at Flinders University, I found the thought of working at a small rural hospital in an unfamiliar town an

intimidating prospect. However my keen interest in rural and community health overruled this unease and I was enthusiastic to undertake my eight-week placement at the Riverland General Hospital in Berri, South Australia.

The Riverland General Hospital provides a broad range of medical and surgical care to local residents. I was excited to be placed within the perioperative unit, even though, I had no recovery or theatre experience. If it were not for the friendly and encouraging staff, I would not have gained nearly as much confidence or clinical experience as I did. I appreciated the warm friendly atmosphere of this country hospital, and I found it to be a positive working environment. The nurses, anesthetists, and surgeons were always willing to share their knowledge and include me in their work.



A placement in a small country hospital offers particular opportunities for advancing clinical skills and increasing knowledge that may not be available within a metro or city hospital.

Being one of the two students within the unit, I was exposed to all nursing roles within perioperative care: admissions, scouting, scrubbing, anesthetic assistance and recovery.

A placement in a small country hospital offers particular opportunities for advancing clinical skills and increasing knowledge that may not be available within a metro or city hospital. I undertook various opportunities to broaden

my knowledge by working a day within the accident and emergency service, the dialysis unit, and undertaking venipuncture training with the IMVS service.

I also had a chance to explore a new part of South Australia, spending the weekends by the riverside, visiting national parks and neighbouring towns. I was fortunate to stay at the accommodation supplied by the hospital, and everything was conveniently within walking distance.

I would encourage all students to undertake a rural or remote placement. It improves both nursing practice and personal development.

The Riverland General Hospital was my final placement and concluded my studies as a student nurse. I cannot thank CRANaplus enough for making this experience possible under the Undergraduate Remote Placement Scholarship. ●

sobering statistics



The only real way to develop an understanding of the sobering health statistics differentiating urban from rural and remote areas in Australia is to be physically exposed through electives and placements, says Dennis Nguyen, 3rd-year medical student at the University of Notre Dame, Sydney.

This is why he was so grateful that CRANApplus provided him with funding for his remote two-week placement in Tennant Creek, Northern Territory.

If you live away from a major metropolitan area you are 42 per cent more likely to die prematurely due to a preventable disease. The life expectancy in metro areas is 83.6 years whilst in rural locations it is as low as 78.2 years. Rural and remote Australians have fewer years of completed education and lower incomes alongside higher levels of disability, smoking and risky alcoholic drinking. Nearly 10 per cent of Victoria's Murray region missed out on GP visits because they were too expensive, compared with their city counterparts. And to top it all off, people working in rural and remote areas, especially farmers, are 1.5–1.8 more times likely to experience psychological stress and commit suicide.

It is difficult to teach the intricacies of rural and remote health to city medical students on PowerPoint slides in air-conditioned lecture theatres.

These are just a few of the sobering statistics well known to many, ones that are frequently reported to students during medical school. It is difficult to teach the intricacies of rural and remote health to city medical students on PowerPoint slides in air-conditioned lecture theatres.

Whether it be vaccine preventable mumps, scabies or end stage renal failure - I was exposed during my placement to a variety of medical conditions that are far less common in Sydney and metropolitan areas.

The adage that the rural experience for students is more hands-on is absolutely true. During my time in the Emergency Department, I had the

opportunity to take my own patients under the supervision of the head doctor which allowed me to be better involved in the healthcare team and patients' management plans. In addition to the clinical opportunities, there were plenty of academic activities such as extra teaching sessions, tutorials and emergency simulations in which we, as students, were actively involved.

I must say I also really enjoyed the fresh air, the space and the scenery. It was such a nice change from the chaos of Sydney city, where everyone is living on top of each other. I visited the huge now defunct Nobles Nob mine, Kunjarra/The Pebbles, Alice Springs Desert Park and camped and trekked through Trephina Gorge Nature Park. It's such a beautiful country and you don't garner a sense of real appreciation until you go for a run and can see the horizon 360 degrees around you. Living in the city, you also forget just how many stars there are out there behind all the smoke.

It's such a beautiful country and you don't garner a sense of real appreciation until you go for a run and can see the horizon 360 degrees around you. Living in the city, you also forget just how many stars there are out there behind all the smoke.

I know the best way to contribute to changing those sobering statistics is to eventually come back. It was such a wonderful, eye-opening experience and it has reinforced my desire to work rurally during my medical career. ●



a life changing experience

Elizabeth Pressley, Bachelor of Nursing Student at the University of SA, learned to provide holistic care to the patients at Coomealla Health Aboriginal Corporation (CHAC) clinic in Dareton NSW during her placement. But she reckons her greatest lesson has been to change her approach and care for Aboriginal people and learning to 'actively listen.'

During my eight-week placement in Coomealla Health Aboriginal Corporation (CHAC) I developed many clinical skills such as wound care, health checks and managing chronic disease. I learnt about the different types of wounds that are common within the community such as Impetigo (school sores) and boils. As well as this I learnt reasons why these wounds had developed, such as sanitation standards, poor hygiene etc. As a student Registered Nurse, this experience has helped me develop a stronger empathy in understanding the reasons

behind poor management in disease and medication management.

A lot of the clients that present to CHAC have very similar health conditions and diseases with many poorly managing their health conditions. Rather than trying to tell them to change, I have learned to be more encouraging and supportive of their lifestyle choices and management. There are so many clients that have diabetes mellitus and hypertension, as well as being heavy smokers and alcohol drinkers. I have learnt to encourage the patients to receive regular health checks and monitoring, either with the nursing team visiting them at home or for the client to come into CHAC.

I was regularly part of the home visits, monitoring their chronic disease and checking on their wellbeing. I developed a strong rapport with the clients and was able to give a more personal approach to their care.

CHAC holds regular programs for groups including: Mums and Bubs, Elders, Mens' Group, and a Nutrition Group (also known as Cook N Yarn) and I assisted with a number of these weekly sessions. My background in Personal Training has given me the extra skills and knowledge to be able to teach the importance of exercise, and I taught two of the clients in the Women's Group how to use the gym equipment that CHAC provides.

I assisted in making lunches for these regular activities and also worked alongside some of the regular clients and taught them how to make simple, nutritional meals such as frittatas and lasagne.

During my placement, I spent time learning about the Aboriginal culture and history and sat with some of the Aboriginal Health Workers and Elders, listening to stories of their family history. I had the most fulfilling experience working at CHAC during this eight-week placement. I feel it has changed my way on how to approach and care for Aboriginal patients. It has taught me to be much more patient and understanding.

It has taught me to 'actively listen', and to pass no judgement on others. I hope to further my nursing career within the rural and remote areas of Australia.

I had the most fulfilling experience working at CHAC during this eight-week placement. I feel it has changed my way on how to approach and care for Aboriginal patients.

When I left, one of the women in Women's Group made me a necklace of the Aboriginal colours. I keep this on top of my dressing table now as a reminder of how special my experience was at CHAC. I advise all nursing students to be part of an Aboriginal community as part of their nursing placement. It is a life-changing experience. ●



Photo: Di Holley.



Photo: Amy Hill.



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



Pharmacotherapeutics for Remote Area Nurses

Online course

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



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AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities. www.amrric.org Ph: 08 8948 1768



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



Belmore Nurses Bureau specialises in placing all categories of nurses and care staff in a range of acute care, aged care, corporate health, primary health care and mental health settings facilities throughout Australia. Ph: 1300 884 686 Email: ruralnursing@belmorenurses.com.au <http://belmorenurses.com.au>



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



Tasmania Health Service (DHHS) 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.



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



HESTA is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Learn more at hesta.com.au



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



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.



Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after Traditional Owners, lobbied the government. MHHS is a mobile service that covers 15,000 km² in remote East Arnhem Land. 08 8970 5571 <http://www.marthakal.org.au/homelands-health-service>



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).



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.



North and West Remote Health (NWRH) is a vibrant, not-for-profit company employing multidisciplinary teams to provide health, support, aged care and wellbeing services in remote Queensland and Northern Australia. A pioneer in the provision of outreach health service since 2001, NWRH currently services over 39 communities, spanning from Queensland's East Coast to the Northern Territory border.



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.



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/>



One Disease is a privately funded non-profit organisation that has a simple but ground-breaking vision: to systematically target and eliminate one disease at a time.

Email: contact@onedisease.org Ph: 02 9240 2366 <http://onedisease.org/>



On Island Health Service Accreditation and Nursing provides recruitment and accreditation services to assist remote, usually island-based, health services. The experienced and qualified Remote Area Nurses working with On Island can hit the ground running in any remote setting. Ph: 0459 518 280/ (08) 86261807 Email: rebecca@onisland.com.au <https://www.facebook.com/On-Island-Health-Service-Accreditation-and-Nursing-Pty-Ltd-368633760011342/>



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.



At **RNS Nursing**, we focus on employing and supplying quality nursing staff, compliant to industry and our clients' requirements, throughout QLD, NSW and the Northern Territory. Ph: 1300 761 351 Email: ruralnursing@rnsnursing.com.au <http://www.rnsnursing.com.au>



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.



Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary health care services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals.



Rural Locum Assistance Programme (Rural LAP) combines the Nursing and Allied Health Rural Locum Scheme (NAHRLS), the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Locum Education Assistance Programme (Rural LEAP). Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au <http://www.rurallap.com.au/>



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, 680 km north-east of Kalbarrie 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.



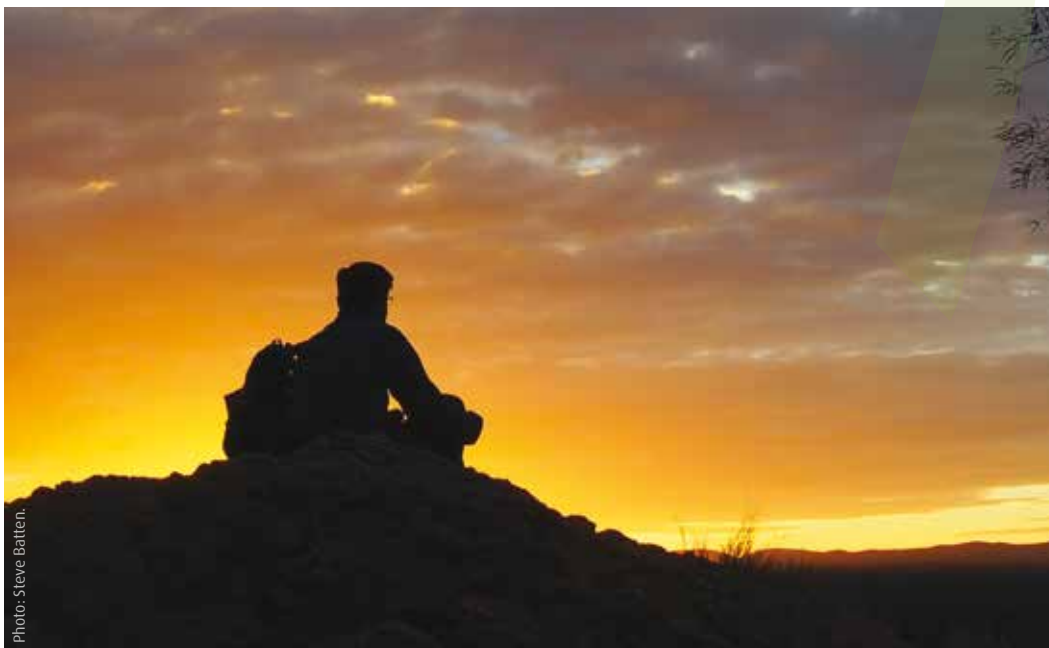
support

loneliness

The issue of loneliness is an important one to address in the modern world and the issues can be, at times, magnified for people working in remote health. Unlike previous eras, people in Australia move a lot, frequently multiple times. Family members are often hundreds of miles away. As well, this nomadic lifestyle makes it very difficult to retain long-term friendships.

The whole fabric of community has changed as a result. Although it is the case that we all differ in terms of how much social interaction we need, the reality of human existence is that enduring connections to others is a central ingredient to feeling content with life.

In a situation where health workers are working time-limited contracts there are many instances of having to start afresh. For some, this is an easy experience as working remote sometimes offers an antidote for the impersonality of city life.



It's difficult not to know the names of your neighbours in a small community. As well, as health professionals you learn about the personal lives of those around you.

For others, the experience of working remote is a lonely one. They discover that it requires a lot of time and effort to make new friends. Other people in the work context may not have the energy to commit to new relationships as they are overcommitted and busy or caught up in their own family life. These limitations can result in feelings of social and emotional isolation.

Surviving well in working remote challenges you to think about the interpersonal skills that you need to build and maintain positive relationships. Perhaps one of the most important issues to reflect on is how you can be a friend to others. You have to give to get. That means giving time to having meals, exercising and attending cultural events with others. As well, you have to be flexible about how you maintain important relationships with loved ones a long way away. You have to work out flexible ways, through telephone, email and letter writing, to continue to have intimate conversations where you can share feelings, values and dreams.

Reaching out to others is a survival skill. To some extent we all need other people to continue to grow as people, for our sense of identity, for our careers, for psychological and physical health, to cope with stress and for our humanity. Take the time to reach out and let others reach out to you.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



the ice challenge

Amanda Akers, clinical psychologist with Bush Support Services outlines here the prevalence of ice (methamphetamine) in rural and remote areas, reasons for its use, reactions to its use and how health professionals can respond.

A key finding in the National Drug Strategy Household Survey 2013, was that people living in remote and very remote areas were twice as likely to smoke daily, drink alcohol in risky quantities and use meth/amphetamines in the previous 12 months than people in major cities. The ABS 2011 Australian Statistical Geography Standard, which allocated remoteness categories to areas across Australia, found that, overall, people living in rural and remote areas are not only disadvantaged in relation to access to primary health-care services, educational and employment opportunities and income, but they have higher rates of risky health behaviours, such as smoking and heavy alcohol use, as found in the National Drug Strategy Household Survey, but also face difficulties accessing drug treatment services.

The behaviour we're seeing in rural and remote areas from ice (methamphetamine) users includes: aggressive presentations, crime, theft to pay for drugs, assaults, drug dealing, domestic violence, verbal abuse, physical abuse, eating problems and other health- and injury-related presentations.

Looking at the reactions in the brain of an ice user can assist us to understand why people are presenting in this manner. The main chemicals affected in the brain are: Dopamine which regulates pleasure, motivation, reward, attention, and cognitive planning; Noradrenaline which regulates attention, arousal, and mood; and Serotonin which assists Noradrenalin to regulate mood, cognition, learning, perception appetite, and sleep. When a person uses ice, there's a major increase of dopamine, resulting in feelings of euphoria, alertness, focus and

increased energy. In high doses, ice will keep a person awake for days. Eventually, in some cases it leads to paranoia and psychosis, and that's when the real difficulties start: managing severe paranoia or a major psychotic episode.

Ice causes the brain to release these chemicals and it also prevents the brain from reabsorbing them. In the short term, for example, about three days after ice use, there's a shortage of these neurotransmitters while the brain works to manufacture more. This can result in low mood, reduced attention and concentration, irritability, and sleep problems for several days after ice use.

In high doses, ice will keep a person awake for days. Eventually, in some cases it leads to paranoia and psychosis...

With longer term ice use, the brain struggles to produce dopamine, noradrenaline, and serotonin. It takes longer to reproduce these chemicals and the brain produces a smaller amount of the chemicals. There are, therefore, chronic long-term shortages of these brain chemicals to keep the ice user alert, feeling positive, energetic, focused, relaxed, able to sleep well and manage their impulse control. After the ice user ceases their ice use altogether, or for a period of time, Dopamine takes several months to return to its normal levels. When an ice user's Dopamine, Noradrenalin and Serotonin are low the ice user craves ice to feel alert and regain energy and concentration and so the cycle keeps going. There is a higher risk of lapse and relapse than most other drugs due to the desire to re-establish a 'normal' or pre-ice-using state. This is why we see ice users returning to ice abuse time and time again.

Continued on page 94 ►►

arts and health



There is an increasing amount of research evidence that is showing that arts based creativity needs to be an essential part of health workplaces. Research is showing that there are two sides to the mental health benefits of creativity.

Observing creativity and participating in it have been shown consistently to reduce, stress, anxiety, depression and alleviate pain. Individuals from a wide range of backgrounds, who engage in creative, artistic pursuits have been shown to be better able to engage socially.

The more compelling evidence for health practitioners is the research showing that those health workers who engage in regular creative

activities show an increase in a variety of clinical skills. These include: clinical observation skills, communication skills, increased empathy across gender and culture, improved staff/patient relationships and an increase in job satisfaction. It is becoming increasingly apparent in the literature that regular immersion in creativity, including drawing, painting, singing and drama results in a decline in the need for medication in many patients and a reduction in visits to the GP.

In recognising this fact, the challenge faced by CRANaplus Bush Support Services is considering ways of introducing creativity to remote health staff as both personally and professionally useful and evidence-based. ►►

burnout: a step beyond chronic stress

High achievers are the most at risk from workplace Burnout. Because high-achievers are often so dedicated to their work, they tend to ignore the fact that they're working exceptionally long hours, taking on exceedingly heavy work loads, and putting enormous pressure on themselves to excel – all of which make them ripe for Burnout.

There is a common misconception that Burnout is simply a more intense form of stress. While chronic stress can lead to Burnout, they are in fact different conditions. This article has a focus on recognising what Burnout looks and feels like, as well as presenting some proven strategies to prevent the development of the condition.

Burnout saps energy and confidence, and reduces productivity. Clearly, this is a condition to be alert to for warning signs and to take steps to prevent its development.

What is Burnout?

A number of research studies have identified Burnout as a step well beyond what we typically call stress, which is an inability to cope with the demands and pressures placed on us. Burnout is a more serious state and from which it is more difficult to recover. Sometimes the condition is referred to by the term 'compassion fatigue', and many remote health practitioners will be familiar with this state.

A number of research studies have identified Burnout as a step well beyond what we typically call stress...

