

issue 84 | december 2011

CRANA *plus* magazine

the voice of remote health

RRP: \$10.00



educate 32
advocate 40
support 52

from the editor



With another successful conference behind us, we are setting our sights on Cairns 2012 for our 30th Conference, and it will be one to remember! We are delighted that the Hon. Michael Kirby AC CMG has agreed to give the Keynote Address at this milestone event.

2011 is coming to a close – and what better way to end this year than by paying a pictorial tribute to a number of our quiet achievers in the remote health sector. Inside we showcase the recipients of the 2011 CRANApplus Annual Awards and the winner of the prestigious CRANApplus Aurora Award, which honours the remote health professional of the year.

This year we have also initiated the CRANApplus Fellows to acknowledge outstanding individuals for their contribution to CRANApplus and the remote health sector. The inaugural recipients were recognised and rewarded at the 2011 Perth Conference.

Three of the students allocated CRANApplus Undergraduate Remote Placement Scholarships have completed their placements. Read about their insights and experiences of working in a remote health setting.

I would also like to take this opportunity to welcome three new Corporate Members: the Centre for Remote Health, First Choice Care recruitment and Puntukurnu Aboriginal Medical Service.

Many members will know that CRANApplus has had a very long relationship with CRH, the initiative to develop an academic program for Remote Health Practice came from extensive lobbying and advocacy by CRANApplus members, and the association between the two organisations has continued to be both strong, and across many fronts. For CRH to more formally acknowledge and continue this relationship/partnership through Corporate membership is greatly welcomed by CRANApplus with mutual benefits to both.

First Choice Care is a privately owned Australian company, owned and run by nurses. They are based in Brisbane with a strong focus on Queensland placements and recruitment.

Puntukurnu AMS is an Aboriginal Community Controlled Medical Service for the Pilbara communities of Jigalong, Parnngurr, Punmu and Kunawarritji. PAMS is the sole Primary Health Care Provider for this remote area of over 90,000 square kilometres, the size of Tasmania, with approximately 1,800 Aboriginal residents.

Happy reading, and best wishes for a safe and happy holiday season from the Board and Staff of CRANApplus.

Anne-Marie Borchers
Business Manager, CRANApplus



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Department of Health and Ageing

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About the Cover: The NRHSN enjoyed the opportunity for 16 student members to attend the CRANApplus Conference in Perth in October. (Read more on page 44).

from the ceo

Well it's that time of the year again, when the centre is getting hot, Christmas decorations are in all the shops and we are starting to wind down for the holidays.

Having said that, this can be a difficult time for remote health, as staff either leave the community for a well-earned break or batten down for the long hot and in some cases very wet season ahead. For those going on leave, thank you for the work you have done for remote health this year and for those who are not – remember that during the difficult time over the next few months, BSS is always there, happy and willing to talk to you and to help you through.

Unfortunately health never takes a holiday. People who are sick, who have accidents and give birth don't choose their time of need. The difficulty in the remote sector is finding fill-in staff so that others can take leave and have all the bases covered in communities and other remote locations.

In traditional Aboriginal communities, they empty and then overflow. People attend ceremonies at this time of the year and others, particularly in the desert, move around to visit family or move out to homelands.

In the Top End, communities can become crowded as they become water-locked and movement is restricted by the Wet. Mines don't stop operating, oil-rigs stay in production and remote health goes on, often under more extreme conditions.

To those who stay on and deal with the summer in remote locations and those who come to fill-in for that period, we say thank you and we will be there to support you. CRANApplus is no longer in a position to close up shop for anything other than the main days and the days between Christmas and New Year, and the offices will be open throughout the holiday season. Of course, BSS never closes and will be available for all those who need them.

On a more general note – we are proud of what we have achieved this year – its been busy as always, with a record number of FLEC courses, BSS workshops, a community support trial underway and a most successful conference.

We have had input into almost everything to do with health this year and we have ensured that the remote sector stays well up there in the minds of the decision makers.

Let's hope we can keep it up next year with CRANApplus continuing to grow and expand its support for you, its members.

Finally I would like to take this opportunity to wish all of you well for the upcoming Christmas and summer season. Stay safe and enjoy – look after yourself and those you love.

Carole Taylor
CEO, CRANApplus





engage

from the president

Dear CRANApus members far and wide,

I write to you from Cairns, where the humidity and temperature is starting to creep up and reminders to stock up the cyclone kit ring in your ears. It must be the Festive season!

Perth provided us with a wonderful venue for the 2011 conference: a wonderful opportunity to hear about exciting research, listen to heartfelt personal stories and catch up with lots of CRANApus mates from across the country. It's always great to see firsthand the diversity of the CRANApus membership, all linked with the common thread of having a passion to ensure that remote Australians have access to the best possible healthcare.

At the AGM, our organisation paid tribute to two retiring board members, Dr Sue Kildea and Dr Isabelle Ellis, both valuable and dedicated contributors to our organisation.



Photo: Stephanie Jeremy

Paul Stevenson from the Torres Strait and Katherine Zeitz from Adelaide have joined the CRANApus board and will be introducing themselves to you in due course.



As we position ourselves to address the future priorities of remote health, we are doing our bit as a board to ensure that your CRANApus has a strong foundation. To this effect we are moving ahead with our plans to invest in property and diversify our base of operations, with the commencement of the far north Queensland CRANApus office. This will join our other locations in Alice Springs, Adelaide and Canberra.

I'm so frustrated that we are still having to support clinicians against structures and systems that must have been designed to actively stifle innovation...

The work being done around the voluntary credentialing of Remote Area Nurses is progressing and should be a valuable resource for the broader industry, as we define our specialty area, along with setting minimum standards... so we know when communities are being disadvantaged! The advocacy role of CRANApus is unable to meet the demand, a sad sign on some of our industry stakeholders. I'm so frustrated that we are still having to support clinicians against structures and systems that must have been designed to actively stifle innovation, prevent diversity, restrict the scope of practice of professionals and create a culture of fear and belittlement. ►►

► I'm sure many of you are also excited to see the plain packaging of cigarettes get another step closer, a great initiative to help reduce the burden of preventable disease. The roll out of the Personally controlled electronic health record will also be an exciting time, as the industry slowly reacts by placing higher priority on the implementation of an electronic medical record. Hopefully this will also provide long term improvements for our clients as they regain control of their own health information. I sincerely hope that many of our members have thrown their hat in the ring to be considered for governance or senior roles with the Medicare Locals and Local Hospital Networks, it's imperative that the unique needs, challenges and costs of remote health are not lost in this avalanche of reform/change. CRANAp/us will watch with keen interest to see how the divisions of General Practice actually transform into multifaceted organisations meeting the multi-professional and the diverse PHC needs of the entire communities in which they are now accountable.

I hope you have a wonderful festive season and get an opportunity to re-charge your batteries with good food, good company and good cheer.

Christopher Cliffe
President, CRANAp/us ●



The time for
talking is over

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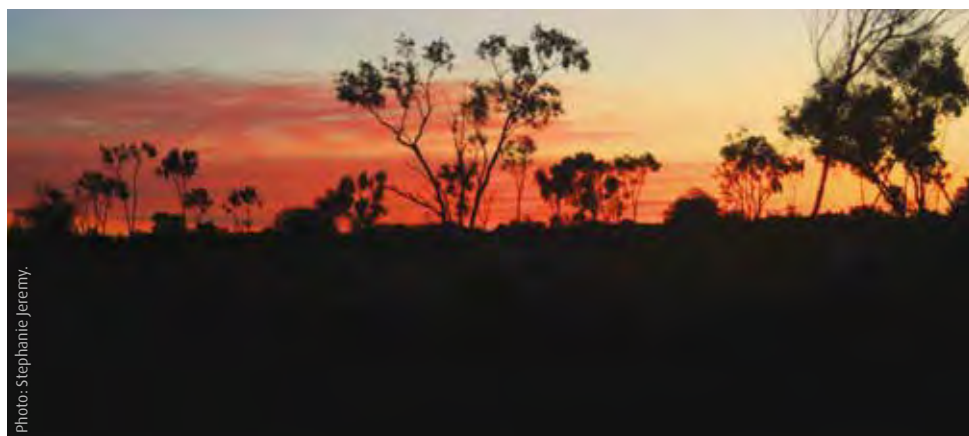


