

issue 103 | spring 2016

# CRANA *plus* magazine

RRP: \$10.00

the voice of remote health

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



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# BUSH SUPPORT SERVICES



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## from the editor

As the Conference Convenor I feel the highlight of the CRANApplus Spring calendar is Conference. I hope you are joining us for what will be our largest Conference in 34 years and promises to offer an unforgettable range of experiences for our delegates and guests.

In this edition you will find bios of the nominees for the Board of Directors elections to be held at our Annual General Meeting on 12 October.

We introduce you to two new staff members: Sue Crocker, Director of Education, and Rod Menere, Professional Officer – Safety & Security Project.

Thank you to those Members who participated in our Annual Membership Survey. Read the results on pages 10 and 11.

Our great cover photo is compliments of Red Dust Role Models. Red Dust is an NT Health Promotion organisation that delivers innovative health promotion programs in partnership with remote communities. Their Healthy Living Program encourages Indigenous youth to learn more about health and inspire them to live a healthy lifestyle.

CRANApplus members from areas as wide-ranging as the Torres Strait, Norfolk Island, Western Queensland and Victoria share stories of remote practice in their corner of the world. In addition, students Clare and Kate write about their work experiences in Central Australia that have made them rethink their future direction.

Among other stories you can read about is the success story of an Adelaide based Aboriginal organisation KKY who recently celebrated its 5th anniversary. CEO Craig Rigney discusses the great results they are having in the first weeks of a new cutting-edge, family-focused domestic violence program.

Aboriginal Health Worker Rita's quick thinking and a CRANApplus manual 'saved the day' when a young girl presented at her home late one evening... read the full story on page 68.

Happy reading!

**Anne-Marie Borchers**  
Manager Communications and Marketing  
CRANApplus



**Australian Government**  
Department of Health

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

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

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

**About the Cover:** Boys playing football as the sun sets in Central Australia, NT.

## from the ceo



Dear CRANApplus Members and Stakeholders,

I have been around CRANApplus for a decade and I don't think I have ever experienced such a busy time for us, and remote health more generally. Our industry appears to be in a time of continual flux and change. Our united challenge is to make sure that the quality of the services we provide to the hardest to access, profoundly disadvantaged and clinically/culturally complex populations in the nation isn't lost.

Change is good as long as it's done with the community and the workforce, and at a speed that everyone can keep up with. Autocratic decisions from above, that appear logical, are often impossible or unsafe to implement at the remote community health service level, especially if you're still trying to provide primary health care.

If ever there was an argument for the necessity of a grass-roots approach to management and leadership, remote and isolated health is it!

As you will read within the pages of our Magazine, CRANApplus is pushing ahead with some exciting and innovative projects to complement the great work we already do with our extensive range of education offerings and the support provided by our 'Bush Support Services'.

CRANApplus is only as strong as the people who take the time and energy to choose to be members, and I congratulate you on investing in the 'big picture' of remote health in Australia. We will be calling on you and your colleagues to help as we undertake a membership drive, as it's still concerning how many individuals working remote who don't know about the resources and supports that are freely available to assist them.

The impending CRANApplus Conference in Hobart is in full swing and the program looks like yet another exceptional event. Meanwhile the planning is now underway for our 2017 Conference in Broome, so drop us a line if you're keen to help out as CRANApplus heads to the Kimberley.

Cheers

**Christopher Cliffe**  
CEO, CRANApplus



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

## board nominations



**Lynette Byers**

*Graduate of Australian Institute Company Directors; Bachelor of Nursing with Distinction; Bachelor of Science 1st Class Honours; Graduate Diploma Midwifery; Graduate Diploma Mental Health Nursing; Master of Remote Health Practice; Nurse Practitioner.*

I have worked as a Remote Area Nurse and Health Centre Manager in Central Australia for many years. I recently commenced as a Topic Coordinator with the Centre for Remote Health, Alice Springs, in the Remote Health Program – Nursing. In this role I advocate, facilitate and promote remote work as the ultimate career. I continue to work as a Remote Area Nurse in locums across remote Australia. My experience in mental health focused on service provision, both as a clinician and manager, in remote Australia. I also worked as a midwife in remote Australia, as a relief bush nurse in country Victoria and as a RN in country and tertiary hospitals. My broad range of clinical experience is across the scope of Remote Area Nursing including midwifery, child and adolescent health, women's health, mental health, chronic disease, aged and palliative care. I am a fellow of CRANApplus.

I provide input into systems guiding provision of clinical care in remote and rural Australia including chairing the Editorial Committee for the Remote Primary Health Care Manuals suite; the CARPA Standard Treatment Manual, the Women's Business Manual, the Clinical Procedures Manual and the Medicines Book. I have experience, underpinned by theoretical knowledge of board processes, having been a board member of both CRANApplus and the Australian College of Nurse Practitioners.

I participate in various forums with input into policy, procedures and practice guidelines relevant to remote primary health care. I present at conferences on issues relating to remote health and have experience in advocacy and multi-sector collaboration. For example I am an invited participant in the Uti Kulintjaku project run by a local Aboriginal organisation. I continue to engage and collaborate with a wide range of professionals and organisations, across many disciplines and professions, working towards improved health outcomes in remote Australia.

As a Nurse Practitioner in the specialty of Remote Area Nursing, the social determinants of health are of particular interest to me in my work. Broad cross-sector collaboration, co-operation and coordination are required in order to achieve change in social determinants. Remote Area Nurses with high level collaboration and negotiation skills play a pivotal role in advocating, supporting and facilitating change in these areas. I am also interested in the patient's journey through the health system and how to strengthen the capacity of remote clinicians to provide effective health care. Such work contributes to the recruitment and retention of a strong workforce for the remote sector, providing education, advocacy and support for clinicians, patients and the wider community.

With a strong interest in social justice, grounded by current experience working in remote locations, I am well placed to provide input to CRANApplus on behalf of clinicians working in remote and isolated contexts. As a current board member I have been proud to bring the perspective of a current remote clinician to the board. I bring a strong commitment to advocacy, support and education for remote workers. Remote health practitioners of all disciplines are pivotal in the delivery of health services to remote Australia. Members can utilise my passion and dedication to ensure CRANApplus remains a strong voice for remote health. ●





### Debra Cerasa

*RN; RM; ICU Cert; FACN; GAICD; M of Edn, Mngt & Ldrship; Cert HR Mngt; Cert Fin Mngt; B of H Sci Nsg; Grad Dip Ad Ed & Trg; Dip Bus Mngt.*

*2010 – ACT Finalist, Telstra Business Women Awards.*

Debra Cerasa is an experienced health sector executive with

a lengthy career and a diverse resume of experience, often working in rural settings.

Having held various executive leadership positions including CEO Multiple Sclerosis Australia, CEO Royal College of Nursing, Australia and previously with International SOS in Indonesia as Country Clinic Manager, Debra is the CEO of Otway Health, Victoria.

Following her general nurse training at Deniliquin NSW, Debra has since gained a variety of clinical experience as well as certificates in intensive care and midwifery. She has worked in education roles in a number of Melbourne hospitals; worked extensively in midwifery in a variety of settings, including her own private practice; and has worked in pre-hospital emergency sector managing and teaching paramedic programs for the Victorian Ambulance Service. Debra spent a number of years in education and training before progressing into management and leadership roles. Debra's belief that *health care is a right for all and not a privilege* is what motivates her in whatever role she undertakes.

Her strong advocacy for rural and remote healthcare is demonstrated by several past and present involvements. Debra is co-chair of the ICN Rural and Remote Nurses Network since its inception at the 2009 ICN Congress, in Durban

South Africa. During her role as CEO at RCNA she worked with the ARNM Board and CEO to achieve the transition of ARNM to RCNA and was then instrumental in the establishment of the RCNA Rural and Remote nurses network that existed until RCNA was amalgamated with the College of Nursing NSW.

Debra holds a practical, down-to-earth approach to research, education and quality improvement and is passionately committed to the role both health professionals and the community play in Australian and global society to improve the social determinants that alter the health of our communities. She is also passionate about supporting and mentoring the next generation of health professionals.

More recently she has become an active participant in the use of Social Media and believes the benefits of appropriate use of Social Media to assist our communities in health, illness prevention and well-being are enormous.

Debra is also regarded by many as an innovative change agent who believes that progress in health and well-being can be inspired by the everyday stories of real people.

By applying for a Committee member position on the CRANaplus Board of Directors, I believe I would offer a representation that is broad, diverse and committed. With a genuine interest in how health care can be better supported to reach all communities regardless of location, a career spent in the health sector and numerous Board Director roles over the last decade, I believe I would be a strong and reliable Board Director.

CRANaplus continues to be an impressive and contemporary organisation, that as a member, I feel proud to be associated with. By extension, to offer some skills that I have developed over my career, would be a satisfying manner in which I could contribute back to the organisation. ●



### Michelle Dowden

*RN; RM; Masters of Public Health; Graduate Certificate Public Health; Certificate Trauma Counseling; Certificate Infectious Diseases; Certificate Professional Management; Certificate IV in Training & Assessment.*

I have over 20 years' experience working and

conducting health programs that focus on good clinical outcomes and the social determinants of health. I have worked in a collaborative manner and incorporated a community development perspective. The main focus of my work has been with remote indigenous communities and other large Indigenous health services throughout Australia.

Extensive travels, tertiary study, work in Indigenous communities and in Non-English Speaking Background communities has resulted in my enthusiasm to increase health access for vulnerable populations. I am a strong advocate to work with teams to develop systems within health services to better support the management of the chronic disease population.

I have been able to work effectively with people from a range of cultures throughout my working life in many roles. I have proven ability to manage highly complex and sensitive political, social and cultural issues in an Aboriginal Community Control context. I believe the most important thing is to maintain relationships at all times. I understand the importance of relationships with peak bodies such as National Aboriginal Community Control Health Organisation and other stake-holders. I am acutely aware of bureaucratic procedure and correct navigation through these processes. I am able to exercise caution, work collaboratively and consider all implications before a final decision is made.



I have a high level of networking skills and an ability to build strategic partnerships. I have excellent interpersonal and communication skills. Throughout my working life I have maintained a level of professionalism balanced with compassion and a solid bit of humour. I have strong group facilitation skills.

I have a strong background and understanding of Continuous Quality Improvement in Indigenous Primary Healthcare both in research and service delivery. I was the Project Manager for the Audit for Best Practice for Chronic Disease Project (ABCD) from 2003 until 2008. I have played pivotal roles on the ongoing CQI Strategy for the Northern Territory. I was a member of the NT Evaluation Steering Committee for NT CQI Strategy. I understand the processes of implementation and research transfer. I have contributed to the early design of the Department of Health and Ageing Healthy for Life Program and 1 21 Seventy. ●



## Annette Forbes

*B.Nursing; B.Litt. Anthropology; MA Primary Health Care including Approaches to Narrative Therapy elective and Community Mental Health unit; Grad Cert. Tertiary Teaching.*

Professional interests: Cultural, Legal and Ethical contexts of nursing

including understanding of social determinants of health, intergenerational trauma and culturally safe practice for Australian Indigenous people and migrant groups.

Having retired as a Nurse Educator at Federation University (FedUni), Ballarat in 2013, I remained employed as a sessional lecturer/marker in the Faculty of Health until taking up my present position as coordinator of an AOD-Community Peer Education Worker program here in Derby. The program is funded over three years through the Indigenous Advancement Strategy auspiced by the Department of Prime Minister & Cabinet and runs out of Garl Garl Walbu Aboriginal Corporation in Derby, WA. Other services running out of this organisation are the Sobering-Up Shelter and the Derby Night Patrol. Each of these services is governed by community safety and harm minimisation principles.

During my employment with FedUni, my particular responsibility was the integration of Australian Indigenous health issues into relevant programs for student nurses. As an adjunct to this, I was asked to develop an ANMAC (Australian Nurses and Midwives Accreditation Council) mandated course for 2016, in Aboriginal health. This course is a pilot program called, *'The Health and Cultural Diversity of First Australians'* and is currently being trialed at the Churchill campus in Gippsland (Vic). To achieve authenticity in this

endeavour, the course supervisor and I consulted regularly and widely with Indigenous community members, facilitating the formation of local and regional Indigenous networks, ensuring that culturally appropriate language was used and that community contributions were sought and applied.

I have held several project officer positions the most recent being the lead for a funding submission to the Office of Learning and Teaching (OLT) for a project to improve the recruitment and retention of Indigenous students into the Nursing Degree at FedUni. This required relevant research, collaboration with a team, networking with stakeholders, development of arguments and presentation of evidence. Although this submission was unsuccessful at the time, we scored very highly and were encouraged to reapply (which I am told is happening now).

Many of the aforementioned skills were gained as a lecturer in the Aboriginal Health Work Degree at Curtin University WA (1994-2002) and as inaugural coordinator of the Lake Tyers Aboriginal Trust (LTAT) Community Renewal Program (CRP) under the auspices of the Department of Justice, Vic. in 2005. The funding for this program ceased last year but significant progress was made over 10 years through the commitment of the Trust Board, LTAT community members and a State government led inter-departmental committee of which I was a member.

It is this broad professional experience along with a lengthy and interesting life experience that I bring to the position and ask members to consider. I thought and worked holistically long before it was presented to me as a model of care and even as a realist, I remain optimistic and philosophical in nature. I believe in the intrinsic worth of everyone though am no longer naïve enough to think that I can make everything better for the whole of humanity by myself! However I know now that we are often the catalyst for others to do that even if it isn't obvious at the time. ●



## Paul Stephenson

My background and qualifications include RN, Isolated Practice Nursing and Health Care Management. Beginning my career in health as a registered nurse in Sydney, I trained and have worked across numerous specialist areas including burns, public and sexual

health, community health and integrated health service development. Moving to Cairns in 1990 to begin working with Queensland Health I began a 20 odd year career in the FNQ. These decades are made up of six years as a clinical nurse consultant in sexual health working from Cairns to the border of PNG, public health nursing on Palm Island and Director of Nursing/Service Manager at Cooktown and Mossman up till 2002, introducing integrated health services (acute, community and aged) in both locations. The career move to include nursing and health management meant the satisfaction of making a difference at strategic and systems levels, with an emphasis on practical improvements in health care access and outcomes for people living in rural and remote communities.

From 2002 to 2012 I became District Manager/CEO working across the Northern Qld health districts of the Cape York, Mt Isa and Gulf, and Torres Strait & NPA and I remain proud of the progress made by the health service teams across these regions during that time. Whilst managing services at this senior level and having remote area Nursing practice experience I continued to advocate and advise on remote area clinical practice, rural and remote health care workforce development, and contribute to the primary care practice guidelines established to support better health outcomes in Indigenous and remote communities.

From 2012 to 2015 I took up an appointment within the Aboriginal Community Control Health sector. As Executive Manager Primary Health Care with Apunipima Cape York Health Council for the remote communities of Cape York I had great pleasure to work with teams for services from child health, social emotional wellbeing to chronic disease management.

During this time I led the planning and development for Apunipima in the move to have additional independent ACCHO service centres in Cape York. By late 2015 I took a further career move and was appointed the General Manager for Australian Regional & Remote Community Services (ARRCS) NT. The ARRCS organisation provides residential aged and community care services, disability and some child care services across the NT.