Burnout has been most commonly defined by a symptom pattern which includes physical, cognitive, emotional and behavioural symptoms.

Freudenberger (1974) was the first to use the term Burnout to denote a state of physical and emotional depletion that results from conditions of work.

He said Burnout is a state of chronic stress which leads to:

- Physical and emotional exhaustion.
- Cynicism and detachment.
- Feelings of ineffectiveness and lack of accomplishment.

When in the throes of full-fledged Burnout, a worker is no longer able to function effectively on a personal or professional level. Physical and emotional resilience is significantly depleted. And importantly, the condition does not ease after rest and relaxation.

However, Burnout doesn't happen suddenly. You don't wake up one morning and all of a sudden 'have Burnout'. Its nature is much more insidious, creeping up on us over time like a slow leak, and this makes it much harder to recognise. Still, our bodies and minds do give us warnings, and if you know what to look for, you can recognise it before it's too late.

Although closely related to exhaustion, Burnout is a stage beyond simply feeling tired. Common symptoms of the state are described by people feeling overloaded, unappreciated and helpless to do anything about these feelings.

The symptoms of Burnout generally fall into three separate categories. There are physical, emotional and behavioural symptoms.

Physical symptoms include tiredness and exhaustion which cannot be relieved with usual rest and sleep. It also includes lowered immunity with attendant tendencies to colds and infections. Headaches are a common response to Burnout, as are a change in sleeping and eating patterns.

Continued on page 92 ►►

a spotlight on the autonomic nervous system

Our nervous system is made of two innate mechanisms the Sympathetic Nervous System (SNS) and the Parasympathetic Nervous System (PNS) that work in tandem to allow us to both get ready for action and respond to threat and help us unwind, reorganise and regenerate after stress.

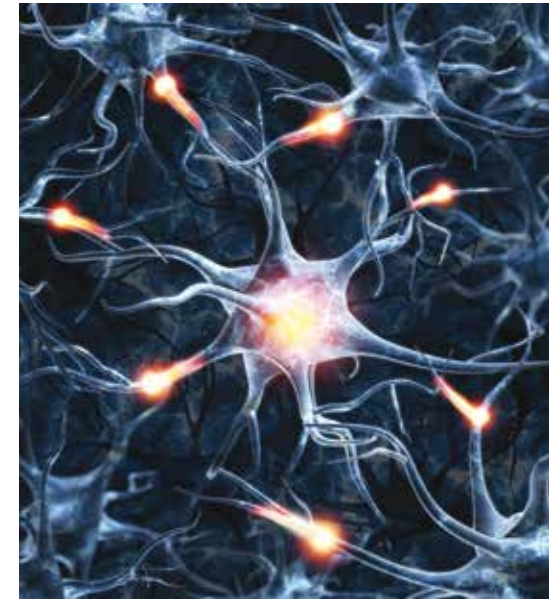
People working in high-stress environments, especially our medicos, nurses, first responders including police and ambulance personnel, would be readily able to identify when the Sympathetic Nervous System kicks in and the whole body gets ready for action. The SNS regulates arousal and is active when we're alert excited or engaged in physical activity.

It helps us to meet emergencies and threat by:

- Increasing our heart rate, respiration and blood pressure.
- Shifting blood away from our digestive systems to our muscles to allow for quicker movement.
- Constricting our blood vessels and draining the blood away from the skin periphery to prepare for potential injury.
- Dilating our pupils, retracting our eyelids and focusing our eyes.

After the emergency is over the PNS allows us to rest and unwind by:

- Helping us let go of muscle tension.
- Lowering heart rate and blood pressure.
- Aiding digestion.
- Returning blood to the peripheral vessels
- Allowing the immune system to fully function again.
- Secreting bodily fluids.



The Sympathetic branch has been described as the gas pedal of our nervous system. It gives energy for any action we plan and it helps us prepare for threat.

The Sympathetic branch has been described as the gas pedal of our nervous system... The Parasympathetic branch acts like the brake pedal...

The Parasympathetic branch acts like the brake pedal for our nervous system. It helps us to relax, unwind and discharge the arousal of the sympathetic activation.

A perfect healthy working system when it's working well! ►►

►► Short, not too frequent periods of stress and adequate time for the PNS to kick in and restore equilibrium – ongoing cycles of charge and discharge with a full spectrum of resiliency.

How do we know when our nervous system is in balance and at rest?

- We are relaxed and at ease.
- Our body and its senses are relaxed yet alert
- We will be present – physically, emotionally, psychologically and spiritually.
- We have appropriate responses to a variety of circumstances.
- Our responses are fluid and resilient.
- We are available for connection and are emotionally stable.
- We experience that we have choices and options.
- We have the capacity for healthy relationships.

Stress symptoms can arise when the normal regulatory symptoms are interrupted in some way and symptoms can include:

- Overactivation of the SNS:
 - increased heart rate
 - difficulty breathing
 - cold sweats
 - tingling
 - muscular tension
 - chronic pain
 - inability to sleep or relax
 - tendency toward anxiety or panic attacks
 - mania, rage outbursts
 - hypervigilance, racing thoughts
 - worry.
- Overactivation of the PNS:
 - low energy
 - exhaustion
 - numbness
 - low muscle tone
 - poor digestion
 - poor immune system function
 - depression
 - dissociation
 - apathy
 - disconnection in relationship.

The problem we have is that the stress reaction response happens automatically while the relaxation response, in our modern hectic world, needs to be deliberately sought on some occasions. It becomes very important that we have a number of strategies/activities in our toolkit that help us to tap into and aid our relaxation response to kick in.

Top 10 Strategies to Aid Relaxation Responses

1. Cultivating a practice of mindfulness.
2. Exercise – get moving!
3. Yoga – unifies the mind and body.
4. Get creative.
5. Avoid stimulants such as sugar, caffeine, nicotine and simple carbohydrates such as white bread, cakes, biscuits, chocolates bars, soft drinks and ice cream.
6. Avoid packaged foods with high sodium – this can turn cortisone into cortisol.
7. Set up a good sleep routine.
8. Be compassionate to yourself and others.
9. Stay connected to friends and family.
10. Reflect on your values regularly.

Stress symptoms can arise when the normal regulatory symptoms are interrupted in some way...

As we move into the holiday season and head into 2017 a great commitment to make would be to support our nervous systems to assist it with coping with the stress we have in our lives.

Therese Forbes
Psychologist
CRANaplus Bush Support Services ●

stitch in time

Flashes of bright red, yellow, blue, purple and green appeared around the lecture theatre at this year's CRANaplus Conference as nimble-fingered participants got knitting.

Knitters and would-be knitters were answering the challenge from CRANaplus Bush Support Services to complete a square before the end of Conference.

So great was the response that the CRANaplus Bush Support Services booth was mobbed, the knitting kits snapped up and, by morning

tea on the first day, the call went out for more stocks of wool to be purchased to satisfy the demand.

Who could have known that this ancient craft would prove such a hit?

Enthusiastic 'would be' knitters who confessed that they could not knit, were, in no time, relaxing in the lounge chairs receiving instructions. Two men who bravely fought their way into the 'knitting lounge' simply got on with it. And scores clicked and clacked in the lecture theatre as they listened to the presenters. ●



CRANaplus CEO Christopher Cliffe.



CRANaplus Chair Paul Stephenson.



CRANaplus Bush Support Services Director Colleen Niedermeyer.



The completed blanket which is being donated to a refuge in Tassie with a note explaining its origin.



educate

band (of experts) on the run

The CRANApplus band of course facilitators criss-crossing our continent throughout the year have hundreds of years' experience between them – and a common goal; to help health professionals and their teams improve health outcomes in communities no matter how distant or how isolated.

As they travel around Australia presenting the organisation's courses to health professionals and ancillary staff in far-flung places, rural and inner-city locations, they are united in their goal and passion to impart their knowledge and experiences. And they all report it's a two-way learning experience.

The facilitators, who give their time, expertise and knowledge in a voluntary capacity, are highly-valued members of the team, says Remote Clinical Educators Wendy Bowyer and Anni Kerr, who coordinate the extensive programme of courses throughout the year.

"They are integral to the high standard and delivery of the courses, bringing current clinical skills, research and best practice to the presentations and skills stations," says Wendy.

"One of the greatest privileges of being a CRANApplus Course Coordinator is the opportunity to work with the most amazing team of educators," says Anni.

...they are united in their goal and passion to impart their knowledge and experiences... it's a two-way learning experience.

They pointed out that participants shared their views, with participant evaluations never failing to acknowledge and recognise the incredible team of volunteer assessors who so willingly share their personal and professional experiences.

A major plus is their authenticity and willingness to openly communicate their vulnerabilities, inviting participants to immerse themselves in the learning opportunities on offer. Each assessor brings their own uniqueness and this distinctiveness enables all participants the opportunity to find a connection with an expert nestled among the team.

Registered Nurse Rosemary Moyle, who became a facilitator about 20 years ago, around the time she started working for the Royal Flying Doctor Service (RFDS), and Ken Isles, with 37 years' experience as an intensive-care paramedic in Newcastle, are two members of this band of volunteers.

