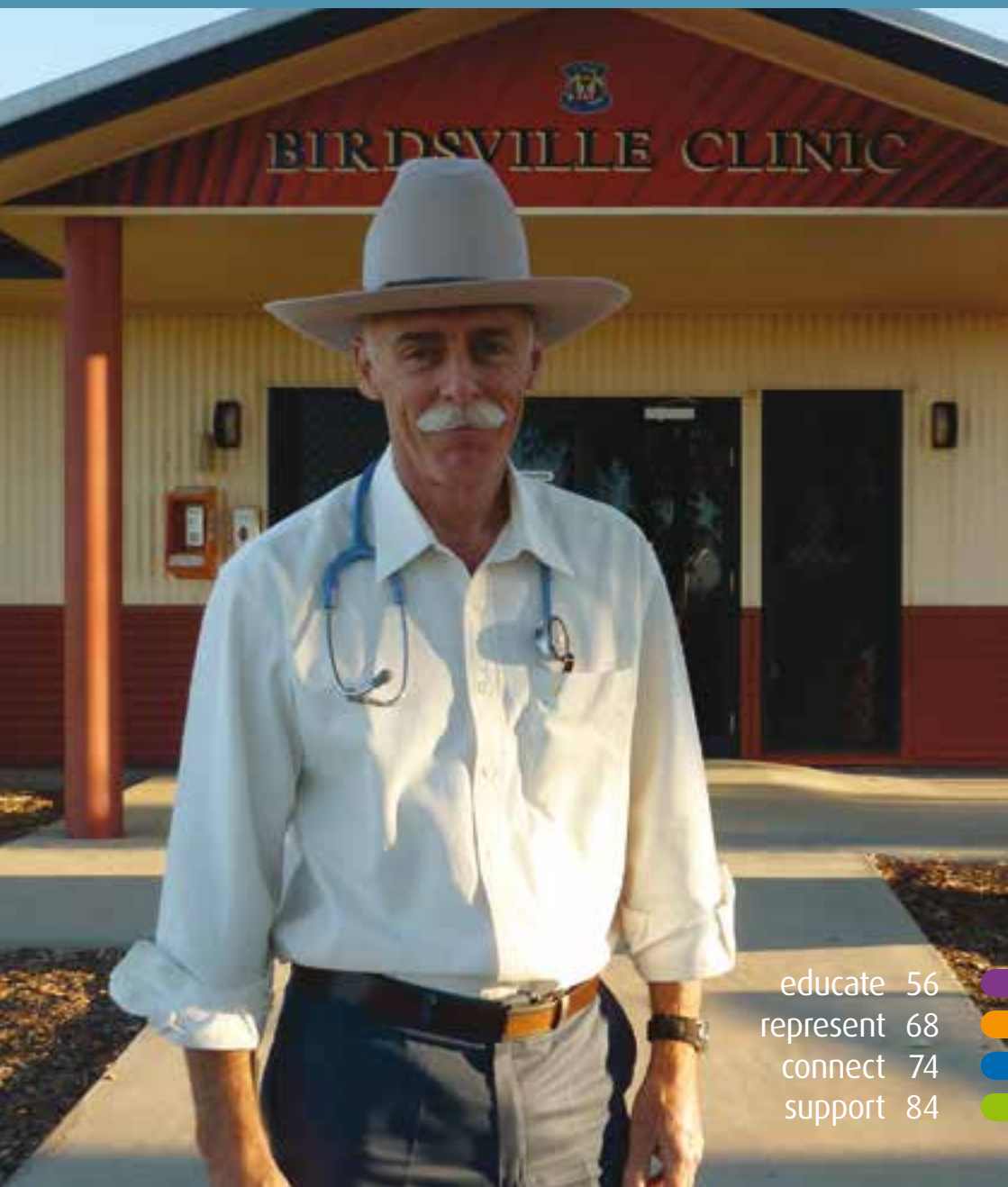


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CRANA^{plus} magazine

the voice of remote health

RRP: \$10.00



educate 56
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13th NATIONAL RURAL HEALTH CONFERENCE THIS IS YOUR CHANCE TO BE PART OF THE PROGRAM

ABSTRACT SUBMISSION NOW OPEN

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13th NATIONAL RURAL
HEALTH CONFERENCE
24-27 May 2015, Darwin Convention Centre, NT

REMOTE AREA HEALTH PROFESSIONALS ENCOURAGED TO SUBMIT AN ABSTRACT

Would you like to be on the program at the 13th National Rural Health Conference in Darwin, 24-27 May 2015?

The 13th Conference Program Committee encourages remote area health professionals to submit abstracts about the special challenges of working and/or living in remote Australia.

The Conference program will contain a series of plenary and concurrent sessions, posters and colloquiums on a wide range of topics. For guidelines providing full details including potential topics, assessment criteria, details about peer-review process, and a timeline of key dates, download the *Abstract Guidelines* at www.ruralhealth.org.au/13nrhc

The abstract submission portal will close on **28 November 2014**.

Visit the Conference website for more information.
www.ruralhealth.org.au/13nrhc
#ruralhealthconf



from the editor

We celebrate remote health practice in this Spring edition through three articles: a fledgling RAN as she is supported and mentored, a RAN who has made the change from city to outback and a RAN with many years experience in Australia and abroad. They talk of their experiences and what has drawn them to their practice, reflecting the spirit and commitment of those individuals who choose to work in the challenging and rewarding field of the remote health profession.



In addition:

- Alice Springs identity Peter Strachan shares his personal story with readers on the impact of contracting leukaemia in a remote area and the role that geography can play in outcomes for many remote Australians with a life threatening disease.
- Jack Beetson, Director of the *Literacy for Life Foundation* talks about an adult literacy campaign developed in Cuba which has been piloted in Aboriginal communities in NSW with excellent success rates.
- BSS Senior Clinical Psychologist Annmaree Wilson writes about Compassionate Leadership and that evidence is showing that kind managers create workplaces where people want to work and want to achieve organisational goals and objectives.

Photo submissions for the BSS *Mindful Photography* competition appear throughout this edition... have you a photo to share? Full details are on our website.

Director of Education Libby Bowell is exploring new combinations of educational courses – and is seeking your input. The Triage Emergency Care (TEC) course article last edition received great interest and CRANAplus is looking for locations in Queensland and Western Australia to run this popular course.

Conference is just around the corner and you can check out the full program on page 42 – and a reminder that it's not too late to register.

The pages of this Spring edition are packed with many more items for your reading enjoyment and we welcome both your feedback and contributions.

Hope to see you at Conference.

Anne-Marie Borchers
Manager Marketing and Communications, CRANAplus



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About the Cover: RAN Andrew Cameron OAM FNM.
Read our feature article on page 10 as Andrew looks back over his 40 year career.

from the ceo



Dear CRANApplus members and stakeholders,

Your CRANApplus has been busy preparing itself for another busy year and has undertaken a lot of self-reflection to ensure that we are meeting your ongoing needs. As the body that represent your collective voice, it's essential we know the real issues that face you in your day-to-day work in the tough conditions of remote and isolated Australia.

To ensure this we are undertaking a review of our communications process, making sure that we are communicating with all our members in a way that's accessible and meaningful. We have also undertaken a review of the Aboriginal and Torres Strait Islander programs, and the need for CRANApplus to develop our own RAP (reconciliation action plan) was clearly identified, a body of work that we will be progressing.

We are continuing to expand the products that we provide with a lot of work being done regarding the further development of more remote specific education opportunities to complement the already extensive array of short courses and e-remote online programs. Likewise our support services continue to work with individuals and organisations to develop resilience.

Some re-alignment of internal processes and staff roles have been undertaken in response to the corporate functions being moved to the Cairns CRANApplus office. We have also chosen to invest more heavily within our professional services unit to ensure we better articulate the challenges and innovation that is inherent within our unique remote context of practice.

It is with pleasure we welcome two outstanding organisations that have chosen to partner with CRANApplus as Corporate Members: the Department of Health & Human Services Tasmania and the Kimberley Aboriginal Medical Services Council. We greatly value our partnerships with these and our other Corporate Members.

Our Annual General Meeting will be held Saturday 18 October in Melbourne during Conference. You will find full details of the six nominees in this edition.

By the time this goes to print I will be undertaking a couple of weeks of clinical work in a remote community in Arnhem Land, an opportunity to maintain my ability to practice as a RAN. Time to put my money where my mouth is? I'll let you know how I go!

I hope you are enjoying Spring down south and enduring the build-up in the north.

Christopher Cliffe
CEO, CRANApplus

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

board nominations



Benjamin Crough

I am applying for a general committee position on CRANApplus Board, as I believe I have the skill set and motivation required to make the role and to influence it with the attitudes and fresh perspective of an early career remote health professional.

I have worked as a remote pharmacist intern for 2014 in both Broome and Derby whilst covering trips to remote communities.

Originally from Tamworth I studied my degree of Pharmacy in Armidale NSW.

In the Kimberley I have worked in the supply of medication through the s100 program, general shop fronts and the hospital of Derby.

My experience to hold such a position have included my appointment to the University of New England's Council, where working with the Chancellor and other councillors from Armidale NSW and wider NSW to make financial, logistic and strategic decisions for the University and its stakeholder.

I also hold the Future Health Leaders representative role for rural and remote areas and have worked with a number of people in HWA (which no longer exists).

However my most passionate role was working as Secretary for the National Rural Health Students' Network where representing all health students interested in rural and remote health, our exec team was able to lobby Government and agencies for better experiences when students go bush.

Working with groups such as SARAH, Medicare locals and CRANApplus we were able to work on a number of projects to increase the favouritism of rural and remote health to these students.

Applying for this role I may be considered novice and inexperienced compared to older remote health workers however with the networks and opportunities that rural and in particular remote health has offered me, I am a suitable candidate.

We all know that the workforce of remote health is getting older in particular nurses so with the upcoming students and early career graduates I feel CRANApplus needs a board member who can represent that flavour of remote health.

We all know that the workforce of remote health is getting older in particular nurses so with the upcoming students and early career graduates I feel CRANApplus needs a board member who can represent that flavour of remote health.

This year will be my 4th CRANApplus Conference and at each I have made a number of contacts that have coached me in the ideas of remote health.

I currently work for a past speaker of the Conference and have networks with a number of people associated with this great organisation. I thank you for your support and I can see CRANApplus continuing doing great things for students and early health professionals. ●



Keith (Bunda) Hunter

I am nominating for election to the Board of Directors. I was co-opted to fill a casual vacancy on the Board until elections are held.

I am an Aboriginal, born Eora and a ceremonial man of Djuin. I have worked as a health professional for over 25 years, and

my experience spans a wide variety of health avenues, including, paramedical, general nursing, rural and remote nursing, mental health nursing, social work, primary health care, Aboriginal health and addiction.

I am currently working in Central Australia directly with an Aboriginal Community controlled health clinic. I have worked in remote areas in most states and territories of Australia including single nurse posts, Government controlled clinics and Aboriginal controlled clinics.

I hold an Associated Diploma in Aboriginal Studies, Bachelor of Nursing, Bachelor of Social Work, Graduate Certificate in Mental Health, Graduate Certificate in Rural and Remote (Advance Nursing) Practice, Graduate Diploma in Psychology, Graduate Diploma in Mental Health (Practice), Masters of Social Work. My aim is to gain a PhD in healthcare. I hold membership to the Australian Institute of Aboriginal and Torres Strait Islander Studies, Australian College of Mental Health Nurses Inc. and Australian College of Emergency Nurses.

I have held elected positions as Counsellor to the Queanbeyan ATSIC Regional Council for 9 years. During this period, I held a number of portfolios such as Health, Social Justice and Housing. During my term as an ATSIC regional counsellor and Chairperson, I was the elected Aboriginal member of the Tripartite Health Forum involving the Federal, State Governments and ATSIC in

regard to delivering a coordinated health service to the Aboriginal communities residing within the Queanbeyan ATSIC Region. In addition I have been a member of several NSW Hospital Boards, such as Queanbeyan, Boorooma and the Monaro Hospital Boards.

I have been employed as a lecturer for the University of Southern Queensland providing education on Aboriginal and Torres Strait Islander mental health and Health Care to a number of health disciplines such as medicine, nursing, pharmacy and allied health.

As a health clinician, who lives and works in a remote environment, I know and understand from firsthand experience, the issues and pressures faced by remote and isolated practitioners.

My specific field of interest is in Aboriginal health. I have conducted several research projects, which have led me to writing several journal articles in relation to Aboriginal and Torres Strait Islander Health, Mental Health and Swine Flu outbreak in the Hunter New England region of New South Wales. In relation to my research findings, I have been a guest speaker at several conferences addressing social and emotional wellbeing issues affecting Aboriginal and Torres Strait Islander people.

As a health clinician, who lives and works in a remote environment, I know and understand from firsthand experience, the issues and pressures faced by remote and isolated practitioners. I look forward to the opportunity to serve the members of CRANApus as a Board Director. Thank you for your support. ●



Mary McCabe

I have a Masters' Degree in Public Health majoring in Behaviour Change Communication and have had eighteen years' experience in leadership and senior management roles on large complex development projects both in Australia and overseas.

I have twenty years' experience as a Social Change and Community Development Specialist gained in roles as a technical advisor and program manager while living and working in remote Indigenous Australia, Laos, China, Afghanistan and the Pacific.

I have also undertaken several pieces of published work for USAID in the areas of Behavior Change Communication, Institutional Strengthening and Governance.

Following 2 years as a remote Area Nurse in Doomadgee I joined the Queensland Aboriginal and Islander Health Worker Education Program as a Remote Area Trainer as part of the initial program team.

My work with Aus Aid in China has been acknowledged globally with the attainment of the Global Health Council White Ribbon Alliance Award for the work of myself and my team in improving Maternal and Child Health outcomes for populations in Rural China.

I also worked as the lead for a national recruitment and operational support project with the United Nations in Afghanistan, which enabled the UN to implement their national development projects effectively and safely in a post conflict context.

I am passionate about being able to positively bring about and manage change...

Currently I head up a Global Diversity and Inclusion Program within the resources sector for Incitec Pivot Limited where I am responsible for the establishment and building of an accessible and inclusive workforce that embraces diversity.

I am passionate about being able to positively bring about and manage change that contributes to the empowerment and positive growth of both the people and the organisations I works with. ●





Jeanette Smith

I have lived and worked in the Northern Territory since 1985 as a remote area nurse/midwife, nursing educator and nursing manager.

For several years I have been involved in the development and improvement of educational courses for Primary Health

Care staff across the NT based in Darwin. I am currently working as the Education Consultant, Chronic Conditions Strategy Unit for the Department of Health.

I have a broad range of nursing experience including education, management and operational nursing...

In 2006–2008 I was an active member of the CRANA Board and enjoyed contributing my remote area knowledge and experience to assist the growth and expansion of CRANAp^{lus} as a professional support organisation.

I have personally experienced the challenge and the satisfaction that can be gained from remote area nursing practice. I have strived throughout my career to enhance the remote area working experience for all remote area health professionals.

I have a broad range of nursing experience including education, management and operational nursing, which I could contribute to the organisation.