This move has been totally new territory in both location and health care delivery type, however there remains significant remote care access as a platform in my career. I reflect upon the CRANaplus position paper on 'older persons' with a primary focus on person centered, respect, wellness and the right to meaningfully contribute to society as a whole. These are to be achieved through sound education and workforce development in the sector.

I believe CRANaplus can make a significant contribution to as many care providers, across the workforce spectrum, operating in rural, remote and isolated areas.

It has been a privilege to serve as the Vice President for CRANaplus since 2010, and I remain committed to our organisations future opportunities in the rural and remote health sector. Thank you to those who nominated my standing for the role of president and I look forward to continuing to enjoy contributing to rural and remote health practice development in a meaningful way. ●





### John Wright

Hello CRANaplus members, my name is John Wright and I am standing for re-election to the Board of Directors. I have nominated for the position of Chair of the Board (President), and, if not elected President, to continue as a committee member. Let me tell you a bit about myself to help

you make a decision. I am a Registered Nurse in the Barkly region of the Northern Territory. I hold a Masters Degrees in Remote Health Practice (Nurse Practitioner) and in Remote Health Management, as well as a Bachelor of Nursing, a Graduate Certificate in Emergency Nursing, and a Cert IV in Training and Assessment. Current studies are almost completed for a Graduate Certificate in Clinical Education, with a Masters by Research being planned for next year. I am a Fellow of the Australian Rural Leadership Foundation, a CRANaplus Fellow, and a Fellow of the College of Emergency Nursing Australasia. I have been an RN for 22 years, have worked in remote and isolated health settings for 13 years, and currently live in Tennant Creek with my disabled wife Anita and three daughters Laura, Claire and Erin. In my spare time, I am the



volunteer Unit Officer for the Tennant Creek SES unit, responsible for the emergency response capability of the local SES volunteers.

Over the years, I have gained experience in various forms of governance. I was a founding member and inaugural Management Committee member of the SA Emergency Nurses Association, then a founding member and member of the Board of Directors of the College of Emergency Nursing Australasia. In 2006, I was elected to the then CRANA Board of Directors serving as a Board member, Treasurer, and acting Vice President. I was instrumental in crafting the new Constitution that led to the emergence of CRANaplus as the professional body for all remote health, and I currently serve on the governance subcommittee.

During my 10 years on the CRANaplus Board it has been my privilege to see CRANaplus grow from a small regional interest group to a highly respected and valued national professional body. During that time the Board has grown and developed as we have been able focus more on governance and less on the day-to-day running of the organisation, so that we moved from a Board of Management to a Board of Directors. Fierce competition for places on the Board is something we used to dream about and wish for, but it is now a reality, which indicates the strength and status of your organisation. I believe that I have the right mix of leadership and governance skills, background knowledge, and remote health experience to be the next Chair of the Board (President) of CRANaplus. Modern telecommunications mean that my remote location is no longer a barrier to fulfilling such a role.

As a clinician who lives and works in a remote environment, I know and understand from first-hand experience the issues and pressures faced by remote and isolated practitioners. I look forward to the opportunity to continue to serve the members of CRANaplus in either of the roles for which I am nominated. Thank you for your support. ●

## red dust role models

**Red Dust Role Models has been working in remote communities across the Northern Territory for 10 years this year! Within that time we have built deep, meaningful relationships with more than seven communities we now consider partners.**

Within our partnerships we have built health promotion programs targeted and specific to youth living in the remote context. Good nutrition, hygiene and exercise is essential for good health, and this forms the back-bone to all Red Dust Programs.



Red Dust team walk with students on their way to class at Areyonga.



Painting depicting the Red Dust Story working together in partnership, with remote communities toward healthier tomorrows.

As we celebrate 10 years of Red Dust, this year we are also excited to announce that in partnership with our communities and the Federal Government, we are undertaking a Strong Young Women's Program.

This SYWP is targeted specifically to young Indigenous women and girls, and our early evaluations of the program are exceeding initial expectation – which is fantastic news.

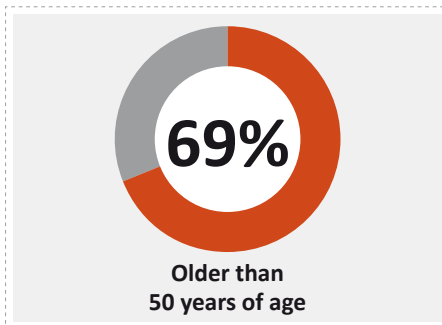
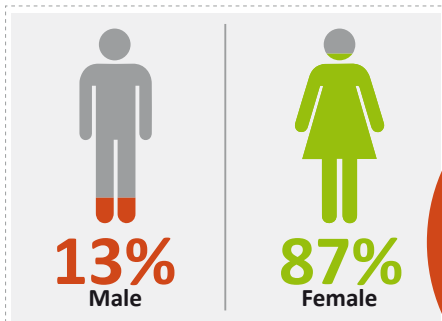
We continue to build upon this program and look forward to updating you on our progress again across the next 12 months.

For further information on Red Dust please reach out via [admin@reddust.org.au](mailto:admin@reddust.org.au) ●

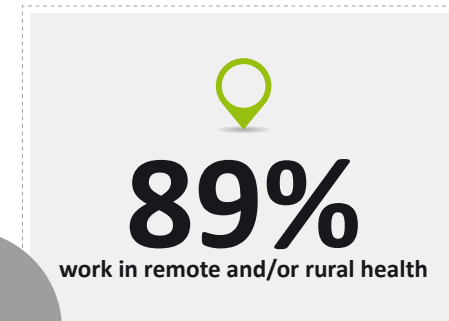


# CRANApplus MEMBERSHIP SURVEY

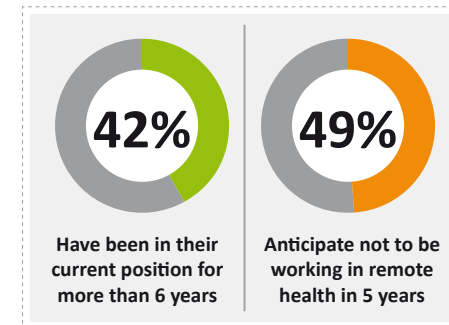
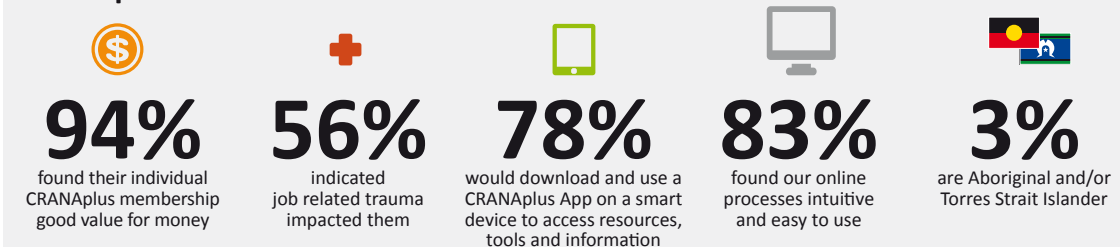
## MEMBERS



## WORK & PROFESSION



## CRANApplus MEMBERSHIP



## TOP 5 THINGS MEMBERS VALUE...



# australian heart maps

By Adj Prof John G Kelly AM,  
Heart Foundation National CEO

New data released by the Heart Foundation alarmingly highlights the disparity between city and the bush when it comes to heart health in Australia.

Remote Australia has twice the rate of admissions as Australia's major cities.

The further a person resides away from a major city in Australia, the likelihood of being admitted to hospital for a heart attack, unstable angina or heart failure increases.

If you live in the most disadvantaged community, you are twice as likely to be hospitalised for a heart condition, compared to those living in the most advantaged communities.

Of the top 20 'hotspots' for heart-related hospital admissions, 17 are regional areas with 12 in Queensland. At the other end of the spectrum, of the 10 regions with the lowest rate of hospital admissions – nine are metropolitan areas.

**The further a person resides away from a major city in Australia, the likelihood of being admitted to hospital for a heart attack, unstable angina or heart failure increases.**

Among the key findings of the Australian Heart Maps is the positive correlation between heart admissions and obesity, smoking and physical inactivity

However, these higher rates are not because poor people make unhealthy choices.



They are the result of a combination of social, economic and physical conditions, such as a person's access to education, employment, housing, transport, affordable healthy food, and social support.

These conditions shape people's eating habits, participation in physical activity, their likelihood to see a doctor and other preventative measures.



Adj Prof John G Kelly AM, Heart Foundation National CEO.



This data is part of our collective Australian Heart Maps, which serve as a valuable tool for health professionals, health services, local governments, researchers and policy makers to be used to set strategy, plan services and target prevention initiatives to areas of greatest need.

<http://www.heartfoundation.org.au/for-professionals/australian-heart-maps>

What we need in rural and remote Australia and in areas of disadvantage is:

- Develop a national heart and stroke strategy with a robust remote component
- Prevention measures that target high risk groups
- A robust food reformulation program
- Absolute risk assessment to detect people at high risk of heart attacks and stroke
- Access to cardiac rehabilitation

- Better data on time-to-treatment for people having heart attacks so that we can highlight areas where greater efforts are needed to ensure the fastest possible treatment.

According to projections, we know that these inequities in heart health will only worsen as the gap between the rich and the poor widens.

We need to work together with governments, health services, other sectors and communities to improve access and opportunities for good health.

Prevention programs work - simple early detection and heart health checks by doctors can help early identification of the risk factors and reduce hospital admissions.

Our heart health must be a number one priority – no matter where you live. ●



# wound management up-skilling in the remote and rural areas

By Kate Davis, Director Nursing Programs, William Light Institute

**Is wound management becoming increasingly complex to provide in the remote and rural environments? As wound technologies, devices and therapeutic options increase, providing wound care becomes more challenging.**

However, more challenging does not mean unachievable, and Remote Area Nurses (RANs) are well recognised for rising to a challenge.

Understanding the fundamentals of wound assessment, etiology, care planning and monitoring, along with the application of evidence-based practice and clinical guidelines, are part of this challenge. However, becoming informed and accessing wound management education makes the provision of best practice in wound care in the remote and rural environments achievable.

To support an informed and educated approach to RAN clinical practice Stephen Farrington, Remote Area Nurse, Jigalong, Puntukurnu Health Service, advises that there is a range of high quality online wound education available for RANs (see resources at end of article). Stephen also advises the following:

*In my scope of practice document I acknowledge the need to do this training every year as new material and methods of addressing wound healing is coming through research and experience all the time. The ...online training... would meet my requirements. I think that it is definitely an area that needs to be discussed with Remote Nurses as everyone has their favorite dressings, but there is often little evidence based backing to many of these preferred dressing types or practices in remote settings. Whereas if everyone was doing the basic wound care programs... remote staff could all be on the same page.<sup>1</sup>*

Stephen observes that the challenge is to develop resources that meet remote area nurses' unique experiences and requirements. RANs often deal with wounds that are infected with multiple agents such as 'bacterial or fungal infections and late presentations that often require debridement that many nurses are unwilling to do as they see it as out of their scope of practice'.<sup>2</sup> To this end the RAN can find a range of resources – online or face-to-face and at differing skill levels (as listed at the end of this article).

**...becoming informed and accessing wound management education makes the provision of best practice in wound care in the remote and rural environments achievable.**

In addition, the William Light Institute (WLI) has developed a Graduate Certificate in Wound Management for the practitioner who is serious about taking their skills to a specialised level. The course includes a focus on specialised wound assessment, clinical practice and wound management. Along with specialties on sharp wound debridement, quality project management and oncology and palliative wound care management, the course is supported by advanced clinical practitioners (delivered online through ANMFSA, refer to the end of the article).



Stephen Farrington.

Frank Guerriero is a Nurse Practitioner Candidate, Vascular Surgery with the Southern Adelaide Local Health Network who recognises the links between urban wound management practice and the rural and remote areas, and sees the principles of best practice wound management as crossing geographical boundaries – even in his own practice. Frank advises:

*Rural health professionals are always keen to receive input and advice from major city tertiary professionals. I experience this personally with patients from Mount Gambier who travel to Adelaide for management of their vascular conditions. While our team of surgeons are only up in Mount Gambier once a month, we can support the clinicians in this town (and outlying areas) through email and phone based correspondence – I frequently organise weekly emails to monitor post-surgical wounds and encourage phone calls should they wish to discuss concerns or seek advice.<sup>3</sup>*

Like Stephen, Frank acknowledges there is a good level of knowledge regarding wound management within the remote and rural sectors- however it does vary, and, just like their urban counterparts, there are pockets of excellence, as well as other areas that



Frank Guerriero.

require either updating or access to wound management education. Frank says:

*I think there is a reasonably high degree of knowledge regarding wound management out in the rural areas however their resourcing and access to new products is no doubt limited by their distance from major cities. Living in a country which has a widely dispersed population across long distances, means that we are unable to apply some of the strategies that may work from countries which have great population density and less sparse distribution of population.*

*I am also aware of colleagues who provide intermittent education to rural areas such as the Riverland, however this tends to be negotiated through professional networks established either through Non-Government Organisations such as Wounds Australia, or through incidental personal/professional relationships. I think there is a lot of scope for increased education for rural and remote nurses for wound management practice.<sup>4</sup>*

Given Stephen and Frank's observations on wound management in the remote and rural areas, within these busy and demanding health care contexts, how well prepared are you to provide complex or even basic best practice wound care management? ►►

► Innes-Walker and Edwards noted that out of the 500 health practitioners surveyed regarding health workforce and education and training activities (70% of which were nurses, including those from the rural and remote areas) over 90% advised that they currently provide wound care as part of their clinical practice. However, it was also reported that:

*Nurses and GPs working in the primary health care setting, particularly in regional and remote locations, had highest needs for wound management education and training. The basics of wound management was rated the area of greatest need.<sup>5</sup>*

It seems clear then that wound care is an essential part of the remote and rural area nurses' roles. There are some great resources

out there including online modules and higher education qualifications. There are pockets of innovative best practice, including direct clinical care and telemedicine. Relationships between the remote and urban health workforces are collaborative and can support patients in achieving the best health outcomes.

But what do you need in your individual practice to give remote and rural clients and patients the best healing outcomes? For some it will be clinical guidelines, for others it will be education, whilst for others it will be a combination of access and employer/manager support.

Whatever the challenges are for you there are resources available and opportunities in the pipeline.



Wound ultrasound Sonographer Richard with Frank Guerriero.

## References

1. Stephen Farrington, Remote Area Nurse, Jigalong, Puntukurnu Health Service.
2. Stephen Farrington.
3. Frank Guerriero, Nurse Practitioner Candidate, Vascular Surgery, Southern Adelaide Local Health Network.
4. Frank Guerriero.
5. Innes-Walker K & Edwards H. Wound Practice and Research, Volume 21 Number 3 – September 2013, Volume 21 Number 3 – September 2013 107.