"I've been delivering the courses since they started," says Rosemary, a facilitator with REC (Remote Emergency Care course) courses, and more recently with the PEC (Paediatric Emergency Care course) and Advanced Life Support courses." ►►



Left to right: Facilitators Monica Ostigh, Rosemary Moyle and Ken Isles with Coordinator Wendy Bowyer in Longreach QLD.



Course Participant Karen O'Shea (left) with CRANAPLUS Trainer Jackie Matear.

» "I find it very rewarding. I enjoy meeting the rural and remote area nurses and hearing their stories and I have to say I am in awe of what some of them cope with at times.

"I find I can relate to them and their questions and issues because of my work with the RFDS. I've been there, and understand the local situations and challenges."

Ken, now retired and working part-time in his consultancy, said he really wanted to be part of the CRANAPLUS team when he learned of the organisation's goals and achievements, "and I haven't regretted it one bit".

The facilitators, who give their time, expertise and knowledge in a voluntary capacity, are highly-valued members of the team.

That was seven years ago, and Ken looks forward to his stints, facilitating mainly at Remote Emergency Care courses throughout Australia.

Ken and Rosemary will meet up in December at the final CRANAPLUS course for the year, to be held in Adelaide, a REC course developed for nursing students. ●

needs analysis survey results

CRANAPLUS undertook a training needs analysis recently.


The response rate was extremely positive with 70% response rate from members and 30% from non-members. 96% of respondents were nurses and midwives with the other made up of students, educators, doctors and managers. 95% of respondents indicated face-to-face workshops were the preferred mode of education delivery with respondents sighting access to skilled health professionals to assist them in their skill development and the networking opportunity workshops provide as the reasons why.

The needs analysis supported the existing methods of delivery ie; the need to provide face-to-face skills development opportunities for remote health professionals. The use of simulation and skills stations to augment and application of theoretical learnings were well supported by the respondents.

The existing foundation of CRANAPLUS courses clearly hits the mark in what respondents want.

Leadership and management courses were highlighted as a gap. CRANAPLUS have responded to this by developing a suite of modules that facilitate learning in the following areas; action learning styles, leadership and management, clinical governance and project management. The CRANAPLUS leadership and management course aims to enhance the skills of remote area professionals in the area of leadership and management to ensure safe competent quality care.

The findings along with individual participant course evaluations help CRANAPLUS to expand its portfolio of courses while ensuring existing courses remain contemporary and meet the education and training needs of members and the remote workforce. ●



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

Transition from RN to Remote Area Nurse 2017

ABOUT THE SHORT COURSE

A 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.*



To be held in Alice Springs
Monday 19th June – Tuesday 4th July 2017

Cost: \$2,000

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

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

For registration enquiries please contact:
Short Course Administration Officer – Centre for Remote Health
E: crh.shortcourse@flinders.edu.au **W:** <http://www.crh.org.au/>
PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 **F:** +61 8 8951 4777



DRABCD – don't run a bush clinic down!

I recently attended the Remote Emergency Care course in Coober Pedy, thanks to CRANaplus support from the AMOS fund. This report acknowledges the positive experience I gained from participating in the training weekend.

The Remote Emergency Care program was delivered by dedicated and experienced nurses with a passion for the challenges of health care in remote settings. The presentations reflected the content of the course manual (which I *did* read beforehand...), a comprehensive guidebook covering a range of emergency situations facing a remote nurse: Mental health to road trauma, paediatric to maternity emergency, alarming encounters with wildlife – no pressure immobilisation bandage for redback bites! – triage techniques, burns, spinal awareness, evacuation criteria, and most importantly of all... the Primary Survey DRABCD – *Don't Run A Bush Clinic Down!* Being prepared and resourceful were central messages, paying special attention to accurate and effective communication, and don't forget the family!

The practical workshops brought our skills to life, animated by demonstrations from the facilitators. My favourite was the imaginative use of a sheep carcass to show the technique for inserting a chest drain...

The practical workshops brought our skills to life, animated by demonstrations from the facilitators. My favourite was the imaginative use of a sheep carcass to show the technique for inserting a chest drain... "Just get the doctor on speaker and put your gloves on... you can do it!"



And remember that tracheal deviation is a late sign of pneumothorax so you're better off knowing the early signs...

At one point a beautiful tray of food was delivered from the Ghan train that was unable to run its route due to heavy rain (in Coober Pedy). During meal breaks there was time to mix and hear each other's stories, and I explored future career pathways by listening to first-hand accounts and recommendations. I also learned of safety issues due to isolated staffing in remote settings and cultural awareness as a key competency for effective indigenous health care.

The weekend was an overall success for me not only in terms of obtaining clinical skills and confidence, but also making new contacts and

feeling encouraged to pursue the bush road to rural and remote health, and as one midwife said to me, "the bush gets in your blood". It also gets stuck to your shoes, as we found out when visiting the Breakaways outside Coober, landing the car in a spot which required a few phone calls, and a starlit picnic while we awaited our retrieval service!

I have now enrolled in the CRANaplus mentoring program, and am looking up dates for the Maternity Emergency Care course. Thanks to all CRANaplus staff and Remote Area Nurses for blazing the trail.

Caroline Doerig
RN at Albury Wodonga Health
Victoria ●

Above: Caroline Doerig. Right: Coober Pedy main street.

2017 EDUCATION SCHEDULE

COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



Maternity Emergency Care

- WESTERN AUSTRALIA**
 - NEWMAN, 26-28 MAY
 - BROOME, 15-17 OCT
- QUEENSLAND**
 - CAIRNS, 16-18 JUNE
 - BOWEN, 7-9 JULY
 - MOUNT ISA, 25-27 AUG
 - TOOWOOMBA, 1-3 SEPT
- NORTHERN TERRITORY**
 - NHULUNBUY, 5-7 MAY
 - DARWIN, 2-4 JUNE
 - ALICE SPRINGS, 8-10 SEPT
- VICTORIA**
 - LORNE, 24-26 MARCH



Advanced Remote Emergency Care

- QUEENSLAND**
 - CAIRNS, 2-4 JUNE
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 5-7 MAY
- NEW SOUTH WALES**
 - TAMWORTH, 17-19 MARCH



Midwifery Upskilling

- QUEENSLAND**
 - CAIRNS, 19-21 MAY
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 11-13 AUG
 - DARWIN, 22-24 AUG
- NEW SOUTH WALES**
 - DUBBO, 7-9 APRIL
- VICTORIA**
 - COLAC, 10-12 NOV



Remote Emergency Care

- WESTERN AUSTRALIA**
 - NARROGIN, 12-14 MAY
 - BROOME, 21-23 OCT
- QUEENSLAND**
 - ROCKHAMPTON, 10-12 MAR
 - CAIRNS, 15-17 SEPT
 - LONGREACH, 10-12 NOV
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 20-22 MARCH;
14-16 JUNE & 28-30 SEPT
 - NHULUNBUY, 1-3 SEPT
 - DARWIN, 3-5 MAY & 11-13 OCT
- NEW SOUTH WALES**
 - BYRON BAY, 24-26 FEB
- VICTORIA**
 - BENDIGO, 4-6 AUG
- TASMANIA**
 - HOBART, 17-19 NOV

"As usual, an excellent CRANAplus course, run by practitioners with an obvious passion for high standards of rural and remote health"

ALS Broome 2014



Advanced Life Support

- WESTERN AUSTRALIA**
 - NARROGIN, 15 MAY
- QUEENSLAND**
 - CAIRNS, 29 JULY
 - LONGREACH, 13 NOV
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 4 SEPT
 - DARWIN, 10 OCT
- NEW SOUTH WALES**
 - BYRON BAY, 27 FEB
- SOUTH AUSTRALIA**
 - ADELAIDE, 18 FEB



Paediatric Emergency Care

- WESTERN AUSTRALIA**
 - BROOME, 21-22 OCT
- QUEENSLAND**
 - CAIRNS, 4-5 NOV
- NORTHERN TERRITORY**
 - DARWIN, 8-9 APRIL
 - TENNANT CREEK, 12-13 AUG
- NEW SOUTH WALES**
 - TAMWORTH, 23-24 SEPT
- VICTORIA**
 - MELBOURNE, 27-28 MAY



Triage Emergency Care

- WESTERN AUSTRALIA**
 - ESPERANCE, 2 MAY
- QUEENSLAND**
 - MILES, 30 MARCH
 - MOUNT ISA, 22 JUNE
- NORTHERN TERRITORY**
 - TENNANT CREEK, 14 AUG
 - ALICE SPRINGS, 3 SEPT
- SOUTH AUSTRALIA**
 - ADELAIDE, 19 FEB



Practical Skills

- WESTERN AUSTRALIA**
 - BROOME, 16 OCT
- QUEENSLAND**
 - MILES, 31 MARCH
 - MOUNT ISA, 20 JUNE
 - CAIRNS, 30 JULY
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 3 SEPT

CRANAplus Annual Conference Broome, WA 18-20th October 2017

The Future of Remote Health and the Influence of Technology

**CRANAplus Bush
Support Services**

1800 805 391

24/7 toll free counselling service

**Aspiring to a career
in remote practice?**

Check out the
Pathways to Remote
Professional Practice
publication on
our website



**CRANAplus Education
Services**

To register for a course, visit
www.crana.org.au/education

or call **08 8408 8200**

CAIRNS
07 4047 6400
ALICE SPRINGS
08 8955 5675
ADELAIDE
08 8408 8200

professional

here's to another year!