I am a hardworking person who likes to make improvements in a team environment. ●

Patricia Yusia

I am passionate about remote health care access and Indigenous health and have dedicated most of my life to community health development and management initiatives to improve the wellbeing of Aboriginal and Torres Strait Islanders. This has included regional and national representation on bodies of work covering child health and welfare to aged care access in remote Indigenous communities.

I have successfully advocated for Indigenous health and well-being issues through participation in many different non-government organisation boards and at a government health executive level. Demonstrating a keen interest in the health and wellbeing of our children, I currently hold the position of Director of the Child Protection Peak Body and also a Director for the Remote Area Aboriginal and Torres Strait Islander Child Care Program. With my added interest in health and human services I am a Director of the NPA Family Resource Centre and the Apunipima Cape York Health Council Ltd.

As a remote area Indigenous woman... I have a long history of supporting remote area health practitioner's access to support, development and training.

I hold a Graduate Diploma in Indigenous Health Promotion, Diploma in Business (Governance), Bachelor of Health Science and an Advance Diploma in Primary Health Care.



I have over 26 years' experience in health, as a senior Indigenous health worker and also as a senior executive manager for the Northern Peninsula Area health services. I am committed to involving community in the development of initiatives and programs designed to improve their own health.

As a remote area Indigenous woman, with linkages to Cape York and the Torres Strait Islands, I have a long history of supporting remote area health practitioner's access to support, development and training.

I remain keen to continue this approach and accepts nomination to the Board of CRANAp^{lus} to support future growth and opportunity for the remote health sector workforce. ●



Dr. Kathryn Zeitz

Dip App Sci, BN, Grad Dip Ed, MN, PhD, FRCNA, EGLF

I first became associated with the Council of Remote Area Nurses in 1998 when I developed the Remote Emergency Care Program and piloted the first four programs – and, ever since then, I have been a keen supporter and member of

CRANAp^{lus}. Again, in 2002 I had the opportunity to review the Remote Emergency Care program.

I have seen CRANAp^{lus} grow and witnessed, first hand, the significant changes to the organisation to achieve this. This has been lead most recently by a strong Board, which I consider comes from a balance of frontline clinical expertise supported by expertise in specialist areas.

I have worked in a number of areas since graduating as a Registered Nurse from Sturt College of Advanced Education in 1985. My early career was at Flinders Medical Centre,

specialising in the emergency department. Since that time, I have worked in range of settings from rural primary care and the Royal Adelaide Hospital.

My most recent role with the Central Adelaide Local Health Network was in change management and in August 2014 I was appointed as the Executive Director of the Mental Health Directorate. I have a strong background in research, completing my PhD at the University of Adelaide Clinical Nursing School.

I would love the opportunity to continue to support the members of CRANAp^{lus} and the organisation's ongoing work as a member of the Board applying my expertise in governance, strategy and planning.

I have over 30 years' experience as a volunteer with St John Ambulance Australia, providing frontline health care provision in the mass gathering setting and national leadership positions.

My Board experience has included being a member of the Board for Variety, the Children's Charity in SA, where I am the Deputy Chair and three years with CRANAp^{lus}, where I am the Chair of the research sub-committee and the Conference sub-committee.

I would love the opportunity to continue to support the members of CRANAp^{lus} and the organisation's ongoing work as a member of the Board applying my expertise in governance, strategy and planning. ●



engage

from the president

I am going to offer you a challenge today, which is the result of a conversation I had with some CRANApus members recently.

I was very privileged to be able to attend the 'Are you remotely interested' conference in Mt Isa recently. This was an excellent conference attended by the broad range of practitioners, researchers, academics, consumers and policy makers who make up the remote and rural health landscape in Australia.

This conference reinforced for me how good it is to be back amongst my own tribe, what great people there are in remote, how very multidisciplinary remote health is at its core, as well as how much we are 'growing up' in remote in many ways.

It was also pleasing to see that CRANApus conducted a REC course prior to the conference with almost every flavour of discipline attending.



The conference also attracted 11 nurse practitioners, who are growing in numbers and were located in remote and rural places around north Queensland.

What struck me however was the continued inequity across the disciplines, largely due to the ways in which programs are funded... the greatest barrier.

There were many new initiatives presented, as well as discussions about new research and outcomes, and the many innovative new models for rural generalism in Australia that have largely been produced as a result of funding from Health Workforce Australia – now closed.

What struck me however was the continued inequity across the disciplines, largely due to the ways in which programs are funded... the greatest barrier. We know that the best way to educate the remote workforce is multi-disciplinary in nature, yet the way in which programs are funded continue to be in disciplinary silos... hence that is how they operate. There have been some improvements over the years, and multi-disciplinary approaches are often mooted, but until the way in which these initiatives are funded this will continue to be the greatest barrier.



It was during a conversation over lunch that I realised that many delegates didn't realise that they could be members of CRANApus. Membership of CRANApus is open to anyone with an interest in remote health – doctors, nurses, Aboriginal and Torres Strait Islander health professionals, midwives, allied health professionals, academics, policy makers, researchers, educators, students, nurse practitioners, corporate bodies ... anyone with an interest in remote health. You also don't need to be located in remote or working in remote, nor be a clinician – just have an interest in the area.

So my challenge to you this week is to ask one person you work with, who is interested in remote health, to join CRANApus. Take them to the website, www.crana.org.au, see all the great programs we offer, go to membership and join up (and be amazed at how cheap it still is!) Then register for the conference in October, it will prove to be one of the best yet. I look forward to seeing you all in Melbourne (where there is also very good shopping!). And remember do something nice for yourself every day.

Dr Janie Smith
President, CRANApus ●

around the world in 40 years

Florence Nightingale Medal recipient and Birdsville Clinic Director of Nursing, Andrew Cameron recounts memories of interesting nursing experiences over 40 years from across the globe.

Andrew Cameron's nursing career kicked off in 1976 when he walked into a classroom as the sole male among the 43 students of nursing. "It was certainly a challenge", recalls Andrew. "I had no idea about what I had let myself in for."

Little did he know then that life would indeed take some unusual twists and turns as his career progressed; some for the better, some a little more difficult.

After graduating and then honing his skills for three years in an Intensive Care Unit, Andrew took the plunge and trained as a midwife. "Queen Victoria Medical Centre (now merged with Monash in Melbourne) took a punt and hired me as a student-midwife", says Andrew.

"A male-midwife was a rarity in those days, and so it was a kind of experiment for them to take me on, but in the end it was a win-win situation. I graduated with flying-colours and practiced in a labour-ward for a couple of years thereafter."

Later, with a BN degree from La Trobe behind him, Andrew went on to be the Director of Nursing at Mornington Island Hospital in the Gulf of Carpentaria. "Really, I only intended to work up there for a year, but ended up staying for seven.

It was a rough old place in those days, awash with grog. But I got to know every inch of the island over the years and virtually knew a thousand people by name. We did our best in the old fibro hospital, and cared for people as best we could."

One of the best things Andrew says he did was to study for a Master of Tropical Health degree at The University of Queensland. His thesis on malaria was conducted on the Solomon Islands. Then, after the hurly burly of Mornington, Andrew needed some relative peace and quiet, so practiced for some years as the sole nurse at Cue Nursing Post in WA. By 2004, he had been named Australian Nurse of the Year at a ceremony in Melbourne and presented the award by the Hon Tony Abbott, then the Federal Minister of Health.

"I thought I was quite well prepared nursing-wise, but really I was in for more shocks. I had dealt with several gunshot-wounded patients on the island (Mornington), but not 15 at a time... it was full on."

With batteries fully recharged Andrew was up for a new challenge. He signed on with the Red Cross and began a seven-year stint as an international humanitarian health delegate. "I thought I was quite well prepared nursing-wise, but really I was in for more shocks. I had dealt with several gunshot-wounded patients on the island (Mornington), but not 15 at a time, as I was confronted with one night at Lopiding Hospital for the War-Wounded in Kenya... it was full on. After six months there, the Red Cross sent me to the Sudan for a year and a half. ►►



Andrew Cameron (middle) with tribal elders in Afghanistan during a meeting about vaccinating children against polio.

► Juba was a dusty little garrison town, but rapidly expanding. I was Head Nurse at Juba Teaching Hospital, an extremely busy institution with a staff of more than 600. The Sudanese civil war flared up from time to time, and continues to this day. Many of the patients had serious wounds from the conflict, which required careful surgery and prolonged, diligent nursing care post-operatively. We had a great team and the local staff was highly motivated and skilled.

He ran several primary health care programs in the isolated northern mountains of Yemen, to assist the victims of on-going internal conflicts.

Next Andrew was assigned to a difficult situation in Afghanistan. As an accomplished hospital-administrator, his task was to assist the Afghanistan Ministry of Health to manage the surgical side of the 500-bed Jalalabad Public Health Hospital – the largest in Afghanistan. His 16 months' work was to assist hospital-managers to improve the population's access to quality hospital care. At the end of that mission, Andrew was handed a personal letter of thanks by the Minister of Health for Afghanistan for a job well done.

After a short break, Andrew was next assigned a post in the Republic of Yemen during 2009. He ran several primary health care programs in the isolated northern mountains of Yemen, to assist the victims of on-going internal conflicts.

After Yemen, Andrew was asked to go for a year to Iraq, where his work consisted of leading a team of medical and nursing teaching staff conducting a series of programs called Emergency Services and Trauma Management Courses for Doctors and Nurses. "Basically the programs we ran involved teaching staff how to effectively deal with mass-casualties, to categorise, to triage and what to do next in order to ensure the survival of the most.

It was like being a trainer for ALS, TCCN and PHTLS all put together, only more complex and the stakes higher," recounts Andrew. He was based in Najaf, near Babylon in the centre of Iraq.

After his year in Iraq, Andrew was assigned a post in South Ossetia, between Georgia and Russia, where his brief was to improve the skills and conditions of nurses in isolated health posts. During that year (2011) Andrew was awarded the Florence Nightingale Medal, the highest international distinction a nurse can achieve.

Asked to return to Afghanistan for another year (2012–2013), Andrew accepted with little hesitation. He was posted in the south of the country this time. Based in Kandahar and with monthly travel to Tarin Kowt in Uruzghan, Andrew was given a number of tasks – visiting prisons to ensure the welfare of detainees, teaching first-aid to troops and others involved in the conflict, and negotiating access to isolated areas for immunisers conducting campaigns against poliomyelitis. "None of these were easy tasks," says Andrew. "You had to be alert and think of every possible consequence of your actions over there."

During that year (2011) Andrew was awarded the Florence Nightingale Medal, the highest international distinction a nurse can achieve.

Since his welcomed return from Afghanistan, Andrew was awarded an Order of Australia Medal in 2013 and is now a Director of Nursing at Birdsville in the far west of Queensland, where no doubt his skills and wealth of experience are being put to good use.

It is nearly impossible to summarise 40 years' work in a thousand words. Perhaps all the other twists and turns will have to go into a book someday! ●

rural nurses vital in cervical cancer prevention

By Sandy Anderson
PapScreen Victoria's Nurse Consultant

In some communities across Australia, GPs are the only health professionals qualified to conduct life-saving Pap tests.

This is a huge barrier for women in rural and remote areas, where GPs available are stretched for time, and many are male.

For the past two decades PapScreen Victoria has been working to reduce these barriers by supporting the training of nurses across Victoria to deliver cervical screening.

Latest figures¹ show that in 2013, 437 nurses collected more than 38,000 Pap tests in Victoria alone – that's around 6 per cent of all Pap tests.

Compared to 1996 figures, when just 5,170 of Pap tests (or 0.8 per cent of the annual total) were collected by nurses, it demonstrates how much the program has grown.

Outer regional or remote areas are reaping the biggest benefits, with nurses collecting 17.4 per cent of Pap tests in 2013 – that's about 50 per cent more than the previous decade.

But it's not all about the numbers.

The majority of nurses are female, which is an important consideration for many women. Nurse cervical screening providers take the time to build rapport with their patients and in most cases have the time to complete a comprehensive women's health check. They're often involved in broader community activities, and are a recognised and trusted community member.

Up to 80 per cent of cervical cancer cases could be avoided with regular screening, so it's vital that women feel confident about having these life-saving tests.



*PapScreen
Victoria*

Nurses in Victoria are required to undertake a credentialling and recredentialling requirement to be a cervical screening provider. Credentialling recognises the individual expertise of a nurse and demonstrates to patients and colleagues that the nurse is participating in a quality process to ensure standards of practice are met and maintained.

Up to 80 per cent of cervical cancer cases could be avoided with regular screening...

For more information on PapScreen Victoria's nurse cervical screening provider courses and credentialling visit www.papscreen.org.au

Cervical cancer in Australia: A snapshot

- In 2011–2012, 58 per cent of eligible women aged 20–69 had a Pap test¹
- In Australia in 2011, 229 women died from cervical cancer²
- In Australia, the number of women diagnosed with cervical cancer has dropped by 4.5% on average each year since organised screening began in 1991

References:

1. Evaluation Of Pap Tests Collected By Nurses In Victoria During 2013, Victorian Cervical Cytology Registry, published June 2014.
2. Cervical screening in Australia 2011–2012, Australian Institute of Health and Welfare, published May 2014

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“yes I can”

An adult literacy campaign developed in Cuba has been piloted in Aboriginal communities in NSW with excellent success rates.

And Aboriginal educator and Executive Director of the Literacy for Life Foundation, Jack Beetson, now has plans to take the “Yes I Can” campaign throughout Australia.

A key factor to the success of ‘Yes I Can’ is its whole community campaign approach,” said Jack, who introduced the Cuban model to Australia in 2011.

“This model is actually our people doing the work for themselves, and the format perfectly suits our Aboriginal communities,” he said.

A key factor to the success of ‘Yes I Can’ is its whole community campaign approach...

“We involve the local Aboriginal community, local government, local business, local individuals: so the community as a whole has a vested interest in it working.”

In the first stage, Jack and his team plan to reach a minimum of four regional communities a year, which would improve the literacy of more than 200 Aboriginal people every year.

“Ultimately, I would like to see the campaign rolled out nationally, with a workforce of around 200 people, and with the campaign reaching thousands of people a year,” he said.

Literacy is increasingly important as we move towards online and texting communication, said Jack. “If someone tells you to fill in a form online, or to text them, and you can’t read or write, that’s a huge disadvantage.”

“The prerequisite for children becoming literate is getting literate adults.

“The bottom line is, if children don’t witness their parents or people they respect valuing literacy, they don’t value it themselves.

“A great outcome of the campaign is that we have seen whole communities become engaged in the process, with parents and grandparents now reading to their families and schools reporting that general participation is up.”

And the benefits of this campaign go well beyond literacy.

“It is shown that improved literacy means improved health. People’s self esteem increases, incarceration rates fall and family connections are stronger,” Jack said.

“With the pilot campaigns, graduates have undertaken further study in accredited vocational courses, while others have found paid employment.”

“Many have become active citizens in their communities, as members of committees and as role models for other people.” ►►



LFLF Adult Literacy classroom in Bourke.
Photo: Edwina Pickles.

jack beetson

Mr Beetson, Jack, is a Ngembaa man who has expertise in facilitation of communications and dialogue across cultures; post conflict recovery and reconciliation; adult education and training; community development for sustainability; and indigenous and human rights education.

Jack has worked as a CEO and management consultant in major NSW Aboriginal organisations, most recently the Birpai Land Council and the Kempsey Housing Association; and has run his own companies, including the Linga Longa Aboriginal Philosophy Farm Inc.