**For further information, wound care resources and clinical practice support please contact the following:**

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**zero/harm**



# complementary and alternative medicine use in a rural victorian community



**By Tass Holmes, PhD, University of Melbourne**

**Recent research in a series of small towns in Victoria sheds light on the use of complementary and alternative medicine (CAM) by residents of a low-income community, where**

**demographic circumstances of poverty were part and parcel of many locals' life experience.**

The ethnographic project used community participation and in-depth interviews to document favoured health practices, and discover information about alternative health beliefs and worldviews held by participants. Low-income interviewees with an interest in CAM were mainly sole parents, long-term unemployed and disabled persons, recruited by word-of-mouth recommendation. Almost all were Centrelink recipients.

In Australia, CAM practitioner services are generally provided in the private sector, partially rebated only through private health insurance. Consequently they are unaffordable for poorer health consumers.

Nevertheless, despite limited income and few job opportunities, causing long-standing poverty, low-income rural consumers – like their middle-class urban counterparts – often share a desire to consult alternative practitioners, and occasionally seek treatments from naturopaths, Chinese medicine practitioners, kinesiologists, masseurs and homeopaths.

With practitioner fees beyond their ability to pay, most participants accessed 'the naturopath' only rarely. At such times they sought relief from physical suffering, or strategically asked advice regarding nutrition, vitamins, herb supplements, homeopathic remedies and flower essences, which they could continue to self-prescribe at home.

Mainly they gleaned health information from friends, family members, books and the internet. They purchased supplements, 'food cures' and remedies at pharmacies, health stores, and supermarkets. Several grew food gardens, or sourced old-fashioned 'folk' herbal medicines from yards, the bush, and 'the nature strip'. Some relied on free 'wildcrafted' herbs to improve the quality and nutritional value of their diet.



View across river, rural Victoria.

The majority used GP services when necessary, and were entitled to free bulk-billed consultations, and PBS-subsidised pharmaceutical treatments.

## ...professional healthcare in general is less accessible in rural places.

Unfortunately, this situation contributes to a 'skewed' health system, where non-biomedical healthcare is inaccessible for impoverished consumers. Furthermore, professional healthcare in general is less accessible in rural places.

Lacking public subsidisation, CAM practitioners' capacity to help impoverished clients is substantially compromised. Yet professional CAM therapies are arguably necessary for some consumers' wellbeing (for example, lymphatic

drainage or massage to manage pain and stiffness; kinesiology for learning difficulties; homeopathic or herbal medicines to address allergies and improve immunity).

Most Australian CAM users are women, who often identify strongly with folk traditions, and recognise healthful, nature-related, cultural, and philosophical or spiritual aspects of CAM, and value their own ability, through using CAM, to improve their 'agency' as health consumers. ●

**Tass Holmes is a recent PhD graduate from the University of Melbourne, and an occasional practitioner of complementary medicine. Tass enjoys yoga, walking and native wildlife, and has young adult children, who she raised as a sole parent in a rural community in Victoria.**



Mountain view, rural Victoria.



# cutting edge DV program

**An Aboriginal organisation in Adelaide is scoring multiple success in the first weeks of a new cutting-edge, family-focused domestic violence program.**

The Aboriginal Family Violence Program (AFVP) launched in August focuses on women who want to stay in their relationships," said Craig Rigney, CEO of Kornar Winmil Yunti (KWY).

The Aboriginal organisation was established five years ago to tackle issues of domestic violence. Rosie Batty, an Australian domestic violence campaigner and 2015 Australian of the Year, a supporter of the organisation, recently attended the 5th anniversary of KWY's behaviour change program for perpetrators of domestic violence.

Rosie's role as a campaigner began in 2014 after her 11-year-old son Luke was murdered by his father.

"Domestic violence programs throughout Australian society have tended to concentrate on post-violence situations," Craig said, "helping women seek shelter and working with men on their behaviour after a relationship breakdown."



L-R: Craig Rigney, CEO, Kornar Winmil Yunti; The Hon. Zoe Bettison MP; Rosie Batty; The Hon. John Rau MP, SA Deputy Premier and Attorney-General.

"We identified a gap a couple of years ago – women who wish to stay in their relationships. Working with a service assisting homeless people, they mentioned they were struggling to engage with women still in relationships.

"We finally received financial backing for our program. And already we have had a fantastic response."

Terri DiSalvo, appointed as a Family Violence Worker with the new program has already worked with 18 families, and six women have exited with the outcomes they wanted.

**"We finally received financial backing for our program. And already we have had a fantastic response."**

"As with the first program, we use a narrative therapy, which is culturally appropriate for Aboriginal communities," Craig said.

"Terri talks with the women; we have discussions with the men. Through these conversations, we start to break down barriers.



Craig Rigney, CEO, Kornar Winmil Yunti.



2015 Australian of the Year, domestic violence campaigner Rosie Batty.

*"I want to tell everybody that family violence happens to everybody. No matter how nice your house is, how intelligent you are. It happens to anyone and everyone".*

Rosie Batty, February 2014

Family members begin to discuss their issues and, having gained a huge understanding of their story and their life experience, we can listen to the people we are working with and help them change in ways they recognise they need to change.

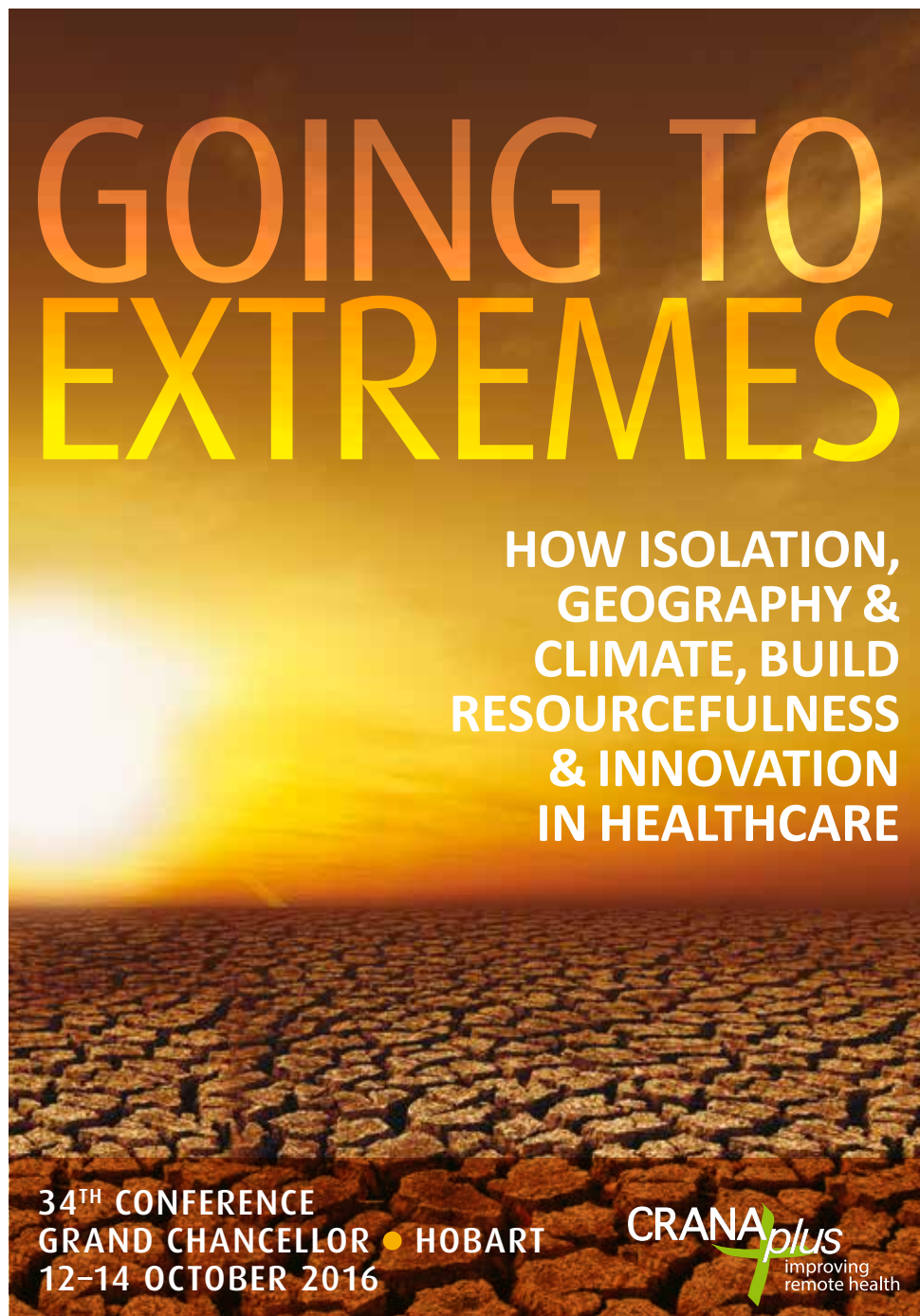
"We use the combined stories of both partners to help reduce violence and offer support services and the wholistic approach enables men to be accountable and to take responsibility for their actions."

Craig, who previously worked in Aboriginal health, said KWY's success stems from using narrative therapy through the Aboriginal cultural lens to assist individuals, families and communities.

"Originally, many came to us through the court system, where men were told they needed to attend a program," he said.

"Over the past five years, however, we are seeing a huge increase in self referrals and referrals from family and communities.

"We are also seeing a lot of young men coming to us to reconnect to their cultural identity." ●



# GOING TO EXTREMES

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## conference takes us to the edges

**From Canada's frozen North to the Antarctic, Earth's southernmost continent. Using hair dye to communicate with remote youth. Patients pulling out their own teeth.**

We promised extremes and these are just examples of the fascinating topics being presented to you at this year's Conference in Hobart.

To continue the theme of taking topics to the limits, we have not one, but two keynote speakers who both have reputations for pushing the boundaries. Dr Bob Brown, renowned environmentalist, is keynote speaker on the first day, while, on Friday, The Hon. Michael Kirby, human rights expert and a champion of HIV education, will once again present a keynote speech to our Conference. Michael so enjoyed his first Conference in 2012 that he became our first official Patron.

This year's Conference at the Grand Chancellor has the tantalising tag "Going to extremes: how isolation, geography and climate build resourcefulness and innovation in healthcare".

The opening ceremony is graciously sponsored again this year by HESTA on the evening of Wednesday 12 October and is a chance for delegates to catch up with far-flung friends and fellow CRANAplus members. Tasmania's Acting Chief Nurse & Midwifery Officer, Ms Francine Douce will give the opening address, followed by the presentation of new CRANAplus Fellows and Graduates.

Thursday's papers include the topics of rheumatic heart disease in remote Indigenous communities and "Melting the ice in remote care", a presentation on metamphetamine management.

Occupational health and safety in one focus on Friday, with a Q&A session on maintaining staff safety in complex and diverse environments providing a powerful finale to the day's offerings.

The annual awards dinner on Friday night will close the Conference, with delegates free on Saturday to enjoy the Salamanca Markets, close to Hobart's picturesque waterfront, or visit the Museum of Old and New Art (MONA), a short ferry ride away. ●





# keynote speakers



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

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

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

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



**Bob Brown** was elected to the Senate in 1996 after 10 years as an MHA in Tasmania's state parliament.

In his first speech in the Senate, Bob raised the threat posed by climate change. Government and opposition members laughed at his warning of sea level rises and it took ten years for them to finally begin to acknowledge the causes and effects of climate change.

Since 1996, Bob has continued to take a courageous, and often politically lonely, stand on issues across the national and international spectrum. Some of the many issues that Bob raised in the Senate included petrol sniffing in Central Australia, self-determination for West Papua and Tibet, saving Tasmania's ancient forests, opposing the war in Iraq, justice for David Hicks, stopping the sale of the Snowy Hydro scheme and opposing the dumping of nuclear waste in Australia.

Bob was re-elected to the Senate in 2001. Following the election of four Greens senators in 2004, Bob became parliamentary leader of the Australian Greens in 2005.

The 2007 election saw Bob re-elected to the Senate for a third term, receiving the highest personal Senate vote in Tasmania and being elected with more than a quota in his own right.

In 2010 Bob led the Australian Greens to a historic result with more than 1.6 million Australians voting for the Greens and the election of nine Senators and one House of Representatives member.

As a result, the Greens gained balance of power in the Senate and signed an agreement with the ALP which allowed Prime Minister Julia Gillard to form government. A key part of this agreement was the Greens requirement that a price on carbon be introduced, which led to legislation being passed at the end of 2011.

Bob stepped down as Leader of the Australian Greens, and then retired from the Senate in June 2012. After leaving parliament he founded the Bob Brown Foundation to support environmental campaigns and activists around Australia and our region. ●





# program

## OPENING WEDNESDAY 12 OCTOBER

9:00 am	Registration desk opens
3:00 pm	Registration desk closes
4:00 pm	<b>CRANaplus Annual General Meeting</b>
6:30 pm	Conference Opening Ceremony (Sponsored by HESTA)
	Welcome to Country
	Opening address Ms Francine Douce, Acting Chief Nurse & Midwifery Officer, Tasmania
	Sponsor address
	Presentation of new CRANaplus Fellows
	Cocktails and canapés
8:30 pm	Finish

## DAY ONE THURSDAY 13 OCTOBER

9:00 am	Welcome address Christopher Cliffe, CEO, CRANaplus
	<b>Session 1</b>
9:15 am	Keynote speaker Dr Bob Brown
10:00 am	Question time (10 minutes)
10:10 am	Abstract Anneliese Cusack <i>Going to Extremes: Working &amp; Living in Canada's Frozen North</i>
10:25 am	Abstract Rod Menere <i>Remote Area Nurse Occupational Health and Safety</i>
10:40 am	Question time (10 minutes)
10:50 am	Morning tea (30 minutes)
	<b>Session 2</b>
11:20 am	Invited speaker Dr Jeff Ayton, Chief Medical Officer, Polar Medicine Unit, Australian Antarctic Division
11:45 am	Abstract Sandy McElligott <i>How Truck... "On the road to health"...7 years on</i>
12:00 pm	Abstract Claire Boardman <i>Innovative technology to address remote education and clinician awareness of a preventable disease</i>
12:15 pm	Abstract Vanessa De Landelles <i>Is it "Geographical Isolation" or is it "Tranquility"</i>
12:30 pm	Abstract Lauren Gale <i>The Royal Flying Doctor Service (RFDS): More than a flying doctor</i>
12:45 pm	Question time (10 minutes)
12:55 pm	Lunch & Book Launch Dr Janie Dade Smith (1 hour)

Subject to change.