Season's greetings from the Professional Services team: Geri Malone, Marcia Hakendorf, Judy Whitehead, Rod Menere and Tracey Scott Jackson (Admin support).

The high caliber of presentations and speakers at our 34th Conference in Hobart recently, contributed to its resounding success and saw our highest ever registration of Delegates. We consider our annual Conference an opportunity for first time speakers. CRANAplus has always offered assistance with writing an Abstract and will extend that support next year to additional support on presentations.

It is great to see first time presenters get out of their comfort zone by preparing and delivering a presentation on their specific areas of interest and we are committed to continuing this support. Selected presentations are available on our website: <https://crana.org.au/conference/past-conferences>

Conference time is also when we announce the Aurora Award and CRANAplus Awards winners. These Awards have been gaining momentum over the years and we want to



The Gayle Woodford Memorial Scholarship.

see that continue to grow. It is especially pleasing to see the personal rewards gained by individuals who receive awards through nomination by their peers.

Award nominations will close earlier in 2017 to enable more lead in time for the winners to join us at Conference.

Look out for when they open and consider nominating a colleague.

Scholarships and Grants available through CRANAplus

This year we launched, in association with the Centre for Remote Health, the Gayle Woodford Memorial Scholarship.

The Scholarship will be awarded to a student to study the Graduate Certificate in Remote Practice and will be formally presented at the CRANAplus Broome Conference in 2017.

The recipient will commence study in 2017.

Are you aware of the range of scholarship and grant opportunities available to CRANAplus Members?

The CRANAplus Undergraduate Remote clinical placement scholarships are generously sponsored by a range of individual donors, organisations and CRANAplus.

The scholarships present an opportunity for undergraduate students studying a health discipline at an Australian University, to gain remote clinical experience through supporting the costs associated with travel and accommodation.

The Nurses Memorial Foundation of South Australia Inc grants provide CRANAplus members the opportunity to gain support to attend CRANAplus short courses or our Annual Conference.

More information and application forms can be found at: <https://crana.org.au/membership/scholarships>

Certification of RAN's Model

During our recent Conference the Certification of RAN process was presented to an audience of over 200 people. The presentation provided an overview of the process involved for either an individual nurse or midwife, to obtain Certified RAN status. We have called for expressions of interest from our membership for nurses and midwives to take participate in a pilot program. ►►



» This pilot program will not only provide us with feedback about how we might improve our program, but also inform our IT support with the build of an on-line system. It is anticipated the Certification of RAN on-line registration and assessment for Certified RAN status will go live early in 2017.

Remote Management Program: essentials for remote managers

The evaluation of the Remote Management pilot program proved to be a successful investment for participants as well as CRANaplus. The two-day workshop and the on-line modules equally hit the mark in addressing the learning needs of remote managers.

We are now offering remote managers the opportunity to access individual modules or as a package. The modules include:

- Introduction
- Action learning
- Leadership and management
- Clinical governance
- Project management

To obtain a Certificate of Completion for the Remote Management Program it is expected managers will undertake the modules and attend a one-day workshop. If you are interested

we are offering to conduct a workshop in Cairns (May 2017) and again in Broome (October 2017).

For more information please visit our website: <https://crana.org.au/education/eremote>

Position Paper: Remote workforce Gender Identity and Sexual Diversity Inclusion

CRANaplus' Network of Interest: LGBTI group actively contributed to the development of this position paper. The paper outlines the need for remote health services to actively commit to the notion of social justice for all, whereby 'zero tolerance' and social inclusion are integral aspects of workplace culture. A consistent approach across the remote sector for 'zero tolerance' to discrimination based on gender and sexuality diversity, whereby negative attitudes, biases and stereotypes in the workplace and the wider community are challenged. This will only be evident, by the behaviours health professionals demonstrate such as, positive engagement and respect for the needs of LGBTI health professionals.

To read more visit <https://crana.org.au/professional/position-statements/2016/diversity-and-lgbqi>

Marcia Hakendorf and Geri Malone
Professional Services
CRANaplus ●

rural nursing project

COUNTRY NURSES = COUNTRY HEALTH

The aim of the Rural Nursing Project is to identify opportunities for CRANaplus to be more relevant for Nurses working in a rural context of practice. The project commenced with a narrative literature review to explore factors effecting engagement and disengagement of rural nurses in both Australia and other developed countries who share similar systems.

The key concept emerging from the literature review is that a career continuum/pathway in rural health begins with engagement of school students and promoting nursing as a career. Well supported, undergraduate and transition to professional practice programs, as well as robust orientation programs are also essential to embed new nurses into a rural community. It is well known that there are workforce shortages of nurses, as with other professions, in rural areas, and this is a function of both recruitment and retention. Easily accessible and acceptable continuing professional development opportunities for rural nurses, factors in engagement and retention strategies to ensure that we have safe, competent practitioners.

The summary document produced from the literature review is now available on the CRANaplus website <https://crana.org.au/professional>

During the next stage of the project we are undertaking consultations with rural nursing leaders, clinicians from a range of practice settings – hospitals (public and private), aged care, primary health and private practice and giving a voice to the rural nurses as to what they believe are the needs and opportunities.

The CRANaplus Conference provided me the opportunity, as a new team member, to commence engagement with a number of rural nurses and student organisations regarding the Rural Nursing Project. If you have any enquires about this project do not hesitate to contact me: judy@crana.org.au

Judy Whitehead
Project Officer (Rural)
CRANaplus ●



remote area workforce safety & security project



It's been a very active time for the Safety & Security Project.

As part of industry and stakeholder consultation, I've met with over one hundred individual remote health professionals from all states and territories, along with health service managers and representatives of professional organisations.

Questionnaires have been completed by more than 90 currently practising remote clinicians. Communication has involved group discussions, symposia, a videoconference and social media.

Safety and security involves many issues, including: business hours and on-call work practices (Never alone), travel, transport and communications; consultation with community representatives and other on-site agencies; secure clinic and accommodation facilities; appropriate orientation of new staff; clearly documented safety guidelines; and the positive contribution of managers and clinicians.

Initial project information was provided to participants at the October CRANaplus Conference in Hobart, with strategies for the further implementation of project activities being confirmed at the Expert Advisory Committee meeting in early December.

With the project now approaching its half-way point, the focus is now moving from consultation and information collection to production and distribution of resources. These will include a literature review, safety and security guidelines, risk assessment tools, and educational resources.

It is easy to focus on problems, ponder past negative experiences and identify what others should be doing to make you safer. However, safe & effective health service provision in remote communities will come from everyone working together to implement positive responses to reduce risk. The project's goal is to support all stakeholders with the resources to promote remote workforce safety and security.

For more information about the project, contact rod@crana.org.au or join the Remote Area Workforce Safety & Security Facebook page. ●



Photo: Steve Batten



ASANNA

Australian Student And
Novice Nurse Association

Empowering Nursing's Future, Today!

ASANNA is an independent, non-government, member-based organisation

Our members are student registered nurses, enrolled in an approved nursing degree, and novice nurses up to five years after graduation.

- www.facebook.com/AsannaNurses
- [@AsannaNurses](https://twitter.com/AsannaNurses)
- info@asanna.com.au
- www.asanna.com.au

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Community • Advocacy • Support • Empowerment

what is a sustainable remote health workforce?



Leigh-ann Onnis, a PhD student at James Cook University in Cairns, has spent the last three years thinking about this very question.

To find out the answer she asked health professionals who are currently working or managing people who were working in remote

Australia. After all, who would know better than those who are currently working there?

Health professionals working in rural and remote Australia know that the narrative about the difficulties in attracting, recruiting and managing a workforce in geographically remote regions is not new. For too many years the challenges of maintaining health services with a consistent supply of remote health professionals has been considered part of working life for those working in rural and remote health. In undertaking this research, it was proposed that if the issues are not new, then we need to find a new approach because workforce sustainability is a key element of being able to provide health services in remote Australia. This new, Human Resource Management (HRM), approach complemented the current health research and sought to add a different perspective. This HRM approach also sought to bring the collective voice of remote health professionals to the conversation.

When asked the question 'What is a sustainable remote health workforce?' more than 200 health professionals working in northern Australia, described various ways in which the workforce in rural and remote areas could be sustainable. The research identified the common aspects of their descriptions. After considering all of

their descriptions, it was clear that the current remote health workforce, experienced health professionals who understand the complexity of remote practice, proposed that future health workforce sustainability is achievable with effective management practices focused on people, practice and place.

People

When remote health professionals described the role of 'people' in workforce sustainability, they described aspects of a person's characteristics, both personal and professional. These characteristics included: the person-fit within the health service and the community, their degree of individual sustainability (e.g. what internal resources they have to keep themselves going) and relationships.

