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# CRANA *plus* magazine

the voice of remote health

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educate 42  
advocate 56  
support 68

## from the editor



Our 29th annual Conference is only days away and the team is adding the finishing touches to what is always the highlight of the CRANaplus year. We have a diverse range of presentations, new exhibitors and first-time delegates joining our regular participants.

Education features large in this edition, demonstrating that CRANaplus courses impact not only in Australia, but also offshore. In August, our education teams simultaneously delivered 'first time' REC and MEC courses outside of the NT, tailored specifically to the needs of Aboriginal and Torres Strait Islander Health Workers, on opposite sides of the country.

The eRemote program continues to go from strength to strength and has now gone international. Coordinator Julia Stewart reports on delivery of the program into the Solomon Islands.

Over the last three years readers have been following with great interest, Education Manager Libby Bowell's updates about the Australian Red Cross public health project she has coordinated in the Solomon Islands. The program finished recently and in this edition, Libby writes about the extraordinary success and impact this program has had for the people on the ground.

Also, in this edition, you'll find profiles of nominees for election to the Board of Directors to be held at our AGM on October 14th.

In addition to all of this, you will find our feature stories from members sharing their experiences and why they choose to work in remote health. We trust you enjoy reading this edition and encourage you to send us your stories and photos for future magazines.

See you at the Conference!

**Anne-Marie Borchers**  
Business Manager, CRANaplus



Email: [publications@crana.org.au](mailto:publications@crana.org.au)  
Phone: (08) 8959 1111  
Fax: (08) 8959 1199  
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**About the Cover:** CRANaplus Education Manager Libby Bowell with children from the 'together for healthy community' an Australian Red Cross project in the Solomon Islands. (Photo: Courtesy Australian Red Cross)

## from the ceo

I really do have to stop complaining about how fast this year is going, but by the time you read this article we will be just days out from our 29th Conference in Perth.

And at the risk of sounding repetitive, this one is shaping up to be even better than the last. We have once again been overwhelmed by the quality and quantity of abstracts. We look forward to seeing most of our regular exhibitors this year and they will be joined by a new group of exhibitors attending for the first time.

We are also very excited to welcome new members, particularly those who are seeking us out from health areas not formerly represented by our organisation and, of late, we have experienced an additional increase in student participation. It is so very encouraging to watch these young people, from all disciplines, who will soon be our future leaders. It is great to know that the future of the rural and remote sector will be in capable and committed hands.

While I am welcoming people, I would like to take this opportunity to welcome our new Chief Finance Officer, Steven Dangaard. Steven, an extremely strong candidate who won the position from a field of 37 applicants, is located in our new Cairns office and commenced on 5th September. We look forward to him joining the CRANaplus team, just in time for many of you to meet him at the Conference in Perth.

We also say Goodbye to Leanne Mosher, who worked with us in the finance area for two years and Jenny Longland, our operations manager. I thank them both for their work and their loyalty to the organisation, and wish them both all the best for the future.

On a practical note, this year has been a year of great change and a year whereby some of the expected changes have yet to happen. We came into 2011 on the understanding that massive health reform was about to be brought about, with changes that would be likened to the advent of Medicare. Some of this has happened, albeit in a slower and less exciting way, and some of it will happen over time. But the major structural changes to the system have been watered down in the way most political changes do, and the move from hospital-based funding to a more comprehensive primary health care model is yet to be fully realised.

Medicare Locals are the new kid on the block and the expectations around these health structures are enormous. They have been charged with population health planning and the brokering of services to meet the needs of the 'local' community. These edifices are seen as the answer to the need for the comprehensive primary health care we so desire. We will wait and see.

I for one have been to numerous roundtables, expert reference groups and meetings on the structure, governance and expectations of the Medicare Locals and am still concerned at their ability to be flexible, to truly meet local needs, especially where the word 'local' can mean one entire territory, and to ensure that all systems are patient-centred. I hope I am proven wrong and that my skepticism is unwarranted. They really do need to work and work well.

The truth is I just really do want health reform. I want to be able to boast that all people in this country have the best health care possible and that people are all treated equally.

That is what I see as health reform – the best trained people – to deliver the best possible care – to all people – regardless of their ability to pay or their geographic location.

**Carole Taylor**  
CEO, CRANaplus







Photo: Steve Batten

# engage

## moments of reflection

After six years on the Board of CRANApus, it is with some sadness that I will be stepping down at the upcoming Conference. As I reflect back over my time on the Board, a few key moments come to mind.

The first one that is still strongly imprinted in my brain, was my first venture into Parliament House with the then CRANA Board in 2005. We were led by Sabina Knight, well-known figure in remote health circles and long-time CRANApus member, who planned the attack. We had appointments with Ministers and Senators across both sides of parliament, many of whom had portfolio responsibilities important to remote Australia including: health, community services, rural and regional Australia and Indigenous Affairs. But we broadened the attack and spoke to people about information technology, transport, food security and many other issues that were important to CRANA. This became a regular adventure where we would

try and ensure our faces were visible and that CRANA, now CRANApus, was a force to be reckoned with. I still recall being amazed at how many people recognised Sabina in the halls of Parliament House that first day.

**...when we set a KPI to increase our income to \$10 million by 2012, we sat around the table laughing about the importance of stretch goals!**

Another very strong memory was the governance training and strategic planning held in 2006 for the 2007–2012 period. We set three very simple strategic priorities: improving (1) the resource base, (2) the visibility and (3) the organisational capacity of CRANApus. Our aspiration was to provide the organisation

with enough strength to make a difference to remote health services and health outcomes through education, training, support and advocacy; now well-known as our four pillars. We have changed the constitution to include all remote health professionals and, when we set a Key Performance Indicator (KPI) to increase our income to \$10 million by 2012, we sat around the table laughing about the importance of stretch goals! The vision seemed unreal, yet here we are, today – getting closer to that goal, with an extraordinarily strong organisation, that's been built on a base of hard work and dedication for almost 30 years.