Photo: Stephanie Jeremy



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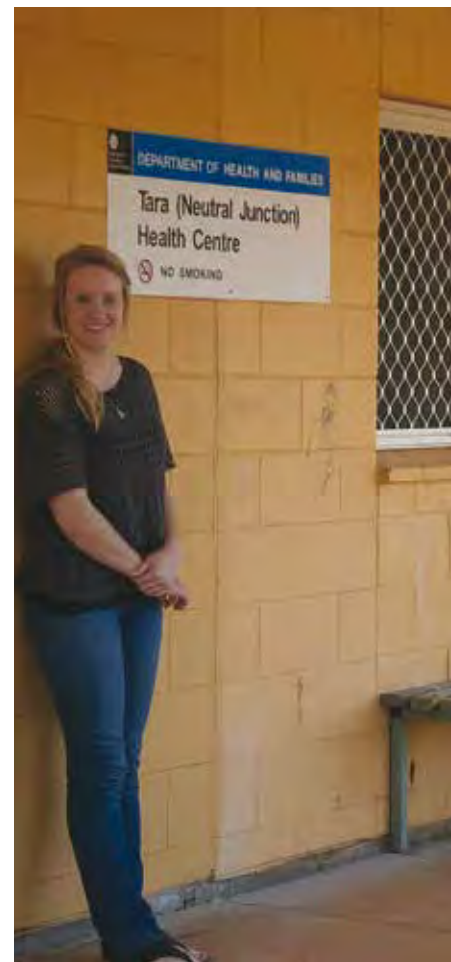
desert dust and stray dogs

Patricia Hack, 3rd year nursing student from Wollongong University, headed to Tara in the Northern Territory with trepidation – only to find she was sad to leave! This is her story:

6.30am – woke up the morning after my brother's wedding for a 0930 flight. Severely regretting a number of things at present, including choosing a remote placement, flying out the morning after my brother's wedding and the amount of champagnes consumed last night. I somehow manage to make my flight and, as the sore head passes, so does the regret. Although I've spent the last month wondering

why on earth I decided to go out into the middle of nowhere to spend two weeks with somebody I've never even met, I'm excited. Excited to learn. Excited to experience.

Arriving in Alice – Apparently this is the greenest Alice has been in the last 30 years, but it still looks pretty red to me. The landscape is amazing, beautiful and rugged. I meet the nurse I'm going to be living with at the airport and she is warm and welcoming. We jump into the old, dusty ambulance and head off for a three-hour drive north to Tara, the community where I'll be working.



On the way to Tara, we stop at a community and I get my first glimpse of life for an Aboriginal Australian living in the Northern Territory. A mother waves us down because her son has burnt himself. He has a burnt bottom because his 'kimby' (nappy) had set alight... what an introduction!

My first day at the clinic – and let's just say it was a little bit different to what I was used to seeing in the Sydney metropolitan hospitals where I had worked. Desert dust seems to make its way throughout the clinic and stray dogs roam around the entrance greeting the day's patients.

We undertake thorough assessment and I'm excited to be implementing the clinical skills that I've been taught: looking in ears and eyes, listening to chests, feeling pulses, checking vital signs, assessing teeth and gums, asking lifestyle questions ... most of the time a little more than prompting was needed, with the Aboriginal people so shy and timid. I am impressed by the way they received me, a stranger in their community.

We visited an outstation on the way home and I am shocked by the living conditions and see the need the people have for assistance. Homes that house far too many people for comfortable capacity, tents and cars as houses, mattresses covered in dirt where people are sleeping outside. Beyond this shock, I feel privileged as I watch some of the women cook up some kangaroo outside in the fire. I think to myself how lucky am I to get to experience this and see the Aboriginal lifestyle first hand.

My experience has been incredible and one that I will never forget...

After two weeks in Alice, I am coming home and I am a little sad to leave. Everyone I have met has been so welcoming and hospitable. The owner of the local pub even gave me a lift back to Alice in his petrol truck. My experience has been incredible and one that I will never forget; the people, the opportunities, the landscapes, the sunsets, the cultural experience and the skills I have experienced from this placement have been ones that I could never have had otherwise.

Although I was nervous and stepping out of my comfort zone I am so thankful that I did, as it has been an experience that I will truly cherish. It has opened my eyes to many things and will improve my practice once I become a registered nurse and you never know: in a few years I may be the nurse shooing the dogs out of the clinic in Tara. ●

considerations both practical and cultural



Charlotte Marriot-Smith, 5th year dentistry student from the University of Adelaide, contends with onlooking children and a barrage of flies during her placement in central Australia. Here is her story:

Thanks to the Flynn Drive Dental Clinic, the University of Adelaide and CRANAp^{lus}, this year I was able to participate in a dental clinical placement in Kintore/Walungurru, 530km west of Alice Springs.

As I had missed out on visiting Nyirippi last year, due to the rains blocking the roads, I was really looking forward to this year's trip to Kintore by light plane, which was an experience in itself and certainly the smallest plane I have ever flown in. The view during the 90-minute trip was amazing.

As I had missed out on visiting Nyirippi last year, due to the rains blocking the roads, I was really looking forward to this year's trip to Kintore by light plane...

When we arrived, we were kindly taken to our accommodation (a very comfortable three-bedroom house) before going to set up the clinic. I found the design of the clinic fascinating and it is impressive how much can fit inside one shipping container! Despite the size, it was very practical and does not have the difficulties with power supply and transport that are normally experienced with the dental trucks.

Being located behind the medical centre was useful, as we were centrally located and easily able to find patients if we were not busy. We also had a good view of the softball field where numerous games were played over the week. There was also an abundance of intrigued children hanging around the clinic, as the school was closed for the week.



This was entertaining but also a challenge as, whilst the practical elements of dentistry can sometimes be difficult, having five children looking over your shoulder and a barrage of flies can certainly make things even more interesting.

There was also a lot of movement around the community during the week, as there was a sports carnival on in Kirikora that everyone was heading to on the weekend. Everyone appeared to be travelling great distances to make the day and unsurprisingly no one was keen to visit us on Friday morning.

Overall it was a valuable experience that I would fully recommend to any health students and I would again like to thank the team at Flynn Drive...

Naturally, practicing dentistry in the community was quite different to my more metropolitan experiences. No-appointment dentistry was almost a welcome change at first. However, I also found it to be quite stressful when there was a line of people waiting.

It was also a little frustrating as we could only complete as much treatment as time lines permitted. Also, there were other patients who did not wish to have more preventive work completed, but preferred us to manage their chief complaint.

I found the disparity in oral health quite confronting, particularly the level of periodontal disease, and this trip has certainly made me consider the difficulties in service provision to remote areas, both practically and culturally.

Overall it was a valuable experience that I would fully recommend to any health students and I would again like to thank the team at Flynn Drive, particularly Meg, Joni and Poly, and CRANAp^{lus} for this opportunity. ●

insight and understanding

Sabrina Kleiman, 1st year nursing student from University of Notre Dame, received an insight into the health-care challenges experienced in remote Australia during her placement at Derby Regional Hospital. Here she tells her story:

I recently undertook a two week clinical placement at Derby Regional Hospital in Western Australia on the Maternity ward. It was a wonderful learning opportunity where I was able to observe a normal birth, plus a caesarean section being performed in theatre; participate in postnatal care of both mother and neonate; assist the midwives with antenatal clinics; and participate in community health clinics in some very remote Aboriginal communities in the Kimberley region.

As a 1st year student registered nurse, I feel extremely privileged to have worked with such a dedicated team of nurses and midwives and feel that this clinical placement has given me an insight into some of the challenges faced by patients and the health care team delivering services in remote parts of Australia.

My mentors at Derby Regional Hospital made my clinical placement experience all the more worthwhile by taking the time to explain new concepts and teach me new skills, being open to answering questions and making time to discuss how the ward operates, no matter how busy they were. All the staff members I met were extremely friendly and helpful, and made me feel a valued part of the team.