## DAY ONE CONTINUED THURSDAY 13 OCTOBER

	<b>Session 3</b>
2:00 pm	Abstract Kim McCreanor, CEO, AMRRIC <i>A consultative approach to improving animal and human health in remote Indigenous communities</i>
2:15 pm	Abstract Naomi Kikkawa <i>e-PIMH: A Perinatal and Infant Mental Health Workforce Development Pilot</i>
2:30 pm	Abstract Robyn Carmichael and Nola Fisher <i>"They Came Back"</i>
2:45 pm	Abstract Marjorie Middleton <i>Hair Dye and Health Promotion: Reaching Remote Youth in Innovative Way</i>
3:00 pm	Abstract Simone O'Brien and Linda Blair <i>Nurse Practitioner/Rural and Isolated Endorsed Nurse Assessment and Collaborative Care Project</i>
3:15 pm	Question time (10 minutes)
3:25 pm	Afternoon tea (30 minutes)
	<b>Session 4</b>
4:00 pm	Abstract Tony Barnett <i>Dental extremes: "They pull out their own teeth in the bush"</i>
4:15 pm	Abstract Jessie Cummins <i>Dentists' adherence to antibiotic prophylaxis guidelines for infective endocarditis</i>
4:30 pm	Abstract Chris Zeitz and Stewart Roper <i>Improving the management of Rheumatic Heart Disease in Remote Indigenous Communities</i>
4:45 pm	Abstract Amanda Akers <i>Methamphetamine management: Melting the ice in remote care</i>
5:00 pm	Question time (10 minutes)
5:15 pm	Remote Area Workforce Safety & Security Project Symposium
6:00 pm	LGBTI Network of Interest The Atrium Bar, Grand Chancellor Hotel

## DAY TWO FRIDAY 14 OCTOBER

9:00 am	Welcome address President, CRANaplus
	<b>Session 1</b>
9:15 am	Invited speaker Adj Prof Deb Thoms, Commonwealth Chief Nursing & Midwifery Officer
9:40 am	Abstract Daniel Terry <i>Getting them out there: The impact of rural exposure on satisfaction and practice intention among nursing student</i>
9:55 am	Abstract Kadee Rae Jones <i>I am a New Graduate Nurse and I am working in Rural and Remote Australia</i>
10:10 am	Abstract Marcia Hakendorf <i>Remote Area Nursing certification, a workforce process</i>

Subject to change.

**DAY TWO CONTINUED FRIDAY 14 OCTOBER**

10:25 am **Abstract** Danni-Lee Dean *The innovative health system we want to work in*

10:40 am **Question Time** (10 minutes)

10:50 am **Morning tea** (30 minutes)

**Session 2**

11:20 am **Keynote speaker** The Hon. Michael Kirby

12:05 pm **Question Time** (10 minutes)

12:15 pm **Official address** The Hon. Dr David Gillespie MP, Assistant Minister for Rural Health

12:35 pm **Abstract** Leona McGrath *Birth on Country – A Collaboration*

12:50 pm **Question Time** (10 minutes)

1:00 pm **Lunch** (1 hour)

**Session 3**

2:00 pm **Official address** Mr Tony Zappia MP, Assistant Shadow Minister for Medicare

2:20 pm **Abstract** Karen Deininger and Vanessa De Landelles *Team Building under 'Vast Distances & Isolation' – with a little bit of Extreme climatic conditions added*

2:35 pm **Abstract** Leanne McGill and Katrina Rohrlach *LINKS: e-mentoring to the Extreme*

2:50 pm **Abstract** Catherine Jacka *A Rights Based Approach – Consideration for Geography Distant Service Providers*

3:05 pm **Abstract** David Carpenter *25,000 feet and climbing... aeromedical retrieval in Central Australia*

3:20 pm **Question Time** (10 minutes)

3:30 pm **Afternoon tea** (30 minutes)

**Session 4**

4:00 pm **Q & A: Maintaining Staff Safety in Complex and Diverse Environments**

**Martin Boyle** Emergency Management Coordinator, Australian Antarctic Division

**Brendan Boucher** International Security Advisor, Australian Red Cross

**Guy Sansom** Senior Emergency Physician, St Vincent's Hospital Melbourne

**Pat Allen** President, Police Association Tasmania

**Mick Stephenson** General Manager, Emergency Operations, Ambulance Victoria

5:00 pm **Wrap up and close**

7:00 pm **CRANaplus Annual Awards Dinner** Hobart Function Centre

*Subject to change.*

**OPTIONAL ACTIVITIES SATURDAY 15 OCTOBER****SALAMANCA MARKET**

8:30 am **Market opens**

Salamanca Market is located between Salamanca Lawns and the historic Warehouse of Salamanca Place, close to Hobart's picturesque waterfront. The market is open Saturday unless there is extreme weather.

3:00 pm **Markets close**

**MONA – MUSEUM OF OLD AND NEW ART**

10:00 am **MONA opens**

Admission: \$25 per adult/\$20 concession

MR-I Fast Ferry Departs from the MONA Brooke Street Ferry Terminal (Hobart) Approximately \$20 return

Depart Hobart	Depart MONA
9:30 am	10:00 am
11:00 am	11:30 am
12:00 pm	12:30 pm
1:15 pm	1:45 pm
2:30 pm	3:00 pm
3:30 pm	4:00 pm
4:30 pm	5:00 pm

5:00 pm **MONA closes**

*Subject to change.*

# the best job in the world



L-R: Chris Dodd, Joint DON/Facility Manager; Alan Thompson, Joint DON/Facility Manager; Alison Petty, Administration Officer and Volunteer Ambulance Driver

**Remote Area Nurse Alan Thompson has just spent the night in the clinic's ambulance, driving through lashing rain and 90-kilometre winds, to make sure an injured patient got to hospital. Meanwhile Chris Dodd, his job-share colleague at the local clinic in Thargomindah in Far Western Queensland, arrived in town just as rising water levels threatened to cut access.**

The details change but the scenario is familiar and explains why the pair love their job: the varied work, the challenging but beautiful environment and the appreciative townsfolk.

"Each day is different," is the understatement from Chris. Extreme heat, floods, bushfires, wildlife, stock and poor road conditions make for some interesting and challenging times.

Chris and Alan have been job sharing at the town's Clinic for the past five years and they agree they "have the best job in the world" which they share on a three-week on, three-week off roster. Just so happens that the location is a 950-kilometre, 10-hour drive for Chris, while Alan flies more than 1000 kilometres to work.

Their nursing careers appear custom-designed to bring them to Thargomindah, on the banks of

the Bulloo River at the site of the old Cobb and Co river crossing. It's 1200 km west of Brisbane – making it closer to Adelaide than Queensland's capital city.

**"Each day is different," ... Extreme heat, floods, bushfires, wildlife, stock and poor road conditions make for some interesting and challenging times.**

Alan and Chris prefer to work in isolated communities and they have both worked over the years on attaining the essential skills for the job, having the Rural and Isolated Practice Endorsement (RIPERN) and qualifications in Advanced Life Support and X-Ray Operations. Both have attended CRANaplus Workshops for Midwifery and Remote Emergency Care.

"What's not to love," said Alan, about "being able to use our acquired skills and knowledge to care for the health needs of an appreciative community.

"We are greatly rewarded with high job satisfaction and the odd dozen eggs, hot meal or a cake that members of the community have a habit of leaving at the clinic."

**"The townsfolk haven't had a resident doctor since Cobb and Co days and we are never short of volunteers in times of an emergency."**

The clinic is an Outpatients Centre with a visiting RFDS Doctor one day a week and visiting Allied Health, Mental Health and Outreach clinics. The clinic is open weekdays and Alan or Chris are on call for any emergencies 24/7.

A QAS ambulance is at the clinic, manned by Alan or Chris and usually driven by the Clinic Administration Officer/Volunteer Ambulance Officer Alison Petty who has invaluable knowledge of the local properties, roads and terrain.

"The main medical resource is the RFDS, which holds a weekly GP clinic in town and is available for emergency airlifts," Alan explained. "Telehealth has made a big difference in recent years. We have speakers and a screen in the consulting room, and we can link with specialists and experts in acute circumstances. Being a sole nurse practice, it is very handy to have that support."

**"Telehealth has made a big difference in recent years. We have speakers and a screen in the consulting room, and we can link with specialists and experts in acute circumstances."**

Families living on large cattle and sheep properties make up the backbone of the population in the shire, which covers 73,600 square kilometres, but the clinic's clientele also includes shearers, road workers, FIFO oil and gas workers, backpackers and travellers passing through in the winter months.

"It is a hardworking and supportive community," said Chris. "The townsfolk haven't had a resident doctor since Cobb and Co days and we are never short of volunteers in times of an emergency.

"The community holds several fund-raising events yearly for those special needs at the clinic or to support community members through times of illness."

Thargomindah has a reputation as a nice place to work. Alan and Chris totally agree. ●



## what's in a name

**Registered Nurse and Midwife Sheryl Buffet says the name change of Norfolk Island Hospital to Norfolk Island Health and Aged Care Residential Service (NIRAC) since the Commonwealth reforms in July will take a bit of getting used to.**

But that's nothing compared to the daily naming game for the staff when they're filling out medical forms. Everyone on Norfolk Island ends up with a nickname. Think Carrots, Spider and Quack. So entrenched is the custom that original names are forgotten and the local telephone book devotes a couple of pages to the nickname list to keep everyone on track.

Nursing staff have difficulty matching patients with their formal records, says Sheryl, who goes by the name Heff.

"You get the name say, from something you have done, where you are from, and, yes, what people think of you," said Sheryl. "There was one guy called Pothole." Potholes are something you want to avoid.

Sheryl, originally from New Zealand, arrived on Norfolk Island 20 years ago, planning to stay for three years. After three months she met her future husband, Puddles, something that "was not on the radar at all" – and she's been there ever since.

Sheryl has seen many changes since 1996, but the latest is a major one for the medical services. Benefits for the locals include access to the Pharmaceutical Benefits Scheme and Medicare, reducing the enormous cost of being transferred to the mainland in emergencies.

Reflecting the changing population, the 24 beds at the centre now consist of one high dependency bed, four general beds, 14 aged care, three private rooms and two midwifery beds for antenatal and postnatal clients.



Top left: Sheryl Buffet (Heff) with a local resident.

Top right: Norfolk Island Health Centre.

Bottom: Old medicine bottles.



**Norfolk Island, measuring a mere 9 km by 5 km, is one of Australia's most geographically isolated communities.**

Sheryl is a walking-talking billboard for tourism offerings for the tiny island in the Pacific Ocean.

Norfolk Island, measuring a mere 9 km by 5 km, is one of Australia's most geographically isolated communities. With a population of around 1700, tourists arriving each week take it over the 2000 mark.

It's relaxed, safe, the food is organic and the local fish delicious, said Sheryl. "It's just brilliant. Everyone is so friendly – like an old country town from the middle of last century. Everybody knows everybody."

Surnames in the telephone directory are limited, dominated by Christian, Young, Adams, McCoy and Quintal, descendants of mutineers from the Mutiny on the Bounty, plus Buffett and Evans, two old whaling families. They came to Norfolk Island from Pitcairn Island in the mid 1800s.

And that's where the nicknames come in handy. ●

# savouring the taste of country life



**Dr Christopher Cajili (above), dentist at Latrobe Community Health Service, says growing up at Gippsland's doorstep prepared him for his time working in country Victoria.**

There was a guy I knew who was counting down the days until he completed his placement so he could move back to Melbourne. He would drive, every day, from the suburbs – a three-hour round trip.

I didn't have that feeling; it makes a difference if you live where you work, if you have friends and involve yourself in the community. In the future, I want to get more involved in local sports; I like baseball.

It's a good mix living and working out here; you're busy at work, but when you get out, it's quiet. It's easy to go home; there's no traffic on the way home. It's peaceful, and you get to do what you want to do.

The change to country life wasn't too unexpected for me. I grew up in the south eastern suburbs of Melbourne, and spent some time out in Gippsland camping as a kid, so I knew what it was like.

I did a four-week placement here, in my final year, and really enjoyed it. I came back again for the last year of my placement with AITEC's Voluntary Dental Graduate Year Program. On placement, I moved every two months. I worked in Moe and Morwell, in Sale, Bairnsdale, Wonthaggi and up in Orbost.

There are some benefits of working in a regional area. You have a lot more clinical freedom and you're allowed to work independently.

In Melbourne, especially if you're working privately, you don't get to see many difficult cases. If patients need more difficult work done, they're referred to a specialist.

But the further you go into Gippsland, there's just not that availability or access to specialists; we're the only ones who can do it.

I've found my perception of distance changing. People are surprised when I say I live in Warragul – they're like, "you live in the country!" But the distance I drive from home to the city, or from home to Warragul – it's the same.

I really like the people I work with. They've come from all different backgrounds and have different experiences. There's always someone to help out. People out here are nicer; the patients seem more grateful.

Another factor for coming out here was that the position was for full-time work.

It's really hard at the moment, in the dental industry, to find a full-time job; a lot of people work part-time at two or three clinics.

The job was for a one-year contract. My plan was, initially, to work, get experience, and go

back, but I've really enjoyed it here and I've just stuck around.

I'm actually surprised I'm still out here; I thought I'd be back in Melbourne but now I'm thinking about properties which are in between the city and here.

My dream is to one day have a family-run dental practice; I'm not sure where yet, though. We'll see. ●

**Dr Christopher Cajili recently completed the Voluntary Dental Graduate Year Program. He was in the first cohort of the Doctor of Dental Surgery (DDS) at the University of Melbourne, graduating in 2014.**

**He completed his Bachelor of Biomedicine in 2010, also at the University of Melbourne.**

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# torres and cape – no ordinary graduate program

**When the average nursing student finishes their final year of university, very few envisage starting their nursing career in a remote community on Cape York or the Torres Strait Islands.**

But that's exactly what nursing graduates Alexandra Beasley and Gabrielle Wall did a year ago after successfully completing their studies.

Alex, who studied at Griffith University in Brisbane, swapped her home town of Nimbin in New South Wales for western Cape York Peninsula.

Gabrielle, completed her studies at Queensland University of Technology in Brisbane, swapped her home town of Cairns for Weipa.

Both embarked on the Torres and Cape Hospital and Health Service's 12-month graduate nurse transition program with six-month rotations at Weipa Integrated Health Service and the Napranum Primary Healthcare Centre.

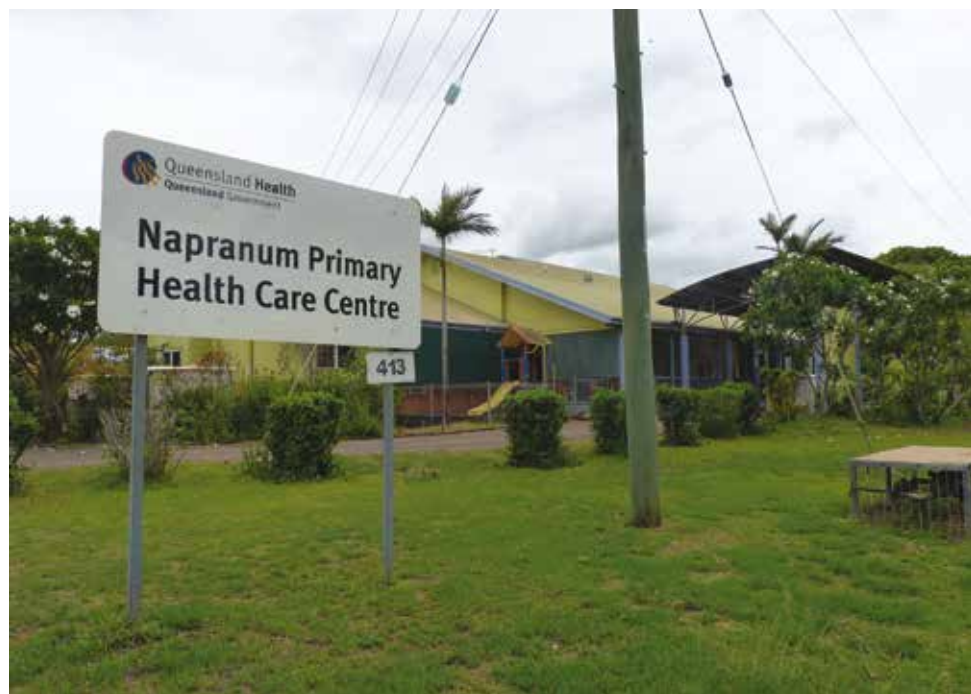
There, they cared for patients with conditions ranging from complex chronic diseases through to acute emergency presentations.