**Looking back, I don't think about what I have done for the organisation, but what the organisation has done for me.**

Looking back, I don't think about what I have done for the organisation, but what the organisation has done for me. As a Board member I have had training in governance and strategic planning. I have grown in confidence talking to politicians, bureaucrats, the media and at conferences. I have also seen the visibility of CRANApus increase as we have opened offices in Adelaide, Canberra and now Cairns. Our courses and support services reach every corner of Australia; our footprint is growing.

Of course I can't let this opportunity go by without mentioning something about maternity services. ►►



Photo: Stephanie Jeremy



Photo: Donna Lamb

►► For years CRANApus has lobbied for, and worked hard at strengthening remote area maternity services. However there is still work to do. I strongly believe that the voices of Aboriginal women have been lost in our birthing services today; and it is only by listening to them that we will see much needed improvement in maternal infant health and well being. We MUST learn how to incorporate their knowledge into our knowledge systems; to work together. We have advocated for a return of birthing services to the Bush and this no longer seems like a dream; the planets might finally be aligning for a trial of 'birthing on country'. Through our lobbying (and the support of some key policy people involved in writing the document), the trialling of birthing in remote areas is featured in the National Maternity Services Plan. It is with sadness that I think this may occur when one of the strongest advocates, my mentor Molly Wadaguga\*, Senior Aboriginal Health Worker and Founding member of the Malabam Health Board in Maningrida, is no longer with us. She made me promise that, even when she passed away, I would continue to fight

\* We have family permission to use her name.

for her daughters and her granddaughters to have the right to birth their babies on their land. The fight is not yet over and I hope to see over the coming years a well-funded, well-supported trial of 'birthing in the Bush'.

**We have advocated for a return of birthing services to the Bush and this no longer seems like a dream...**

So, although I will be standing down from the CRANApus Board and I now have a job in the city, my heart will always be in the Bush. I will continue to work and research with, advocate for, and provide education to, people living in remote Australia. It is only by doing this that I will continue to learn from remote Australians.

**Sue Kildea**  
Vice President, CRANApus ●

## PHAST – changing lives for the future

Libby Bowell, National Education Manager for CRANApus, has spent the past three years on the highly-successful Red Cross Tugeda fo Helthi Komuniti (THK) public health project in the Solomon Islands. Here she outlines some of the major life-changing achievements of the project, which has won a further three years of funding from AUSAID.

**...two islands and many more communities will have opportunities to change their behaviours to health and change their families lives for the future.**

This bilateral program between the Australian Red Cross and the Solomon Islands Red Cross has been outstanding. Outcomes have changed people's lives. And with a further three-years' funding from AUSAID to continue on, another two islands and many more communities will have opportunities to change their behaviours to health and change their families lives for the future.

Working as a technical advisor with the SIRC as an Australian Red Cross delegate, I lived in country for the first of the three phases of this project, and my commitment over the last two years has seen me visit several times each year, for varying periods, to assist with further team workshops and training, needs assessments, monitoring evaluations, field trips to check progress and the ever-important part of meeting with community members. ►►





►► Each stage of the project saw us in 3–4 communities on the Weathercoast of Guadalcanal and artificial islands of Northern Malaita for a period of 4–6 months. Each stage of the program included:

1. Basic hygiene messages
2. Community based first aid
3. Disease transmission and information about how to prevent diseases such as diarrhoea and skin disease
4. Malaria
5. Health impacts of climate change
6. Rain water harvesting and implementation of rain water tanks
7. Safe sanitation practices and pit latrine or over the sea latrine implementation

**No-one has ever been better than anyone, and everyone has always recognised one another's expertise or passion. We have become like family...**

The important factor in all of these modules was to link it all together so that community members could see how people get sick but more importantly how to improve health outcomes and prevent sickness. Sounds simple to those of us who have been privileged to be educated and who live in a society that helps protect us from disease.



Photo: Australian Red Cross.

There are so many reasons this program has been so well received and so successful. I think a lot has to do with the entire makeup of the team and our ability to stay together for the three years and continue to grow as a team. No-one has ever been better than anyone, and everyone has always recognised one another's expertise or passion. We have become like family and share so many stories and experiences.

**An interesting part of this team is the changed attitude between North Malaita and the Weathercoast. In the tensions of the early 2000s, they were fighting against one another and at the start of the program both were frightened to visit one another's areas for fear of custom ways or reprisal. During the first needs assessment, no-one from the team would venture out from leaf huts in the evening, just in case something happened... now everyone looks forward to seeing one another and there is so much laughter and genuine love for one another and a very big commitment to remain working together and improving the lives of local Solomon Islanders.**

The outcomes that we are very proud to talk about have changed people's lives forever. Clinic medicines now last 6–8 weeks instead of two and this has two effects. It means medicine is available if someone is sick but, more importantly, people are not frequenting the clinic because they are well. Consistently nurses and nurse aides have told me the effect of THK means *"we are not seeing diarrhoea, skin sores or malaria from the communities that THK works in"*.

**The outcomes that we are very proud to talk about have changed people's lives forever.**

The public health approach is even more significant when you consider that we have done this without carrying any medicine at all...these changes have been achieved purely through

providing community members with information in an easy to understand picture-based method. It is called the PHAST approach...**participatory hygiene and sanitation transformation.**

**Nowhere else in the Pacific can boast 12 qualified PHAST trainers, a truly fantastic achievement by this team.**

Nowhere else in the Pacific can boast 12 qualified PHAST trainers, a truly fantastic achievement by this team. We have worked tirelessly in the classroom in between the implementation stages to enhance our own knowledge. The team said to me quite early that they wanted to become experts...

and felt they needed this to engage with community members, to be able to answer questions and also to be able to really believe in the project themselves. It is a very big responsibility on the team when you consider this project is primarily about education (software) not infrastructure (hardware). In reality, most communities receive very little if any other government or agency support, so they are keen to receive whatever they can in terms of 'gifts'. The added bonus also is that fast PHAST can be applied straight after a disaster to help prevent disease outbreak. So to have this amount of people qualified will be a long-term asset to the people of the Solomons and the wider areas of the Pacific.