One of my mentors took the time to explain specific cases relating to midwifery at the end of each shift and prepare fact sheets for me, which greatly assisted my understanding of the care I was providing to the patients on the ward under her supervision. Many of the mothers on the maternity ward had to travel into Derby from remote communities throughout the West Kimberley region. During my clinical placement, I was able to travel to Lombadina and Noonkanbah to work with some of the community nurses in the health clinics. This allowed me to gain an understanding of the remoteness of the communities, the difficulty in accessing transport to get to the nearest hospital and the effect this had on patients who have to leave their usual place of residence for weeks, and sometimes months at a time.

As I reflect back on this clinical placement, I feel grateful to have been given this opportunity to experience what it is like to provide nursing care in regional and remote areas of Western Australia.

As I reflect back on this clinical placement, I feel grateful to have been given this opportunity to experience what it is like to provide nursing care in regional and remote areas of Western Australia. Through the dedication, hard work and positive attitudes displayed by my mentors, I feel that I have learnt many new nursing skills. I also feel that I will often look back on these mentors as role models in years to come. For anyone who is considering a regional nursing placement, I would highly recommend Derby Regional Hospital! Thank you once again for having me and thanks to CRANApplus for the assistance I received through the CRANApplus Undergraduate Placement Scholarship scheme. ●



Photo: Natalie Stainer



aurora winner: kary sachse

Kary Sachse is the Remote Area Nurse situated in the town of Bencubbin, in the heart of Western Australia's Wheatbelt region.

Kary was brought up on a local wheat and sheep farm. She trained at the Royal Perth Hospital before being enticed back to country life in

1969 by a \$100 one-off government bonus that reignited her love for the region and ever since she has tirelessly provided health care to the residents of the Mt Marshall Shire.

In 2011, Kary was recognised for 25 years of service with Silver Chain.



Kary Sachse, 2011 CRANAplus Aurora Award winner with CRANAplus President Christopher Cliffe.

In her role as the Remote Area Nurse, Kary has been an advocate of Primary and Preventative Health Care in regional Western Australia.

Kary's loyalty, commitment to the provision of quality Primary Care, and genuine love of the Bush is truly an inspiring testament of Remote Area Nursing in Australia.

She has attained a positive rapport with the local Emergency Services, and has become a leader and mentor to the many Remote Area Nurses

who have worked for Silver Chain over the years, offering a warm welcome to both the new staff and new families, moving in to the local area.

Kary is also highly respected for her contribution to her local community. In addition to being the local 'Sister' she has a significant role in the local sporting community as a referee and organising sporting events.

In 2009 Kary was awarded the Mt Marshall Citizenship Award for her commitment to Community Service.

Kary's loyalty, commitment to the provision of quality Primary Care, and genuine love of the Bush is truly an inspiring testament of Remote Area Nursing in Australia. ●

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award winners

CRANApus Award for Excellence in Remote Health Education: Julia Stewart

Sponsored by the Centre for Remote Health

Julia Stewart is the coordinator for the new CRANApus online education program. Since completing her nursing training at the Western Australian School of Nursing in 1988, she has had various nursing positions in neuroscience, emergency and critical care prior to her sea change in 1999 to Denmark, Western Australia, to work at the regional hospital in Albany. In her role as Online Coordinator for the CRANApus e-Remote program, Julia is meeting the challenge of bringing high standard clinical health education to the remote setting. Julia is responsible for opening up the educational opportunities for remote health professionals through the development of this on-line education program. Julia continues to develop the range of programs available, consults widely to seek expert input and offers practical, consistent support to the users of the e-Remote programs.



Julia Stewart receiving her Award from Robyn Aitken.

CRANApus Excellence in Remote Health Management Award: Monica Frain

Sponsored by the Mt Isa Centre for Rural and Remote Health (MICRRH)

Monica is a Registered Nurse with Masters in Primary Health and Tropical Medicine from James Cook University, and 22 years' experience in Aboriginal Health in Queensland and Western Australia. Monica has been the Kimberley Population Health Unit Remote Area Health Service Manager since 2004.

Monica demonstrates effective leadership, responsibility and commitment to excellence in care, quality improvement and performance by providing direction for their health services. She is inspiring and motivating and has total commitment to her work and her team.

In 2011 one of the community clinics was devastated through flood and her ability to deal with and manage such a catastrophe was outstanding.



Monica Frain receiving her Award from Glory Baker.



Katie Pennington receiving her award from Christopher Cliffe.

CRANApus Primary Health Care Champion Award: Katie Pennington

Sponsored by Dr Janie Dade Smith

Katie is the Acting Clinic Manager at Spinifex Health Service, Tjuntjuntjara Western Australia. She holds a Graduate Diploma in Remote Health Practice and is currently studying for a Graduate Certificate in Child Health. She served in the Australian Army as a medic for four and half years and with a more recent background in acute, rural and remote nursing in South Australia and Tasmania. In just 12 months, Katie established very positive relationships with community members, enabling her to work with the community to ascertain community aspirations for the SHS. This has been made possible by Katie's genuine passion, interest and enthusiasm to be an effective health care provider for the Spinifex people. Her desire and commitment to support the community and individuals to maximise their potential can be seen on a daily basis in the way Katie conducts herself both personally and professionally. Katie is a skillful communicator and advocate while ensuring a clinically and culturally safe primary health care environment.

CRANApus Award for Clinical Excellence: Debbie Moon

Sponsored by the Northern Territory Department of Health

Debbie's passion and commitment to the Newman community in Western Australia, particularly her drive to develop and set up the antenatal clinic was the catalyst for her nomination for this award.

This community has high numbers of families and no hospital. Whilst birthing is not available locally there is a high need for a local antenatal service.

Debbie has faced many challenges in pursuing this, she has carefully documented her journey and it was absolutely fantastic to see it come to fruition. Deb has a dual role, the other being that of Child & Maternal Health Nurse. Debbie provides services to not just the Newman community but also some of the local western indigenous communities.



Debbie Moon receives her award from Wendy MacKay.

CRANApus Excellence Mentoring Award: Theo Allen

Sponsored by the Remote Area Health Corps (RAHC)

Theo's nominee wrote: While studying nursing at Uni. of Canberra, I had been trying to organise a remote placement with little success. Thankfully CRANApus put a message in the 'Friday Update' newsletter asking if anyone wanted students and to get in touch with me. I was contacted by two people, one of whom was Theo. She offered me the chance to go to Urapuntja (Utopia) clinic for my clinical placement. There was no financial incentive for having me at the clinic, Theo just did it out of generosity and her desire to mentor students. Theo told me many times how much they (Utopia) loved students, which was obvious during my stay. Theo unselfishly shared everything she could and taught me so much it was unbelievable. Not only was her generosity shared with me, Theo told me to "send her more students" when I was leaving. So I did. I know of at least three other Canberra students who have had a 'Utopian experience' and there was talk of others going also. The brief window of time that I spent in Theo's world inspired and enthused me so much I feel like it changed me for the better. I would love to work with Theo again some day.



John Mofflin receives the award on behalf of Theo from Christopher Cliffe.



Presentation of the Inaugural CRANApus Fellows.

inaugural fellows

Elizabeth Bowell	Dr Andrew Lee
Lynette Byers	Associate Professor Sue Lenthall
Christopher Cliffe	Gerardine Malone
Toni Dowd	Matthew Mason
Professor Isabelle Ellis	Lesley-Ann Niewoudt
Vicki Gordon	Brenda Santi
Sophie Heathcote	Caitlin Steiner
Lyn Hinspeter	Sharon Weymouth
Terrie Ivanhoe	Robyn White
Sally Johnson	Jonathan Wright
Professor Sue Kildea	Associate Professor Trudy Yuginovich
Professor Sabina Knight	

graduates



The presentation of Graduates is a highlight of the conference.

conference photo gallery



Christopher Cliffe with Professor Colleen Hayward.



Students with Wenda Tyrell, after her inspirational speech about Justice Health in NSW.





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Libby Bowell and Clement Manuri
Solomon Islands Red Cross.



Presenter Clement Manuri of the Solomon Islands
has his first experience of a big city.