Gabrielle recently had spent a working day at Weipa building a therapeutic relationship, talking with an aged care resident who was a local Indigenous elder.

The next day, she was working in the operating theatre, helping surgery patients recover from anaesthetic. The day after that, she was doing a shift in the emergency department.



The new graduates for Weipa and Napranum: Lua Johnson (left) and Samara Fukofuka commenced in August 2016.



Alex has been working as part of a small dedicated team who frequently see more than 40 patients a day at the Napranum Primary Healthcare Centre.

Recently, her work day included management of a patient with dog bite, educating a patient on sexual health, and checking up on a patient who had been recently discharged from hospital.

These are a unique range of experiences not normally encountered by hospital-based nursing graduates in the major cities.

Having completed their 12-month graduate transition program both nurses are now ready to embark upon the next stage in their professional careers.

**These are a unique range of experiences not normally encountered by hospital-based nursing graduates in the major cities.**

Gabrielle and Alex are the first nurses to complete this graduate transition program through the Weipa Integrated Health Service.

No sooner have they completed the program than new graduates Lua Johnson and Samara Fukofuka have commenced.

Lua and Samara started at Weipa and Napranum in August 2016. ●



# go for it

Kate Tran, a 2nd year nursing student at Flinders University, will be forever grateful for the opportunity of a placement in Alice Springs. This is her report.

I have always had an interest in rural and remote nursing, believing it to be a great way to learn and also a great way to explore our beautiful country and give back to the community. This turned out to be the most amazing once in a life time placement I could ever have completed.

My advice for any students being offered a rural placement is 'go for it and run with it.' You will have the opportunity to do more than you would in a metro health care setting and the friends and memories you make will last a lifetime...



I was lucky enough to go to the Renal ward 9 Alice Springs Hospital. With kidney disease so prevalent in the NT, it was definitely an eye opener. The nurses I was partnered with were knowledgeable beyond what I could ever have expected and they were more than happy to pass that knowledge to me.

During my time away, I was also lucky enough to be able to explore our beautiful country and

take in some of the magnificent sights. I went on bush walks, emerged myself in the local history and experienced some of the most breathtaking scenery that I will ever see. I made friends that will last a lifetime.

My placement in the Northern Territory has made me appreciate everything that is available to me living in a metropolitan city. It has definitely cemented my desire to work in rural health.

It has also made me realise that just stepping slightly out of your comfort zone can open up so many more opportunities and learning experiences. My advice for any students being offered a rural placement is 'go for it and run with it.' You will have the opportunity to do more than you would in a metro health care setting and the friends and memories you make will last a lifetime and spark that passion for rural health. ●





# alice is beckoning

The poor health outcomes of Australia's Indigenous people hit home for Clare Matheson, year 5 Medicine Student at Monash University, during her six-week medical elective in the Obstetrics and Gynaecology Department at Alice Springs Hospital (ASH). This is her report.

I have long been interested in Indigenous Health and this elective gave me the chance to extend the knowledge and skills I had gained from volunteering as a veterinarian in West Arnhem Land and spending eight weeks in the remote Elliott Health Clinic as part of the John Flynn Placement Program.

ASH is a 186-bed secondary referral hospital serving a catchment area of 1.6 million kilometres.

The Maternity Unit has 16 antenatal/postnatal beds and four birth suites. I was involved in theatre sessions, antenatal clinics, gynaecology outpatients, and outreach clinics with the Royal Flying Doctors' Service (RFDS).

I have long been interested in Indigenous Health and this elective gave me the chance to extend the knowledge and skills I had gained from volunteering as a veterinarian in West Arnhem Land...



Unfortunately the poorer health outcomes of Australia's Indigenous people extend to mothers and their babies, and I was exposed to many conditions that I had not seen previously. Post-partum haemorrhage rates are particularly high in the NT and I saw cases of this almost daily. I was impressed with how the experienced team at the hospital were so adept at its management, including progression to operative treatment as required.

Many pregnancies in Alice are complicated by co-morbidities including diabetes, renal disease and rheumatic heart disease, and it was interesting to observe how these difficult pregnancies are managed by multi-disciplinary teams and across different hospital departments to ensure the best possible outcomes for mothers and their babies.

Unfortunately the poorer health outcomes of Australia's Indigenous people extend to mothers and their babies, and I was exposed to many conditions that I had not seen previously.

The outreach clinics I participated in with the RFDS, to Tennant Creek and Utopia, were particularly interesting as I was exposed to some of the challenges of delivering specialist care to a population scattered over a vast area. ►►



» I appreciated the importance of communication and maintaining relationships. The local health services play a vital role in the running of the clinics, ensuring the appropriate facilities are available and patient attendance.

I also had the chance to go on two retrieval flights with the RFDS to Tennant Creek and Willowra. I saw the staff in action and how the vast retrieval system operates along with St Johns Ambulance on the ground.

Medicine aside, winter is a fantastic time to be in Alice as the town really comes to life with many cultural events including the Beanie Festival, Alice Springs Show, Territory Day and Camel Cup. The surrounding country is stunning and I was able to explore a little of it during my time off, both with the Central Australian Bushwalking Group and some doctors and midwives from the hospital.

**I would like to sincerely thank CRANApplus for supporting me with the costs of undertaking this wonderful elective.**

Hiking along sections of the Larapinta Trail was a great experience and the wildflowers, just starting to come out along the trail, were exquisite.

I would like to sincerely thank CRANApplus for supporting me with the costs of undertaking this wonderful elective. In future I would love to return to work in Alice Springs. It would be a fantastic place to do a Diploma of Obstetrics & Gynaecology and I am seriously considering returning to Alice to do this after my intern year next year. ●

## why advertise with CRANApplus?

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

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

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

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See below for more information. ●

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# CRANaplus corporate members



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



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



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



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



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



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



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



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



**Tasmania Health Service (DHHS)** manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



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



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



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



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



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



**Marthakal Homelands Health Service (MHHS)**, based on Elcho Island in Galiwinku, was established in 2001 after Traditional Owners, lobbied the government. MHHS is a mobile service that covers 15,000 km<sup>2</sup> in remote East Arnhem Land. 08 8970 5571 <http://www.marthakal.org.au/homelands-health-service>



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



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



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



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



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



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Email: [contact@onedisease.org](mailto:contact@onedisease.org) Ph: 02 9240 2366 <http://onedisease.org/>



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



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



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



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



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



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



**Rural Locum Assistance Programme (Rural LAP)**  
combines the Nursing and Allied Health Rural Locum Scheme (NAHRLS), the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Locum Education Assistance Programme (Rural LEAP). Ph: (02) 6203 9580 Email: [enquiries@rurallap.com.au](mailto:enquiries@rurallap.com.au)  
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**Silver Chain** is a provider of Primary Health and Emergency Services to many Remote Communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to ***build community capacity to optimise health and wellbeing.***



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



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



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



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





# support

## the role of counselling in self care

**Self-care is about looking after your own physical and mental health so that you are better able to attend to the people in your care. Remote health entails working with confronting situations.**

At times, the practical side of remote health work involves doing more work with less resources, operating in stifling policy frameworks and funding challenges. All of these factors cause stress. Self care is a crucial professional development activity that builds resilience. However, convincing remote health practitioners to prioritise self-care for *themselves*, is at times challenging for the CRANaplus Bush Support Services psychologists. The BSS 24/7 counselling support line is CRANaplus Bush Support Services' core business and it is useful to consider the purpose and goals of psychological counselling and to highlight its role in overall self-care. The fact is that personal counselling can be a really effective way of caring for yourself in the remote health context.

One of the important factors in understanding the usefulness of counselling is to look at why people may seek it out in the first place. For some remote health workers, as with some people in the general population, seeing a psychologist is a sign of weakness. There is an unwritten 'rule' that people should be able to deal with whatever life offers without the help of anyone else. The rule is particularly powerful for those in the helping professions. Unfortunately, accepting this rule sets up a barrier to a professional working in the complex context of remote health. The fear is often that if seeking help from a psychologist was to become known in their workplace, the individuals concerned would be seen by their workmates as somehow inadequate or not able to fulfil their professional role. As a result, emotional pain can go unaddressed and it can fester to the point where performing day to day personal and professional activities is compromised.

Another issue concerns people's expectations of what counselling actually does. Sometimes people are disappointed in counselling because they have expected that the psychologist will give advice and do the work of problem solving.

**...convincing remote health practitioners to prioritise self-care for *themselves*, is at times challenging...**

The type of psychological support offered by CRANaplus Bush Support Services is about empowering the caller and giving strategies that will help with working problems out for themselves. Hopefully these strategies will not only help the caller with a particular problem but will be able to assist in other difficulties as well.

The goal of effective psychological intervention is self-reliance and self-confidence in one's own wisdom and decision making.

One of the ways that counselling assists with self-care is that it gives people the opportunity to name their confusion about a given issue, to clarify the issues that are impacting on both their emotional state and decision-making processes in a safe, confidential, non-judgmental way. The psychologist may offer suggestions around 'homework' tasks where the individual is able to try out their own decisions and to learn more about themselves and other people.

One of the important skills that CRANaplus Bush Support Services psychologists possess is the ability to make people feel comfortable by validating their experiences. Whatever psychological strategies a CRANaplus Bush Support Services psychologist suggests they are strengths-based.

This means they focus on an individual's self-sufficient resources. The interventions are constructive and with the intention of promoting long-term change in the shortest period of time.

The art of self care requires commitment, discipline and practice. Making use of the psychological service offered by CRANaplus can be a useful part of your self-care regime.

The CRANaplus Bush Support Services psychologists can assist you with information about other activities, such as mindfulness, regular exercise, good sleep hygiene and pursuing interests and activities outside of work that will also help you care for yourself.

Self-care is an individual thing and definitely something worth moving to the very top of your work priority list.

**Dr Annmaree Wilson**  
**Senior Clinical Psychologist**  
**CRANaplus Bush Support Services ●**

# the travelling clay project

In May this year, a series of five workshops were delivered over a two-week period to address the well documented, intergenerational trauma and psychological distress, experienced by the Aboriginal Remote Health Workforce.

CRANaplus Bush Support Services developed this ground-breaking and innovative project in order to meet the diverse needs in a safe environment on country. Five sites were chosen throughout the Northern Territory and the Kimberley region of Western Australia Nauiyu, Katherine, Kununurra, Halls Creek and Fitzroy Crossing.

The workshops were facilitated by:  
**Psychologist: Therese Forbes**  
**Art Therapist: Jenni Francis**  
**Aboriginal Health Worker: Lenny Cooper**

## Aims of the project were:

To establish long term relationships that can be built upon with follow up.

- Provide individuals with the opportunity to meet in a space that addresses their needs.
- Development of self-knowledge, alternatives and insights to aid psychological growth in the individual.
- Break down barriers to seeking support and assistance through a hands on medium with reduction in trauma and self discovery.
- Build resilience in the remote area workforce in order to promote retention, workplace performance and satisfaction.
- Provide an alternative approach to addressing trauma and supporting the Aboriginal Health workforce.
- Promote the work of CRANaplus Bush Support Services through media using the CRANaplus facebook page.

## Deliverables

K10\* was administered pre and post to measure stress and trauma.

Facebook was used to promote and allow interested parties to track the progress of the roadshow.

A Presentation at the CRANaplus Conference and possibly an Arts & Health Conference.

## Rationale for the development of the Travelling Clay Project

All remote health professionals working in isolated and remote Australia are at particular risk of stress and trauma when compared to other occupational groups. Aboriginal Health Practitioners have additional demands placed upon them. Working in one's own community can be rewarding but stressful.

All remote health professionals working in isolated and remote Australia are at particular risk of stress and trauma when compared to other occupational groups.

Some of the difficulties that can be experienced are role confusion, unrealistic community expectation and not being able to deal with one trauma effectively before the next traumatic incident occurs. Often patients are members of their own families and the workers are placed in difficult situations which lead to conflict either at work or within their families and communities.

Content, well-adjusted workers are productive workers. Addressing both psychological distress and wellbeing results in low staff turnover and increased effectiveness with a more sustainable workforce.

Arts and creative pursuits have been quoted as *"Being the most elegant use of time"...*

CRANaplus Bush Support Services has developed a range of mental health interventions to prevent, support and restore practitioners when they run into difficulties. Many of these rely on 'talking therapies' aimed at working with the devastating effects on the mind.

The use of arts and creative therapies for helping trauma survivors has been shown to be effective and therapeutic and provides a more effective tool for working with trauma in populations who are not as reliable on verbal communication.

Neuroscience has led to greater understanding of why these are so effective and it has been shown that by accessing the non-verbal right hemisphere of the brain through images, sound and movement it enables communication with the left hemisphere to gain cognitive and emotional mastery.

It is important to acknowledge cultural differences in the perception and expression of trauma as well as historical and inter-generational trauma which can result in psychological, spiritual and brain/body injury. ►►



\*The K10 is scored using a five-level response scale based on the frequency of psychological distress symptoms reported for each question. K10 score levels are 10–15 Low, 16–21 Moderate, 22–29 High and 30–50 Very High.





► Many who experience trauma display symptoms such as substance abuse, self harm and suicidal attempts, dissociation, avoidance and withdrawal, eating disorders and engaging in high-risk behaviours.

Arts and creative pursuits have been quoted as “Being the most elegant use of time” (Eleanor Roosevelt). It also appears that a bonus is that we are also working through deep processes providing understanding and insight which is therapeutic and healing.

One such art therapy approach is working with clay. Using clay in therapy taps into one of our fundamental experiences – touch and movement of the hands. This is primarily nonverbal using a body focused approach.

## Using clay in therapy taps into one of our fundamental experiences – touch and movement of the hands.

As discussed previously, people cultures who rely less on narrative expression can benefit immensely with these alternative ways of working with trauma. An added bonus is that this process can be carried out in a group setting as it is largely an internal process.

Strategies that have been developed that assist people to become more aware of their bodies, track sensations and implement physical actions over time promote empowerment and increased mastery.

The project was facilitated by Psychologist Therese Forbes who provided psycho-education and therapeutic intervention through the introduction and discussion on topics such as:

- Promoting Psychological Wellbeing
- The Importance of Resilience
- Mindfulness
- Addressing Distress
- Provision of Accidental Counselling in the Workplace.

Art Therapist Jenni Francis facilitated the art and creative segments of the workshop with a range of activities that promote self reflection and opportunities to work through difficulties through creative expression.

Aboriginal Health Practitioner Lenny Cooper was well received and respected for his contribution to discussion and activities and played a pivotal role in modelling involvement and in speaking about his own journey in becoming a Health Practitioner.

Lenny was often able to take the role as cultural consultant and his warm and generous nature was an asset to the facilitation team.