Traditionally we know it is very difficult to change people's behaviours. PHAST methodology is about empowering ►►



Photo: Australian Red Cross.  
Dancing at the Exit Feast.



► community members with knowledge to change their behaviour in relation to hygiene measures through participatory methods. It focuses on hygiene, safe water and safe sanitation, which also includes discussing disease transmission.

**PHAST is based on community involvement and the empowerment of illiterate people through picture-based tools to allow them to understand the reasons why they get sick and the methods of how to prevent it.**

PHAST is based on community involvement and the empowerment of illiterate people through picture-based tools to allow them to understand the reasons why they get sick and the methods of how to prevent it. It is through facilitation of this 'easy to understand' material to communities, that gives people an opportunity to discuss this often 'brand new information' in a safe, non threatening environment that they then make decisions to change their own practices to strive for a better future for their families.

It is a methodology initially designed by WHO and now used by Red Cross and other aid agencies. It is primarily suited to remote locations with populations that receive little or no support from governments and who often have literacy issues. Women are often unable to travel or be educated and have very little say at a community level.



Some of our team.

Photo: Australian Red Cross.



Photo: Australian Red Cross.

Going to work.

Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions. Participants learn from each other and develop respect for each other's knowledge and skills.

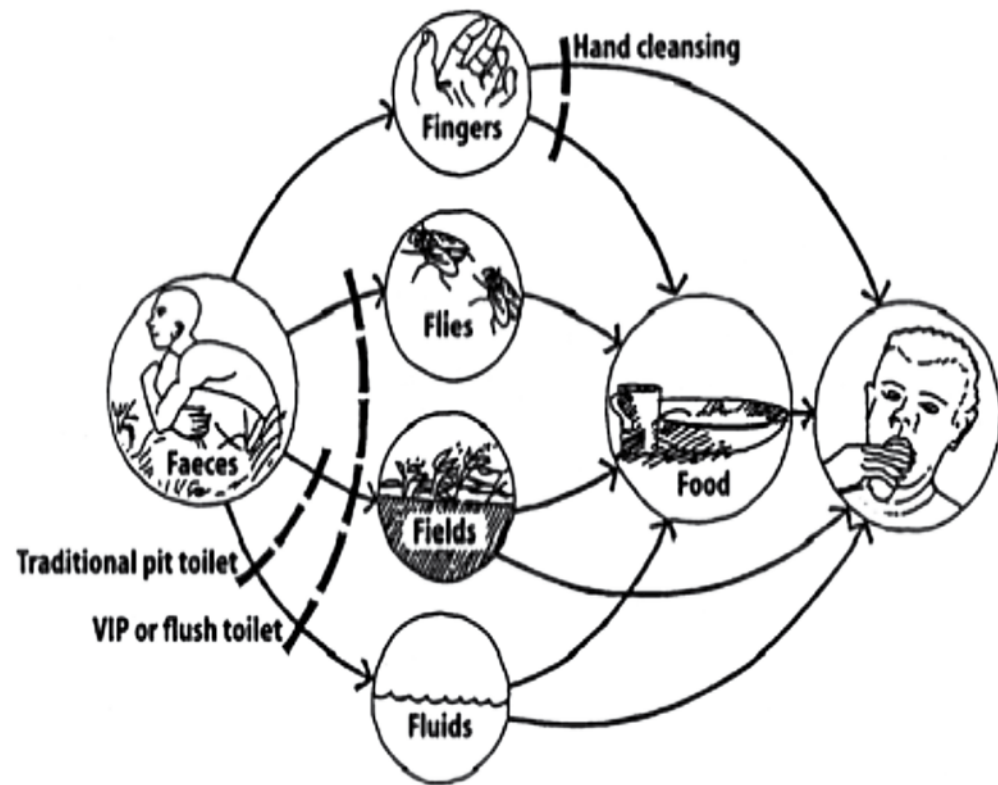
**Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions.**

The tools are simple and include several sessions where women and men are broken into groups and look at pictures and decide whether it is good or bad hygiene behaviour.

It allows for discussion and then those same pictures are used to then show the link between faeces and disease...quite simply how faeces can make its way from the ground to your mouth...and then cause sickness! Sounds simple perhaps, but this information has been learned for the first time in many of these community members lives and this is why we are seeing such dramatic changes.

A chief once said to me "Libby we are simple people...not stupid. If you give us this information we must change to make it better for our families and our children into the future". A priest said to me "I have had diarrhoea for 35 years but now I know why and I will never have it again!" ►►





The F diagram shows people how people get diarrhoea; this would have been one of the most profound parts of the project. (PHAST manual)

►► It is not only with diarrhoea that we have seen dramatic changes. The Solomon Islands has one of the highest incidences of malaria outside of Africa. Through basic hygiene measures which include advice around cleaning up communities, getting rid of stagnant water areas, digging basic drains and sleeping under mosquito nets, we have seen malaria eradicated in at least two communities and dramatically reduced in many others. This is verified by the attendances at clinics and anecdotal feedback in the communities. Most communities now have one day each week dedicated to cleaning up, and the results are outstanding.