In 1992, he represented the National Coalition of Aboriginal Organisations at the UN Working Group on Indigenous Populations in Geneva. In 1997, he was a member of the Australian delegation to the UNESCO CONFITEA V Forum, where he chaired the session on Indigenous education rights. Jack is the Executive Director of the Literacy for Life Foundation. ●





► Jack, who has been involved in Aboriginal education for about 30 years, first came across the “Yes I Can” model when he was working in East Timor.

“Yes I Can”, developed by IPLAC (Institute of Pedagogy of Latin America and the Caribbean) in Cuba, has taught more than 6 million people in 28 countries to read and write.

Returning to Australia and working in Wilcannia in rural NSW, he realised how beneficial this model could be in Aboriginal communities.

Three successful pilots have now been undertaken in Bourke, Wilcannia and Enngonia in NSW, with a total of 81 graduates.

He pointed out that, after graduation, participants have continued to improve their literacy through various courses, such as computer, first aid, driving and cooking courses.

“We are so proud of the graduates, they have overcome immense adversity and are fully engaged in their communities and now spread the word about the importance of literacy,” said Jack.

There are three phases to the “Yes I Can” model. The first phase is the community mobilisation phase, including conducting a survey with every Aboriginal household.

Above: The graduates of Bourke, Enngonia and Wilcannia campaigns with Jack Beeton and the Cuban Ambassador Mr Pedro Monzon Barata. Photo: Edwina Pickles.

“This phase not only gives us a lot of information about the literacy levels of people, but it also gets the information about the campaign out there and encourages the community to get involved,” Jack said.

“At this point, we also engage the interest of government departments, non-government bodies and agencies, private businesses and supporters, sponsors and partners.

“Everyone is aware and talking about it.

“The second phase is the teaching phase in the classroom, and we train and use Aboriginal people as the facilitators.

“The third phase is post literacy activities and we also train a local Aboriginal person to be the post literacy coordinator. These activities range from computer classes, to first aid, driving courses etc. It’s on the basis of ‘use it or lose it.’”

Jack, who has been involved in Aboriginal education for about 30 years, first came across the “Yes I Can” model when he was working in East Timor.

Approximately 65 per cent of Aboriginal people are functionally illiterate in English, regardless of whether they live in urban, rural or remote areas. When it comes to Aboriginal adults, conservative estimates suggest 40 per cent are currently at or below Level One on the Australian Core Skills Framework (ACSF). The minimum level necessary to succeed in most training, study and employment opportunities is Level Two or Three.

The “Yes I Can” campaign is addressing this huge problem,” says Jack.

The pilots were funded by the Commonwealth Department of the Prime Minister and Cabinet and Department of Industry and the NSW Aboriginal Housing Office, with some private support, and was managed and evaluated by the University of New England.

“And it has been so successful that we have a major corporation Brookfield Multiplex prepared to put its weight behind its development across Australia, Jack says.

The Foundation is now actively seeking sponsorship from other private sector organisations and individuals to enable a further up-scaling of the campaign. ●

the impact of contracting leukaemia in a remote area: a personal story

Peter Strachan, more commonly known as Strachy, lives in Alice Springs. He has worked as an employee relations consultant at Charles Sturt University's Alice Springs campus since March 2013, since returning to work thirteen months after a bone marrow transplant. Here he tells his personal story of leukaemia, from being diagnosed to his current state of remission.

Peter outlines the health care he received, involvement of family – and particularly a comparison of his situation with people who

are more fortunate because they live in a major city and people much less fortunate, because they live in more remote townships.

In April 2010 life was good and simple. I live in Alice Springs, was then 61 years old, in good health, married to a strong Arrernte woman and sharing the joys of our 8-year-old daughter. But six weeks later, after feeling delirious, feverish and with a sharp pain in my left leg, a doctor at the Emergency Department of the Alice Springs Hospital (ASH) was telling my wife and me: "I have some bad news, you have leukaemia".



Dr Yeung and Strachy.

After trying to digest the news, I turned to my wife and said simply: "We'll fight this". After getting advice, it was off to the Royal Adelaide Hospitals (RAH), where there is an excellent haematology and oncology unit.

"I have some bad news, you have leukaemia."

And so began my journey. The diagnosis was acute myeloid leukaemia (AML). My treating haematologist is Dr David Yeung, an extraordinary human being, whose skills include a sense of humour, full and honest explanations of treatment and its risks and the ability to generate complete confidence in my wife, daughter, family and friends. A year later, I was in remission, in good health and allowed to return home to Alice Springs, on the basis of monthly blood tests, and returning to the RAH for a bone marrow biopsy every three months.

Six months after that, however, the second biopsy in November 2011 showed a relapse. Taking the call from Dr Yeung was hard, but ringing my wife back in Alice Springs to tell her the bad news was worse.

Once again, we resolved to beat it. The message from Dr Yeung was straight to the point: "We can give you more chemotherapy and it will probably give you twelve months to live, or we can give you a transplant and it should give you at least five years".

My brother Robert had been matched for any stem cell transplant, and on 17th January 2012, Robert's cells were fed intravenously into me. The best advice from Dr Yeung when it was toughest was to think of it as "waiting for the harvest to come in". Upon discharge I was an outpatient for just over five months. I was then allowed to return home to Alice Springs, again on the basis of monthly blood tests and quarterly bone marrow biopsies back at the RAH. I cannot praise the doctors, nurses and other support staff of the RAH enough. ▶▶

peter strachan

Peter Strachan, more commonly known as Strachy, works part-time for Charles Darwin University and is based at its Alice Springs campus as an employee relations consultant.

He has been in this role since March 2013, on returning to work 13 months after a bone marrow transplant after contracting acute myeloid leukaemia.

He moved to Alice Springs in June 1992 to continue his work in employment, education and training, first begun in 1973.

His outside interests are his family and friends, music, reading, politics and Aussie Rules. ●

My "Long March" is not unique. Seventy Northern Territorians are diagnosed with leukaemia annually. The impact on the patient, their family and friends is enormous, particularly those in more remote locations.

My story highlights three issues:

1. The combined work of Dr David Yeung and the RAH medical team and the support services of the Leukaemia Foundation have a direct, positive impact on the life expectancy of remote leukaemia patients.
2. In times of budget constraints, the Federal and NT Government Departments need to be constantly reminded that leukaemia and other cancer patients living in remote locations face additional financial and access burdens on top of the disease itself.
3. Those designing Centrelink guidelines for carers need similar reminding that budget savings can be at the expense of lives.

» Remoteness

Alice Springs is deemed remote. The town has approximately 28,000 people and operates as the major service and commercial base for Central Australia. It has a large regional hospital, several GP clinics and four pharmacies.

“We can give you more chemotherapy and it will probably give you twelve months to live, or we can give you a transplant and it should give you at least five years.”

To better understand the needs of more remote Central Australia, Alice Springs can be compared with two very remote communities in the region – Amata and Kintore. Amata is approximately 115 km due south of Uluru (Ayers Rock) in South Australia, 380 km south west of Alice Springs. The population is approximately 300 people, almost all Indigenous. It has an airstrip, a health clinic with a visiting doctor service, but no pharmacy. Kintore in the 2011 census had a population of 454 people, again almost all Indigenous. It is 34 km east of the Western Australian border and 521 km from Alice Springs. Like Amata, it also has a community controlled health clinic and an airstrip, but no pharmacy and only a visiting doctor.

Accessing medical services

Acute myeloid leukaemia diseases need urgent and highly skilled treatment or the patient dies. Fortunately for me I was able to get to the Alice Springs Hospital quickly, have a blood test immediately, and then access a Royal Flying Doctor Service airlift within 36 hours to Adelaide. If I lived in Amata or Kintore it is highly unlikely that I would be telling this story.

Once remotely-located leukaemia patients are ready for discharge, accommodation is crucial.

On average, an outpatient needs up to six months immediate access to treatment and reviews. Like most remote area people, I had no family in Adelaide or somewhere to stay. The Leukaemia Foundation in South Australia offers patient and family accommodation to country and interstate people.

Coming from a remote location, I didn't have my own transport to get to and from medical appointments. For at least the first three months an outpatient's immune system is highly vulnerable, consequently public transport is out of the question. The Leukaemia Foundation also offered an excellent volunteer driver service for my carers and me.

One by-product of the treatment of my disease has been excessively dry eyes, in my case a condition similar to trachoma. At both the RAH and ASH, waiting lists exist to access ophthalmology services. Luckily for me my GP was able to get me access to the specialist. *Such an intervention would be far harder if I was resident in Amata or Kintore.*

Amongst other things, a stem cell transplant wipes out the immunisations most Australians have as children. The Northern Territory health system initially struggled with the “jurisdictional” issue of adults requiring immunisations normally only accessed by children. After a fortnight of deliberation I was able to have the procedure locally. Living in Alice Springs was battle enough – residing in a very remote community like Amata or Kintore would have been worse.

Regaining well-being when living remotely

1. Carers

The importance of carers for patients with cancer-related disease is well-documented. My wife was able to be with me for the first month I was in Adelaide, while back in Alice Springs her sister was able to care for our daughter. This emotional support was vital to my wellbeing, but incredibly stressful for my wife. When she went back home to Alice

Springs, my siblings in Victoria had drawn up a roster of who could leave their households stay in Adelaide.

During both my stints in Adelaide, my wife and daughter were able to fly down on a monthly basis, courtesy of a wonderful support network of people locally and interstate who helped pay for their flights. Several friends also made the trip. Just as importantly it gave a break for my main carer, my sister Alison.

The financial impact on Alison was massive. She gave up her job in Melbourne, but still had a mortgage to meet, as well as the cost of living in Adelaide. Centrelink regulations for carer payments are particularly restrictive. Eligibility depends on being basically incapable. In my case, I could feed myself, walk and function mentally. Too well, apparently, for Centrelink approval. No-one doubts the risk of fraud, but this treatment of a genuine carer demonstrates a need for a serious review of the carer guidelines.

2. Family and friends

The value of family and friends cannot be overstated. I am privileged to be married into a strong Indigenous family, live in a remote country town where community spirit is still alive, and have friends and networks from my student and work days. Throughout, all three factors played a huge role. If my wife and daughter weren't with me in Adelaide, every day we would speak on the phone. Each time my wife would tell me who she had run into and asked about my progress, and it would be three or four people *every time!*

3. Emotional well-being

Not once did I feel isolated or despairing. I remember saying to a breast cancer survivor that I knew how lucky I was to not have one “black dog” day. There were tough days, but family and friends kept the flame burning. A mate gave me a laptop to keep in touch with home and the outside world. Each leukaemia patient has a different experience. This doesn't make me more resilient, just lucky.

4. Financial impact

In 2012, it cost \$1800 for my medication. Most was subsidised, although one medication would have cost \$700 at my local pharmacy. *Access to a pharmacy for very remote locations like Amata or Kintore is an additional burden.* I also thank my GP, Dr Wendy Zerk, for approving a bulk bill arrangement for my local check-ups.

Eventually I ran out of sick and recreational leave. We are eternally grateful to the town of Alice Springs for running hugely successful fundraising activities in early 2012 to help us through the crisis. Remotely located Indigenous people have powerful family networks, but their average income is minimal and it is impossible to generate savings to cover the financial impact of a major illness.

Not once did I feel isolated or despairing. I remember saying to a breast cancer survivor that I knew how lucky I was to not have one “black dog” day.

By contrast, people in urban situations are often better situated financially, but lack the community support of those of us in remote Australia.

5. Non-traditional healing

My wife's Arrernte cultural links allowed access to four local traditional Aboriginal healers, *Nungkaris*. *The work of the Nungkari may involve healing to improve the health of individuals, cleansing buildings or special sites and looking after country.*

For me, this form of healing has literally and metaphorically renewed my spirit. In very remote Indigenous communities such as Amata and Kintore, traditional healing is still very much alive. It is one of the few advantages these locations have when recovering from a life threatening illness. ●

congress highlights diversity of midwifery worldwide

Glenda Gleeson, CRANApus Maternity Emergency Care Coordinator gives a personal account of her experiences at the 2014 International Congress of Midwives held in Prague in the Czech Republic.

If you want to go fast – you go alone

If you want to go far – you take others with you

Quote from ICM Patron, Her Excellency Toyin Seraki – Nigeria

This was one of the memorable quotes from many inspiring speakers and workshop presenters at the International Congress of Midwives, held this year in Prague in the Czech Republic. I consider this an important and powerful message as we move along the path to improving maternal and neonatal health in the world, particularly important as we work in such culturally diverse environments. I refer to not only cultural diversity in race and nationality but also with our various groups in the health industry. Whether we be midwives, nurses or other health practitioners, we have significant diversity within our peer groups and, within these groups of difference, it is essential we take others with us in progressing education and improvements in health care.

I witnessed the diversity of what it is to be a midwife in countries of such poverty and struggle for human rights...

Contemplating the reality of midwives coming from Africa, Asia Pacific, Europe and beyond, I witnessed the diversity of what it is to be a midwife in countries of such poverty and struggle for human rights, learning, for example, of the Czech Republic midwives' struggle for recognition as a profession and the low wages they receive for their very important work.

For the first time, the Australian flags were carried by an Indigenous midwife, Leona McGrath from NSW...



Alighting at Prague airport, I also was delighted to meet past midwife friends and colleagues from Papua New Guinea: what a welcome reconnecting on the other side of the world. Connecting with midwife friends old and new from across our large country was delightful, hearing of their work and life.

Australia's representation at the Congress was large, with 458 midwives delegates attending and many speakers. For the first time, the Australian flags were carried by an Indigenous midwife, Leona McGrath from NSW: a very proud and emotive moment in time for Australian midwifery.

The Red Akubra hats and colourful pashminas we wore were easily spotted throughout the Congress building.

This highlighted to me the wealth we have as Australians, being able to travel such long distances and attend this special event. ►►



► After each plenary session, Australian midwives collected money (in the red Akubra) to sponsor a midwife from a less privileged country to attend ICM Toronto 2017.

Many Australians presented PhD research, others spoke about aspects of their daily midwifery work practice. CRANApus midwifery facilitators Nigel Lee, Caroline Whitworth, Alison Teate, Sue Kildea and Sue Kruske all presented their work. Congratulations to all for your papers being accepted at such a significant Midwifery meeting.

The Red Akubra hats and colourful pashminas we wore were easily spotted throughout the Congress building.

A highlight of the Congress was the variety of presentations and workshops and the working together with organisations such as the White Ribbon Alliance to bring skilled maternal health care to the most in need regions of our world.

ICM in Toronto 2017 is now being developed this will have a strong Indigenous theme so to all midwives who are engaged or have an interest in this area its time to start thinking of a paper to present.

We have many important stories to share but more importantly we have much to learn to get maternity services right for remote and rural women. ●

Midst the presentations and workshops, the congress participants created a new "World record of Midwives singing". Glenda pointed out that, being an ICM virgin, the emotion, energy and excitement of being in a space with 4000 midwives was incredible.

"My eyes filled with tears so many times as we created the World Record when we performed in Tampa Park in Prague," she said.