## Naiiyu NT

The inclusion of Naiiyu in the itinerary was in response to consultation with Clinic Manager Janet Fletcher. The whole community of Naiiyu had been evacuated during recent floods and her staff lived in campground accommodation in Darwin and ran a clinic there for several weeks until they could return to community.

The workshop was attended by ten staff including the Nurse Manager Janet, two Trainee Aboriginal Health Workers, four Aboriginal Health Workers, the Receptionist and Driver.

The workshop was well received with excellent feedback and a marked reduction in stress indicated in pre and post K10 scores.

### Some of the evaluation comments were:

*Thank you so much for acknowledging our trauma and travelling out bush to deliver the workshop and meet us.*

*Many thanks for bringing us an interactive workshop which I felt bought our group together.*

*Very healing workshop. ►►*





## ► Katherine NT

Participants attending the Katherine workshop had been brought in from their far reaching communities with the assistance Training Co-ordinator Leanne Mc Gill to attend the workshop. The communities represented were: Yarralin, Lajamanu, Kalkarindji, Nitjpurru, Bulla, Mialuni and Timber Creek.

The seven staff members included; a Clinical Educator for Remote Areas, two Senior Aboriginal Health Workers and four Aboriginal Health Workers.

### Some of the evaluation comments were:

*All very helpful – ways of easing the mind.*

*Facilitators listened to us.*

*Fantastic – thank you so much for coming and doing this workshop with us.*

## Kununurra WA

Five participants attended the workshop held at Kimberley Aged Care Services. a Community Counsellor, Social Worker/ACAT Coordinator, a Suicide Prevention Coordinator, Waringarri Aboriginal Corporation, the East Kimberley coordinator KACS and a Dietician from Boab Health Services.

### Some of the evaluation comments were:

*Thank you for the opportunity to interact with others.*

*Using the clay was very therapeutic and a good lesson in mindfulness.*

*Really enjoyed it especially the mindfulness techniques and the tactile activities.*

## Halls Creek WA

Nine participants attended from Yura Yungi Aboriginal Health Service. A Clinical Coordinator, a Personal Helper and Mentor, a Medication Support Officer, a Senior Aboriginal Health Practitioner, a Coordinator, an Administration Officer, a General Physician, the Manager of



Corporate Services and an Aboriginal Health Practitioner.

### Some of the evaluation comments were:

*Loved the clay exercise.*

*I really appreciated the presenter's enthusiasm and the exercises.*

*It was put to us in a good way.*

*Thank you for sharing your care and genuine kindness during the day.*

*Learning new ways to relax and de stress.*

*Art is a good way to get in touch with yourself and make it easier to not be stressed.*

## Fitzroy Crossing WA

Three enthusiastic participants remained – an Aboriginal Health Worker from Nindilingarri Health, a Nurse and the Community Drug Service Worker.

### Some of the evaluation comments were:

*Enjoyed the workshop and interactions and clay activity.*

*Will reflect on activities.*

*I was so glad to see an indigenous face in CRANAplus training.*

## Overall Project Outcomes

- Resources and strategies were presented as Self Care with the acknowledgement of the particular difficulties faced by Aboriginal Health Workers.
- A greater understanding and expressed intention that Bush Support Services Line will be utilised by participants.
- Measurable overall reduction in psychological distress as measured by K10 from Moderate/High levels to Moderate/Low levels.

**Therese Forbes**  
Bush Support Line Psychologist  
CRANAplus ●



## 'Collaborative, Engaged and Connected Workplace' Symposium | Darwin | April 2017

CRANAplus Bush Support Services is pleased to announce that it is in the process of planning a symposium aimed at looking at workplace conflict. The 'Collaborative, Engaged and Connected Workplace' Symposium will occur in April 2017 in Darwin. The two-day symposium will explore current thinking on workplace conflict and ways of addressing the issue.

Remote Health Professionals, particularly middle to senior management and Human Resource Professionals, who are active in an ongoing way in dealing with remote health bullying are encouraged to attend.

**If you would like more information or to be included on the Symposium mailing list please contact Colleen Niedermeyer on 0448011956 or [colleen@crana.org.au](mailto:colleen@crana.org.au)**

**CRANAplus**  
improving  
remote health

**Bush Support Services**



Winner of the 2016 STAAR  
"Healthier Workplace" Award



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Feeling bullied at work? Bullying is unacceptable in the workplace.

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Download our App FREE from the App Store.

For more information visit  
[www.crana.org.au/support](http://www.crana.org.au/support)



CRANaplus  
Bush Support  
Services

1800 805 391  
toll free 'every day of the year'



## what else do we do?

CRANaplus Bush Support Services can also provide rural and remote area health professionals with professional mentoring and support. We outreach to remote area workers by running fun activities such as stress buster and well-being competitions. We offer self care workshops tailored to meet the client's needs. We also offer online courses such as Workplace Conflict and Self Esteem.

### CONTACT DETAILS

Telephone counselling: 1800 805 391

Website: [www.crana.org.au/support](http://www.crana.org.au/support)

Email/SKYPE counselling: [scp@crana.org.au](mailto:scp@crana.org.au)

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# living outside your comfort zone pushing the boundaries

by Christine Martins, CRANaplus  
Bush Support Services Psychologist

*"Go beyond what makes you comfortable. Open yourself to ideas, events, relationships that make you uncomfortable. Travel places where you know no one. Learn another language. Create art, even though you're not an artist. Argue with people. Fall down. Get up. Read books, all sorts of books."*

Juan Williams

*I love to travel, especially to new places. And when I find myself in a new place, it is the fresh experiences which grab my attention, which appeals because it is different and novel. Seeing new places, tasting new foods and meeting new people is all part of the appeal. But there is often a small, very small, feeling of anxiety about the new, about the unknown. And I also find that after a time, I start to yearn for the familiar, the predictable – for home, I suppose. And when I return home, I return with a new set of attitudes, with a fresh perspective; I do not go home unchanged.*

Travelling outside our comfort zone is about taking a journey to a new place, to a place where there are new possibilities and new horizons. It is not always about a specific geological place, but rather a new mindset and expanding the boundaries of what feels comfortable.

When we travel, or when we are put in new situations, we open ourselves to growth and development. This may of course feel slightly uncomfortable.

Many of us who have lived and worked in a remote setting will recognise that initial discomfort when arriving in a bush setting which looks and feels different to anything we have experienced before. The new setting may have different cultural norms and values, the people who live there do things in a very different way and there will doubtless be different ways of relating to others. One of the most confronting differences in those early days of arriving in a remote community can be the very language which is used by the local residents.

But the benefits of experiencing the new environment can be immensely rewarding, as you will no doubt know. The experience is generally life changing. Yes, there are challenges which can be confronting, and it would be foolish to pretend that they are otherwise. But the gains from pushing the boundaries of what we are comfortable with can be numerous.

### What is a 'Comfort Zone'

Our automatic default is what is familiar and routine. At a simple level, our comfort zone is a behavioural space where our activities and behaviours fit a routine and pattern that reduces stress and risk. It provides a state of mental or emotional security. The benefits are in obvious outcomes: lower anxiety, and reduced stress.

The concept of the comfort zone goes back to a classic experiment in psychology. Over a century ago in 1908, psychologists Robert M. Yerkes and John D. Dodson determined that a state of relative comfort created a steady level of optimised performance. In order to maximise performance, however, it was stated that we need a state of relative anxiety – a space where our stress levels are slightly higher than normal – with the emphasis on the word **slight**. This space is called 'Optimal Anxiety', and it's just outside our comfort zone. ►►



►► Too much anxiety and we're too stressed to be productive, and our performance drops off sharply.

This is often referred to as the Yerkes–Dodson Law, and generally means that some straying from our comfort zone (but not too far!) increases our performance and ability to achieve.

The idea of optimal anxiety isn't revolutionary. Anyone who's ever pushed themselves to get to the next level or accomplish something knows that when you really challenge yourself, you can be rewarded with amazing results. A number of studies have demonstrated that this is generally true for most people.

However, pushing too hard can have a negative result, and reinforce the idea that challenging yourself is a bad idea. It's our natural tendency to return to an anxiety neutral, comfortable state. It is therefore easy to understand why it's so hard to jolt your brain out of your comfort zone.

**The idea of optimal anxiety isn't revolutionary. Anyone who's ever pushed themselves to get to the next level or accomplish something knows that when you really challenge yourself, you can be rewarded with amazing results.**

This can be challenging, to put it mildly. However, as we all know, the benefits to be gained are boundless.

So how do we adjust to the new and unfamiliar? How do we embrace the changed ways of being, and do it in a gradual and manageable way?

## Explore

Pushing past your comfort zone is critical for success in whatever you choose to do. Explore the new. Investigate the views of others. Find out about the history of the place you are in. Make new friends and find out more about their culture, their family history. Apply for new positions. Study more and undertake professional development courses.

**...to be successful in our chosen fields, we must continually challenge and push ourselves to change, adapt, to grow and develop.**

No job is secure; the only thing we can rely upon is ourselves. And to be successful in our chosen fields, we must continually challenge and push ourselves to change, adapt, to grow and develop. A sense of inquiry and curiosity helps with this process. None of this growth is easy, but it is vital to continually push yourself outside your comfort zone. Of course, all of this comes with an element of risk.

## Take (Small) Risks

If we recognise that there are significant ways of looking at the world around us, and are prepared to accept that we can stray a little from our natural level of comfort, so many new possibilities open up. **Clearly, we are not talking about risky behaviour which can have dangerous outcomes, but rather a process of assessing opportunities and options, and then taking prudent action.**

Open yourself to new experiences – accept that invitation which you otherwise would turn down. Spend time with people who you may otherwise ignore. Recognise opportunities when they come up and which you may fear to reach for because you fear failure.

It can be hard work to shift perceptions, to immerse ourselves in the strange and novel, or to accept challenging situations.



One of the most damaging things we can do is to stay for too long where we are most comfortable. Have you ever decided not to take a promotion because you feared the changes it would incur? Or declined an invitation to speak at a conference – because it would certainly be stressful? Or decided not to embark on a study course because you feared you may fail? These are all examples of staying in a safe and comfortable place rather than pushing the boundaries of what is possible. We have all been in this space at times.

## Dealing with new and unexpected changes gets easier

Brené Brown, a research writer and professor at the University of Houston in the United States of America observed that it is counterproductive to pretend fear and uncertainty don't exist. By taking risks in a controlled way and challenging yourself to do things you normally wouldn't do, you can experience some of that uncertainty in a controlled, safe and manageable environment. Learning to live outside your comfort zone when you choose to, can prepare you for life changes that gently challenge you to succeed.

Professor Brown places an emphasis on the process of change being gradual and controlled, to keep anxiety levels to a manageable level, as she too is aware of the Yerkes–Dodson Law!

## Recognise change when it occurs

How do you recognise that you have altered, and shifted to a new mindset? There may be moments of insight when you realise that the way you see the world around you has shifted, even if only slightly.

**I have often heard remote area practitioners say that after they have returned to their home community from a period in remote they notice that their priorities have changed.**

I have often heard remote area practitioners say that after they have returned to their home community from a period in remote they notice that their priorities have changed. ►►

►► One RN commented that after her return from a three week term in a bush community and when she met up with her group of long term friends for coffee at a cafe, the conversations centred on what she now felt to be trivial issues.

Having experienced first-hand the very real and pressing issues in a community, she recognised that what she saw as important had altered profoundly. "I have seen a whole community struggling with severe health issues, and over coffee here in the city we are talking about how hard it is to get our favourite brand of coffee," she noted.

This 'value dislocation' is a common phenomenon reported by health practitioners returning to their home community after an initial stint in the bush.

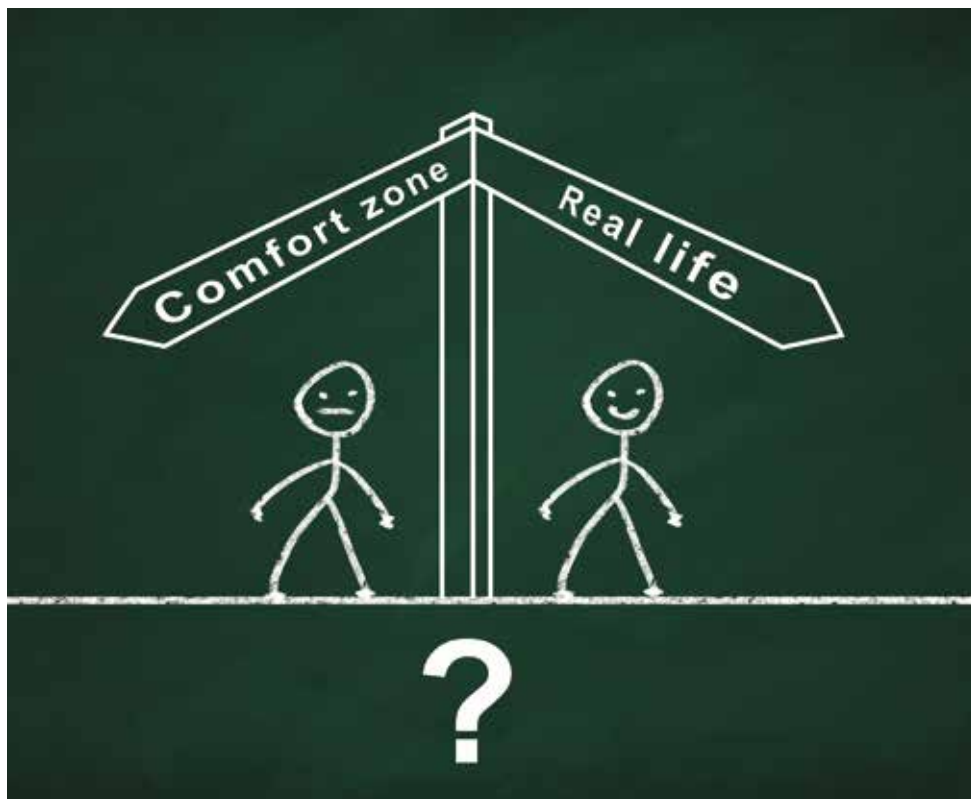
So, 'being comfortable with being uncomfortable' can push us to achieve our goals and to grow as an individual and as a professional.

You will find you are more productive when you embrace being outside your comfort zone. Pushing beyond the comfortable can help you to work smarter in future, to get more done and to achieve better quality outcomes. And once you become accustomed to stepping outside the comfort zone, it becomes easier with time.

#### References for further reading

Brown, B. 2010. *The Gifts of Imperfection*. Hazelden Betty Ford Foundation: USA.

Yerkes RM, Dodson JD (1908). *The relation of strength of stimulus to rapidity of habit-formation*. *Journal of Comparative Neurology and Psychology*. 18: 459-482. ●



CRANaplus Bush Support Services 1800 805 391 Toll Free Support Line



#### Bush Support Services



## CRANaplus Bush Support Services face-to-face counselling

#### Something on your mind?

Need to talk to someone who understands what it's like to live and work in remote Australia?

CRANaplus Bush Support Services is offering free and confidential face to face psychological counselling at the CRANaplus Conference in Hobart.

This service is available to all conference delegates. A team of experienced CRANaplus Bush Support Services' psychologists will be available for FREE one-on-one confidential counselling at a convenient, discreet and private venue, to offer support on a broad range of issues including; workplace mental health, drug & alcohol, trauma, sexual assault and family & relationship issues.