One of the unexpected amazing outcomes has been the desire for community members to address gender roles. This was something I was

quite nervous about as having worked in several cultures previously, including Aboriginal culture, I was very aware of the delicate approach this warranted. Instead, my team unanimously said "No Libby, it is time to change. We are all responsible for sickness and health, we must change to make our lives better!" (This was both men and women.) Our team members have changed their lives at a family level. Jobs such as washing clothes have been recognised as difficult, so men are helping. Men are assisting with the washing of their children (pikininis) and helping to carry heavy crops to the market for selling...all jobs previously attended by the women. Traditionally small children, particularly girls, collected water but now this role is being shared amongst all family members.



Libby being led into the Exit Festival at Malaita.



New water tank in Weathercoast village.

**One of the unexpected amazing outcomes has been the desire for community members to address gender roles.**

Not only have we seen these changes in the communities that we work in, but adjoining

communities are also picking up on the messages and it is frequently talked about at the market. We could not have imagined the positive effects would be shared so widely and happily, but people are proud of their achievements and happy to be empowered with the knowledge to keep their families healthy.

It really has been a privilege to be part of it... now to decide about the next three years!!! ●



Photo: Amy Blom.

# nominations for board of directors



## christopher cliffe

**RN DipN MPH JP FRCNA,  
FCRANA**

### **Nominated for President**

Christopher is a Registered Nurse specialising in rural and remote health. He is currently the manager of Primary Health Care for the Royal Flying Doctor Service in QLD.

Christopher has worked as a clinician and manager in a variety of complex health environments within remote Australia and in War and Disaster Zones across the world with the International Committee of the Red Cross.

He is co-founder and co-director of Extreme Health Consultants, holds a Masters Degree in Public Health and is a Justice of the Peace.

Christopher has served as President of CRANApus for the last five years.



## jo apoo

### **Nominated for Committee**

Jo is a highly regarded and very experienced Aboriginal Health Worker. Jo currently works as a locum in a variety of remote community clinics.

Jo, a Bunjalung woman, was born in Murwillumbah NSW. She was employed in a number of fields but it was when she went to work in Aged Care in Docker River that, in her words, "an old fella told me I'd be a good Aboriginal Health Worker" that she decided to give that a go. Completing Certificate 3 in Aboriginal Health Work she worked at Alice Springs Hospital and later on Tiwi Island. Here she set up and managed their first aged-care program and over five years, built it into a successful and sustainable service. In conjunction with the Tiwi Health Board, Jo assisted in the development of alternative care options for the elderly and culturally appropriate models for the

residents of four communities on the Island and introduced a meals on wheels program.

Later Jo was appointed Clinic Manager, Central Australian Aboriginal Congress, the largest Medical Health Clinic in Central Australia. Jo's role was to oversee changes in intervention outcomes, patient flow and client complaints.

Jo was the first Aboriginal appointee to the Board of Directors of CRANApus.



## paul stephenson

**District Chief Executive  
Officer**

### **Nominated for Vice President & Committee**

Paul's background and qualifications are in isolated practice nursing, and health care management.

He began his career in health as a registered nurse in the heart of Sydney, trained and worked across numerous speciality areas including burns, sexual health and community health, and moved to Cairns in 1990 to begin what is now two decades of experience with Queensland Health in the FNQ.

After six years as a clinical nurse consultant/program manager in sexual health and HIV with community health services, he went on to public health nursing on Palm Island and then as Director of nursing/service manager at Cooktown. Four years later, he took on the same role in the Mossman.

He has served on the Board of Directors for Family Planning QLD along with multiple rural and remote health advisory committees.

His transition to management streams means the satisfaction of making a difference at strategic levels, with an emphasis on practical improvements in health care access and outcomes in rural and remote communities.

In 2002, he became District Manager of the Cape York Health Service District and remains proud of the progress made by the team in Cape York during the mid 2000s.

He accepted his first role in the Torres Strait as relieving District Manager of the Torres Strait and Northern Peninsula Area Health Service in 2003 and then returned to Cape York in 2005.

An appointment as CEO of the Mt Isa Health Services District followed in 2009 and currently he is District Chief Executive Officer of the Torres Strait and Northern Peninsula Area Health Service District.

His interests are anthropology, integrated health service development and primary health care.



## dr kathryn zeitz

**Dip App Sci, BN, Grad Dip Ed,  
MN, PhD. FRCNA, FGLF  
Nominated for Committee**

Kathryn first became associated with the Council of Remote Area Nurses in 1998 when she developed the Remote Emergency Care Program and piloted the first four programs – and ever since then, she has been a member of CRANApus. Again, in 2002, she had the opportunity to review the Remote Emergency Care program.

She has seen CRANApus grow over the past 10 years or so and the significant changes to the organisation this has required.

She also recognises that the organisation benefits from the support of a strong board, which she considers comes from a balance of frontline clinical expertise supported by expertise in specialist areas.

She has worked in a number of areas since graduating as a Registered Nurse from Sturt College of Advanced Education in 1985. Her early career was at Flinders Medical Centre, specialising in the emergency department. Since that time, she has worked in rural primary care and at the Royal Adelaide Hospital. ►►



► Her current role with the Central Adelaide Local Health Network is in change management and she has a strong background in research, completing her PhD at the University of Adelaide Clinical Nursing School.

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

Her board experience has included being a member of the board for Variety, the Children's Charity in SA, and a member of the South Australian Government's Volunteer Minister's Advisory Panel.

She would love the opportunity to support the members of CRANApplus and the organisation's ongoing work as a member of the Board through her expertise in governance, strategy and planning.



## sue lenthall

**RN, RM, BT, MPH & TM**

### Nominated for Vice President

Sue has extensive remote area nursing experience,

having worked as a remote area nurse in remote communities in Queensland and central Australia for over 20 years.

As an educationalist, she was one of the first teachers with the Aboriginal and Torres Strait Islander Education Program in Queensland and has retained a strong interest in teaching about cross-cultural practice and cultural safety.