Swedish and Aussie midwives at the opening ceremony of the 2014 International Congress of Midwives.

wow! this is nursing

Rebecca Crozier, Registered Nurse at Fitzroy Crossing Hospital, tells a tale that recently reminded her how lucky she feels that, after 16 years of nursing, she is finally living her dream of remote nursing. "On this day, I was so far removed from the past five years of my nursing life, working on the 10th floor at the Canberra Hospital on a 32-bed gastro surgical ward," she said. "I smiled to myself and thought 'Wow, this is nursing'."

It is a spectacular warm Sunday morning in Fitzroy Crossing as we climb into the ambulance, armed with an extensive drug box, all our medical equipment and of course most importantly a ham and tomato sandwich and bottle of water!

Driving out over the mighty Fitzroy River, I can't help but get lost in the dramatically harsh landscape of the Kimberley: not a cloud in sight, just a massive blue sky. Off in the Spinifex, I spot a pair of brolgas in what appears to be an intricate mating dance. As the ambulance slows down I look ahead and see a mob of Brahman cattle meandering across the highway, flicking their big floppy ears to keep the flies away.



Our mission today is to respond to an ambulance call-out to a nearby local community: an Aboriginal lady has fainted at church.

On arrival we notice that it would be impossible to get the ambulance close enough to the church, we have to get the stretcher out and wheel it over a small sandy rise, navigating our way through a thick patch of three-cornered Jacks over to our patient (I am becoming acutely aware of how remote nursing at times requires improvisation and thinking outside the square).

The church service has come to a halt and as I look at the patient on the veranda I am relieved to see that she is breathing! (If you are going to faint there is no better place to do it than in church!).

With the help of the locals we are able to put our patient on the stretcher and persevere through the pindan and prickles back to the ambulance.

As we head off back to Fitzroy Crossing, I can't help thinking of a comment a friend had made after hearing some of my remote nursing tales: "A day in your life, would be the day of someone else's life". ●



phone call introduces marie to remote nursing

Half way through her year as a remote area nurse on Groote Eylandt in the NT, Marie Kenyon says she has found her calling.

I was on a PM shift on the busy Trauma Ward at the Alfred Hospital in Melbourne just over a year ago when I decided to call the Clinic Manager at a Health centre on a magical little island in the NT, to see if she knew of any way a new graduate could get a foot in the door of Remote Nursing. She encouraged me to apply for a position with the N3 Program. I think it was the best phone call I have ever made.

My mum was a RAN at a community called Peppimenarti 40 years ago, starting the clinic there. She told me how she initially held her consults under the shade of a gum tree until she was upgraded to a caravan and then a tin shed. So my whole life I grew up hearing her amazing stories, dreaming of one day having some of my own.

Six fantastic months have flown by doing the N3 Program offered by NT Health on Groote Eylandt. I can wholeheartedly say I have found my passion as a nurse and know that a RAN is where I'd like my career to be.



In such a short time I've learnt so much about life, culture and the vital role Remote Area Nurses play out bush...

Far left: Seafood (crab, mussel and oysters) that we collected with one of our senior Aboriginal health practitioners on our ladies' day out. Top left: A huge sea eagle's nest we found when trying to find a spot to watch the sunset. Bottom left: Learning how to make damper in a sand camp oven with some smokey billy tea. Above: A beautiful spot to fish on the north of the Island.

In such a short time I've learnt so much about life, culture and the vital role Remote Area Nurses play out bush, not just on an acute level but on a primary health care level as well.

I still have a long way to go and understand that nurses never stop learning. The next big challenge for me over my final six months with the program is 'on-call'. I haven't 'mastered' it yet and according to the experts (some of the senior RANs I am lucky enough to get advice from) I never will!

To say that I have been exceptionally supported in the clinic I work in is an understatement.

The team here has encouraged and guided me in every way possible to give me the best opportunity to experience all that being a RAN and part of a remote team encompasses.

By the end of the year I will have had one-on-one time with many specialty areas including Midwifery, Child Health, Public Health, Chronic Disease and Alcohol and Other Drugs.

The program initiates new remote nurses in a very unique way, catering for all levels of experience and allows the individual to progress as quickly or as slowly as they need. Ideally becoming ready to apply for a continuing position at the end of the twelve-month period.

I have loved my time so far and feel so incredibly privileged to have been given the opportunity to learn from and work alongside such a terrific highly-skilled, passionate team. ●

profile: johanna hunt maternal and child health worker at apunipima cape york health council



How long have you been in this role and what does it involve?

Since April 2013 I've been assisting the Maternal and Child Health team in the delivery of services in Aurukun. I travel to community weekly – usually alongside our Child Health Nurse. My main focus has been the Baby

Basket program. We're now starting to deliver the Baby One Program which extends our work with new mums over a longer period to help them stay engaged – ideally for the first 3 years of their child's life.

How did you get into this type of work?

I've worked in early childhood for 20 years and have my Bachelor of Teaching from Macquarie University. It was a really easy transition from a learning environment to a health role with five years as a Parenting Coordinator in Aurukun along the way.

Where are you based?

I've lived in Aurukun before but now I'm based in Cairns and my role is fly in/fly out to Aurukun. My dad's family is from Yam Island in the Torres Strait and mum's family is from the Coen area so I'm deeply connected to the communities of the Cape.

How has the role inspired you or changed you personally?

Wanting to achieve the best in service delivery for my people in the Cape and have even more knowledge behind me, I've decided to enrol in a Bachelor of Nursing.

I've also given up smoking recently. It didn't feel right to be talking to young mothers about the dangers of smoking while I'm a smoker myself. It was a really easy decision to make – I felt I had a responsibility to get my own backyard in order.

What do you like about working in a remote community?

I love my work and being in Aurukun. I can grab some families and go fishing or to the beach after work. My kids have left home now so I can be away more. I'm away from Monday to Thursday so by the time I get home my husband and I can't wait to see each other. We appreciate each other more.

The community is my main resource and I always consult them on issues.

Another thing I really like is being able to draw on local knowledge. The community is my main resource and I always consult them on issues. Local families really know how to get things done. The whole Apunipima team is very supportive and have a lot of respect for local community protocol. I like that I can adapt my work to the community way. ●



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the purple house



September 2014 marks ten years of dialysis in remote communities for Western Desert Dialysis otherwise known as the Purple House!

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Above: Lorraine relaxing before the Kangaroo tails go on the fire (Josh and Rudy Cox in background). Below left: The 'Purple Truck'. Right: Aratja grinding stone.

We have the 'Purple Truck', care coordination, social support, a social enterprise, bush medicine and catering. See diagram on following pages to get a broader picture.

We have dialysis in Kintore, Alice, Ntaria, Yuendumu, Warburton, Lajamanu, Kiwirrkurra and the Purple truck (currently travelling down the Tanami). Communities own and drive this project and there is a whole heap of pride attached to looking after their mob with end stage renal failure and getting them home to country!

The Purple House in Alice not only has dialysis, Primary health care, podiatry etc, but chooks, a fire pit, and a pizza oven! It is a welcoming place, a home away from home for people forced to leave their communities.



You would think that there are not many giggles to be had working with people with end stage renal failure, but the Purple House is a remarkably positive place and we do have fun and try to make the most of each other.

Cultural priorities of family, country, dreaming and compassion are front and centre for what we do.

We love visitors, friends, volunteers and benefactors, so if you'd like to know more or visit, or just keep up with what we are up to www.westerndesertdiagnosis.com is where you will find us!

Cultural priorities of family, country, dreaming and compassion are front and centre for what we do.

We are always looking for experienced dialysis nurses who would like to live in remote communities!

PALYA LINGKU! (Good story!) ●

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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/sites/default/files/health/docs/MNNP-course-flyer.pdf>

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





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

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Double page		4,256	7,661	10,853	13,619

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

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

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



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



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



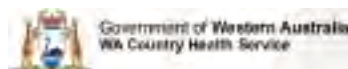
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



Northern Territory Department of Health & Families Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary health care team.



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



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



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



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



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



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Koolan Island is an iron ore mine site on one of 800 islands in the Buccaneer Archipelago in Yampi Sound, off the Kimberley coast of Western Australia. Approximately 400 people are employed and all are FIFO (Fly-in/Fly-out) workers.



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



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



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



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



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



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



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



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Royal Flying Doctor Service
CENTRAL OPERATIONS

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



Royal Flying Doctor Service
QUEENSLAND & 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 and Remote Nursing Solutions provides flexible, responsive, high-quality and alternative nursing solutions for their clients.



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



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



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.



conference beckons

Fantastic keynote and guest speakers and thought-provoking presentations, a showcase of practical products and services, and celebrations of excellence in remote health practice spill from this year's programme for our CRANApplus Conference in Melbourne in October.

There's still time to sign up for this annual event: a perfect opportunity to join your colleagues from all over Australia, and from all areas of remote health care, to get the latest news and developments affecting our professions – and, of course, have some fun.

Keynote speakers opening the first-day sessions on Thursday 16 October are Australian Human Rights Commissioner Tim Wilson followed by former Chief Commissioner of Victoria Police Christie Nixon APM: an indication of the calibre of this year's Conference offerings.

Topics throughout the Conference are wide-ranging: including dealing with eyes, teeth and ears; pregnancy, rheumatic heart disease and mental health, to name but a few.

The Official Opening Ceremony will feature a welcome to country by a Wurundjeri Elder and Didgerido performance. This year will feature a presentation of new Fellows of CRANApplus in addition to the ever-popular Presentation of Graduates. The Ceremony will be held at the venue – the Pullman Melbourne with a backdrop of the lovely Albert Park Lake.

We will be joined this year by regular and new sponsors and exhibitors showcasing their products and services. You can take this opportunity to inform and update yourself about a range of products and services and the latest developments in technologies, therapeutic treatments, products and services for personal use and career opportunities.

The Official Conference dinner on Saturday evening is a celebration of remote health practice and includes the presentation of the annual CRANApplus Awards and the announcement of the winner of the prestigious Aurora Award which recognises the 2014 Remote Health Professional of the Year.

And you can bid farewell to yet another successful Conference by dining and dancing til late, against a backdrop of the lights of the Melbourne city skyline. ●

registration

You can still register to join us at the 2014 Annual CRANApplus Conference by completing the online form or by downloading a PDF Registration form, both available at: <https://crana.org.au/about/conference/register-preview/>

See opposite for Conference Registration options, ranging from full inclusive packages through to individual events, enabling you to tailor your attendance. We look forward to welcoming you to the Pullman Melbourne, Albert Park. ●



	Member	Non-Member
Packages		
Full Conference Package includes: <ul style="list-style-type: none">• Welcome Ceremony <i>Wednesday 15 October</i>• Day One Paper Sessions <i>Thursday 16 October</i>• Day Two Paper Sessions <i>Friday 17 October</i>• Day Three Paper Sessions <i>Saturday 18 October</i>• Annual Dinner <i>Saturday 18 October</i>	\$880 \$660*	\$990 \$850*
Student/Retiree Concession Full Conference Package includes: <ul style="list-style-type: none">• Welcome Ceremony <i>Wednesday 15 October</i>• Day One Paper Sessions <i>Thursday 16 October</i>• Day Two Paper Sessions <i>Friday 17 October</i>• Day Three Paper Sessions <i>Saturday 18 October</i>• Annual Dinner <i>Saturday 18 October</i>	\$520 \$495*	\$570 \$495*
Individual Events and Sessions		
Welcome Ceremony <i>Wednesday 15 October</i>	\$80	\$85
Day One Paper Sessions <i>Thursday 16 October</i>	\$300	\$400
Day Two Paper Sessions <i>Friday 17 October</i>	\$250	\$350
Day Three Paper Sessions <i>Saturday 18 October</i>	\$250	\$350
Annual Dinner <i>Saturday 18 October</i>	\$120.00	
ALL registrations close 5 October 2014.		

*Presenter Full Conference Package



officiating at the welcome ceremony



Alison McMillan
Chief Nurse and
Midwifery Officer
Victoria

Alison has more than 25 years' experience as both a clinician and an executive in the public healthcare

sectors of the United Kingdom and Australia.

In her role as the Chief Nurse & Midwifery Officer for Victoria, Alison provides strategic leadership to the public health sector and plays a pivotal role in collaborating with other state and territory counterparts on national issues and initiatives relating to the fields of nursing and midwifery.

Alison's other professional interests relate to quality and safety within the public health sector and health emergency management.

She previously held the role of Director, Quality, Safety & Patient Experience, and is the Deputy State Health and Medical Commander, Department of Health in Victoria. ●

official conference opening



Senator Nash

Senator the Hon. Fiona Nash was first elected to the Senate for the NSW Nationals at the 2004 Federal Election, and was re-elected in 2010. She has held a range of Parliamentary and

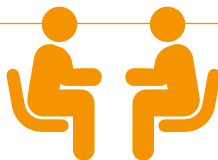
Senate Committee positions, including being responsible for instigating a Community Affairs Committee inquiry into workforce shortages in rural and regional areas in the Community.

She became Assistant Minister for Health in 2013.

As a resident and representative of regional Australia, Senator Nash has a deep understanding of the challenges faced by people living outside metropolitan Australia.

Minister Nash and her husband, David, have two sons, William and Henry, and operate a mixed farm near Young in south-west NSW. ●

face-to-face
counselling
available



During the Conference CRANApplus Bush Support Services will be offering face-to-face private and confidential counselling sessions:

Wednesday to Friday 10:00 am – 5:00 pm

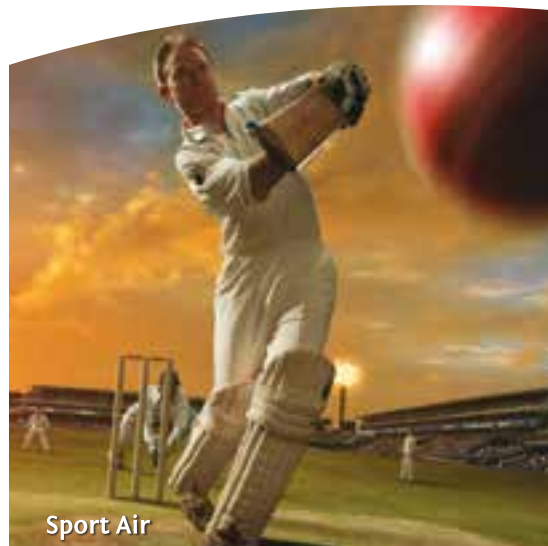
Saturday 10:00 am – 3:00 pm

For those delegates arriving early it is an excellent opportunity to make an appointment for Wednesday.

Email scp@crana.org.au to book a time.



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keynote speakers



Tim Wilson was appointed Australia's Human Rights Commissioner in February 2014. Dubbed the "Freedom Commissioner", Tim is a proud and passionate defender of universal,

individual human rights. As Commissioner he is focused on promoting and advancing traditional human rights and freedoms, including free speech, freedom of association, worship and movement and property rights.

Prior to his appointment Tim was a public policy analyst and a policy director at the world's oldest free market think tank, the Institute of Public Affairs. He has also worked in trade and communication consulting, international aid and development, as well politics.

He has served as a Board member of Monash University's Council and on the Victorian Board of the Australian Health Practitioner Regulation Agency. Tim is a Director of Alfred Health. ●



Former Chief Commissioner of Victoria Police, **Christine Nixon APM** was appointed in February 2009 to chair the Victorian Bushfire Reconstruction and Recovery Authority and tasked with the oversight

and coordination of the largest recovery and rebuilding program Victoria has ever faced.