...leadership was described as a key aspect of effective management practices, particularly skills in managing a team from a distance.

These are the characteristics of the person that build resilience and contribute to an individual's sense of belonging with the community and the health service. Professional attributes included: competence, professional development and career choices, all of which are the attributes of a person that contribute to their capacity to perform their work competently.

Practice

When health professionals described the role of 'practice' in workforce sustainability they described both clinical and management practices. Management practices contribute

to the sustainability of the remote health workforce according to remote health professionals in various ways, including: filling vacancies quickly, providing backfill, providing equitable remuneration and financial incentives, access to resources and models of practice (e.g. FIFO). In addition, leadership was described as a key aspect of effective management practices, particularly skills in managing a team from a distance.

...the provision of career paths within the remote context would improve sustainability.

Clinical practice included methods of practice (e.g. multi-disciplinary teams), being able to work to the full scope of their profession and continuity of professional staff. There was an emphasis on access to professional development and the suggestion that the provision of career paths within the remote context would improve sustainability.

Place

When health professionals described the role of 'place' in workforce sustainability, they described aspects of a health professional's connection to the geographic location or the local community. Their connection with place was described as an emotional connection to place by the local workforce; however, those who moved to the remote area often described an emotional attachment to either the geographic location or the local community (and often both).

These connections to place promote stability and according to the current remote health workforce improve retention.

One remote health professional said 'You have to be realistic with sustainability'

Remote health professionals provided a realistic and pragmatic contribution to the narrative, describing a sustainable remote

health workforce as those who comprise it, those who have a stake in it and those who manage it. This focus on 'people' was strong, and their descriptions all aligned with an overall purpose for providing accessible health services for rural and remote populations. Most importantly, the current remote health workforce believes that a sustainable remote health workforce is achievable.

While HRM and recruitment practices offer health services the opportunity to attract sufficient appropriately skilled applicants, it is effective management practices that reduce turnover and improve retention.

Using the HRM approach to investigate the influence of management practices revealed that managers were the key to workforce sustainability. Furthermore, the findings from this research suggest that supporting remote managers and developing future managers is essential for remote workforce sustainability.

...the current remote health workforce believes that a sustainable remote health workforce is achievable.

In particular, the HRM approach brought the 'person' to the forefront of management practices, emphasising the role that managers play in localising policies and practices so that they are effective and appropriate to the remote workplace, as well as being safe for health professionals and their patients. The research concluded that to have a sustainable remote health workforce, managers must focus on people, practice and place.

This article is based on the publication:
Onnis (2016) 'What is a Sustainable Remote Health Workforce?: People, Practice and Place' Rural and Remote Health (Online) 16, 3806.
Available online at: <http://www.rrh.org.au> ●



connect

optimal cancer care pathways

In a significant development in cancer care in Australia, national Optimal Cancer Care Pathways have been developed to promote consistent, quality cancer care. They aim to improve patient outcomes by ensuring that all people diagnosed with cancer receive the best care regardless of where they live or receive cancer treatment.

The Optimal Cancer Care Pathways have been developed through the National Cancer Expert Reference Group and has achieved national endorsement of the Optimal Cancer Care Pathways and national agreement to pilot the adoption of some of these pathways in state and territory health services during 2016–2017.

The pathways have been endorsed by the Cancer Australia, Cancer Council Australia, the Australian Health Minister Advisory Council and the COAG Health Council (comprising Health Ministers representing all Australian jurisdictions). In

addition, each specific pathway was developed by an expert group including clinicians specialising in treatment of the particular tumour, GPs and consumers, and in consultation with medical colleges and peak health organisations.

This is the most comprehensive set of guidelines for cancer care in Australia. The Optimal Cancer Care Pathways describe the key steps in a patient's cancer journey and expected standards of care at each stage. The pathways also ensure that those providing care understand how to coordinate the patient care between each stage.

Optimal Cancer Care Pathways can be used by health services and professionals as a tool to identify gaps in current cancer services and inform quality improvement initiatives across all aspects of the care pathway. They can also be used by clinicians and health professionals as an information resource to promote discussion and collaboration with patients and people affected by cancer.



Optimal Cancer Care Pathways have been developed for 15 tumour streams: lung, colorectal, hepatocellular carcinoma, prostate, lymphoma, melanoma, pancreatic, ovarian, malignant glioma, head and neck, breast, oesophagogastric, basal cell and squamous cell carcinoma, endometrial, and acute myeloid leukaemia.

There are three versions for each Optimal Cancer Care Pathway – detailed clinical pathways for cancer specialists, quick reference guides for GPs and other primary health professionals, and guides for patients themselves.

The clear and integrated articulation of best practice for cancer care will improve outcomes for patients across the country – and brings a huge range of collective experience and expertise together to ensure the best approaches and the best outcomes in cancer treatment apply across the country.

Links to the Optimal Cancer Care Pathways:

Detailed clinical pathways for cancer specialists, health professionals and health service administrators. <http://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html>

Quick reference guides for GPs to familiarise GPs and other primary care providers with the cancer care pathways. <http://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html>

Patient 'what to expect' guides to help patients and their carers understand the cancer care pathway and what to expect at each stage. <http://www.cancerpathways.org.au/optimal-care-pathways>

Further information can be obtained by contacting NCERGScretariat@health.gov.au ●

AIDA



Are you passionate about Indigenous health?

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

Become a member today

We welcome membership applications from industry professionals interested in Indigenous health as either an:

Indigenous Medical Student Member;
Indigenous Medical Doctor Member; or
Associate Member.

(02) 6273 5013 or 1800 190 498 (Freecall)
membership@aida.org.au
www.aida.org.au/membership/join-aida-today



Australian Indigenous Doctors' Association

what is PCACE?

PCACE stands for 'Palliative Care in Aged Care Evidence' and is a project being funded by the Department of Health and undertaken by CareSearch. It will create a new online resource linking health and aged care professionals to palliative care/aged care evidence and practice resources.

Why is it important?

The APRAC (2006) and COMPAC (2011) Guidelines brought together the evidence around palliative care for older people living in residential aged care and in the community. As new research has been published, there is a need to update the guidance. There is also the opportunity to make the content available online making it accessible when it is needed and to link through to tools, projects and education options relevant to the sector.

What does it mean for rural and remote nurses?

Rural and remote nurses will have information about palliative care for older people at their fingertips. There will also be resources and information specific to providing care in rural and remote settings.

Get involved!

The PCACE Project is being supported by a National Advisory Group comprising leaders from aged care, palliative care and community organisations and an Expert Advisory Group with experts in clinical practice, aged care, research design and evaluation. You can help by:

- suggesting tools, resources or projects that need to be included in the online guidance,
- reviewing project content and pages or by joining user testing activities, and
- promoting the PCACE project to friends and colleagues.

Get in touch by emailing us at
pcace.project@flinders.edu.au ●

THE PCACE PROJECT

**BUILDING ONLINE EVIDENCE FOR
PALLIATIVE CARE IN AGED CARE**

When will it be available?

The new online resources will be released before 30 June 2017.

You can find out more and sign up for the PCACE Project News at www.caresearch.com.au



Photo: Steve Batten

THINGS YOU NEED TO KNOW:

Acute Rheumatic Fever and Rheumatic Heart Disease are

100% PREVENTABLE

**YOUNG
PEOPLE
AGED
5-15 YEARS
ARE AT HIGHEST
RISK OF A FIRST
EPISODE OF ARF**



58%
of cases in the
Northern
Territory between
2005 - 2010 were
in children 5-14
years old



**NEARLY 6000
PEOPLE
ARE ON RHD
REGISTERS
ACROSS AUSTRALIA**

& **40%** of them are under
24 and at risk of premature
death or disability.



**RHD IS A DISEASE
OF SOCIAL
DISADVANTAGE**



ARF and RHD can be controlled
through improved living conditions,
reduced overcrowding, access to
health care and antibiotics.

**NEARLY
100%**

of all recorded new or recurrent
cases of ARF are:



AMONG INDIGENOUS PEOPLE

**PER
100,000**



The incident rate of ARF is
approximately 53 cases among
Indigenous people and less than 1
case for non Indigenous

**8X
MORE**



Indigenous people are up
to **8 times more** likely
than other Australians to
be hospitalised for ARF
and RHD

**20X
MORE**

Indigenous people
are **20 times more**
likely to die from ARF
and RHD



GOOD NEWS

Policy and research initiatives to
understand and reduce the burden
of RHD are **underway**.

The knowledge and opportunity exists to
significantly reduce morbidity and
mortality associated with RHD and,
ultimately, **eliminate RHD in Australia**.



ARF

Acute rheumatic fever is an **illness**
caused by a reaction to a bacterial
infection with group A Streptococcus
which can affect the heart joint, brain
and skin, cause fever, joint pain and
other symptoms, **lead to hospitalisation**,
cause heart damage called rheumatic
heart disease.