Before working as the education coordinator with the Royal Australian College of General Practitioners in Townsville, she was the Executive Officer for the Council of Remote Areas Nurses of Australia. She has contributed to the development of numerous curriculum documents relating to Indigenous and Remote Health.

Currently, she works at the Centre for Remote Health in Alice Springs. She was the foundation course coordinator of the Remote Health Practice



Photo: Steve Batten

program at the Centre and is responsible for overseeing the development of the program designed to prepare health professionals to practice in remote areas of Australia. Sue is currently managing an ARC research project 'Back from the Edge' reducing occupational stress among nurses in very remote Australia and working towards her PhD.

In 2009 she won the CRANApplus award for contribution to Remote Health through Research and Education, and in 2007, she won the Carrick Citation for Outstanding Contributions to Student Learning, for the design and implementation of a multidisciplinary curriculum to meet the learning needs of Remote Health Professionals.

She is keenly interested in public health, remote area nursing, primary health care and cross-cultural education.

If elected to the CRANApplus Board, Sue would be particularly interested in strengthening Primary Health Care in Remote Australia and contributing to establishing the credentialing of RANS, as she sees these as key requirements to improve health service delivery in remote Australia. ●

## new CRANApplus staff



## steven dangaard

### Chief Finance Officer

Recently Steven Dangaard was appointed Chief Finance Officer (CFO) of CRANApplus and from time to time will also be undertaking duties as deputy CEO in the absence of Carole Taylor.

As a young accountant Steven boasts impressive practical and academic achievements and comes highly regarded within his profession and local community. Steven previously worked for a medium sized Cairns based accountancy practice for the past seven years where he was a senior manager. During this time Steven gained extensive experience in a wide range of management, accounting and taxation functions. In addition to this, Steven has also undertaken further studies and has successfully completed the following degrees:

- Bachelor of Commerce
- Graduate Certificate in Professional Accounting
- Master of Commerce

Steven is also currently a member of the Institute of Public Accountants, a Registered Tax Agent and a Justice of the Peace (Qualified).

Throughout Steven's professional career he has contributed positively to the local Cairns community by involving himself as the treasurer

of Youth Empowered Towards Independence Incorporated (YETI), an organisation which provides services to relieve the youth of Cairns and nearby regions engaging in unsociable conduct.

With Steven's youthful enthusiasm, strong leadership attributes and demonstrated community contributions we are confident that he will be a valuable asset for CRANApplus and will excel in achieving the organisation's aim and objectives.



## robert (plugger) naylor

### Assistant – Community Support Program 0.5FTE

Robert was born in Port Augusta, South Australia where he lived for most of his early life. In 2004, he moved to Alice Springs where he commenced working for Tangentyere Night Patrol in 2005. A position he held for six years.

Robert speaks Pitjantjatjara and understands many of the other languages spoken in the Central Desert. He has family connections in all of the communities in the southern part of the Northern Territory.

Robert will be a valuable asset to CRANApplus, our programs and to the work of the Aboriginal Sub-Committee of the Board of Directors. ●



Photo: Steve Batten

# the time just flew

**From working with patients on dialysis to entertaining young children with 'glove balloons', Bree Lowe, in her 3rd year of a Bachelor of Nursing course via distance education through the University of South Australia, feels lucky to have enjoyed such a breadth of experiences during her CRANApus undergraduate student scholarship placement, at Nhill Hospital in country Victoria.**

With around 35 acute beds, capacity for four dialysis patients and a range of theatre days

including orthopaedic, ENT, gynaecologic, general surgery and eye days, my eight-week placement at Nhill Hospital, was full of new experiences.

I had a day in dialysis in which two patients were dialysed, which was very interesting and something I had no previous experience of, so I learnt a lot.

Some of my experiences over the placement period included blood taking, ECGs, bladder scans, IV antibiotics, IM injections, dressings, drain removal, staple removal and entertaining small children who had tonsillectomies with 'glove balloons'.

I was also privileged enough to follow through a patient who had a hernia repair, with the general surgeon, and another patient who had a hysterectomy, with the gynaecological surgeon. While I don't have any dreams of becoming a surgeon, I did enjoy my time in theatre and was very grateful to the surgeons, theatre staff and, of course, the patients for the experiences.

I was so impressed with the dedication of the hospital staff in Nhill, which has a population of approximately 2000 people and is situated roughly in between Melbourne and Adelaide.

Because the surgeons mainly flew in from Hamilton or Adelaide, they were sometimes delayed due to fog or other unfavourable weather conditions. This would cause the day's

theatre cases to run later than usual and staff would sometimes be at work for 12 hours. They sure are dedicated in the country!

The nurse-in-charge, who oversaw the whole hospital on their shift, was also the one responsible for doctor's rounds, A & E and handover. During my times in A & E, I saw the amazing nurses at work: quickly assessing chest pain patients; calming young children with fevers, injuries or ear infections; removing foreign bodies from farmers' or tradesmen's eyes; and treating seizures, to name a few situations.

Sometimes the wait for the doctors was quite lengthy, as they do have a big job running the medical clinic as well as treating the patients in the hospital, and this is a credit to the great country nurses once again as they displayed their patience, experience and knowledge.

## Overall I had a great time and experience at Nhill...

All the nurses at Nhill made me feel very welcome, which made the whole experience so much easier and more enjoyable. The Nurse Unit Manager often did home-made baking for the nurses to show her appreciation for all their hard work. Delicious! Just another example of what these nurses do above and beyond their call of duty!

I also had a fantastic Clinical Facilitator who helped make my experience as enjoyable and smooth as possible. She taught me a lot and I always felt she was available for me to ask questions or chat about any troubles.

Overall I had a great time and experience at Nhill and learnt so much on my 8-week placement there!