Under Christine's leadership, the Authority worked with communities, businesses, charities, local councils and other government departments to help people rebuild their lives and communities.

Since August 2010, Christine has moved into a role as the Victorian Government's Advisor on Bushfire Reconstruction and Recovery, a voluntary role. She continues to support communities, to work with the bereaved community, and remains a member of the Victorian Bushfire Appeal Fund panel. ●



invited speakers



Dr Rosemary Bryant commenced in the position of Commonwealth Chief Nurse and Midwifery Officer in July 2008. She was formerly Executive Director of Royal College of Nursing, Australia, a position she held for eight years.

She has had a broad career in acute hospital and community nursing, as well as extensive experience in policy development in nursing, midwifery and the broader health sector.

Rosemary is a Fellow of the Australian College of Nursing, is Emeritus Director of Nursing at Royal Adelaide Hospital and is the immediate past-President of the International Council of Nurses, an organisation which represents 19 million nurses worldwide. She was awarded the degree of Doctor of the University by the Queensland University of Technology in 2010 and by Flinders University in 2012. ●



Lee Thomas is the Federal Secretary of the Australian Nursing and Midwifery Federation (ANMF), the second largest, and fastest growing union in Australia. Lee's priority for the ANMF is to

ensure that it is one of the strongest industrial, political, professional and campaigning unions in Australia. Membership growth in the private and aged care sectors and increasing members power are paramount to Lee and the ANMF.

Lee commenced nursing as a personal care attendant in aged care and completed her general nurse and midwifery education in Adelaide. Lee also holds a Bachelor of Nursing and a neonatology certificate, is a registered midwife, and is currently studying a law degree.

Prior to taking on her current role Lee was ANMF's Assistant Federal Secretary and served as Branch Secretary of the Australian Nursing Federation (SA Branch) for eight years, where she focused on membership growth and enterprise bargaining across all sectors. ●



Squadron Leader (SQNLDR) **Sarah Wheal MA**, GradDipNurs is a registered nurse in the Royal Australian Air Force (RAAF). She started her career as a medical assistant in the Army

Reserve, transferring to the RAAF in 1999, and commissioning as a nursing officer in 2002. She has a Bachelor of Nursing from the University of Sydney, Post Graduate Certificate in Advanced Practice Nursing (Rural and Remote) from the University of Southern Queensland, a Graduate Diploma in Nursing from the University of South Australia and a Master of Arts in Defence Studies from the University of New South Wales.

She is a qualified women's health nurse, holds a Cert IV in Workplace Training and Assessment, is a REC facilitator with CRANaplus and is currently employed as the Health Centre Manager of East Sale Health Centre where she gets to watch the Roulettes practice during her lunchtime run. Her military deployments include Operations Bali Assist II, and Slipper/Catalyst, and most recently, deployment on Operation Slipper in Afghanistan. ●



Dougie Herd works for the National Disability Insurance Agency (NDIA), the agency implementing the National Disability Insurance Scheme (NDIS), as the Branch Manager

with responsibility for Communications and Engagement Branch in the national office. Dougie joined the agency in October 2012.

Before joining NDIA, Dougie worked for two years as Project Manager of the NSW Industry Development Fund, managed by National Disability Services NSW, six years as the Executive Officer of the Disability Council of NSW (the State's official advisory body) and five years as the EO of the Physical Disability Council of NSW (a State peak and systemic advocacy organisation). ●



Paul Pholeros AM has an architectural practice working on urban, rural and remote area architectural projects throughout Australia and overseas. Since 1985 he has also worked with

Dr Paul Torzillo and Stephan Rainow as a director of Healthabitat. The other two directors have medical and environmental health backgrounds.

The work of Healthabitat aims to improve health through improving housing and the living environment.

Since 1999, Healthabitat has improved over 8,000 houses, and the living environment and health of Indigenous people in over 200 projects in suburban, rural and remote areas of Australia.

Over the last 8 years similar health related work has expanded to projects in rural Nepal, Bangladesh and PNG and urban areas of South Africa and the USA.

In 2011, the work of Healthabitat was recognised internationally, when Healthabitat was awarded the UN Habitat's World Habitat Award, and nationally winning the Australian Institute of Architect's national Leadership in Sustainability prize – for sustaining people. ●



Hyder Gulam was born in Singapore and educated in Melbourne. He is a registered nurse, a qualified lawyer, an accredited mediator as well as a Fellow of the Royal College of Nursing in Australia.

He has post graduate qualifications in business/management, law and nursing.

He has served as an officer with the Royal Australian Air Force, both in Australia and overseas. He has published in areas such as trans-cultural nursing, health law, criminal law and military law. Hyder has also worked in indigenous health, paediatric nursing, aged care, as well as emergency and trauma. Prior to accepting a role back in Melbourne, Hyder worked in Riyadh, Saudi Arabia for one of the world's biggest law firms. Hyder has practiced mainly in the areas of Commercial and Corporate, Defence Procurement and Islamic Finance. ●



Working collaboratively with mental health consumers, clinicians and sector managers, **Professor Nicholas Procter PhD, MBA, RN** has longstanding interests in research, knowledge translation

and community engagement in mental health practice. He is the UniSA inaugural Chair: Mental Health Nursing and convener of the Mental Health and Substance Abuse Research Group located within the Sansom Institute for Health Research. His other appointments include convener of UniSA's Human Rights and Security Research and Innovation Cluster, and adjunct professor at the University of Tasmania. ●





different as Switzerland, Trinidad, Africa and of course Marysville and the Triangle district.

We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical.

We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical. Playing at many music festivals in Melbourne and regional Victoria we have released our first CD entitled "Recovery" in 2011. To celebrate the newly rebuilt town, we organised the inaugural Australian Steelband Festival in Marysville in 2013, featuring nine steelbands from interstate and overseas (New Zealand and Oman).

For information on Pans on Fire and the other community steelbands of the Marysville/Triangle area visit: www.trianglesteelbands.com ●

entertainers

Pans on Fire – Murrindindi's own Steelband

Out of the Fire... And into the Pans

'Pans on Fire' was started in November 2009 as a Marysville and Triangle district Black Saturday bushfire recovery project.

With the aid of many pan enthusiasts, the project has grown into a vital community asset that crosses cultural territories as widely



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The girls are back as a Major Sponsor and looking forward to catching up with our CRANAplus family at the Pullman in Melbourne!

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conference program

Wednesday 15 October

12:00 pm	Registration desk opens
4:00 pm	Registration desk closes
6:00 pm	Conference Opening Ceremony (Sponsored by HESTA) in the Lakes Room, Pullman Melbourne Albert Park
	Welcome to Country by an Elder of the Wurunjeri Tribe
	Presentation of Fellows of CRANApus
	Presentation of Graduates to the Chief Nursing and Midwifery Officer of Victoria Ms Alison McMillan
	Cocktails and canapés
8:00 pm	Finish

sponsors

Principal Sponsor



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Welcome Ceremony Sponsor



Associate Partner



Refreshment Break Sponsor



'First Time Presenter Prize' Sponsor



Official Photographer



CRANApus award sponsors 2014

Excellence in Remote Health Practice Award

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

Excellence in Education & Research Award

Sponsored by:
Centre for Remote Health (CRH)

Excellence in Mentoring in Remote Award

Sponsored by:
Remote Area Health Corps (RAHC)

Outstanding Novice/Encouragement Award

Sponsored by:
Rural & Remote Nursing Solutions

Collaborative Team Award

Sponsored by:
Aussiewide Economy Transport

Thursday 16 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 1 Chair: Christopher Cliffe
9:00 am	Welcome by MC, President/Housekeeping
9:00 am	Senator the Hon. Fiona Nash, Assistant Minister for Health
9:30 am	Keynote speaker Tim Wilson, Australian Human Rights Commissioner
10:15 am	Keynote speaker Christine Nixon APM, Former Chief Commissioner Victoria Police
11:00 am	Morning tea (30 mins)
	Session 2 Chair: Kathryn Zeitz
11:30 am	Business Jet Travel <i>Sponsor presentation</i>
11:45 am	Sarah Ward <i>Women want to know: alcohol consumption and pregnancy</i>
12:05 pm	Margaret Dawson <i>Healthy smiles – The integration of oral health into primary health care</i>
12:25 pm	Michelle Ryan <i>Hear and say: Providing early intervention, audiology and school support for children with hearing loss via telepractice</i>
	Questions
12:50 pm	Presentation from Hot Pans (10 mins)
1:00pm	Lunch (60 mins) Hot Pans steelband performance
	Session 3 Chair: Janie Smith
2:00 pm	Invited guest speaker Dr Rosemary Bryant
2:30 pm	Student presentations Sara Cox <i>Creating diversity in Far North Queensland</i> Emma Bugden <i>Adventures in Alice – a placement to remember</i> Catherine Jurd and Stephanie Jeremy <i>Finding the voice of Student and Novice Nurses of Australia</i>
	Questions
3:15 pm	Afternoon tea (30 mins)
	Session 4 Chair: Paul Stephenson
3:45 pm	Kylie Tune <i>Rheumatic heart disease in pregnancy – a national issue</i>
4:05 pm	Claire Boardman <i>Rheumatic heart disease in Australia – a Dickensian disease still prevalent in the Top End</i>
4:25 pm	Geoff Crack <i>Understanding the gap in life expectancy: It's a bloke thing</i>
4:45 pm	Cath Nolan and Mel Dunstan <i>Maternal and child health – A Far North Queensland perspective</i>
	Questions
5:10 pm	Wrap up and close

Friday 17 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 5 Chair: Christopher Cliffe
9:00 am	Welcome/Housekeeping
9:15 am	Invited guest speaker Professor Nicholas Procter PhD, MBA, RN
9:50 am	Emma Trenorden <i>Uti Kulintjaku: A mental health literacy project creating a shared language to discuss mental health</i>
10:10 am	Invited guest speaker Associate Professor Paul Bennett ZUMBA, laughter and resistance exercises: Improving the physical function of people with chronic disease
	Questions
10:45 am	Morning tea (30 mins)
	Session 6 Chair: Dr Nick Williams
11:15 am	Invited guest speaker Dougie Herd Manager, Communications & Engagement – NDIA
11:45 am	Judy Brown <i>Helping families make decisions about unusual health complaints</i>
12:05 pm	Katherine Isbister and Judith Taylor <i>Community in the saddle – Royal Flying Doctor Service Field Day program in remote Far North Queensland</i>
12:25 pm	Peggy Chiang <i>Trachoma, diabetes, cataract – sustaining good eye health in remote communities</i>
	Questions
12:45 pm	Lunch (60 mins)
	Session 7 Chair: John Wright
1:45 pm	Invited guest speaker Sarah Wheal, Squadron Leader (RAAF) Defence Force Nursing
2:15 pm	Shelley Greene <i>Supporting diversity in rural health workplace</i>
2:35 pm	Heidi Beames and Tara Naige <i>Staying connected when remote: NRHSN Alumni</i>
2:55 pm	Janine Mohamed <i>Creating a culturally safe workplace</i>
	Questions
3:20 pm	Afternoon tea (30 mins)
	Session 8
3:50 pm	Invited guest speaker Hyder Gulam LLB, RN, FRCNA <i>Care of the Muslim patient</i>
4:30 pm	Invited guest speaker Lee Thomas, Federal Secretary ANF <i>Workshop/Presentation</i>
5:30 pm	Wrap up and close

Saturday 18 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 9 Chair: Christopher Cliffe
9:00 am	Welcome/Housekeeping
9:15 am	Invited guest speaker Paul Pholeros, Director Healthabitat
9:50 am	Fiona Armstrong <i>The fossil fuel energy sector and its impacts on health and wellbeing: implications for rural Australia</i>
10:10 am	Kay Ross <i>Nurses health and wellbeing in rural Australia</i>
	Questions
10:45 am	Morning tea (30 mins)
	Session 10 Chair: Lyn Byers
11:15 am	Janie Smith <i>Using a peer supervision and mentoring model in the supervision of final year medical students placements in the Solomon Islands</i>
11:35 am	Kim Henschke and Rhonda Golsby Smith <i>The challenges, barriers and successes of the current Health Education program</i>
11:55 am	Melodie Elliott <i>Primary healthcare principles within remote communities</i>
12:15 pm	Karen Holloway <i>Primary healthcare in the resource sector in remote Western Australia</i>
	Questions
12:45 pm	Lunch (60 mins)
	Session 11
1:45 pm	Therese Forbes CRANApus <i>Bush Support Services Informational DVD and Bush Support Services presentation</i>
2:25 pm	Kathryn Zeitz and Geri Malone <i>Remote Health Workforce Project, Shark Bay</i>
2:40 pm	CRANApus <i>Education Presentation</i>
3:00 pm	Afternoon tea (30 mins)
	Session 12
3:30 pm	CRANApus AGM
7:00 pm	Annual CRANApus Award Dinner

Attendance at this entire program provides 16 CPD points

educate

triage course coming your way?

CRANApus is looking for locations in Queensland and Western Australia to run its popular Triage Emergency Care (TEC) course.

Sue Orsmond, Senior Coordinator of the TEC courses says there is a strong need and a strong demand for the courses throughout the country.

In 2015 **CRANApus** would like to conduct 3-4 courses in both Western Australia and Queensland.

"If you are able to provide us with a venue, we would love to come and share this course with you," Sue said.

"Many thanks to those who responded to the article in the previous **CRANApus** magazine about the Triage Emergency Care (TEC) courses that were run in various locations in Queensland recently," Sue said. "It seems that this is a popular topic with practitioners out there. And rightly so".



"Triage forms such a large and vital part of the role of health providers everywhere, regardless of location, processes, policies and resources. No matter where we work, if we are required to see people presenting for health care, we need to sort out who needs care immediately and who can wait – and how long they can wait."



'Triage' comes from the French word 'triere' which means 'to sort'.

"If you are able to provide us with a venue, we would love to come and share this course with you."

The TEC course is a one-day face-to-face course, which is attended after completing the seven Physical Assessment online modules. The online modules provide you with a comprehensive outline of the anatomy, physiology and assessment of the neurological, spinal, respiratory, cardiovascular and abdominal systems as well as paediatric and primary secondary survey assessment.

Armed with this theoretical background and the triage theory, you will be ready to accurately triage patients based on their presentation and physical findings.

The cost is \$450 per participant.

To register your expression of interest please email Sue Orsmond, Senior Coordinator at sue@crana.org.au ●

CPD points 18
(12 online + 6 F2F)
course hours
9:00 am – 5:00 pm
1 day duration
cost \$450

triage education course

A short course to prepare and upskill remote, rural and isolated health practitioners to confidently assess patients and apply the Australasian Triage Scale to allocate an appropriate triage category.