Presentation by Rhonda Henry, Raima Baker and Deborah Jones of Katherine West Health Board Aboriginal Corp.



President Christopher Cliffe, Executive Director of Nursing WACHS Marie Baxter, the Hon Helen Morton MLC and CEO Carole Taylor.



AHW Frances Hudson and Monica Frain on behalf of WACHS honour retiring RAN Lex Criddle.



Rachel Verschuren and Elizabeth Lawrence of Agrisafe Australia.



Delegates and exhibitors from WA Country Health Service.



Delegates and exhibitors from Silver Chain.



Viv Casey, Beth Hummerston, Lauren Peel, Katie Pennington and Sue Twining.



Delegates and exhibitors from Randstad..

making it happen...

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

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

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

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

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

Like Rosemary, she has also stopped counting how many years she has been working as a professional photographer! Rosey started her career as a press photographer in country Victoria and then with the Adelaide Advertiser, before moving into public relations. For the past 17 years, Rosey has had her own business, specialising in photography of conferences, events and people at work.

She also teaches people how to use their digital cameras and improve their photography, running workshops for beginners and more experienced amateur photographers, plus organised sessions for travellers wanting to improve their skills before their next holidays! Rosey recently ran a course for the CRANApus staff, training them how to perfect their photos.

Rosey has another thing in common with Rosemary; she also leads a double life: having just qualified as a garden and landscape designer, where she will be able to combine her two main skills – taking fantastic shots of the beautiful gardens she creates!
www.roseyboehm.com.au

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

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

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

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



Photo: Steve Batten

conference 2011 principal partner



Australian Government Department of Health and Ageing

The vision of the **Department of Health and Ageing** is *Better health and active ageing for all Australians*. The department is responsible for achieving the Government's priorities for population health, aged care and population ageing as well as medical services, primary care, rural health, hearing services and Indigenous health. The department administers programs to meet the Government's objectives in health system capacity and quality, mental health, health workforce, acute care, biosecurity and emergency response. The department supports the Australian community's access to affordable private health services and is responsible for policy on Medicare and the Pharmaceutical Benefits Scheme.

advertising rates

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Full page	as above	2,240	4,032	5,712	7,168
Half page	as above	1,232	2,218	3,142	3,942
Third page	as above	840	1,512	2,142	2,688
Double page		4,256	7,661	10,853	13,619
Magazine insert				1000	2000
Full size	Trim: 148mm W x 210mm H Artwork must be supplied			450	900

Magazine is printed in A5 format. Other advertising sizes can be negotiated.
Note: Back cover and centre spread are unavailable until December 2011.

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

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

pearls of wisdom

There couldn't be a more fitting keynote speaker than the **Hon. Michael Kirby AC CMG** for our 30th annual conference, which has the theme of "Pearls of Wisdom".

With an illustrious judicial career, becoming Australia's longest serving judge, followed by a very active "retirement", Michael Kirby will indeed set the scene for a truly enlightening event in October 2012.

He was first appointed in 1975 as a Deputy President of the Australian Conciliation & Arbitration Commission. Soon after, he was seconded as inaugural Chairman of the Australian Law Reform Commission (1975-84). Later, he was appointed a judge of the Federal Court of Australia, then President of the New South Wales Court of Appeal and, concurrently, President of the Court of Appeal of Solomon Islands. His appointment to the High Court of Australia came in 1996 and he served thirteen years. In later years, he was Acting Chief Justice of Australia twice.



In addition to his judicial duties, Michael Kirby has served on three university governing bodies being elected Chancellor of Macquarie University in Sydney (1984-93). He also served on many national and international bodies. Amongst the latter have been service as a member of the World Health Organisation's Global Commission on AIDS (1988-92); President of the International Commission of Jurists, Geneva (1995-8); as UN Special Representative Human Rights in Cambodia (1993-96); a member of the UNESCO International Bioethics Committee (1995-2005); a member of the High Commissioner for Human Rights' Judicial Reference Group (2007-) and a member of the UNAIDS Reference Group on HIV and Human Rights (2004-).

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. He also serves as Editor-in-Chief of *The Laws of Australia*. He has been appointed Honorary Visiting Professor by 12 universities, and he participates regularly in many local and international conferences and meetings. He has been awarded twenty honorary doctorates at home and abroad.

In 2010, he was awarded the Gruber Justice Prize. He is also presently a member of the Eminent Persons Group which is investigating the future of the Commonwealth of Nations; and has been appointed to the UNDP Global Commission of HIV and the Law. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). In 2010, he was appointed to the Gruber Foundation Advisory Board of the Justice Prize. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. ●

CRANAplus

30th annual conference
"our pearl anniversary"

remote pearls of wisdom

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wednesday 24 – saturday 27
october 2012

CALL FOR
ABSTRACTS

Pearls of wisdom
from remote practice:
The getting, keeping
and passing on of
knowledge

We gain knowledge from a variety of sources and the nature of remote practice requires a very generalist approach and a broad knowledge base.

The wisdom we need in remote communities is as much about the culture and community as about health in its broadest application.

As health professionals we also have an obligation to pass on our knowledge to students, new graduates and those transitioning to remote practice and those that are driving reform.

Abstracts are sought in consideration of the following themes:

The gaining of wisdom:

- Community/consumers
- Experiences
- Peers/colleagues/mentors/influencers
- Education
- Research
- Reflective practice

The retaining of wisdom:

- CPD
- Reflective practice

The sharing of wisdom with:

- Colleagues, students
- Community/consumers
- Decision makers

We would like to invite clinicians, educators, managers, researchers & students across all disciplines to submit an abstract, either a paper or a poster, and encourage first time presenters to consider a submission. An Encouragement Award will be offered to the best 'first time presentation' given during the conference.

Closing date for abstracts: 15 May 2012

Full details are available on our website www.crana.org.au

CRANAp^{plus} corporate members



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Barkley Region Alcohol and Drug Abuse Advisory Group (BRADAAG) was established in 1982 as a community based group to address alcohol and other drug issues.



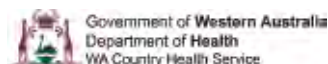
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Indigenous Allied Health Australia's vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander peoples.



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Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarrtji and Parnngurr with a client base 830 and growing. Our administration base is in the Iron Ore rich town of Newman. In the new year we will be establishing a fifth clinic in Newman.



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educate

FLEC update

FLEC courses in 2012 will be available in remote areas around Australia – as well as metropolitan locations.

As this year of travelling comes to an end, we are already thinking about the year ahead. Our courses for the first six months of 2012 are up on the website and we have already started to receive registrations. The remainder of the courses will be available on the website in January for registration.

Our courses for the first six months of 2012 are up on the website...

You will see we are endeavouring, as always, to get into some of the more difficult to reach locations in our commitment to make our courses as accessible as possible, whilst still appreciating that many participants want to take the opportunity for a hair or wax appointment... or maybe just some nice food and a cold beer!



Photo: George Fort.

We have received some very positive feedback from all courses this year, and these responses are used to continue to improve the way we deliver them. We have a very committed team of coordinators, facilitators and administration staff who all have a desire to improve the knowledge and support to remote health practitioners working in isolated areas of Australia.

In response to the needs expressed by many participants for Advanced Life Support (ALS) courses, we are adding a one-day ALS course to REC courses in five locations in 2012: Derby, Esperance, Geraldton, Broome and Cairns. This was identified as a need in WA in particular. If you think this is something we should consider elsewhere, please let us know.

In 2012 please remember your health workers. There are specific REC and MEC courses for them and they will be available on the website.

Aboriginal Health Workers are always welcome to attend any REC or MEC course. To encourage AHWs to come to the 2012 CRANApplus Conference, to be held in Cairns, we will also be scheduling an AHW REC course adjacent to the conference.

As always, we are available for private courses. Please email flec@crana.org.au if you would like costing or availability of a particular course.



In response to the needs expressed by many participants...we are adding a one-day ALS course to REC courses in five locations in 2012.