The length of the placement was a bit of a challenge for me as, since the birth of my daughter two years ago and between study, I have only worked one day per week. But, because I was so busy and enjoyed it so much, the time just flew! ●





# flight of a tooth fairy (or the ups and downs of remote dentistry)

**Dr Andrew Lee, BDS (Wales);  
D.Clin.Dent (SND) (Melb), tells his tale,  
both frank and true.**

Once upon a time in a far away land there lived a boy by the name of Andrew who had decided that teeth were interesting. So he enrolled in a Bachelor of Dental Surgery at the Welsh College of Medicine. Nearing the end of his degree it dawned on Andrew that he would shortly become a Dentist! Like many others, after five years of study, he had forgotten about the end point, or indeed the point of what he had embarked on, and let's face it the prospect of becoming a dentist is not the most attractive image. In fact the thought of such was so shocking to Andrew, so repugnant that he immediately set about planning an escape from this fate. He spun the globe he'd been given for his twelfth birthday and stuck out a manicured digit, which landed slap bang in the middle of the vast desert continent of Australia. Before he could say 'fair suck of the sav' he was hurtling towards the legendary town of Alice Springs, famous for Priscilla Queen of the Desert, Flynn of the Inland Telegraph and camel racing.

**Alice Springs is and forever will be my idea of the real Australia. A community as warm as the desert surrounding it...**

Having spent most of his formative years in the verdant land of Wales, the desert outback was more than a little confronting, not to mention its inhabitants. Negotiating territorial and passionate RANs and die-hard Midwives was just for starters. This slightly prissy (okay, totally flaming!) eurotrash boy was about to have a rude awakening and a crash course in Bush dentistry. There was certainly no room for the starched white Dr Kildare tunics he'd so proudly packed at the start of his journey.

I think I know what you're thinking: here's a recipe for disaster? Just one more city slicker destined to make a quick U-turn rather than get his Prada pumps dirty? Well you'd be wrong. I surprised everyone...including myself. Alice Springs is and forever will be my idea of the real Australia. A community as warm as the desert surrounding it, with the possibility of real adventure just waiting to be had. It was the first place my feet touched Australian soil and it's where I left my heart. Alice taught me how to be a grown-up and what it meant to belong to a community.

At the end of 2004 after a narrow miss, I reflected on my journey so far and decided to move to Darwin, shortly after which I became



Even cowboys have to brush their teeth.

the Remote Area Manager for the Top End. From the middle to the top, I had the privilege of working in some of the most awe-inspiring parts of this lucky country: from Ramingining, the setting of the movie Ten Canoes; across the Timor Sea to the Tiwi Islands; flying high over the Kakadu escarpment and waterfalls to the lagoonside community of Gunbalanya. However the ups came with the downs. Rolling my troopie near Ampilatwatja was not meant to be part of the plan. Neither was getting rescued from the croc-infested floodwaters in Oenpelli, or getting locked in the community health centre at Alpururulam during a riot. Not to mention the time I watched helplessly as our pilot's concentration lapsed and he drove our Cessna through a chain-link fence, pulling its wings off!

**Alice taught me how to be a grown-up and what it meant to belong to a community.**

In 2008, after four years of Outback adventures, I left the Northern Territory and I decided to go back to study. Having been challenged by the complex co-morbidities of people living in remote Australia, I chose to do a doctorate in Special Needs Dentistry at The University of Melbourne. Always cunning as an outhouse rat, I entitled my thesis 'The Oral Health of Indigenous Adults in Central Australia' which justified my frequent return to the Northern Territory, to the Outback and to my friends. ▶▶

► I realise that the time I spent as a remote health professional may have been but the blink of an eye when compared to some of you reading this, but this experience gave me an approach to health that has shaped my practice ever since. I've brought this mindset and skills to my current roles as Senior Lecturer at JCU in Cairns and to my work as a Specialist at The Special Needs Dental Clinic at the Royal Darwin Hospital, delivering a service appropriate to the needs of the individual and their cultural background, in a manner that empowers them to take control of their own health.

**The Australian Outback can be cruel and unforgiving, but the red dirt gets into your blood and, like a junkie, you're hooked.**



Photo: Andrew Lee.

I didn't see the Todd flow three times whilst living in Central Australia, but I have since. And I think the folklore is true. The Australian Outback can be cruel and unforgiving, but the red dirt gets into your blood and, like a junkie, you're hooked. There'll be times when my journey takes me away from that life but there's always the craving, the need for the endless skies, the vast open spaces and the people who belong to that land. ●



Photo: Andrew Lee.

Mobile Dental Unit.

## the spice of life

**Ask me what motivates me in my career and I'd answer with a single word – variety.**

Excitement is something that has not been lacking in my working life.

I've worked in the Aussie desert, on an island paradise and in remote locations. And I'm still travelling.

After completing my training at Geelong Hospital (many moons ago) and completing my midwifery at Sydney's King George V Hospital, I headed overseas to spend two years travelling and working in various parts of Europe, based in London, before returning to Australia...and then I made a break for Australia's Red Centre.

I spent three years at Uluru as one of the two community health nurses – working with two paramedics and one doctor. As I was the only midwife, I was often called out in the ambulance to attend maternity emergency situations with a paramedic, transporting clients back to the medical centre to stabilise before being evacuated by the Royal Flying Doctor Service (RFDS).

**I left the desert for an ocean-side retreat, a little slice of paradise (especially if you were not working!).**

I left the desert for an ocean-side retreat, a little slice of paradise (especially if you were not working!). I was the Rottneest Island Nursing Post Nurse Manager for three years with one other fulltime nurse/midwife, a casual nurse/midwife during summer and a visiting doctor during the summer school holidays – who popped in if needed whilst enjoying Rottneest. The Island accommodated 5,000 people and this kept us extremely busy with diverse emergencies and frequent evacuations. ►►



Photo: Steve Batten.



►► I honed my suturing skills here almost daily, and also became proficient at taking x-rays, and being the Island ambulance response as well.