Course content

Communication issues around triage

- The importance of communication at triage
- Factors that may influence communication at triage
- Issues with telephone triage
- Specific strategies to manage communication effectively at triage

Triage basics

- Definition of triage
- Basic steps in triage
- Triage assessment techniques using a primary survey approach
- The Australasian Triage Scale
- "How to" triage
- Triage commandments
- Triage documentation

Rural and remote triage

- Unique differences between urban and rural triage practices
- How these differences impact on the performance of triage in a rural environment
- Strategies to support the rural triage practitioner in the accurate and consistent use of the triage system

Medicolegal aspects of triage

- Informed consent
- Duty of care
- Negligence
- Documentation
- Confidentiality
- Preservation of forensic evidence

Online content

Physical assessment modules

- These modules have been compiled to assist the remote, rural and isolated health practitioner in gaining the theoretical knowledge on the various clinical areas of physical assessment and its application to patient health outcomes:
 - Primary and Secondary Survey
 - Neurological Assessment
 - Spinal Assessment
 - Respiratory Assessment
 - Cardiovascular Assessment
 - Abdominal Assessment
 - Paediatric Assessment

hughenden event

REC Coordinator Sonia Girle shares a few highlights of a recent visit to Hughenden in Queensland where she coordinated a Remote Emergency Care course and Advanced Life Support course.

Our team's arrival in Hughenden was an interesting one. Two of us travelled by road for the 4½ hour drive from Townsville, with the rest of the team due to fly in the following morning. However, on our arrival, we heard that the runway at Hughenden was being upgraded, which meant our colleagues were in for the 'scenic route' via Julia Creek further west (the nearest town with an airport) and a 260 km minibus trip to Hughenden. One of our volunteer facilitators Dr Christine Waller and her husband Jimmy caused great excitement when they arrived with Jimmy's coffee van in tow (pictured right).

We had a great bunch of local participants from Hughenden and Julia Creek with a few 'ring-ins' from around the country joining us for the course.

Many of the participants attended both the REC and ALS courses.

All participants were extremely enthusiastic and enjoyed the chance to practice many different scenarios, in their own environment and with their colleagues, which they all found very rewarding. ►►



Subject: Hughenden REC
From: Paul Marrinan
Sent: July 2014
To: Sonia Girle

Hi Sonia

As I said on the phone I found the REC course conducted at Hughenden an excellent course. The quality of the instructors both nursing and medical was of a very high standard and they were all down to earth and very approachable.

I have worked at remote mine sites for many years which means that except for the rare occasion I deal with adult patients. Therefore I found the paediatric content was a welcome refresher and met knowledge gaps.

Another valuable thing was being brought up to date with current practice with skills I have used many times. This actually helped in my care of a patient on the second day returning to work following the course, when a local ringer decided to go over the handlebars of his motorbike.

I really appreciated having the course at Hughenden and the catering was excellent. I also had no idea CRANAplus supplied its own coffee van and barista. Good one!

Regards, Paul Marrinan

► Julie Smith, the DON at Hughenden Hospital, encouraged and supported a large number of staff to attend to participate in this opportunity. Feedback from participants was very positive and indicate that the courses met their needs.

Thanks to our facilitators, Christine, Guy, Judy and Kath, and to Jimmy who took the opportunity to promote CRANApus at every opportunity to the many passers-by who stopped for a coffee and a chat. Not only did he have all our coffee orders committed to memory by the end of the first day, hand-delivering them to our door, but also turned his hand to on-the-spot instrument repairs as needed.

Participant's feedback

- Loved the course. I felt privileged to have the course presented by such esteemed professionals.
- A great course, relevant rural information and skills update. The facilitators were extremely helpful and encouraging at all times.

- I have attended several CRANApus courses and as usual, fantastic, relevant, encouraging and fun to participate in ongoing learning. Thank you to all the presenters.
- Great course. Lecturers present very well, interesting topics, focussed skill stations very relevant. The venue was great, the food was exceptional. Thanks very much for a great weekend.
- Good adult learning environment. Excellent use of relevant examples during lectures and encouraging, non-threatening skill stations, overall enjoyable and educational, many thanks.
- I found the course and facilitators excellently prepared and approachable. Classes of good size to permit learning and participation. Every skill station/subject was relevant. I feel better prepared to cope out here in Hughenden now. ●

Subject: FW: Trauma Preparedness Course Fitzroy Crossing
From: Sarah Duckworth
Sent: 26/07/14
To: CRANApus

Hello guys,

Just a quick note to say thank you for the amazing course you presented in Fitzroy Crossing on 23/7 and 24/7 2014.

Nurses working in the bush are exposed to some intense scenarios we would not regularly see in a large metro hospital. We often find ourselves in situations that we may not be emotionally or professionally prepared for. It was reassuring to attend this course and have this fact acknowledged. Attending this course not only gave me valuable information, it reaffirmed my love for nursing in the bush. Having an organisation like CRANApus offering support and education I feel empowered to continue the work that I do.

Thank you again, one day I hope to be involved with an organisation like CRANApus and pass on the same support to my colleagues. Can you please pass this on the Bryan and Glenn? Their input was invaluable!

Cheers

Sarah Duckworth, RN Derby Hospital

POSTGRADUATE COURSES IN REMOTE HEALTH

Flinders University

Graduate Certificate in Remote Health Practice
Graduate Diploma in Remote Health Practice
Master of Remote & Indigenous Health

These courses aim to meet the higher education needs of Allied Health Professionals, & Medical Practitioners who work in remote areas & of Nurses transitioning to the speciality of Remote Area Nursing or who have an interest in joining the remote health workforce. The Courses articulate to allow progression from Graduate Certificate through to Masters level

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education into the future



CRANAplus Director of Education Libby Bowell is exploring new combinations of educational courses – and is seeking your input.

It's now five years since we added in the AREC, MIDUS and ATSIHW courses and since we started eRemote. It's time to start looking at

our progress, overhaul some of our processes and look at what we should do next.

The 2015 schedule will be released in October and, as always, we will be in locations such as Alice Springs, Cairns, Darwin and the top end of WA, but we also try to look for new places that may make it easier for participants to attend closer to home or their workplace... or find a new holiday destination!

In this current economic and political climate we are very aware that health budgets have been slashed all over the country, so making education more accessible and more appropriate is important.

In this current economic and political climate we are very aware that health budgets have been slashed all over the country, so making education more accessible and more appropriate is important. We know that sometimes when things are tight, up-skilling may be one of the first things to go. We have also been approached by some of our regular participants asking about 'refresher training'.

We have taken some of these suggestions on board and next year we will host one-day refresher or practical skills day courses, i.e. participants will need to complete the theory online prior to attending but then the one-day course will be skills-based and assessment only. We are also aware that sometimes it is difficult for people to find an assessor after completing online learning.

...next year we will host one-day refresher or practical skills day courses...

We have now successfully run the triage emergency course (TEC) and I can see that it could be beneficial to consider running a TEC in a rural location followed by a practical skills day to include such skills as suturing, simple plastering and IV cannulation. All of these skills have online modules currently available.

We can also see the combination of advanced life support (ALS) or life support for paediatrics (LSP) would work well with an additional opportunity to attend a skills-based day.

Another idea we are looking at is a REC refresher that would entail completing physical assessment modules online and then a one-day skills practical doing most of the skills currently in a REC course.

We would like to pilot these ideas in locations that would benefit remote or rural health professionals or in easily accessible locations such as Alice Springs and Cairns to start with, but I would welcome hearing from anyone who may think this mix might be perfect for their area. As the schedule planning is currently underway if you have any questions or would like to host such a combination of one-day courses please contact me at libby@crana.org.au or 0417 893 274. ●



**CPD points 16
(8 online + 8 F2F)
course hours
8:00 am – 5:30 pm
1 day duration**

1-day skill-based practical course

The following modules are available online and would be required to be completed prior to attending the 1-day course.

Intravenous Cannulation (2 CNE points)

On completion of this topic outline, the participant will be able to:

- Describe the anatomy and physiology of the vascular system
- List the indications for IV therapy
- Identify potential complications of IV therapy
- Utilise appropriate nursing measures to prevent complications and propose solutions to any complication of IV therapy
- Outline the aims of patient education regarding the procedure and subsequent therapy
- Accurately conduct a patient history and assessment prior to commencing therapy
- Demonstrate an understanding of the legal issues relating to Health Practitioners performing IV cannulation

Plastering (3 CNE points)

On the completion of this package the participant will have a greater understanding of:

- Pathophysiology of common fractures of upper and lower limbs
- Signs and symptoms of common fractures of upper and lower limbs
- Neurovascular assessment of upper and lower limbs
- Principles of fracture management and casting
- Complications of casting
- Principles of cast removal

Suturing (3 CNE points)

On the completion of this package the participant will have a greater understanding of wound closure and suturing by:

- Defining the purpose of suturing
- Outlining the principles of wound healing and simple suturing
- Describing the assessment of the patient and the wound prior to considering the use of sutures
- Describing alternative methods of wound closure
- Discussing the appropriate use of suture materials and equipment
- Demonstrate an ability to assess wounds
- Demonstrate an ability to infiltrate local anaesthetic
- Discuss the legal implications related to suturing

For further information
libby@crana.org.au

www.crana.org.au

educations courses for 2014

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI	AMB
Halls Creek, WA ○	7-9 Feb			●				
Campbelltown, TAS	7-9 Feb	●						
Katherine, NT	14-16 Feb			●				
Cairns, QLD	14-17 Feb					●		
Cairns, QLD	18-19 Feb		●					
Alice Springs, NT ■	20-21 Feb	●						
Alice Springs, NT	22 Feb		●					
Melbourne, VIC – RAHC ○	28 Feb-2 Mar			●				
Alice Springs, NT	5-7 Mar	●						
Kalgoorlie, WA	7-9 Mar				●			
Roma, QLD ○	14-16 Mar			●				
Cairns, QLD	14-16 Mar	●						
Cairns, QLD	17 Mar		●					
Katherine, NT (REC)	18-20 Mar						●	
Tom Price, WA	21-23 Mar			●				
Darwin, NT	4-6 Apr	●						
Dongara, WA	8 Apr		●					
Northampton, WA	10 Apr		●					
Cairns, QLD	11-13 Apr		●					
Darwin, NT	11-14 Apr					●		
Alice Springs, NT (Mon 8 am-Wed 1 pm) ■	14-16 Apr			●				
Fitzroy Crossing, WA ○	1-2 May							●
Kalgoorlie, WA	2 May		●					
Kalgoorlie, WA	3 May		●					
Kalgoorlie, WA	5-May		●					
Benalla, VIC ○	2-4 May			●				
Adelaide, SA	2-4 May	●						
Cairns, QLD	8-9 May		●					
Cairns, QLD	9-11 May				●			
Mt Isa, QLD	16-18 May	●						
Mt Isa, QLD	19 May		●					
Darwin, NT	23-25 May			●				
Mt Isa, QLD	3-5 June						●	
Broome, WA	13-15 Jun			●				
Broome, WA	16-Jun		●					
Coffs Harbour, NSW	20-22 Jun	●						
Darwin, NT	27-29 Jun	●						

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI	AMB
Roma, QLD ○	4-6 Jul				●			
Hughendon, QLD	4-6 Jul					●		
Hughendon, QLD	7 Jul		●					
Townsville, QLD	11-13 Jul			●				
Alice Springs, NT (Mon 8 am-Wed 1 pm)	14-16 Jul	●						
Alice Springs, NT (Wed 8 am-Fri 1 pm) ■	16-18 Jul				●			
Broome, WA	18-21 Jul					●		
Broome, WA	22 Jul		●					
Alice Springs, NT (Fri 8 am-Sat 1 pm) ■	24-25 Jul	●						
Tamworth, NSW	25-27 Jul				●			
Derby, WA ○	1-3 Aug			●				
Port Augusta, SA	8-10 Aug	●						
Broken Hill, NSW	8-10 Aug			●				
Laynhupuy Homelands, NT ○	19-20 Aug						●	
Laynhupuy Homelands, NT ○	20 Aug		●					
Darwin, NT ■	21-23 Aug			●				
Nhulunbuy, NT	29-31 Aug						●	
Alice Springs, NT	1-3 Sep	●						
Burnie, TAS	5-7 Sep				●			
Ipswich, QLD (TBC) ○	12-14 Sep			●				
Alice Springs, NT	19-21 Sep			●				
Dubbo, NSW	26-28 Sep					●		
RFDS Jandakott, WA ○	3-5 Oct				●			
RFDS Jandakott, WA ○	6-7 Oct		●					
Pre Conference Course	12-14 Oct			●				
Pre Conference Course	12-14 Oct	●						
CRANaplus Conference	15-18 Oct					●		
Post Conference Course	19-22 Oct							
Alice Springs, NT (Wed 8 am-Wed 1 pm) ■	22-24 Oct			●				
Roma, QLD (TBC) ○	31 Oct-2 Nov			●				
Broome, WA	31 Oct-2 Nov	●						
Broome, WA	3 Nov		●					
Darwin NT (Mon-Wed) ■	3-5 Nov	●						
Esperance, WA	7-9 Nov			●				
Derby, WA ○	13-15 Nov							●
Longreach, QLD	21-23 Nov			●				
Melbourne, VIC – RAHC ○	21-23 Nov	●						
Adelaide, SA	5-6 Dec			●				
Burnie, TAS	5-6 Dec	●						

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




endorsements and accreditations

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


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

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


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




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



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



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



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

CRANAp <i>lus</i> course	Endorsed or accredited by
REC (Remote Emergency Care)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by the Australian College of Nursing (ACN) Endorsed by Royal Australian College of General Practitioners (RACGP)
MEC (Maternity Emergency Care)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by the Australian College of Nursing (ACN)
AREC (Advanced Remote Emergency Care)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by the Australian College of Nursing (ACN) Endorsed by Royal Australian College of General Practitioners (RACGP)
MIDUS (Midwifery Up Skilling)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by the Australian College of Nursing (ACN) Endorsed by MidPLUS (Australian College of Midwives)
ALS (Advanced Life Support)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by the Australian College of Nursing (ACN) Endorsed by Royal Australian College of General Practitioners (RACGP)
LSP (Life Support Paediatrics)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by the Australian College of Nursing (ACN) Endorsed by Royal Australian College of General Practitioners (RACGP)
ALSP (Advanced Life Support Paediatrics)	Accredited by the Australian College of Rural & Remote Medicine (ACRRM) Endorsed by Royal Australian College of General Practitioners (RACGP)
BLS (Basic Life Support)	Endorsed by the Australian College of Nursing (ACN)



represent

professional services

Geri Malone, Director of Professional Services reflects here on various activities in the Professional Service area.

National RAN Competencies

Following a long review process as part of the National Standards & Credentialing project, the decision is to recommend that the Professional Standards of Remote Practice be adopted as the current remote nursing and midwifery practice standard. This reflects a contemporary approach to nursing practice and is consistent with the national trend to move away from Competencies towards Standards.

The review included examining the RAN Competencies Document, a significant body of work published in 2001.

An expert Advisory committee was formed this year to assist with this Review, and the process included mapping the existing Professional Standards for Remote Practice against the

RAN Competencies as well as The National Competencies for Nurses & Midwives. The finding was that the Professional Standards met all of the requirements with some minor rejigging to incorporate a new standard around 'self-care'.

...the RAN Competencies document was a very significant body of work...

It is very important to acknowledge that the RAN Competencies document was a very significant body of work, highly valued in terms of capturing the unique essence of Remote Nursing practice, and which assisted in curriculum development. It held fast for ten years. The recommendation of the Advisory Committee was they were to remain as an identifiable significant document for CRANApus.