RHD

Rheumatic heart disease is **damage to the**
heart caused by one or more episodes of
acute rheumatic fever. When the heart is
damaged in this way, the heart valves are
unable to function adequately, and heart
surgery may be required. RHD is a chronic,
disabling and sometimes **fatal disease**.



www.rhdaustralia.org.au

employees at Rumbalara to walk off

Rumbalara Aboriginal Cooperative and the Heart Foundation have engaged in a partnership to launch the free Rumbalara Heart Foundation Walking group.

Open for all members of the community to join, this walking group aims to engage the largest Indigenous community in regional Victoria to tackle health issues in a social environment.

Rumbalara Aboriginal Cooperative Chief Executive Officer Kim Sedick said the team were proud to be setting a best practice standard for active workplaces.

"We're committed to allowing our workforce of more than 200 people to take an hour out of their work day to participate in Heart Foundation Walking," Mr Sedick said.

"With the Australian Bureau of Statistics data showing that 77% of adults in the Shepparton region are not getting enough physical activity, this partnership is going to be a critical one in encouraging the Shepparton people to move more and sit less."

"We're committed to allowing our workforce of more than 200 people to take an hour out of their work day to participate in Heart Foundation Walking."

Heart Foundation Victoria CEO Kellie-Ann Jolly said the Heart Foundation was committed to the health of the Aboriginal and Torres Strait Islander community.

"The Heart Foundation walking program is an effective way to improve health outcomes for all members of the community. It's fun, it helps maintain fitness, it's suitable for all ages and it's free," Ms Jolly said.

"On average Aboriginal and Torres Strait Islander peoples have a 10-year life expectancy gap when compared to the rest of the Australian population. Cardiovascular disease accounts for a quarter in the gap of life expectancy and remains the number one killer of Aboriginal and Torres Strait Islander peoples.

"...It's fun, it helps maintain fitness, it's suitable for all ages and it's free."

"This is why the Heart Foundation has committed to this innovative and unique partnership with Rumbalara Aboriginal Cooperative."

Rumbalara Aboriginal Cooperative Healthy Lifestyles Team Leader Hope Briggs said being a part of the walking group helps you stay motivated.

"It's easy to say 'I'll give my walk a miss today', however, knowing there is a group of people waiting for you can provide that extra motivation needed to get out the door," Ms Briggs said.

Rumbalara Aboriginal Cooperative Chronic Disease Nurse Rebecca Kellehar added that walking the steps together to tackle chronic disease was a step towards strengthening connections, health and wellbeing in the community.

For information about Heart Foundation Walking visit <http://walking.heartfoundation.org.au> ●

Heart Foundation Walking is funded nationally by Fitbit and the Queensland Government.



Pathway to Nurse Practitioner

Are you interested in becoming a Nurse Practitioner with a remote scope of practice?

The Centre for Remote Health has now established a pathway to becoming a Nurse Practitioner with a remote area 'scope of practice'

Part A - Graduate Diploma in Remote Health Practice (GDRHP)
The GDRHP (Flinders University) is designed for remote area nurses to advance their knowledge of the discipline of Remote Health. (2 years part time)
<http://www.flinders.edu.au/courses/rules/postgrad/gdprhp.cfm>

Part B - Master of Nursing (Nurse Practitioner) (MNNP)
The MNNP (Charles Darwin University) is designed to equip specialist nurses with the advanced and extended skills and knowledge required to become NPs. This course is designed to build on the specialisation practice of remote area practice within a systematic and coherent body of NP knowledge and skills. (2 years part time)
<http://www.cdu.edu.au/health/postgraduate-nursing>

For further information please contact: Sue Lenthall
sue.lenthall@flinders.edu.au P: 08 8951 4707



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

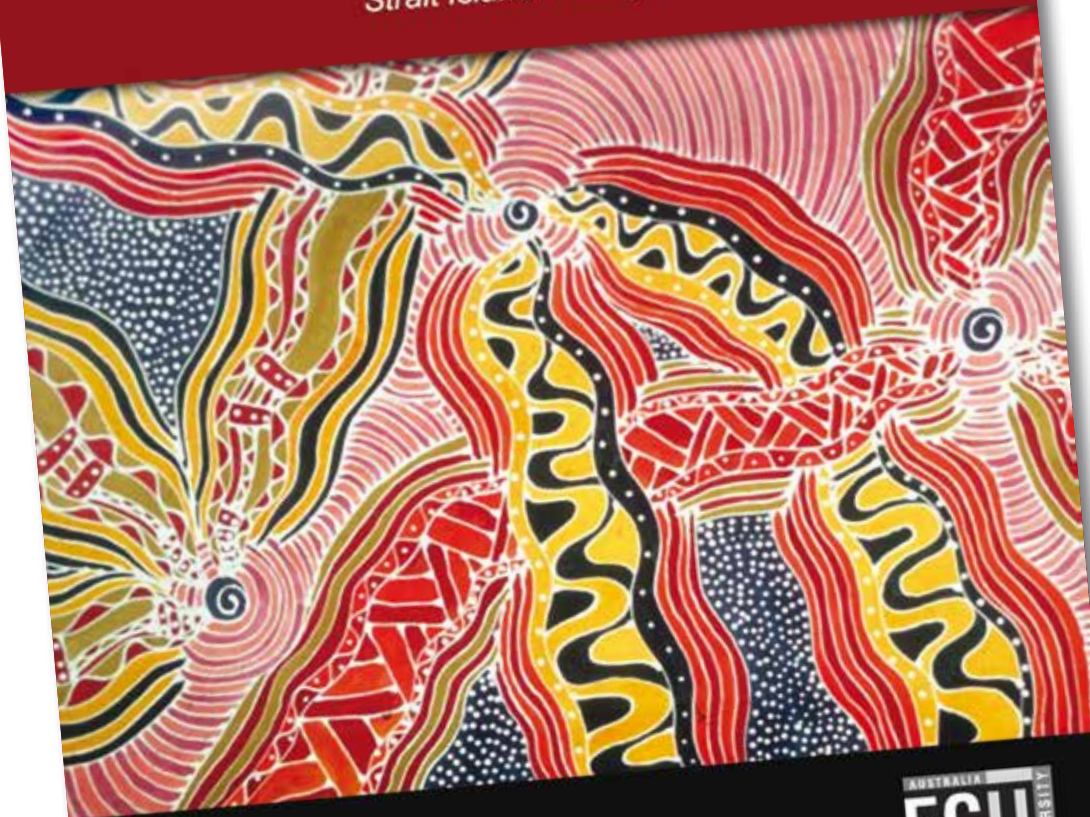




Australian Indigenous
HealthInfoNet

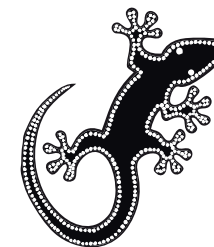
Volatile Substance Use

Review of volatile substance use among Aboriginal and Torres Strait Islander People



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burnout: a step beyond chronic stress

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Emotional symptoms may involve lowered self confidence, motivation and self-doubts. An increasingly negative and cynical outlook is also a feature of Burnout. A very common emotional symptom is that of detachment and apathy, especially toward patients and other people in the workplace. As the condition further develops there can be a decrease in satisfaction and accomplishment in the workplace.

The behavioural symptoms can embrace a pattern of reactions to the condition, including isolation from others, withdrawing from work and personal responsibilities, procrastinating, irritability and frustrations, using alcohol or other drugs as a coping mechanism, and poor work attendance. This can be evident in increased reliance on sick leave or poor work attendance.

It is clear that although these symptoms are similar to stress or physical tiredness, Burnout is a more significant and serious state.

Stages in development of Burnout

Researchers Jerry Edelwich and Archie Brodsky (1980) described how people go through a series of predictable stages in their relationship to work. The first stage is **enthusiasm**, a period of high hopes, unrealistic expectations and over identification with the job. The second stage is **stagnation** in which personal, financial, and career development needs begin to be felt. This stage is followed by **frustration**, in which one questions one's effectiveness in the face of obstacles to meaningful accomplishment. Frustration is regarded as the crossroad that can either lead back to enthusiasm or down to the fourth stage of **apathy**, an abyss of chronic indifference that defies most efforts at intervention. It is clear that intervention needs to occur well before there is an effect on health and wellbeing.

How to Prevent Burnout

There are several approaches which could be considered as structured measures to combat stress and prevent Burnout from developing. These suggestions will hopefully assist in warding off initial symptoms...

Take a close look at your work-life balance. If your job takes up too much of your time and you are putting in too much effort, then consider which steps can redress the imbalance. Prioritise time out for those activities which you enjoy. Schedule time for relaxation or exercise. The principle which applies here is 'If you don't plan it, it won't happen'.

Set a time each day when you completely disconnect from technology. Many of us check emails and phone messages regularly, even when we don't need to. Naturally, if an on-call roster requires a pager or phone to be monitored, clearly that is a firm requirement. But when off duty, and in break periods, set a time for checking in with social media or emails and then disconnect. This allows clearer headspace and more meaningful relaxation.

Smoking when you're feeling stressed may seem calming, but nicotine is a powerful stimulant, leading to higher, not lower, levels of anxiety.