I would like to thank Caroline Homer who, due to work commitments, is leaving us as a MEC/MIDUS facilitator. Caroline has played a pivotal role in developing both MEC and MIDUS since they started and has always been very supportive of the role of RAN and RAM working in isolated practice. We are very sorry to lose her from our team and wish her all the best in her role as Professor of Midwifery and Director of Midwifery Studies at University of Technology in NSW. Somehow I think she still will be available for a question here or there if we need her...

Lastly, thank you to the coordinators and our hard-working administration team in Adelaide and Alice Springs. Have a good rest as we have a big year ahead again! See you around the country in 2012.

Libby Bowell
Education Manager, CRANApplus ●

FLEC courses for 2012

Location	Dates	REC	ALS	MEC	MIDUS	AREC	AHW
St Helens, TAS	10–12 Feb	●					
Broken Hill, NSW	10–12 Feb				●		
Sydney, NSW RAHC ■	24–26 Feb	●					
Proserpine, QLD ■	24–26 Feb			●			
Katherine, NT	9–11 March			●			
Alice Springs, DoH NT (Thurs–Sat) ○	15–17 March	●					
Miles, QLD ■	23–25 March			●			
Dubbo, NSW	23–25 March					●	
Cooper Pedy, SA	30 Mar–1 April	●					
Traralgon, VIC	30 Mar–1 April			●			
Alice Springs, DoH NT (Thurs–Sat) ○	12–14 April			●			
Cowra, NSW	13–15 April	●					
Canberra, ACT ✎	20–22 April	●					
Perth, WA ■	27–29 April				●		
Geraldton, WA	27–30 April		●			●	
Bourke, NSW	4–6 May			●			
Gove, NT	11–13 May	●					
Laynhapuy, NT (REC) ■	15–17 May						●
Weipa, QLD	18–20 May			●			
Katherine, NT	25–27 May	●					
Kalgoorlie, WA	25–27 May				●		
Mt Isa, QLD	1–3 June			●			
Derby, WA (REC & ALS)	5–7 June		●				●
Darwin, DoH NT (Thurs–Sat) ○	14–16 June	●					
Pt Hedland, WA	15–17 June			●			
Christmas Island ■	26–28 June	●					

■ Private funded course ○ DoH funded course ✎ Undergrad student course

Please keep checking our website as details subject to change.

endorsements and accreditations

CRANApus is pleased to be able to advise you that we now have accreditation from the Australian College of Rural and Remote Medicine (ACRRM) for our MEC and MIDUS courses. This is in addition to ACRRM previously accrediting the AREC and ALS program.

ACRRM is responsible for setting the professional standards for training, assessment, certification and continuing professional development of

medical professionals caring for rural and remote communities across Australia.

The addition of the ACRRM accreditation adds to the endorsements already provided by the Royal College of Nursing Australia and the Australian College of Midwives – MidPLUS.

These three organisations provide representation for nurses, midwives and general practitioners and therefore allows for the CRANApus philosophy around remote and rural health to be broadened. ●

CRANApus course

REC (Remote Emergency Care)

MEC (Maternity Emergency Care)

AREC (Advanced Remote Emergency Care)

MIDUS (Midwifery Up Skilling)

ALS (Advanced Life Support)

Endorsed or accredited by

Endorsed by RCNA (Royal College of Nursing Australia)

Endorsed by RCNA, accredited by the Australian College of Rural & Remote Medicine

Endorsed by RCNA, accredited by ACRRM, endorsed by the Rural Locum Education Assistance Program (Rural LEAP)

Endorsed by RCNA and MidPLUS (Australian College of Midwives) accredited by ACRRM

Endorsed by RCNA, accredited by ACRRM



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



We are excited and proud to announce the accreditation of our Advanced REC course and ALS on line program by the Australian College of Rural & Remote Medicine. The course had been approved with ACRRM for 20 PDP points for doctors upon completion of the course or program.



This Activity has been endorsed by APEC number: 050620121 as authorised by Royal College of Nursing, Australia according to approved criteria.
Contact hours: 20 CNE points.

pilot MEC course for students

Opportunities for students through CRANaPlus are ever-increasing.

Normal birth, antenatal assessment, cultural safety, bleeding in pregnancy, diabetes in pregnancy and the unwell pregnant woman were just a few of the topics covered in the first-ever Maternity Emergency Care (MEC) course for nursing students, held in September.

The course, following on from the success of the 2009 REC for Undergraduate students, resulted from discussions generated by Leeanne Thompson, now a 3rd year undergraduate Nursing student at the University of Canberra and CRANaPlus Education Manager Libby Bowell during the 2010 CRANaPlus Conference.

The course was developed as a dedicated learning tool for the National Rural Health Students Network (NRHSN), Rural Health Clubs (RHC).

The pilot MEC course, held for 21, 3rd year undergraduate nursing students from four of the NRHSNs rural health clubs (RHC) from around Australia, was hosted in Canberra, through the University of Canberra's RHC 'CRANC'.

The course was developed with both theoretical and practical skills used for non midwives who may experience emergency birthing situations when working in remote and rural settings.

These skill stations are the best way to learn! Hands on and in an environment where we can easily ask questions.

Amended for undergraduate students, the course ran over an intensive two-and-a-half day weekend.



The Canberra Student Group and Facilitators.



When making changes to the course, the facilitators were very aware of the level that was required for the students to be provided with the best opportunity for them to learn. The skills stations, based around normal birth, breech birth, postpartum haemorrhage and neonatal resuscitation, were a lot of fun and the babies were really slippery, which was not expected. On the Friday evening we had a real placenta for us to play and poke at (above), which most students hadn't had the opportunity to see before.

On the Sunday, three heavily pregnant women allowed the students to do a full stomach assessment which was great. These skills are so valuable, because students most of the time do not have the opportunity to participate in a maternity placement during their time at university. Throughout the weekend, there was lots of laughter, which made the weekend so enjoyable.

Additionally, the practical skills were able to enhance the theory discussed throughout the weekend. ►►



Breech birth skill station.

►► It also allowed the students the opportunity to see a birth and liaise with pregnant women, which they may never experience during their placement or even have the opportunity to complete a rotation in maternity. The trainers were very experienced in the skills and theory they were teaching, and they were able to provide real-life examples of situations they had been a part of. All participants were extremely grateful for the trainers' time in teaching such important and valuable information.

The trainers were very experienced in the skills and theory they were teaching...

The feedback received from all the participants was extremely positive. These skill stations are the best way to learn! Hands on and in an environment where we can easily ask questions. The models were fantastic.

I found this course absolutely brilliant and so interesting. So much information was packed into such a short time, but it wasn't overwhelming and was delivered in a really good way with a mixture

of methods eg. videos, hands on, lectures to suit all learning styles. The presenters, by incorporating personal stories, made it easier to understand/ more applicable to practice.

I am so grateful and happy I attended and feel in a maternal emergency situation that I would now have far more confidence to assist/initiate care.

The CRANC executive and Leeanne are incredibly thankful to CRANApus for providing this amazing opportunity for 21 students to consolidate existing skills and learn many new skills in a supportive and nurturing environment.

Huge thanks especially to Michelle, Caitlin, Helen and Nicole for their time, invaluable knowledge and for inspiring all the student participants. We look forward to the possibility of another successful MEC Course in the future.

This course was organised by Leeanne Thompson at the University of Canberra with student participants recruited through the Rural Health Clubs of CRANC (UC), NOMAD (Deakin), SHARP (Wollongong) and BREATHE (Newcastle).

For more information please contact
l_mclivenna@hotmail.com ●

MEC report

'looking back over the year...big things to come next year'

Wow! What a year 2011 has been for the Maternity Care team: a record number of courses; a presence in all Australian states and territories; and accreditation by the **Australian College of Rural & Remote Medicine**.

We have had 14 Maternity Emergency Care (MEC) courses, three Aboriginal Health Worker (AHW) MEC courses and the fifth Midwifery Upskilling (MIDUS) course for the year planned for December.

The CRANApus Maternity Emergency Care courses for 2011 have covered 17 different locations across all Australian states and territories.

Developed in consultation with the Australian College of Midwives, MEC is designed to give remote health practitioners, who are not midwives, the basic skills necessary to provide emergency care for expectant mothers and babies.

MIDUS has been developed in response to specific needs identified by midwives working in remote and isolated areas.