I then spent 10 years based in Port Hedland working as the Senior Flight Nurse, managing the Port Hedland RFDS flight nurses.

My workplace was often a five metre by 1.8 metre space in the back of an aircraft – often compared to working in an intensive care unit in a telephone box!

I went on to develop and work for two years on the 'RFDS on the Road Program' as the Pilbara Outback Team Leader – one of two people who rolled up to a station, roadhouse or community to deliver first-aid training, health promotion activities or education on managing an RFDS medical chest. We also provided medical response at small horse racing events such as the Marble Bar Cup and Lansdowne Races.

After returning to Melbourne to be closer to family at the beginning of 2008, I struggled to find a job in Melbourne which suited me! I tried Occupational Health and Safety, Renal Dialysis, First Aid Training; I worked Fly In Fly Out (FIFO) on the Australian Government Intervention (AGI) in Central Australia; I delivered Nurse Education for 12 months with RDNS and finally worked in maternity in a private hospital in Melbourne.

I was extremely lucky to see the advertisement for Coordinator for MEC with CRANAp<sup>plus</sup>: a chance for me to keep in touch with remote Australia and to contribute something to the outback for all those fantastic years I have enjoyed working there. I have now been with CRANAp<sup>plus</sup> since October 2010 and I thoroughly enjoy the challenges of frequently travelling to all parts of Australia and running MEC courses.

**After returning to Melbourne to be closer to family at the beginning of 2008, I struggled to find a job in Melbourne which suited me!**

It is thrilling to be involved with helping to bring education to many areas of need across Australia and to be involved with such a motivated and enthusiastic group of midwives who facilitate on these courses. I look forward to meeting those of you I have not met as yet, and consider myself privileged to be working for an organisation which I hold in high regard. I also know first hand that CRANAp<sup>plus</sup> is well respected across remote Australia.

**Michelle Bodington**  
MEC Coordinator ●



Photo: Donna Lamb.

## every thursday night is christmas



Photo: Charles Suckling.

**The Red Centre has captured the hearts of Dr Charles Suckling and his wife, Ginny, a Registered Nurse and midwife, who have swapped the lush environment of New Zealand for a remote Northern Territory community. Their original plan for a three-month stint has become three years ... and they're not ready to leave just yet.**

Home for us since late 2008 has been Corella Creek, a 10-house community of about 50 inhabitants off the Barkly Tablelands Highway, four hours away from Tennant Creek in the Northern Territory.

We originally came to the Northern Territory for a three-month locum at the Aboriginal Health Corporation Clinic (Anyinginyi), in Tennant Creek.

Three months became six months. I then began working in the remote health section and Ginny joined the staff with me. With North East Barkly our working area, moving to Corella Creek, the furthestmost community we service, seemed logical, saving many hours of travelling and allowing us to focus on our patients. That was nearly three years ago.

Over time, we discovered how to survive living so far from town. Our groceries arrive by truck two days after we fax a bush order to the supermarket or butcher. Barkly Agencies deliver anything from food, post, medical supplies to cars and furniture. The truck rumbles down the gravel road anywhere between 8.30 to 11 o'clock at night. Every Thursday night is Christmas! ►►

► At the beginning, a satellite phone was our only means of communication. Now we have broadband internet and free-to-air TV.

Solar power provides hot water and a diesel generator provides electricity. Before ordering fuel, we dipstick the tank. One time Ginny saw the children running round the clinic holding the dipstick that I had accidentally left outside. It then disappeared and everyone said that they hadn't seen it. Our Section manager wasn't too pleased as it was expensive to replace. So Ginny had a brainwave; she offered a \$50 reward. Needless to say, it was promptly returned.

Our hours are flexible. They have to be when the cattle stations send their employees all days of the week. We try to visit each one of the other five communities at least once a month. Connells Lagoon and Illuwurru are a day's trip away and there's an identical setup of clinic and house at Illawurru which is close to Alexandria Station.



Photo: Charles Suckling.



Photo: Charles Suckling.

During the rainy season, the Ranken road is impassable so from about October to April/May we leave them off our schedule. Everyone either moves away to another community or stays with relatives in town.

## Humans aren't the only patients. Occasionally we've had a dog to care for, usually after a dog fight...

Our other circuit requires a couple of night's stay at Barkly Homestead while we visit Wunara, Kurntaparra and Wogayala. One of the first things I did was to find out who were the core inhabitants in each community and have a liaison person to help facilitate visits. It makes our trips more effective for both the communities and us.

Humans aren't the only patients. Occasionally we've had a dog to care for, usually after a dog fight, and even a goanna has been on the receiving end of Ginny's expert wound care.

The other non-Aboriginal in Corella Creek is the schoolteacher, Deborah Sonenberg. As education and health are closely linked, we often work with the school. More so when I discovered Deborah's husband was a vet. When Phil came to stay, we started a dog programme. AMRRIC\* came on board with collars and Phil brought dog tags.

So far, all the dogs and members of two communities have been treated. "The only ticks in a community are in exercise books" seemed an appropriate slogan.

There's something about the Red Centre that captures your heart and mind. It has a beauty all of its own that is diametrically opposite to our lush New Zealand, where we lived for 31 years.

It has been quite a journey since Ginny and I left the UK in 1980 to begin our newly married life in New Zealand.



Photo: Charles Suckling.

Ginny was a registered nurse and midwife and I was ready to take on a general practice in Napier which is on the east coast of the North Island.

## Since discovering CRANAp/plus a couple of years ago we have enjoyed their magazine and courses.

I've always wanted to work in developing countries, so retiring early in 2003, I left NZ to do my Masters in Tropical Medicine and Refugee Health at James Cook University in Queensland. Since then I have worked for Médecins Sans Frontière (Doctors Without Borders) in North and South Sudan and Ethiopia.