For full document <https://crana.org.au/advocacy/professional-issues/>

Communities of interest

We are going to more formally develop 'Communities of Interest' or 'Special Interest Groups' amongst our members and the broader remote workforce as a strategic activity for CRANApus to increase our engagement. This process is in its developmental phase, but you may well get a call from us to register your interest in a range of groups. We believe that they will evolve as the interest/momentum rises.

As an example, our Student and New Graduate sub-committee will morph into a Community of Interest group. We have already identified key groups so please watch this space and we will be looking to identify ways of how to engage and to maintain that engagement. ►►



» CATSINaM Cultural Safety & Respect Workshop

In July I was fortunate to attend a Cultural Respect & Cultural Safety Workshop auspiced by CATSINaM, who had sought to engage the key nursing organisations in Australia in this important activity.

The workshop's aim was to assist in recognising, understanding and responding to racism, including institutional racism. The workshop was facilitated by external consultants Sharon Gollan and Kathleen Stacey who have many years of experience in this area.

The workshop was very powerful and provided much reflection: personal, professional and organisational. CATSINaM intend to roll out more of these events and I would strongly encourage anyone to take up that opportunity.

Sustainable health care

We plan to present findings at this year's Conference on a current research project that is working towards ensuring we have in Australia a sustainable remote health care delivery system.

The overall objective of the study is to develop and test a methodology that will enable us to gain a detailed understanding of the diversity and unique characteristics of health service delivery models provided in remote Australia...

Back in 2012 we collaborated with Health Workforce Australia (HWA) to undertake a small research project to describe remote service delivery models and provide information on workforce activities.

The overall objective of the study is to develop and test a methodology that will enable us to gain a detailed understanding of the diversity and unique characteristics of health service delivery models provided in remote Australia, and the workforce providing those services.

This will inform future service and workforce planning, and ultimately, underpin work to ensure a sustainable remote health care delivery system.

This project like many research activities, takes time for processes to occur, however we were pleased to collaborate with Silverchain and undertake the pilot in Shark Bay. The Shark Bay PHC clinic is staffed by one Nurse Practitioner (NP) and one Remote Area Nurse (RAN) with administration support and visiting medical and allied health services.

The initial data collection was in April and we are still undertaking analysis, but our intent is to present findings at the upcoming Conference. We are hopeful that this small study may transfer to other sites and services to provide valuable data to add to the body of evidence on remote models of care.

Councilfest

September is the annual National Rural Health Alliance Councilfest when all 37 Member bodies of the Alliance come together in Canberra to identify the key issues and develop positions about Rural and Remote Health.

During this time, as well as meeting as a body, the Council meets with politicians, Department of Health staff and other key stakeholders. As a member body CRANaPlus is represented at that forum and it is a unique opportunity to garner the views of the broad range of organisations that represent health consumers, health care professionals, service providers, health educators, students and the Indigenous health sector.

Geri Malone
Director of Professional Services
CRANaPlus ●

going remote – what do I need to know?

CRANaPlus has put together a package consisting of four steps in unpacking the preparatory phase of the 'Pathway to Remote Practice' for nurses and midwives.

Step 1 Thinking about going remote

Step 2 Getting underway

Step 3 Following up

Step 4 Tying it all together

These four steps will assist in satisfying your interests in going remote, by providing a pathway to navigate, who to contact, the employers, advice around required professional experience, opportunities, challenges and support associated in 'going bush' for your career, professionally and personally.

As part of the 'Pathway to Remote Practice' package, CRANaPlus worked with a group of remote nursing leaders who advised on the revision of the 'Professional Standards of Remote Practice: Nursing and Midwifery'.

CRANaPlus worked with a group of remote nursing leaders who advised on the revision...

There are 9 standards each with set criteria, with the aim of providing a benchmark for consistency and expected level of remote nursing and midwifery practice.

For further information visit our website and look under "What's new" <https://crana.org.au> ●

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

Transition from RN to Remote Area Nurse 2015

ABOUT THE SHORT COURSE

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

2015 DATES AND LOCATIONS TO BE ADVISED

For further information contact Short Course Administrator
crh.shortcourse@flinders.edu.au

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



healthy insights as country kids come to Canberra



Fifty high school students from country New South Wales descended on the nation's capital last month to get a taste of university life and learn about health.

The visitors came from far-away places like Gilgandra, Cowra, Deniliquin, Coleambally and Griffith. Their week-long tour of Canberra – supported by the Country Education Foundation – featured a hands-on session at the ANU Sciences Teaching facilities.

There to greet them were 20 members of the ANU Rural Medical Society (ARMS), one of the clubs that belongs to the National Rural Health Students' Network (NRHSN).

Upon arrival, the high school students were split into small groups and rotated through five activity stations run by the health students.

Above: Plastering was one of the activities. Top right: Gutsy Gus was the star of the anatomy session. Below right: All together now... rural high school students and Rural Health Club members say cheese. Photos: © Jane Duong.

There was an introduction to the human body with the assistance of Gutsy Gus, ARMS' beloved anatomy mannequin. They also crafted a plaster backslab, then learnt how easily micro-organisms can be spread by dirty hands.

The eager participants were shown how to measure blood pressure and heart rates, and encouraged to work together as a group to solve a health scenario, which gave them an understanding of the many different professions that can work in a healthcare setting.

Much of the conversation turned to tertiary study options, with careers in health high on the agenda.



ARMS members were happy to mentor the younger students, encouraging them to further their education.

This event was a natural extension of the Rural High School Visits program, a core activity of the Rural Health Clubs that belong to the NRHSN.

In 2013–2014, 5300 rural high school students from 117 schools were visited by Rural Health Clubs. More than 300 Rural Health Club members volunteered to take part in these visits.

During these high school visits health club members share their personal experiences about moving and studying away from home, what university life is like, and what their future career aspirations are.

Most sessions include hands-on activities such as plastering, using stethoscopes and demonstrating blood pressure cuffs.

The NRHSN is unique in that it represents medical, nursing and allied health students – making it the only multi-disciplinary student organisation in Australia that brings together students who are inspired by rural health.

Hopefully we have managed to inspire more than a few of the Canberra visitors to go on to university and sign up as Rural Health Club members themselves.

Rebecca Irwin
ARMS Rural Health Club President ●





Speakers at the forum included:

- **Professor Sharon Friel** (Professor of Health Equity, National Centre for Epidemiology and Population Health and Director, Menzies Centre for Health Policy, Australian National University). Professor Friel spoke about *A global framework for emerging research on the social determinants of health*.
- **Professor Mike Salvaris** (Professorial Research Fellow, Deakin University and Board Member, Australian National Development Index). Professor Salvaris' topic was *The Australian National Development Index (ANDI) Project: Measuring the future we want*.
- **Dr Gemma Carey** (Research Fellow, National Centre for Epidemiology and Population Health, Australian National University) spoke about her role as co-author of the new report and more broadly on *The Social Determinants of Health: Views from inside the policy process*.
- **Mr Bradley Crammond** (Lecturer, Monash University) spoke about his perspectives as co-author of the new report and more broadly on *Changing Government Process to Improve the Social Determinants of Health*.
- **Ms Mary Guthrie** (General Manager, Policy and Communications, The Lowitja Institute) spoke about the Lowitja Institute's initiative to establish a *Health system coalition for constitutional recognition*.

The newly launched report – *Taking Action on the Social Determinants of Health: Insights from politicians, policymakers and lobbyists* – along with audio and PowerPoint slides from the speaker presentations – is now available on the SDOHA website at www.socialdeterminants.org.au More information on SDOHA, its activities and membership is also available on the website. ●

connect

what factors affect health outcomes in australia?

By Melanie Walker, Manager, Social Determinants of Health Alliance and Deputy CEO, Public Health Association of Australia

Around 120 people from the health and community sectors came together in Canberra on 14 July 2014 for a public forum to address factors affecting health outcomes in Australia. The *Social Determinants of Health Research Forum* was hosted by the national Social Determinants of Health Alliance (SDOHA).

SDOHA is a collaboration of like-minded organisations from the areas of health, social services and public policy established to work with governments to reduce health inequities in Australia. The Alliance currently has over 60 organisational members.

"It's vital that the Commonwealth, state and territory governments work together if Australia

is to address those social determinants of health that are holding us back in seeking to achieve better health outcomes for the Australian community. Speakers at the Research Forum presented the latest research findings and evidence in relation to factors impacting on the health of Australians and efforts to improve the nation's health," said Adjunct Professor Michael Moore, SDOHA spokesperson and CEO of the Public Health Association of Australia.



Above: Speakers at the SDOHA Research Forum (left to right): Mr Bradley Crammond, Dr Gemma Carey, Ms Mary Guthrie, Professor Mike Salvaris, Professor Sharon Friel and Adjunct Professor Michael Moore (Chair).

"It's vital that the Commonwealth, state and territory governments work together if Australia is to address those social determinants of health that are holding us back..."

"A brand new report *Taking Action on the Social Determinants of Health: Insights from politicians, policymakers and lobbyists* was also launched at the event by speakers from the Australian National University and Monash University. Dr Gemma Carey and Mr Bradley Crammond – co-authors of the report – argued that it's time for a targeted, solutions-focused approach to improve health outcomes," said Adjunct Professor Moore.

hot and bothered: our health under climate change

By Bianca Nogrady

In terms of climate change impacts on Australians' health, heatwaves will be a major cause of increased mortality and illness.

But what will happen to our relatively healthy way-of-life under climate change? What good, for example, would a painkiller be in the face of a prolonged heatwave? Or a cholesterol-lowering drug, when the crops we rely on for nourishment are deficient in nutrients? Or an anti-viral drug against dengue fever or Chikungunya virus, if populations of carrier-mosquitoes were to become widespread down the east coast of Australia?

While much of the public discourse about climate change has focused on environmental changes – carbon dioxide concentrations, increasing global average temperatures, melting polar ice, rising sea levels – it seems we've overlooked a very important issue: the threat to human health.

That's the view of Emeritus Professor Tony McMichael from the Australian National University's (ANU's) Research School of Population Health.

"Where we've struggled is to have the community and decision-makers understand that the wellbeing, health, and physical survival of human populations is, sooner or later, the bottom line in all the adverse effects of climate change," says Prof. McMichael.

While scientists focus on the adverse impacts of climate change on the biology and ecology of the Great Barrier Reef or the mountain pygmy possum, a change in climate will have many similarly adverse impacts on human beings, he argues. Indeed many impacts on human health will result from adverse changes to those ecosystems.

"That's a hard concept for many people, to think that we're in the same bracket as frogs, possums and polar bears. But we're all dependent on nature's life-support systems and climate change is going to disrupt that in many ways."

Killer heatwaves

While the health impacts of climate change will vary around the globe, in Australia, heat will be the cause of most of climate-related deaths and health problems. Few people are aware that, in the week prior to Victoria's 2009 'Black Saturday' bushfires – which caused the loss of 173 lives – an additional 374 people died as a result of the record heatwave.

What good, for example, would a painkiller be in the face of a prolonged heatwave?

In January this year, a heatwave that struck south-east Australia resulted in double the average number of deaths for that month. On a single day when the temperature soared to 44°C, Ambulance Victoria reported a 700 per cent increase in the number of call-outs for cardiac arrests.

Indeed, the Australian Government's 2013 *State of Australian Cities* report predicts that heatwave-related deaths in Australian cities will more than double over the next four decades.

Dr Elizabeth Hanna, an ANU research fellow and president of the Climate and Health Alliance, says Australia's urban design process is poorly adapted to extremes of temperature.

"You see the same housing design from Hobart to Emerald to even Darwin, and that's madness."



Photo: Tom Gara.

"Houses with little shade, green space or surrounding trees, and with dark roofs and low ceilings, mean that the only way to cool them is to turn on the air-conditioning," Dr Hanna says.

"We have houses built so close together; this gives no space for a garden, no space for shade trees to provide important garden shading that entices people to sit outside and shade the house which allows for passive cooling."

Heatwaves disproportionately affect the more vulnerable people in our society, especially the elderly and Australians on low incomes, amplifying existing inequalities that already cause health problems.

Heatwaves disproportionately affect the more vulnerable people in our society, especially the elderly and Australians on low incomes...

For example, both the elderly and those earning less may not be able to afford an air conditioner, or pay the bills to run it at the time when it can literally make the difference between life and death. ►►

►► The elderly are also at greater risk because they are less able to regulate their body temperature, and less able to get out of the house and seek relief from the heat in air-conditioned venues such as shopping malls.

Other extreme weather events, such as floods, bushfires and cyclones, also have a far greater impact on more vulnerable parts of the population, including those living with a disability.

The most vulnerable at higher risk

Rae Walker, Emeritus Professor at Latrobe University, has been researching the impact of climate change on these communities and the institutional changes needed to the primary health care system in Australia to reduce this impact.



"The existing emergency planning response and recovery is premised on the assumption that everybody is like us," says Professor Walker. "So the needs of people with disabilities are poorly addressed, and the mortality rate among people with disability is probably very high."

The final report of the Victorian Bushfires Royal Commission into the Black Saturday bushfires found that half the people who died in the fires were classed as 'vulnerable' by virtue of being very young, elderly, suffering from an acute or chronic illness, or having a disability.

Extreme weather events can also disrupt the vital service lifelines that many elderly, chronically ill and disabled individuals rely on.

"There's a substantial number of organisations who say they wouldn't be able to reopen for a week – and still a significant proportion who say they may never reopen – after an extreme climate event, whether fire, floods or storms," Prof. Walker says.

"That means the services they provide, upon which people are dependent day by day [are unavailable] – if that person doesn't get that routine care, then there can be very serious impacts on them."

Extreme weather events can also disrupt the vital service lifelines that many elderly, chronically ill and disabled individuals rely on.

Similarly, these essential primary health care services are often unable to ramp up their services during times of crises to meet the needs of those affected by extreme events.

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Published: 10 July 2014 ●

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the role and response of Australian public health to climate change and eco-sustainability

"Climate change is the greatest public challenge of the 21st century and unless decisive action is taken now, the world will face global public health and environmental catastrophe."¹

The United Nations' Intergovernmental Panel on Climate Change (IPCC) fifth assessment reports^{2,3} remove any doubt that the global climate is changing, with increasing climate variability and extremes, rising temperatures and sea levels and increased frequency of natural disasters that affect human health. In Australia, the mean temperature has increased by 0.9°C since 1950, with considerable regional differences.⁴ If global average temperature increases exceed 2°C, IPCC projections include displacement of hundreds of millions of people, food shortages and poor nutrition due to reduced crop yields and increased deaths from heat waves and weather-associated accidents.

Over the next few decades, in developed countries like Australia, climate change will mainly affect human health by exacerbating existing problems.^{5,6} Worldwide the largest health impact will continue to occur in poorer, vulnerable populations and inequalities will widen.⁷

The world, including Australia, is using its 'carbon budget' too fast to hold the global temperature increase to 2°C. Australia is one of the highest per capita greenhouse gas emitters in the world without national mandatory targets,⁸ although it signed up to a commitment to reduce greenhouse gas emissions in Kyoto and Cancun by 5% unconditionally by the year 2020, compared with its 2000 levels, and by greater amounts conditional on worldwide undertakings.⁹ The Climate Change Authority recently recommended that Australia lift its emissions reduction target from 5% to 19% by 2020.⁸ The government's Direct Action or Emissions Reduction plan will be inadequate and unaffordable to achieve even the 5% reduction.¹⁰

Much of the action needed to counter climate change is politically charged and may be difficult for the health sector to achieve.