For the first time, the AHW MEC course was run outside the Northern Territory when it was held in Port Lincoln in South Australia, and the MIDUS course went to Western Australia for the first time when it was held in Kununurra.

MIDUS has been developed in response to specific needs identified by midwives working in remote and isolated areas. This program aims to provide an overview of current practice in antenatal, intrapartum and postnatal care.

Thanks to the facilitators and the participants at the individual courses, both the AHW MEC

and MIDUS courses have continued to develop. The CRANApus Maternity Care facilitators have continued to do a great job. Due to the continued and increasing demand for the MEC courses this year there have been many occasions where we have had to call on our facilitators to pick up extra courses and on occasions put in that bit extra when on courses.

The MEC and MIDUS courses continue to have MidPLUS endorsement from the Australian College of Midwives...

The MEC and MIDUS courses continue to have MidPLUS endorsement from the Australian College of Midwives and, after a great effort from the CRANApus team, both courses were awarded ACRRM endorsement in 2011.

There are nine Maternity Care courses scheduled for the first half of 2012 covering all the MEC, AHW MEC and MIDUS options. ●



Photo: Steve Batten.



advocate

Be careful what you wish for!

This year has made us proud to be part of the support system in remote health... It has also been a year where we can honestly say "be careful what you wish for".

For some years we have relentlessly lobbied Governments, both State and Federal, to be a part of all reference groups, roundtables and decision making forums in health so that the remote sector could be taken into consideration when changes occur or decisions are made.

Well – we have our wish. And we have never been busier or happier. We have been a part of so many forums around health reform by the Government and Health Workforce Australia that it has taken two of us, and sometimes more, to cover all the places we need to be.

Geri Malone and myself have probably spent more time in the air than is good for us, but it is proof that CRANAPlus is now seen as the remote health expert and an organisation that

must be included in decisions around health policy and implementation.

Importantly, this has been for us the Year of the Future – we have been absolutely thrilled at the amount of contact we have had in 2011 with our country's future health workforce – the students. We have had a great time throughout the year at rural health club student conferences, forums and meetings and I for one am so proud of this energetic, enthusiastic group of young people who will be the future of health in all spheres.

CRANAPlus is now seen as the remote health expert...

The professional isolationism between disciplines and the reluctance of 'schools' to bring these young people into joint learning environments is slowly disappearing. The students themselves have a profound respect for each other, regardless of their discipline of choice and what is emerging is a group of young health

professionals who could quite easily make up the health 'teams' so needed in the remote context. We are told that there is still a way to go, but what matters is that it's the students themselves that are driving change with an attitude that bodes so well for future health delivery.

This is a big part of what we advocate for:

- health equity for all
- a health workforce that is well trained and well supported, and
- an understanding of the needs of remote health

We start again in 2012 – and hope that we continue to achieve advances in all those areas.

Carole Taylor
CEO, CRANAPlus ●



services for australian rural and remote allied health (SARRAH)

SARRAH was established in 1995 as a not-for-profit organisation by a group of like-minded rural and remote Allied Health Professionals (AHPs). Since then an extensive network of allied health professionals living and working in rural and remote Australia have been raising issues of concern at the local, regional, state and national levels. Through the collective work of the Secretariat and SARRAH members SARRAH is recognised as the peak national body representing rural and remote allied health professionals.

...people in remote and rural areas have less access to allied health services than people living in major cities.

SARRAH acknowledges that AHPs provide a range of essential clinical and health education services to people who live in rural and remote communities and that these health professionals are critical in the management of their clients' health needs, particularly in relation to chronic disease and complex care needs. SARRAH's view is that every Australian should have access to basic health services wherever they live, according to need, and that allied health services are vital to Australians' health and wellbeing. The recruitment and retention of a highly skilled allied health workforce is integral to achieving this goal. We also know that measuring the allied health workforce is not straight forward. Minister Roxon released a report on a health workforce audit which showed that people in remote and rural areas have less access to allied health services than people living in major cities. However the report acknowledges that there is insufficient data to reliably define or map the allied health workforce.



S·A·R·R·A·H
Services for Australian
Rural and Remote Allied Health

To assist in addressing this issue SARRAH negotiated with Health Workforce Australia the establishment of an Allied Health Stakeholder Consultative Group. The brief of this Group is to provide advice and innovative solutions to allied health workforce issues including strategies to gather, analyse and assess allied health workforce data across Australia.

One of the first major projects SARRAH undertook was to advocate the Federal Government for a national rural and remote allied health scholarship scheme. In 2003 SARRAH offered the first national postgraduate scholarship for AHPs living and working in rural and remote Australia.

SARRAH now administers five allied health scholarships under the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS). This scheme is funded by the Department of Health and Ageing and provides financial support for those undertaking entry level qualifications and

for qualified professionals delivering clinical services throughout Australia. The next round of the NAHSSS Allied Health Continuing Professional Development Scholarship will open in April 2012 for activities that take place in the second half of 2012.

Part of SARRAH's focus is contributing towards Closing the Gap and to achieve this SARRAH has extensively marketed the scholarship program to the Indigenous health sector and actively encouraged applications from Aboriginal Health Workers. In 2011 over 10% of the NAHSSS Allied Health Postgraduate Scholars are Indigenous. All of these scholars are expected to graduate. Aboriginal Health Workers are choosing to undertake post qualifying study that will give them new knowledge and practical skills to tackle some of the big health issues faced by their communities.

Margie Lankin comes from Jay Creek Outstation just outside Alice Springs; she is a highly skilled and respected Aboriginal Health Worker who for the last 12 years has been improving the ear



Minister Roxon and SARRAH Board President Helen McGregor at Parliament House.



Photo: Donna Lamb

health of children throughout the Northern Territory. She was nominated for Health Worker of the Year in 2009. In 2010 Margie decided it was time for a new challenge and enrolled in the Aboriginal and Maternal Infant Care (AMIC) Program. This program uses a model based on the principles of continuity of care where the AMIC Worker is the case-load worker within a midwifery group practice team.

SARRAH now administers five allied health scholarships...

Without the NAHSSS Allied Health scholarship Margie would not have been able to relocate temporarily to Adelaide to undertake this innovative new training program that included undertaking an additional Certificate IV. When she returns to Central Australia she will be qualified to deliver primary maternity services, antenatal and postnatal, for women with high and low-risk pregnancy. ●

rural student leader wins top award



The National Rural Health Students' Network (NRHSN) congratulates Francesca Garnett, who has been named as the 2011 Westpac RDAA Medical Student of the Year.

Francesca is co-chair of the NRHSN which represents more than 9,000 medical, nursing and allied health students at universities throughout Australia. The network is auspiced and managed by Rural Health Workforce.

News of Francesca's award was welcomed by Dr Kim Webber, CEO of Rural Health Workforce, who said: "We're delighted that one of our devoted student leaders has been recognised for the contribution she is making to the future of rural health. Francesca is an inspiration not only to her peers but also to seasoned professionals who are heartened by her enthusiasm and common sense. She leads by example, does the hard work behind the scenes and certainly gets the wider context of community health. Not only

will she develop into a fine doctor, but she also has the makings of a terrific advocate for the people of rural and remote Australia."

"We're delighted that one of our devoted student leaders has been recognised for the contribution she is making to the future of rural health..."

Francesca's achievements as NRHSN co-chair in 2011 included running the academic program at the National Rural Leadership Development Seminar at Victor Harbor in South Australia, preparation of a National Priorities Paper for the network and taking part in a series of stakeholder meetings with politicians and government officials in Canberra.

Francesca also played a leading role in her Rural Health Club at the University of New South Wales, helping to organise its annual Rural Appreciation Weekend in Dunedoo NSW, which attracted more than 150 health students from around Australia. Francesca benefited from her own rural experience during the year, having completed an annual study placement in Quilpie through the John Flynn Scholarship program.

Francesca, the daughter of two Ballarat-based psychologists, is a fourth year medical student at the University of NSW. She intends moving to Wagga Wagga next year to finish her degree at the university's Rural Clinical School. She received her award at a gala dinner at Rural Medicine Australia 2011, the national conference of the Rural Doctors Association of Australia (RDAA) and the Australian College of Rural and Remote Medicine (ACRRM), held in Alice Springs.