Ensure you have adequate social support. If you feel isolated at work and in your personal life, you might feel more stressed. This is an obvious issue for many who work remotely from family and friends, and it means a higher commitment to keeping in touch despite the distances. Put a priority on face-to-face social contact with supportive people. This can include phone contact with friends or colleagues who are at a distance.

Move your body frequently – don't sit for more than an hour. Recent studies have found that we should ideally sit for no longer than 20 minutes at a time. Get up and stretch, walk around or change tasks if possible.

Reduce your intake of alcohol, nicotine, and caffeine. When stressed, there can be an increased reliance on alcohol or other drugs. Properly used these substances can be a pleasurable and valuable part of relaxing, but when they become a routine coping strategy it is time to look for healthier alternatives. Alcohol and caffeine for example can interfere with sleep patterns and lead to irritability.

Get all the restful sleep that you need to feel refreshed and clear headed. This can be tricky when coping with shift rosters and pagers, but good sleep hygiene is important.

This means no caffeine late in the day, going to bed at regular times and eating heavier meals earlier in the day. It is especially important to reduce or avoid nicotine. Smoking when you're feeling stressed may seem calming, but nicotine is a powerful stimulant, leading to higher, not lower, levels of anxiety.

Make laughter and play a priority. Yes, it can be difficult to take part in social activities when in remote areas, and this activity may need some creative application. Find an exercise or activity where you can let your hair down and escape the demands of work.

Support your mood and energy levels by eating a healthy diet. What you put in your body can have a huge impact on your mood and energy levels throughout the day. Minimise sugar and refined carbohydrates. You may crave sugary snacks or comfort foods such as pasta or French fries, but these high-carbohydrate foods quickly lead to a crash in mood and energy. Reduce your high intake of foods that can adversely affect your mood, such as caffeine, trans-fats, and foods with chemical preservatives or hormones. Eat more Omega-3 fatty acids to give your mood a boost. The best sources are fatty fish (salmon, herring, mackerel, anchovies, sardines), seaweed, flaxseed, and walnuts.

How to Relieve Burnout

So what do we do when despite our best efforts we see signs of this insidious condition developing and affecting our outlook and work satisfaction? The strategy used will ideally suit the stage of Burnout reached.

It is common for a newly arrived practitioner in a remote or isolated community to have unrealistic expectations of what can be achieved in managing patient workloads and health.

Recent and key research (Leiter and Maslach, 2016) indicates that we need to restore our sense of engagement with work, and do it in a way which is consistent with the situation and our personalities. Given that there is no 'one-size-fits-all' strategy, nevertheless, we do know that a variety of approaches are generally effective.

It is common for a newly arrived practitioner in a remote or isolated community to have unrealistic expectations of what can be achieved in managing patient workloads and health. The magnitude of the task can be overwhelming and daunting. It is important that we assess what is achievable. If there is a realistic framework put in place for tackling and managing the workload, more can be ultimately accomplished.

Assess whether there is a mismatch between your job and your interests and skills. Is it time to consider a new direction? If your values differ from the way your employer does business or handles grievances, the mismatch can eventually take a toll. Admittedly there are situations when it is difficult to leave such a workplace, for many reasons. But when there are options for change, explore them fully. ►►

►► Work on an exit plan to control how you manage and depart from a workplace which has a different value system.

If there are dysfunctional workplace dynamics, it is critical outside support and advice is sought. There are agencies and organisations set up to provide this support. There are always options for managing work stressors. CRANaplus has a team of trained psychologists who can help you to work through the available options and develop a plan to tackle these issues.

The CRANaplus Bush Support Line is a free and confidential service available 24 hours a day by ringing 1800 805 391. Staffed by registered professionals, the line provides telephone counselling for all remote health practitioners/workers and their families.

It can feel as though many situations are out of our control. Therefore, one of the major objectives in decreasing the impact or development of Burnout is to recognise that we generally have some control over how we respond to the

the ice challenge

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Have you ever asked yourself why people use ice? They will tell us it's because they're bored, or it's peer pressure, or that no other drugs were available. When we look at the effects of ice we get a better idea of what's occurring for the ice user. When a person uses ice they feel an immediate sense of euphoria: nothing else matters, their worries dissolve, they feel alert, they feel self-confident, they have energy, and their sex drive increases. But with these pleasant effects also comes the negatives of having a dry mouth; teeth grinding; poor impulse control (for example, scratching or picking, resulting in sores and scabs); and reduced insight into repetitive behaviour (scratching, rocking, pacing) as ice users don't realise they're engaging in these behaviours.

work environment, rediscover forgotten skills and develop new skills for managing stress, preventing Burnout and promoting vitality.

Christine Martins
Psychologist
CRANaplus Bush Support Services

References and further reading

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There's also reduced aggression control; reduced empathy and consideration for others; and reduced insight into the consequences for their behaviour.

Have you ever asked yourself why people use ice? They will tell us it's because they're bored, or it's peer pressure, or that no other drugs were available.

We might think that the negatives would outweigh the positives of ice use, but the lack of insight in the ice user doesn't assist them to think in the same way we think, at least not while they're using ice.

It can be compared to having a debate with a person who's highly intoxicated with alcohol: you know they're not fully comprehending what you're saying, they have tunnel vision towards their argument, they can't perform lateral thinking to see your point of reasoning, so you choose not to engage with them while they're drunk. It's similar with people intoxicated with ice, and for some time after their ice use, but their presentation is different. We don't see happy ice users in the same way that we see a happy drunk.

In an ideal world, referral might include: Outpatient Drug and Alcohol Service, residential drug and alcohol rehabilitation, Narcotics Anonymous (NA), Crystal Meth Anonymous, SMART Recovery and, in some cases, gaol may be the only option to address the associated criminal behaviour. In rural and remote settings such referrals are just not an option due to distance, funding, lack of services and lack of staff. Health practitioners therefore have to use their existing skills and creativity to use what is available.

To start with, most rural and remote workers have a good understanding of how to manage alcohol and other drug presentations. The same principles are used. With the addition of adherence to the aggression management guidelines for your workplace, rural and remote health workers may have limited referral options but they do have some options to implement referrals after addressing medical issues.

Firstly, the ice user can be referred to a safe setting. This setting must be safe for them and safe for others. If domestic violence has occurred it should preferably be a place where adults reside and is not necessarily inhabited by children.

Secondly, it would be good if the setting could include a non-ice-user, whether that is a friend or family. Of course, if the ice user is in the full throws of an ice using cycle, this will be virtually impossible. If they are coming down from ice use, or if they've been injured, they may need a safe place to sleep, and ice users when coming down can sleep solidly for two to four days after an ice binge.

If family members have been abused or assaulted by the ice user they may require referral to a safe setting, and follow-up regarding their ongoing safety. This should be to a non-ice using area of the community. Give them a brochure regarding DV and ice use, and refer them for domestic violence support if it's available. Free brochures on domestic violence can be ordered and mailed to your service or clinic.

...most rural and remote workers have a good understanding of how to manage alcohol and other drug presentations. The same principles are used [for ice presentations].

If you've had an aggressive ice user come to your service or clinic make sure you debrief after aggressive presentations. Call your Employee Assistance Program (EAP) or Employee Assistance Service (EAS) provider, call Bush Support Services 1800 805 0391 or other counselling support if you have a preferred provider, or talk with a colleague and your manager. These presentations are stressful, emotionally taxing, and exhausting so make sure you look after you. Keep up with your self-care strategies. Check in to the CRANaplus website to remind yourself of these strategies. Book some leave for time out if you have multiple aggressive presentations.

Thirdly, if you're a resilient health professional and bounce back well and have energy for prevention strategies there are several options for you to explore with the support of your colleagues and community.

To improve access to community-based group treatments, see if you can identify anyone who may have been involved with Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) who could start up an NA meeting. ►►

►► It might not be Crystal Meth Anonymous (CMA does exist in Melbourne, Sydney, Northern Rivers of NSW, and the Gold Coast), but NA meetings address all drugs, not just narcotics, when other options are not available.

SMART Recovery is another option for community treatment. These groups are run by a health professional who has attended training offered by SMART Recovery. The treatment is based on a cognitive behaviour therapy model and consists of a weekly group meeting.

SMART Recovery offers training for people to run Aboriginal and Torres Strait Islander groups as well. They also offer training for a Be Smart group which is designed to support family members suffering from the effects of having a drug user in the family.

There is a cost involved with the SMART Recovery training, which is based in Sydney, but if eight or more people require the training then SMART Recovery will come to you.

The Australian Drug Foundation has a community program guide on their website that supports community project engagement. www.druginfo.adf.org.au and is worth a look if you are interested in starting or supporting community action with drug prevention strategies.

Starting a community project is also a positive way to provide distraction and stress reduction when communities get bogged down with the negative events of the ice epidemic.

For some communities these suggestions may seem simplistic or even impossible. If you're working in a community where there's an ice problem, it's important for you to stay safe, stay emotionally strong, use the skills you already have, work with what's available to keep making change, one step at a time, and know that baby steps can help.

Above all, maintain hope that the community in which you live and work will move through this ice epidemic. ●



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

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