To avoid disappointment you are encouraged to book an appointment early via email ([annmaree@crana.org.au](mailto:annmaree@crana.org.au)) or mobile (0458 635 888).



# educate

## online focus for education

**Registered Nurse Sue Crocker threw any idea of semi-retirement out the window when the job of Director of Education Services with CRANaplus surfaced.**

"I wasn't looking for work, nor planning to put my hand up for anything new," she said. "But rural and remote education is an area that I am passionate about and have been working in for the past 10–15 years. CRANaplus is such a great organisation with a great reputation that I couldn't resist this amazing opportunity.

"I really like what this organisation is about," says Sue, who is well acquainted with CRANaplus, having worked closely at times over the years on joint submissions with outgoing Director of Education Services Libby Bowell, Professional Services Director Geri Malone and other CRANaplus staff and Board Members. "CRANaplus has a reputation for providing quality, context specific, evidence based education to Australia's rural and remote workforce and I am really excited to be a part of the team responsible for this," She said.

While Sue recognises Libby's are big shoes to fill, her own CV contains an impressive list of relevant skills and qualifications for this position.

**"...CRANaplus is such a great organisation with a great reputation that I couldn't resist this amazing opportunity."**

With extensive experience in developing course curriculum, course material, and the development of both electronic and paper-based resources, Sue has strong views on the growing area of online education.

"Online learning is big and getting bigger for health professionals. It is essential that the online learning experience is a quality one that augments other forms of learning.

"It isn't necessarily to replace existing education, but to augment and improve what we do. Online learning allows people to access education at a time that suits. This assists them to meet the busy demands of their work and personal lives at a pace that the learner can control.



"It's also a growing area with big demands for our education team, re-thinking the systems, the content and how best to deliver online learning to meet the quality expectations of our members, health organisations and professionals who undertake our courses. It is a challenge but one that we know we can rise to," she said. ►►



» "The CRANaplus education team has an extensive history in delivering quality courses in some of the most isolated areas across Australia, ensuring education is accessible to remote area health professionals. The logistics to achieve this objective year after year, is a credit to the organisation and its staff. The remote clinical educators and volunteer facilitators are the backbone of CRANaplus education. I am really looking forward to working with them into the future to assist and facilitate this to the highest possible standard, while finding other opportunities in which we can assist the remote area workforce."

One of Sue's first responsibilities on starting the job in early July was to launch the pilot of an online Advanced Life Support Course using a software authoring tool which CRANaplus has never used before. "This is our first foray into using software that is much more interactive and engaging for the learner," she said.

"The ultimate outcome is giving the user greater control over their learning, thus improving their learning outcomes – the ultimate goal of all education."

**"CRANaplus has a reputation for providing quality, context specific, evidence based education to Australia's rural and remote workforce and I am really excited to be a part of the team responsible for this."**

Sue considers a key role as Director of Education Services is providing strategic and educational leadership for the team, which will ensure CRANaplus continues to provide a high standard

of education products that meet the needs of the rural and remote workforce across Australia.

"I will be continually seeking out opportunities for CRANaplus, and working closely with industry and health services to identify needs, gaps and resources," she said. "The challenge in any leadership position is to balance resources both physical and human to meet the identified needs and gaps."

Up until 2014, Sue managed a team of nurse educators spread throughout Queensland as Nursing Director Education and Research Rural and Remote for the Cunningham Centre. More recently Sue was employed by the Queensland Regional Training Network, rolling out clinical supervision training to health professionals across Queensland from all health sectors.

She has been involved in delivering education and training privately prior to her appointment to CRANaplus and established the Australian Academy of Clinical Leadership which is a Registered Training Organisation and Nursing Education and Development to meet identified educational gaps.

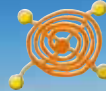
**"I will be continually seeking out opportunities for CRANaplus, and working closely with industry and health services to identify needs, gaps and resources..."**

Sue has a young family and her husband runs a successful business. She believes work life balance is the key which she admits she didn't always have.

"A speech by Bryan Dyson on the five balls of life had a significant impact on my life decisions some years ago," she said. "It assists me to keep perspective on life."

**Sue Crocker**  
**Director Education Services**  
**CRANaplus ●**





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

## Transition from RN to Remote Area Nurse 2017


**ABOUT THE SHORT COURSE**

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

**To be held in Alice Springs in June 2017**


**Dates to be finalised shortly**

**Cost: \$2,000**




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

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



**Flinders University**

**For registration enquiries please contact:**  
**Short Course Administration Officer – Centre for Remote Health**  
**E:** [crh.shortcourse@flinders.edu.au](mailto: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



**CHARLES DARWIN UNIVERSITY**



# rita's quick thinking 'saved the day'

**Aboriginal Health Worker Rita (Waingarrknga) Munyarryun knew just what to do when a little girl was brought to her home one Sunday evening.**

The worried parents thought their daughter had a tummy complaint after a fall on play equipment. Rita, however, spotted the swollen arm. She recognised the signs of a fractured wrist.

Rita hadn't yet attended the CRANaplus refresher Remote Emergency Care (REC) course she'd signed up for. But she did have a CRANaplus manual at the clinic from previous training.

"I collected everything I needed, went to the little girl's home and I fixed her up," she said.

"I showed her photos of what I was going to do and she was happy."

Rita has been an Aboriginal Health Worker for about five years in her outstation at Dhalinybuy, about an hour and half drive from Yirrkala, the Indigenous community on the outskirts of Nhulunbuy (Gove) in Arnhem Land.



Above: Rita with her CRANaplus manual.  
Right: Rita during a REC skills station.

About 120 people live in Dhalinybuy, the population often swelling to 400–500, especially during times of ceremony.

One of the earliest homelands, Dhalinybuy has a river where the community goes to fish and catch yabbies, and it's a short drive to the coast.

Dhalinybuy was affected by last year's Cyclone Lam, and damaged houses have now been rebuilt.

The outstation has a school and an office, as well as the clinic.

She attends the clinic when nurses from Yirrkala make their weekly visit, providing patients with pre-packaged medicine, dressings and bandages and liaising between the community and the health staff. The rest of the week, the community relies on Rita for basic medical advice.

"When people are sick in the community they come to me," says Rita. "I use Yolgnu medicine and Western medicine. Both ways is the best way."

Registered Nurse Penelope Gibson, who works for Laynhapuy Homelands Aboriginal Corporation, praised Rita's response and treatment. "When I saw the child the next day, the bandage was well applied and the arm was elevated in a sling," she said. "Rita had also given the child the appropriate dose of paracetamol and left the family with some for later use."

The girl was taken to the hospital at Gove where she was treated and a cast put on her arm.

Rita has now completed her refresher REC course along with about 20 other Aboriginal Health Workers and Registered Nurses. ●

"When people are sick in the community they come to me... I use Yolgnu medicine and Western medicine. Both ways is the best way."



# 2016 EDUCATION SCHEDULE

**CRANAplus**  
improving  
remote health

## COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



### Maternity Emergency Care

- WESTERN AUSTRALIA**
  - Esperance, 1-3 July
- QUEENSLAND**
  - Hughenden, 5-7 August
  - Longreach, 18-20 November
- NORTHERN TERRITORY**
  - Alice Springs, 9-11 Sept (full)
  - Tennant Creek, 11-13 November
- NEW SOUTH WALES**
  - Broken Hill, 24-26 August
- TASMANIA**
  - Hobart, 15-17 October



## FULL RELEASED 2017



### Midwifery Upskilling

- QUEENSLAND**
  - Rockhampton, 13 September
- NEW SOUTH WALES**
  - Coffs Harbour, 11-13 November
- WESTERN AUSTRALIA**
  - Perth, 15-17 July
  - Broome, 4-6 November
- NEW SOUTH WALES**
  - Port Macquarie, 19-21 August



### Remote Emergency Care

- TASMANIA**
  - Hobart, 9-11 October
- WESTERN AUSTRALIA**
  - Kununurra, 8-10 July (full)
  - Broome, 28-30 October
- QUEENSLAND**
  - Mt Isa, 29-31 July
  - Cairns, 12-14 August (full)
- NORTHERN TERRITORY**
  - Alice Springs, 22-24 August
- SOUTH AUSTRALIA**
  - Coober Pedy, 2-4 September

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

ALS Broome 2014



### Advanced Life Support

- QUEENSLAND**
  - Mt Isa, 1 August (1 day)



### Paediatric Emergency Care

- TASMANIA**
  - Hobart, 10-11 October (pre Conference)
- WESTERN AUSTRALIA**
  - Fitzroy Crossing, 1-2 Sept
  - Karratha, 5-6 November
- QUEENSLAND**
  - Cairns, 16-17 July (3 vacancies)



### Practical Skills

- WESTERN AUSTRALIA**
  - Broome, 29 October (1 day)



### Practical Skills Triage

- WESTERN AUSTRALIA**
  - Kununurra, 11 July (1 day)

# SCHEDULE IN OCTOBER

**CRANAplus Annual Conference Hobart, Tasmania 12th - 14th October 2016**  
GOING TO EXTREMES How Isolation, Geography & Climate, Build Resourcefulness & Innovation in Healthcare

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publication on  
our website

Pathways to Remote  
Professional Practice



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08 8955 5675  
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08 8408 8200





# professional

## our expanded team

**CRANaplus welcomes Rod Menere and Judy Whitehead to the Professional Services Project Team. Rod and Judy bring a wealth of professional experience and will be great assets, not only to the success of our projects but to the team.**

### Triage courses

Recently I was fortunate to co-facilitate on the CRANaplus Triage courses with the CRANaplus Education team and expand my knowledge of Queensland's rural locations.



The program was delivered in partnership with two of the Primary Healthcare Networks in Queensland; Northern PHN and Western PHN. The courses are designed to provide education for nurses and admin/reception staff in Primary Care Practices in their regions, alongside nurses from the local health services. There are two main aims: to ensure participants are up to date with current knowledge in the principles of allocating appropriate Triage to their patients/clients; and to provide an opportunity to look at systems and processes as well as to network across the different service providers.

From the CRANaplus Professional Services perspective it was a great opportunity to engage with rural nurses, whose work verges on remote and has characteristics of isolated professional practice. In addition, the cross section of participants from rural hospitals, general practice and aged-care brought valuable perspective on their sometimes unique roles in Triage.

Areas visited included Atherton, Innisfail, Ayr, Charters Towers, Mt Isa, Roma and Longreach.

### Scholarships & Awards

It was great to be part of the selection team for the CRANaplus Scholarships and annual Awards and to see an increasing number of students and remote health workers take the opportunity to apply for the range of scholarships offered by CRANaplus.

We will announce the successful applicants at the CRANaplus Conference in October when we will recognise and celebrate the valuable contribution of the winners who have shown excellence in their practices and the delivery of health care to remote communities.

### The LINKS Mentoring Program

Our mentoring program continues to grow. It benefits rural and remote undergraduate students and health professionals who are aspiring to become our future workforce.

Accelerates **L**earning

Ability to **I**ntegrate clinical skills

Opportunities for **N**etworks

Enhance **K**nowledge base

Acquire Professional **S**upport

If you would like to become a mentor or mentee and be part of our program please contact Marcia e: [professionals@crana.org.au](mailto:professionals@crana.org.au) ►►



## » CRANaplus Position Statements

The 'Remote Workforce: Gender Diversity and Inclusion Position Statement' is an important activity being undertaken this year by the CRANaplus LGBTI Engagement Working Group (2015–2017).

This statement advocates for remote health services to embrace diversity and strongly advocates equality of all health professionals in the workplace. The purpose is to promote zero tolerance to discrimination and for social inclusion to be intrinsic to workplace culture. A 'Respectful Behaviours Position Paper' is also in the developmental phase.

### Remote Management Pilot Program – essentials for Remote Managers

This three-month remote management pilot program is an exciting new initiative for CRANaplus and the Australian College of Health Service Management (ACHSM). The aim is to enhance managers' understanding of their management role and to introduce them to the art of mentorship.

Remote and rural managers participating in the pilot program undertook four 'online' modules in late June. The modules covered Action Learning and Learning Styles, Leadership and Management, Clinical Governance and Project Management. The aim was to implement a quality improvement project into their workplace setting.

## The workshop was well supported by presenters who are health leaders in their area of expertise.

In July all participants attended a two-day workshop at the Centre for Remote Health in Alice Springs. Topics relevant to their management role and responsibilities ranged from 'soft skills' in leading and managing change, highlighting the essence of clinical

governance and quality improvement and the nuts 'n' bolts of project management.

The workshop was well supported by presenters who are health leaders in their area of expertise. The participants expressed their appreciation through their take-home messages:

*This should be part of orientation for all clinicians who become managers.*

*I needed this five years ago, so I could have started the right way...*

*Enjoyed the 'round-table' discussion that came from the workshop.*

*I feel more positive, confident on how to approach change.*

## The mentorship will continue beyond the scope of the pilot program for all participants.

As participants busily implement their practical projects back in their workplaces, a professional mentor from the Australian College of Health Service Management will be supporting them. It is anticipated the pilot program will be completed by the end of September.

The mentorship will continue beyond the scope of the pilot program for all participants.

### Immunisation Courses – across borders

Many of you would have read our CEO's comments in the CRANaplus e-newsletter (5 August 2016) and his concerns about the lack of national recognition for immunisation education and its endorsement process.

Currently, in most jurisdictions, nurses and midwives are expected to repeat studies for the same immunisation schedules. His summation used two words 'frankly ludicrous'. National consistency is the cornerstone in addressing today's remote mobile workforce needs, especially for those working across borders.



Management workshop participants, Alice Springs.

CRANaplus has developed a comprehensive matrix showing the approved immunisation program that a registered nurse/midwife immuniser needs to achieve in order to gain authorisation within each State or Territory Health Department.

The matrix highlights the discrepancy in course recognition and the nuances of the educational requirements of nurses and midwives between the States and Territories for nurses/midwives to gain this authorisation.

For details visit our website:  
<https://crana.org.au/professional/practice/immunisation-education>

### Certification of RANs' model

This initiative by CRANaplus recognises the Professional Standards of Remote Practice for nurses and midwives as the foundation

for remote practice. These Standards provide guidance, shape the practices of remote nurses and midwives, and provide the minimum standard expected for quality and safe nursing care in remote and isolated areas of Australia.

This project is in its advanced stages of development, under the watchful eye of an Expert Advisory Group consisting of remote leaders from both the public and private health sectors nationwide.

The next step in this initiative's development is an online process where nurses and midwives can register for certification and complete a self-assessment against the criteria developed for the nine Professional Standards. The program will have a flexible approach and will be adaptable to the unique learning needs of the individual nurse and midwife. We will keep you up to date with developments. ●



# positive approach for work safety project



**Rod Menere, the CRANaplus front man for the 12-month National Safety and Security project being undertaken with the Commonwealth Department of Health, is passionate about the need for a positive approach.**

Rod is hopeful about what can be achieved through mobilising all participants – including clinicians, communities, nurse recruitment agencies, government and non-government health services, CRANaplus, and the ANMF.