NRHSN Student Leeanne Thompson.

The NRHSN enjoyed the opportunity for 16 student members (pictured on cover and overleaf) to attend the CRANAp/plus Conference in Perth in October.

The NRHSN enjoyed the opportunity for 16 student members to attend the CRANAp/plus Conference in Perth in October...



Student presenter James Roth.

Nursing, allied health and medicine students received funding through the NRHSN's Conferences of National Significance (CoNS) program to enable them to attend this fantastic remote health focused conference. Students were made welcome by inclusion in the bell ringing to keep the program on track during intervals and selling raffle tickets to conference delegates. ►►

» These tasks helped the NRHSN students to further mingle with remote health professionals. Three NRHSN members were also able to present at the conference, which was a great experience for them on their rural health career pathway.

Students were captivated by the Katherine West Health Board Aboriginal Corporation with their insight into the crucial role of their Aboriginal Health Workers. Wenda Tyrell from Justice Health in NSW was another fantastic source of inspiration, her energy and work ethic radiated during her presentation.

Laura Turner, 3rd Year Nursing Student, University of Canberra, CRANC Rural Health Club said that "attending the CRANApplus 2011 Conference has to be one of the most rewarding and inspiring experiences of my undergraduate nursing degree. This conference has reminded me again of the range of possibilities available to me as a nurse, and I am motivated more than ever to one day "go bush"."

The NRHSN also welcomes the introduction of the student and early career professionals

CRANApplus sub-committee. The NRHSN Nursing Portfolio looks forward to continuing to work closely with CRANApplus. Thanks to all of the staff at CRANApplus for making so much effort to ensure students felt welcome and for the fantastic program at the 2011 conference.

"Thank you so much for having us, the students had such a wonderful time! I don't think students have ever felt so included at a professional conference, CRANApplus really is the most welcoming and inclusive Network. Looking forward to Cairns!"

Catherine Ryan
Secretary
National Rural Health Students' Network ●



27 October 2011

Dear CRANApplus members,

The Australian College of Mental Health Nurses has been driving a campaign that has brought key health and mental health organisations, mental health advocates and nursing organisations together to demand the Government urgently review the standards of mental health care in all immigration detention centres. We as health professionals advocate for our clients with a variety of health conditions, across many cultures, over the life span, and in many different locations. Some of you will have or be working with people in immigration and detention centres and I urge you to educate your community about the facts.

- As of July 2011, there were 5,780 people in immigration detention in Australia.
- Of those, 95% arrived by boat, and over a third have been detained for longer than 12 months.
- Furthermore, 1,576 (27.3%) of those were found to be refugees, but still in detention while 563 (9.7%) were considered stateless.
- The cost of running the detention centres for the 2010/11 period was \$772m, with an average cost of \$137,317 per person.
- In the 12-month period from July 2010 to June 2011, there were 322 self-harm incidents among people in immigration detention facilities, and another 564 episodes of detainees threatening self-harm. (MHCA facts sheet MHCA.com.au)

media statement

Leading health organisations demand immediate action on mental health standards in immigration detention.

Following *Four Corners'* alarming exposé of life inside immigration detention centres, key health and mental health organisations and mental health advocates are demanding the Government urgently review the standards of mental health care in all immigration detention centres.

As *Four Corners* highlighted, this issue is urgent and action needs to be taken now. The mental health of immigration detainees can't wait until the political debate over the appropriateness of immigration detention has been resolved.

Every person has the right to be treated with dignity and respect, to have decent living conditions, and freedom to communicate with their family, lawyers and friends.

The Government must act now to make the changes to the living conditions and freedoms that will improve the mental health and wellbeing of people in detention.

Detainees have the right to mental health care commensurate with their need. The Government's own National Practice Standards for the Mental Health Workforce should apply to detention centre staff. Mental health professionals need to be able to work within the same standards that protect everyone in Australia to ensure that the care they provide to detainees is effective and safe.

In early October a report from the Australian Human Rights Commission was released, which raised serious questions about the mental health impacts of indefinite detention on people being held at the Curtin Immigration Detention Centre.

There are genuine concerns that the Government is not providing adequate mental health care to people in detention centres at a time when incidents of self-harm and suicide have increased, and riots, protests, and hunger strikes have become common.

It is clear that conditions inside detention centres are unacceptable. Children are especially vulnerable. The mental health crisis in the immigration detention system is rapidly worsening and these conditions cannot be allowed to continue.

The Government must immediately launch an independent investigation into the standards of mental health care in Australia's immigration detention centres. »



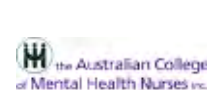
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This statement is supported by:

- Australian College of Mental Health Nurses
- Australian Nursing Federation (ANF)
- Australian Medical Association (AMA)
- Royal Australian & New Zealand College of Psychiatrists (RANZCP)
- Mental Health Council of Australia (MHCA)
- Brain & Mind Research Institute (Prof Ian Hickie)
- Prof Pat McGorry
- National Mental Health Consumer & Carer Forum (NMHCCF)
- Australian Psychological Society (APS)
- ConNetica (Prof John Mendoza)
- SANE Australia
- Professor Louise Newman
- Royal College of Nursing Australia
- Lifeline Australia
- Australian College of Psychological Medicine
- Mental Health Research Institute
- Catholic Social Services Australia
- The Mental Health Association of Central Australia
- ACT Mental Health Consumer Network
- Mental Illness Fellowship of Australia
- Mental Illness Fellowship NQ
- Multicultural Mental Health Association of Australia
- Crisis Support Services
- GROW
- Neami Limited
- Norwood Association Inc
- Alcohol and Other Drugs Council of Australia
- CRANApus



Ian Hickie *Pat McGorry*



health benefits of climate action

The positive prediction is that public health will reap benefits from policies to reduce greenhouse gas emissions.

The Climate and Health Alliance (CAHA) will soon release a paper on the health benefits of emissions reductions, outlining the good news for health from actions to reduce emissions.

The health co-benefits of emissions reductions have been evaluated comprehensively in a series published in the international medical journal *The Lancet*...

CAHA was formed in August 2010 and is a coalition of organisations and individuals from a broad cross section of the sector, including health care professionals, health care service providers, institutions, academics, researchers, and health care consumers.

Its forthcoming paper draws on evidence from international health and medical literature.

The health co-benefits of emissions reductions have been evaluated comprehensively in a series published in the international medical journal *The Lancet* across four sectors: the stationary (large scale) electricity generation sector; household energy use; the food and agriculture sectors; and the transport sector.



This series and other subsequent health co-benefits research findings indicate there are substantial opportunities for reducing the incidence of many non-communicable diseases through strategies that also reduce emissions, such as moving away from fossil fuel use in electricity generation and transport, and reducing private vehicle use by shifting to active and public forms of transport.

The associated improvements in air pollution for example will reduce the risk of cardiovascular and respiratory disease. Reduced meat consumption also has the potential to both lower emissions and improve rates of cardiovascular disease.

The CAHA paper will also draw on a European report on the health economics of climate action, *Acting Now for Better Health*, which predicts that an emissions reduction target of 30 per cent by 2020 would save the European Union around €80 billion a year in avoided ill health and productivity gains from improved air quality.

...improvements in air pollution for example will reduce the risk of cardiovascular and respiratory disease.

In other news, CAHA is off to South Africa to participate in a series of events associated with COP 17, the next round of United Nations Framework Convention on Climate Change global negotiations, to be held in Durban from 1–14 December. CAHA will partner with other organisations, including the Climate and Health Council (UK), Health Care Without Harm and the World Health Organisation (WHO) in the first ever Global Climate and Health Summit, and contribute to the establishment of a Global Climate and Health Coalition.

Reduced meat consumption also has the potential to both lower emissions and improve rates of cardiovascular disease.

Closer to home, CAHA members gathered in Melbourne recently for a members meeting and AGM on October 14. Delegates endorsed the latest CAHA Strategic Action Plan and approved some changes to the CAHA Rules to allow electronic voting and expand the number of positions on the Committee of Management.