The Lancet Commission on climate change has made the case for a new public health movement.¹¹ Although there are clear champions in Australia there is no apparent strong and coordinated lead from the health sector. The Australian National University's Climate Change Adaptation Research Network assumed a research lead but funding is uncertain. In the absence of a strong political lead, an integrated and coordinated public health response is essential to prevent, where possible, and control adverse health effects for the whole population. The Climate and Health Alliance (CAHA), a non-governmental organisation that represents many health groups and individuals,¹² supports a national plan on climate and health.^{13,14}

Worldwide the largest health impact will continue to occur in poorer, vulnerable populations and inequalities will widen.

However, there remains a huge gap between knowledge/evidence and coordinated (public) health action.

Recommendations below have been derived from a UK Public Health survey,¹⁵ recent IPCC reports, England's NHS Sustainable Development Unit,¹⁶ the climate change programs of the Centers for Disease Control and Prevention,^{17,18} standardised health impact assessments and innovative projects.

1. Set up a national active public health special interest group/network on health aspects of climate change and eco-sustainability to develop a population-based program with action and implementation plans,

modelled on existing successful programs such as those for immunisation and cancer screening. This should be shared by public health specialists within the Australian Faculty of Public Health Medicine and other relevant groups, to promote the health co-benefits of action on climate change. A coordinator will be necessary with dedicated time and authority for such a role, perhaps from the Public Health Association of Australia.

- 2. Improve surveillance** by developing health information systems to collect, share and disseminate rapidly information relevant to climate change and inform research.
- 3. Educate and train** staff to have the knowledge, confidence and skills for effective population-based interventions.
- 4. Advocate** for priority to interventions on climate and health, engaging actively and forcefully with government.
- 5. Undertake or commission systematic reviews and quality research** to identify interventions to control key climate-sensitive health risks¹⁹ and assess their effectiveness,²⁰ consulting and collaborating internationally to obtain research funding.
- 6. Develop a toolkit for the public health workforce** to deliver on climate and health and sustainability objectives and keep the evidence base up-to-date.
- 7. Identify action to mitigate** where possible and adapt to health threats of climate change and environmental pressures by undertaking an Australia-wide survey of public health and clinical departments or by inviting contributions to a national plan.
- 8. Ensure appropriate emergency preparedness plans** at state and national health levels and technical support for their implementation.

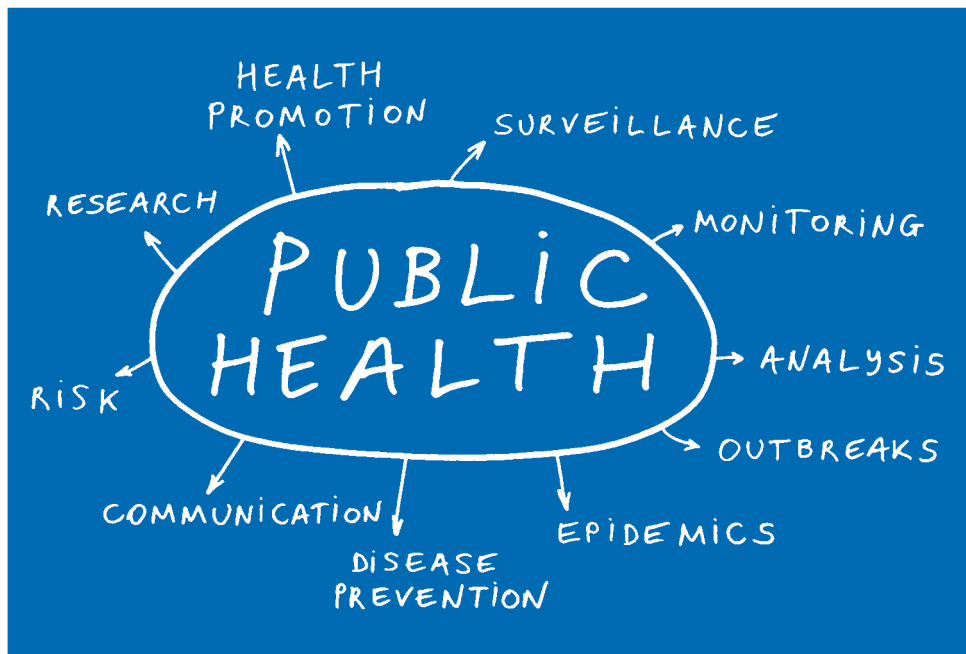


- 9. Work in partnerships** to provide good reproductive and family planning services and access to them for controlling population growth.
- 10. Continue to promote** a national centre for disease control and prevention for communicable, environmental and relevant non-communicable diseases, responsible for disease surveillance, prevention and control, and health emergency planning which could become the hub of a national public health service to make health programming easier.

The protection and improvement of the population's health, delivered as a low carbon service with fewer government resources and more public involvement, is a worldwide challenge.

The protection and improvement of the population's health, delivered as a low carbon service with fewer government resources and more public involvement, is a worldwide challenge.

Whatever the health system in place, cost-effective action for sustainable development and the mitigation of and adaptation to climate are public health priorities. ►►



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support

compassionate leadership

One of the issues that is frequently raised by callers to Bush Support Services is that nurses and allied health professionals sometimes find themselves in managerial positions in which they are expected to demonstrate leadership skills for which they have not been appropriately prepared.

As a result, they draw on aspects of their professional personality that they know best: being goal-directed, logical and tenacious. Managers in health also sometimes face additional pressures from above in terms of a burden of bureaucracy and a focus on outcome deliverables. Without reflection the resulting leadership style is directive and can be experienced as hard and punitive.

The problem with a directive style of leadership is that although it may produce results short term, the long term picture is bleak.

Workers become alienated from management and the workplace becomes toxic due to the undercurrent of anxiety and anger that is created in workers. Such a dynamic can escalate into workplace conflict and bullying.

All these factors compromise the physical and emotional well-being of all concerned and certainly impact on patient care and productivity.

Recent research has shown that a different style of leadership needs to be nurtured. This is particularly true in remote area health workplaces where additional stressors are at play. As well as focussing on the tasks at hand, managers need to show empathy, kindness and compassion. These personality characteristics are strengths, not weaknesses.

Evidence is showing that kind managers create workplaces where people want to work and want to achieve organisational goals and objectives.

Mindful Photography competition contributor: John Riley – Three Brolgas Archer River.



Photo: Olivia Bigham

Mindful Photography competition contributor: Olivia Bigham.

As a result, one of the recent developments in BSS' portfolio of workshops focuses on the role of kindness and compassion in leadership. Underpinning the *Compassionate Leadership* workshop is the view that we are all essentially compassionate by nature and that these qualities can be brought to the fore by reflection and conversation.



There are some clear strategies that managers can implement that are compassionate. Prioritising quality time with individual workers in order to really get to know them, developing and recognising skills, inviting and acknowledging feedback and team building are all significant contributors to building a compassionate workplace. As well, enjoying down time, using humour, fun and play are important to healthy, well-run workplaces that are non-toxic and positive. These leadership qualities help build a resilient workforce.

Recent research has shown that a different style of leadership needs to be nurtured.

Developing skills of flexibility, communicating transparently, mindfulness and leading by example is achievable. The BSS *Compassionate Leadership* workshop explores some ways of finding those characteristics within all of us and ways of demonstrating these in the rural and remote health workplace.

Dr Annmarie Wilson
Senior Clinical Psychologist
CRANApus ●

have you returned from an overseas humanitarian mission?

There are a number of factors that compromise the psychological and emotional well-being of foreign aid workers. Constant exposure to humanitarian crises and natural disasters are significant sources of stress.

As well, many foreign aid workers are faced with personal safety issues, especially if they are working or have been in war zones, or areas where there has been a high threat of disease. Many foreign aid workers face work and living conditions of extremely limited resources.

Through its free 24-hour, seven-day-per-week confidential telephone counselling service CRANApus Bush Support Services is available to assist in preventative stress management techniques and the prevention and management of stress disorders.

If you are, or have been a foreign aid worker and would like to seek assistance please call 1800 805 391 any time day or night.

Internet counselling is also available, email: scp@crana.org.au ●



Mindful Photography competition contributor: Gaye Shepherd – Milingimbi Beach.

Bush Support Services 1800 805 391 Toll Free Support Line

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FREE telephone counselling & support

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- Calls are FREE of charge from landline phones. We return calls to mobile phones.
- Our psychologists are qualified and fully registered professionals.
- Repeat callers may speak to the same psychologist on request.



Australian Government
Department of Health

For more information
visit www.bss.crana.org.au

investing in yourself

In my daily encounters with people, I am constantly surprised by the fact that many people just don't have the time to think about how they are feeling. I don't mean how they are feeling physically, but emotionally.

The stresses of working remote – attending to patients, doing the endless paperwork, dealing with colleagues, and so on – often mean that people simply aren't investing in themselves. Living in a constant state of busyness can result in your own emotions being ignored until they sneak up on you, becoming expressed in anger or other negative ways, and leave you feeling like you're running on empty.

This is a challenge because our emotions influence our decision-making ability: why we do the things that we do. This is true even if you are able to give rational, logical reasons for your decisions. Despite the influence of our emotions on our actions, however, we still always have a choice. Behind every action is a choice that we made. This is why it is important for your overall wellbeing to make time to tune into your feelings. Only then can you understand why you are making the choices you make, and be able to choose differently to result in an action that will make you feel better about yourself.

"Living in a constant state of busyness can result in your own emotions being ignored until they sneak up on you, becoming expressed in anger or other negative ways..."

There are a number of steps that can be taken to improve how we feel about ourselves. The first of these is to actually set aside some regular time to think about how you are feeling.

Ask yourself, for example, why you made a certain decision recently and separate the rational reason from the emotional; perhaps use a journal and write down your thoughts. By taking the time to think about your decisions and choices, you are investing in yourself. Other ways of investing in yourself are by reading personal development articles and books, by talking to a counsellor, even by simply taking the time out to watch a DVD. All of these things help you to recharge your batteries and ultimately feel better about yourself.

By taking the attitude that life is a challenge rather than drudgery, you are investing in yourself...

The second thing that you can do to feel better about yourself is to invest in the personal relationships that you have. We all have a need to connect with other people, no matter how much we enjoy working remote! We need to have friends and to be loved. We need to share our experiences and to have others share theirs. Make the time to invest in others, either in person, or by telephone or email. Next time you are in town, have coffee with that friend you've been meaning to catch up with.

The third thing that allows us to invest in ourselves is working out what your values are. To feel good about yourself, it is crucial to know that your actions are in harmony with your beliefs. This is difficult to achieve if you are not sure or have not contemplated what it is that's important to you. One of the ways of achieving this is to give yourself the time to ask questions:

- What is important to me?
- How do I like to be treated?
- What am I not willing to compromise on?



Mindful Photography competition contributor: Wendy Young

The fourth concept of self-investment is about celebrating who you are and what you have. This idea is really about being in the present and not spending too much time thinking about the past or the future, especially in terms of what you could achieve up ahead. By celebrating what you have, you stop comparing yourself with others.

The fifth step of self-investment is to seize the day. So many people let the daily grind wear them down. It's important to remember that we are all in the same boat! We all have

family problems, financial struggles, and heavy workloads. How we think about these things really determines how happy we are with our lives. By taking the attitude that life is a challenge rather than drudgery, you are investing in yourself and it will pay off in terms of how you feel about every aspect of your life.

Dr Annmarie Wilson
Senior Clinical Psychologist
CRANaplus ●

focus on the present

Nearly 100 entries from all around Australia, including some outer islands and very small communities, have been received so far for the Bush Support Services' *Mindful Photography* competition.

The deadline for entries is 30 September. So don't miss out on having your mindful photos considered in the final judging!

The *Mindful Photography* competition gives you the opportunity to capture some of the 'present moments' you experience wherever you are.

Remember we are looking for 'that photo' that demonstrates you were totally in the present moment when snapping that shot, observing what was happening in your environment.

The advantages of being mindful are immense. It brings great peacefulness, increased creativity, calmness and contentment. When you are practising mindfulness or 'being in the present moment' you are not thinking about the past or future – you are simply 'being' without judgment and experiencing what is happening in your body or environment.

You are certainly *NOT* on autopilot, a situation that leads us to feel stretched and overloaded.

Mindfulness is a powerful tool that helps us respond calmly with self-awareness to the things that life throws at us. It can be practiced whilst undertaking everyday activities like showering, cleaning your teeth and doing the dishes.

Some activities really lend themselves to mindfulness such as walking, swimming and cycling and only require a small adjustment to your focus.

Try it: you will be amazed how it feels to be mindful even for a few minutes.

BSS is running this competition as it wants to support and encourage you to become more mindful, leading to a fuller, richer, more meaningful life.

All competition entries will be acknowledged by return email and will be compiled and displayed electronically at the CRANAP_{plus} Conference in Melbourne in October.

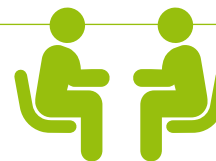
The winner will be selected by an independent judge and there is a \$500 prize to be won. No fancy equipment is required – photos taken with a mobile phone are encouraged because they are usually on hand to capture an image as it is occurring.

Please send your entries to: therese@crana.org.au
Remember the deadline is 30 September.



Mindful Photography competition contributor: Tom Gara – Flinders Ranges.

face-to-face counselling available



During the Conference CRANAP_{plus} Bush Support Services will be offering face-to-face private and confidential counselling sessions:

Wednesday to Friday 10:00 am – 5:00 pm

Saturday 10:00 am – 3:00 pm

For those delegates arriving early it is an excellent opportunity to make an appointment for Wednesday.

Email scp@crana.org.au to book a time.

available 24/7

It's important to remember that at some time in our lives, each of us feels overwhelmed and needs help dealing with issues in our work and personal lives.

The psychologists of the CRANAP_{plus} Bush Support Services are there to help you at anytime of the day or night. Our team of psychologists has a vast range of experience including dealing with the stressors of remote area health, relationship issues, loss and grief, depression, stress, burnout or substance abuse.

CRANAP_{plus} Bush Support Services (24-hr Toll Free 1800 805 391) is unique in being totally staffed by registered psychologists who specialise in all aspects of behaviour change and psychological practice-assessment, diagnosis, treatment. The BSS psychologists not only provide emotional support.

They use scientifically validated, best-practice procedures to help people change their thoughts, emotions and behaviours. The BSS psychologists collaborate with callers to the line and can work with you to identify your strengths, change attitudes and feelings and develop more helpful and effective patterns of behaviour.

Calling CRANAP_{plus} Bush Support Services gives you the opportunity to talk about the issues that are affecting you in a safe, non-judgemental environment. The psychologists at CRANAP_{plus} Bush Support Services consider confidentiality is extremely important. You can even be anonymous. As well, it is possible to talk with the same BSS psychologist over repeated calls if you wish.

Dr Annmarie Wilson
Senior Clinical Psychologist
CRANAP_{plus} ●



Mindful Photography competition contributor: Bernadette Mullins.

Bush Support Services 1800 805 391 Toll Free Support Line

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