“It will involve a culture change,” acknowledged Rod, a Registered Nurse with a Master of Health Science (PHC) who has worked in remote areas at various times since 1983. He also has extensive experience in international development.

Rod is keen for this project to reframe discussion about issues of safety and security for health professionals in remote areas. “We need to look beyond problems and include discussion about what works. We need to empower staff to promote their own safety, and to support health services and communities to introduce and sustain safe work practices. These outcomes will benefit everyone.

**“We need to look beyond problems and include discussion about what works...”**

“We have to look at nurses’ behaviour in the field, and to look at things differently. At times we, as health professionals, will, for example, have to decide against intervening clinically

until we believe that it is safe to do so. And that’s not a simple step. However, there are already many other precedents. First Aid begins with assessing danger – even before being on-site – while ambulance and police have clear guidelines limiting their intervention until potential risks have been responded to.”

“The project will develop National Safety & Security guidelines, a risk assessment tool, and training and information materials. All resources will be widely available to clinicians and employers. That will certainly assist, but it cannot alone resolve the problems.

“We will be looking at areas ranging from job descriptions in advertisements to safety guidelines, to resources and infrastructure.

**“...We need to empower staff to promote their own safety, and to support health services and communities to introduce and sustain safe work practices. These outcomes will benefit everyone.”**

“Safety and security is more than single nurse posts and on-call responsibilities.” Rod pointed out that approximately 60 per cent of workforce morbidity and mortality in remote areas results from transport and vehicle accidents.

Another important area is the issue of safe accommodation and safe clinics. “Following the recent tragic death of a Remote Area Nurse there was a lot of discussion on the Internet and I could see a great need to clarify and present accurate information about Occupational Health and Safety,” he said.

Employers do have responsibilities to take reasonable steps to ensure their employees safety, he said, and employers of remote area staff also have a responsibility to provide safe and secure accommodation.

However, clinicians and managers also have a responsibility to support and adhere to safety guidelines, and to work to resolve issues that increase risk.

“The tragic events of 2016 have triggered everyone into action,” he said, “but the issue of violence against health workers in remote areas is not new.”

Research from the 1990s onwards has identified significant remote area workforce safety and security issues. A 2012 Rural Doctors’ Association literature review and questionnaire project provided comprehensive documentation of the issue, and two traumatic incidents involving nurses in remote Northern Queensland had been widely reported prior to the recent murder.

Before his appointment with CRANaplus, Rod had already been heavily involved in occupational health and safety issues in the workplace.

He has been a safety representative in a number of workplaces, and, as an employer, he has looked in detail at existing Acts and Regulations.

**“The tragic events of 2016 has triggered everyone into action... but the issue of violence against health workers in remote areas is not new.”**

Rod, who will present a paper at the forthcoming CRANaplus Conference, said about 60 CRANaplus members had expressed interest in assisting with the project and he would be calling on their input over the coming months. ●



## Pathway to Nurse Practitioner

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

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



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

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



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



For further information please contact: Sue Lenthall  
[sue.lenthall@flinders.edu.au](mailto:sue.lenthall@flinders.edu.au) P: 08 8951 4707



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Community • Advocacy • Support • Empowerment

As part of its 21st birthday celebrations, the National Rural Health Student Network is highlighting the work of Alumni who are leaders in innovation in rural and remote health care. Dr James Fitzpatrick, who chaired the NRHSN in 2000, is a driving force in education, prevention and multidisciplinary care relating to foetal alcohol spectrum disorders (FASD) in the Kimberley region of Western Australia.

## caring for kids

**The children of the Fitzroy Valley in Western Australia have a strong advocate in paediatrician Dr James Fitzpatrick. He has been working with local communities, schools and health services to address the problem of foetal alcohol spectrum disorders (FASD).**

He founded PATCHES Paediatrics, which, as the name suggests, knits together all these stakeholders to ensure a holistic approach to giving children a better start at life.

"If we can apply the law of love with scientific precision, we can achieve great wonders in our lifetime," he says, quoting Gandhi. "And that's exactly what's being carried out in the Fitzroy Valley to overcome FASD."

When he first started on this journey, the rate of FASD in the Fitzroy Valley region was 20 times that in the general population of Australia. Rivers of grog were literally poisoning the futures of children – from the womb.

**"If we can apply the law of love with scientific precision, we can achieve great wonders in our lifetime..."**

In partnership with Aboriginal leaders, Dr Fitzpatrick and his team have played a leading role in educating women about the dangers of drinking while pregnant, including birth defects as well as developmental and childhood learning disorders.

This education and prevention strategy has seen rates of drinking in pregnancy reduce from 60 per cent in 2009 to less than 20 per cent in 2015.

**Rivers of grog were literally poisoning the futures of children – from the womb.**

The team has also been focused on running school-based health clinics to help young people reach their educational potential. In February 2016, PATCHES Paediatrics began operating Perth's first FASD diagnosis and treatment service, including services to the WA justice system.

**"The key to our model is to simplify a complex process of referral and multidisciplinary assessment..."**

"The key to our model is to simplify a complex process of referral and multidisciplinary assessment. We bring together a team that may include a paediatrician, psychiatrist, neuropsychologist, occupational therapist, speech pathologist and social worker as a 'one stop shop' for multidisciplinary assessment, and provide a single, simple to understand diagnostic and treatment report," Dr Fitzpatrick explains. ►►



» “In this way, rather than deconstructing a person through separate assessments, we try to ‘put them back together again’ while providing practical and evidence-based therapy solutions.”

Dr Fitzpatrick has certainly been walking the talk since his days as a medical student in 2000, when he was Chair of the National Rural Health Student Network and a member of the SPINRPHEX Rural Health Club at the University of Western Australia.

Back then he helped to establish the Carnarvon Children’s Festival in WA in response to alarming rates of youth suicide (sadly, the issue of youth suicide continues to haunt Indigenous communities, highlighted by the death of a 10-year-old girl in Looma WA earlier this year).

### ...sadly, the issue of youth suicide continues to haunt Indigenous communities...

For his commitment to Indigenous health, Dr Fitzpatrick was named Young Australian of the Year in 2001. He is currently Director of Telethon Kids Institute’s FASD research program, a member of the Australian National Advisory Council on Alcohol and Drugs, and inaugural Chair of the Australian FASD Clinical Network. ●

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**INSTITUTE**  
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Right: Dr James Fitzpatrick checks a young patient at the Muludja Remote Community School in Fitzroy Crossing, WA. Picture by Jasmine Raisbeck, Telethon Kids.





# connect

## when the unexpected becomes reality

### Anxiety and depression during pregnancy or after birth

Perinatal anxiety and depression are common and serious mental health concerns. 1 in 10 women are thought to experience depression during pregnancy with the rates rising to 1 in 7 in the postnatal period. Further, 1 in 20 expecting dads struggle with antenatal depression rising to 1 in 10 in the postnatal period.

Anxiety rates are believed to be higher with many people experiencing both at the same time. Left untreated, perinatal anxiety and depression can have a devastating impact on the individual, infant, relationship and the broader family.



If we hope to support expecting and new parents across Australia through this vulnerable life transition, it is crucial we know the signs and symptoms of perinatal anxiety and depression and where to go for help. (Visit the PANDA website for more information on the signs and symptoms: [www.panda.org.au](http://www.panda.org.au))

Left untreated, perinatal anxiety and depression can have a devastating impact on the individual, infant, relationship and the broader family.

PANDA provides the only national perinatal specialist Helpline. The *National Perinatal Anxiety and Depression Helpline* is a free service responding to the needs of families across Australia, from major cities to rural

and remote areas. Helpline peer support workers and professional counselling staff offer support, information, counselling, risk management and referral to mothers, fathers, family and friends, and secondary consultation to health professionals.

...PANDA understands the importance of ongoing support for new mums or dads who are grappling with shame and stigma as they struggle to navigate both a mental health issue and new parenthood.

As experts in the lived experience of perinatal anxiety and depression, PANDA understands the importance of ongoing support for new mums or dads who are grappling with shame and stigma as they struggle to navigate both a mental health issue and new parenthood.

Outgoing follow up calls can be a lifeline – particularly for those in remote areas with limited local support. At all times PANDA's focus is on the emotional and mental wellbeing and safety of mother/father and infant.

PANDA encourages new parents and families to start the conversation by speaking openly about their emotional and mental wellbeing. PANDA Awareness Week (13–19 November) provides the opportunity to raise community awareness through *Lunch Out Loud*, which encourages friends, family and colleagues to get together over lunch (or morning tea) and have a conversation on the joys and challenges of parenthood. ►►



» Visit the PANDA website for more information.

If you are concerned about yourself or a loved one please phone PANDA National Helpline 1300 726 306, Monday to Friday 10am–5pm (AEDST), or see your GP.

Additional resources for health professionals and families are available on the PANDA website:

[www.panda.org.au](http://www.panda.org.au)

[www.howisdadgoing.org.au](http://www.howisdadgoing.org.au) ●



### The facts:

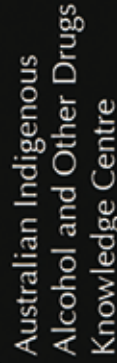
- Perinatal anxiety and depression is common, does not discriminate and has many faces.
- 40% of women diagnosed with depression at 12 weeks post birth report experiencing symptoms during pregnancy.
- Early intervention is crucial to limit potentially devastating outcomes for the individual, infant and broader family unit.
- Stigma and shame can result in those affected wearing a 'mask of coping'. This delays help-seeking, often until a crisis presents. In fact, it is estimated that 7 in 10 women hide or downplay their symptoms.
- Postpartum psychosis affects 1–2 women out of every 1,000 births per year. This is a serious mental illness that requires immediate inpatient medical attention.
- 25% of our callers wait for over 6–12 months before seeking help.
- 70% of our callers state that they have not disclosed their distress to their GP.
- 50% of our callers report a history of mental health issues.
- 87% of callers are female, 13% male.



PERINATAL  
DEPRESSION  
& ANXIETY  
AWARENESS WEEK  
NOVEMBER 13-19







Tobacco

## Alcohol

## Illicit Drugs

## Prescription Drugs

### Volatile Substances

## Workforce

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Quick access 

*Providing the evidence base to reduce harmful AOD use in Aboriginal and Torres Strait Islander communities*

## Tackling Indigenous Smoking portal

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Last updated: 8 August 2016





# 'dr google' is here to stay – so how to protect your patients?

**Medicines play an important role in supporting people's health and wellbeing. It's no surprise that people – whether geographically isolated or not – turn to smartphones and other internet-ready devices to research symptoms, medicines, tests and treatments.**

Almost four out of five Australians (78%) report that they look for information about medicines on the internet, according to a new survey\* released by NPS MedicineWise. Three out of five people (58%) also admitted they will sometimes or always look up information about health conditions on the internet to avoid going to see a health professional – with this number increasing to almost four in five people (79%) in the younger age category of 18–34 year olds.

While it's always a good idea for your patients to educate themselves on health-related

information, it's important for people living in rural and remote areas to stay aware that not all health information they access through the internet will be accurate or reliable.

**Almost four out of five Australians (78%) report that they look for information about medicines on the internet...**

NPS MedicineWise spokesperson and pharmacist Aine Heaney says that it's important for the remote and isolated health workforce of Australia to know how to direct their audiences to good, reliable and evidence-based information.

**...it's important for people living in rural and remote areas to stay aware that not all health information they access through the internet will be accurate or reliable.**

"As remote health professionals you are a reliable source of health information, but you may not always be able to talk to your patients face-to-face or see them regularly. This means you need to play an active role in their health by knowing where to direct your patients to help them find information about their health conditions, medicines, tests and treatments," she says.

NPS MedicineWise and Better Health Channel are good places to start when seeking medicines information online because they are independent and credible websites designed to support you to find information on health conditions and medicines, and are free from commercial advertising or corporate sponsorship.

In addition, there are services available like NPS Medicines Line (1300 633 424) where your patients can phone to seek individual medicines information from a health professional, and the weekly Pharmacist Hour on the NPS MedicineWise Facebook page.

Consumer Medicines Information (CMI) leaflets are available on the NPS MedicineWise website for all prescription medicines and many non-prescription medicines. ▶▶





► “There is so much information available about health conditions, medicines and medical tests that it can be difficult for remote Australians to know where to start to look,” says Ms Heaney.

“Knowing how and where to find trusted, reliable information is important – it equips those you care for to make the right decisions that are best for their health.”

\* The 2016 survey of 1,007 Australian respondents aged 18 and over was conducted online by Galaxy Research in July and August 2016. Full survey results are available upon request.

Independent, evidence-based and not-for-profit, NPS MedicineWise enables better decisions about medicines and medical tests. We receive funding from the Australian Government Department of Health.



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Twitter: @NPSMedicineWise ●

# AIDA



AIDA, the Australian Indigenous Doctors' Association, is a not-for-profit professional association committed to supporting Aboriginal and Torres Strait Islander doctors and medical students on their journeys through medicine.

AIDA is working to achieve population parity in the medical profession. We advocate across the sector for a culturally safe health care system and improved health outcomes for Aboriginal and Torres Strait Islander people.

Become a member online today!

[aida.org.au](http://aida.org.au)



Australian Indigenous Doctors' Association





## Stress Less in the Park

is a great community event celebrating Mental Health Week on the Alice Springs Hospital Lawns (opposite the Royal Flying Doctors Service) on Friday 14 October from 9am-12pm

Now in its third year running, 'Stress Less in the Park' is set to become a regular feature in the Alice Springs social calendar.

### Stress Less in the Park

It's our chance as a community to explore the Northern Territory theme for Mental Health Week: TALK, SUPPORT and RECOVER and all the services and supports that are available in Central Australia to help us do this.

This year we have an amazing range of wellbeing activities and entertainment, brought together by a really committed bunch of local health, wellbeing and social service providers and broadcast live by CAAMA.

Everyone is welcome to join in the merriment, have a go at our cool art and sporting amusements and games for young people and adults, relax with yoga and live music by local talent and lots more!

Coffee and food will be available, including pancakes at 9am, and a sausage sizzle at 11am.

So join us for some good solid fun on Friday 14 October at the Alice Springs Hospital Lawns, from 9am-12pm!

For more information visit our Facebook page

<https://www.facebook.com/stresslessinthepark> or contact 0439 022 812



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Black Dog Institute Health Professional Education

# Mental Health CPD Workshops

The Black Dog Institute is working to provide health professional education to improve mental health understanding, enhance wellbeing and reduce the incidence and impact of mental health issues in rural and regional Australia.

## Advanced Training in Suicide Prevention

Category I ALM, 40 QI&CPD Points, MH CPD, 6 hours CPD

### Albany, WA

**Date** Saturday 22nd October  
**Venue** Master Builders  
30 Graham St, Albany WA

### Maitland, NSW

**Date** Saturday 29th October  
**Venue** Mercure Monte Pio  
Dwyer St & New England Hwy,  
Maitland NSW

## Dealing with Depression in Rural Australia

Category I ALM, 40 QI&CPD Points, 30 PRPD Points, MHST, 6 hours CPD

### Mildura, VIC

**Date** Saturday 5th November  
**Venue** Quest, 115 - 119 Madden Ave, Mildura VIC

Register Online at  
[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)  
[education@blackdog.org.au](mailto:education@blackdog.org.au)