Several CAHA delegates also attended the Creating Healthy Sustainable Societies conference on 15–16 October at Melbourne University.

Recent publications developed by CAHA include a Position Paper on wind turbines and health, responding to claims by anti-wind campaigners in Victoria; and a Briefing Paper on Healthy River Systems, outlining the links between human health and healthy river ecosystems, and calling for the restoration of environmental flows to Murray Darling Basin based on credible scientific evidence.

For further information, contact CAHA Convenor Fiona Armstrong on 0438 900 005 or convenor@caha.org.au





support

those little voices inside your head

Dr Annmaree Wilson
Senior Clinical Psychologist
Bush Support Services

There really are Little Voices inside our head. They are there all the time, for everyone, helping to give a person balance and perspective. Sometimes the Little Voices are just commenting on what they are observing, being positive and saying good things like "Oh, well done!" Other times the Voices are negative and critical.

The Negative Little Voice, however, can be a real problem. People who are stressed and depressed tend to hear the Negative Voices more than the others and this creates a vicious cycle: you feel depressed because you are thinking negative things.

One of the favourite areas for the Negative Little Voice in our psyche is in the area of self-esteem. The Negative Little Voice makes us doubt ourselves and our abilities.

This Voice says things like "Why do you even bother? You have applied for jobs like this before and not got them. You haven't got a chance."

The problem with self-doubt is that it erodes self-esteem to the point where we have convinced ourselves that it is not even worth trying to do something, especially something new. And when you stop doing new and challenging things it is likely you will start to feel down and depressed.

People who are stressed and depressed tend to hear the Negative Voices more than the others...

The favourite tool of the Negative Little Voice is fear and anxiety. The Negative Little Voice can convince you that your fears are real and that anything is better than being in a situation that pushes you out of your comfort zone.

The anything, unfortunately, is often about doing nothing. It is certainly about not doing anything new. The Negative Little Voice is the master of justification. It says things like: "You know you get anxious at parties. Just stay home and watch a DVD, it's sooooo much easier."



Remember the Negative Little Voice in your head wants you to stop doing, and when you stop doing things you start to feel down.

The good thing about all the Little Voices in our head is that we can take control of them. The Observing and the Positive Voices can be used to rein in the Negative Little Voice.

The good thing about all the Little Voices in our head is that we can take control of them. The Observing and the Positive Voices can be used to rein in the Negative Little Voice. The first step is to really start to tune into what the voices in your head are saying. When you notice the Negative Little Voice, you have taken the first step towards controlling it. Do something about it and break that cycle. Stamping your foot in defiance or giving yourself a little slap on the wrist immediately challenges the grip of negative thinking. Think positive thoughts that replace the negative ones. If you say to yourself "Oh what a beautiful day it is today" rather than "Oh no, not another day at work" you are more likely to do things in the day that will make you feel better. ●



BSS stress buster competition 2011

The theme for the 2011 BSS Stress Buster Competition was "Learn Something New". The aim of the competition is to encourage people to step outside their comfort zone, to become creative and to take on the challenge of learning a new skill. Research has shown that learning a new skill and being creative has very positive effects on psychological wellbeing.

the winners:

Cocos Keeling Island Health Service

Stress Buster Idea:

To learn a set of traditional dances, Malay variants of Scottish sets, and perform at local weddings dressed in their finery (below and right).

Participants: Jan Young, Ramnie Mokta, Richard Sherwill, Ilka Sherwill, Rosemary and Brendan O'Brien, Christine, Saraya, Osmond, Mcrae.



runner up prizes:

1. Margaret Stewart from Cairns

Stress Buster Idea:

To make a huge BIRP poster (right) to display:

- B believe in yourself
- I Identify your feelings and Stressors
- R reflect on what you can do
- P plan to do something you enjoy

2. Karen Wright, Hermannsburg Clinic, NT

Stress Buster Idea:

To adopt a camp dog and go walking (top right).

My little dog Finke (found by the Finke River near Hermannsburg) is an absolute joy. She was a tiny, flea ridden girl when I found her but after a good bath and some vet treatment she turned out great.

She is a raggy little ball of fun and has brought me lots of joy. Such good company and we spend many happy times out walking. Everyone loves her and the Aboriginal kids are intrigued by this dog on a lead and all want a turn holding her. They call after her "Finke - river dog".





3. Christine Foletti, Cocos Keeling Islands, Home Island Clinic

Stress Buster Idea:

Inspired by the fantastic marine and bird life in both places and the flotsam and jetsam that washes up on the beaches, to create art works made of thongs, rubber, drift wood and whatever is found (above and left). "It is relaxing, creative and a complete change of pace from the workplace" says Christine.

4. Jules McEvoy, Milingimbi, NT

Stress Buster Idea:

To create a home made crab pot (above right), knocked up from a couple of old bits: a fence and some wire from the tip, and a rope (from the shop). It delivered a couple of mud crabs and has been handed on to other RANs.







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

**Applications now accepted for
Flinders University courses in Remote Health**

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

These courses aim to meet the higher education needs of health professionals who work in remote areas and for nurses transitioning to the specialty of Remote Area Nursing or who have an interest in joining the remote health workforce. The courses articulate to allow stepwise progression from Graduate Certificate through to Master's level studies.

Developed and jointly owned through a partnership of Flinders University and CRANaplus (formerly the Council of Remote Area Nurses of Australia) and in collaboration with Australian College of Rural and Remote Medicine (ACRRM), and the Services for Australian Rural and Remote Allied Health (SARRAH). There are specialty study pathways for:

- Allied Health
- Medicine
- Nursing
- Remote Child Protection
- Remote Pharmacy
- Ageing and Disability



For further Information contact
Student Administrator
Centre for Remote Health
P (08) 8951 4700
F (08) 8951 4777
CRH.studentadmin@flinders.edu.au

**5. Bek Philp and Mandy Reynolds ,
Ringer Soak , WA**

Stress Buster Idea:

To start a veggie patch (below) to de-stress and to eat fresh food. We salvaged pickets and posts from the tip and collected cow pooh from a cattle station. We enjoy planting and weeding after work especially on really hot days with the sprinkler on.

6. Carol Smith, Victor Harbor, SA

Stress Buster Idea:

To learn how to make cloth dolls and jesters (right). Carole takes her sewing machine everywhere she relieves across rural and remote South Australia. Sitting down to sew dolls is relaxing, helps with sleep and you have an end product.



Management of Emergency Presentations of Drug and Alcohol Abuse – NEW

Substance use is a wide spread problem. Health professionals may feel isolated and lack clinical support in rural and remote areas. A new on-line course designed to support health professionals to effectively manage emergency drug and alcohol presentations is available at the College.

This 75 hour course includes the following topics:

- Introduction to drug and alcohol policy
- Attitudes and values around drug and alcohol use
- Management of intoxication, overdose and withdrawal.
- Drug and alcohol assessment
- Overview of treatment options

Enrol now for February 2012

Ask us for more details

Call **1800 COLLEGE (26 55 343)** to apply
or visit www.nursing.edu.au to apply.



The College of Nursing
creating nursing's future

BSS photo gallery



Katherine West Health Board employees with Annmaree Wilson at the 2011 CRANAplus Conference.



The BSS Team of Psychologists at the 2011 CRANAplus Conference.

BUSH SUPPORT SERVICES

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bush support
services

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Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and
their families

staffed by registered psychologists with remote and
cross-cultural experience

available from anywhere in Australia

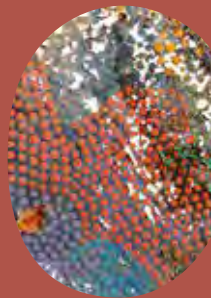
Resources also available
SELF-CARE BOOKS • SELF-CARE WORKSHOPS

Phone: (08) 8959 1110 **Email:** bss@crana.org.au **Web:** www.bss.crana.org.au



Thank you to all our **RAHC** health professionals for being a part of the effort to improve Indigenous health.

**Season's Greetings and
Best Wishes for 2012.**



RAHC

REMOTE AREA HEALTH CORPS

*Imagine a great Australia...
for everyone*

Funded by the Australian Government