Wanting to do something together, Ginny and I approached Volunteer Service Abroad and got

an assignment in Bougainville in Papua New Guinea. Fifteen months later in October 2007 we returned home, not quite sure what to do next. While we made up our minds, I accepted a 3-month locum in Tennant Creek...

That was three years ago and, as far as Ginny and I are concerned, we hope to carry on with this sort of work for a few more years yet.

PS: Since discovering CRANAp/plus a couple of years ago we have enjoyed their magazine and courses. We've just done the MEC course in Tennant Creek which I would recommend to anyone. It was a fun filled weekend and we learned a lot. Which just goes to show that you can indeed teach an old dog new tricks! ●

\* AMRRIC is an independent group of Veterinarians, academics, health professionals and Aboriginal and Torres Strait Islander people working to improve the health and wellbeing of companion animals and improve the overall health and wellbeing of remote Indigenous communities.



# all in a day's work



Photo: Jonathan Hardwick.

**Jonathan Hardwick, a Peri Operative Nurse in Urology and general Specialties at The Alfred Hospital in Melbourne spent a day with the Royal Flying Doctor Service in Alice Springs after winning first prize in the RFDS Raffle at last year's CRANaplus Conference.**

Here he shares a little of what he learnt and saw, as well as providing an insight into one of Australia's oldest aeromedical services.

During the morning at the RFDS base, I learned what was involved in both routine and emergency trips. A flight to Adelaide was being prepared and packed for the trip, with flight nurse Emma Louise planning what equipment was required and preparing for the day, having

already been into the hospital on the way in to the base to check on the three patients heading to Adelaide: two maternity and one other.

Meanwhile, back in the hanger, Wendy Hartley, the senior flight nurse, was packing another trolley, as a call had been received of a code one at Yuendumu, where a woman in the community had gone into labour. She was overdue. The doctor was on his way to the base, the flight nurse arrived and I was able to help pack the plane. As Wendy explained, the plane needed to be off the ground within 45 minutes of receiving a code one, meaning "Life or Limb".

In the afternoon, I had the opportunity to be involved in the transfer of patients from Tennant Creek Hospital to Alice Springs Hospital. I observed Flight Nurse David Carpenter go through the pre-flight documentation including contacting the DMO who happened to be someone in New Zealand that day. After getting the necessary clearance we needed to do the transfer, we collected the monitors, drug kits and, of course, the essentials of tea, coffee, sugar, milk, biscuits and newspaper for the in-flight service on the way!

The flight up was uneventful with a few minor bumps as we flew through some stormy weather. After picking up our patients, a young child and an elderly woman, we flew around the storms we had flown through 30 minutes earlier as they had developed further. When we landed, both patients were met by a waiting ambulance to be transferred to Alice Springs Hospital.

I couldn't believe how green it was out in the Central Australia, compared to my previous visit in 2008. Maybe the Northern Territory should to be renamed the Green Territory not the Red Centre!

The RFDS Alice Springs team covers a huge area extending as far as Elliot in the North, Indulkana community in the South, which is serviced

by the Marla bore Airstrip, as far East as the Queensland border, and into Western Australia as far as Kiwirrkurra known as the "Jewel of the Desert". The RFDS services the outback remote communities, the mines in the West, transfers patients involved in accidents whether that is road trauma, worksite accident, or even an accident on a property out Bush. Also the RFDS in Alice Springs is involved in transferring patients who require specialist treatment or care that isn't available in Alice Springs to major metropolitan public hospitals, usually Adelaide.

**I couldn't believe how green it was out in the Central Australia, compared to my previous visit in 2008.**

As a not-for-profit charitable organisation, the RFDS relies on the support of governments, companies, the community and individuals to continue providing extensive emergency and primary healthcare services. The RFDS nationally relies heavily on fundraising and donations from



Photo: Jonathan Hardwick.

the community to purchase and medically-equip its aircraft – at a cost of around \$6 million each.

You must be a registered general nurse with midwifery endorsement to work for the RFDS and comprehensive experience and/or post graduate qualifications in a critical care area is essential. Extensive training and orientation is provided to successful candidates.

I would like to say a BIG thank you to Wendy Hartley, David Carpenter, Mark Haldane, Emma Louise and the staff at the RFDS in Alice Springs. I would also like to thank Geri Malone for making it possible for this experience to happen. ●



Photo: Jonathan Hardwick.



Photo: Jonathan Hardwick.

# CRANAp<sup>plus</sup> 2011 conference

novotel langley | perth  
tuesday 11 – friday 14 october 2011

supporting the full spectrum of remote health practices.



nursing | midwifery | medicine | mental health | oral health | aboriginal health workers | allied health

The 29th CRANAp<sup>plus</sup> Conference will be held at the Novotel Langley Hotel, Adelaide Terrace, Perth, Western Australia. Unlike previous years this Conference is to be held during the week, rather than over a weekend.

The opening function will take place on Tuesday 11 October and conclude with the official Conference Awards dinner on Friday 14 October.

This year our Conference theme is:

**“supporting the full spectrum of remote health practices”**

The diversity of remote health practice is akin to the diversity of this vast continent of Australia. At this Conference we will hear from the very broad section of individuals and organisations that are providing and supporting health service delivery in remote and isolated areas.

In October, Perth is to host the Commonwealth Heads of Government Meeting (CHOGM) with leaders from 54 nations and international delegates arriving in Perth throughout the month, and this has necessitated that this Conference be held during the week.

CRANAp<sup>plus</sup> Conferences offer an environment that will foster new ideas, promote collegiate relationships, provide opportunities for professional development and celebrate remote area health practice.

We hope you will join us in Perth. ●

## courses available!

Make the most of your trip to the 2011 CRANAp<sup>plus</sup> Conference by tying in one of the courses and workshops to be held in conjunction with the Conference.

### Remote Emergency Care 8–10 October 2011 (Pre-Conference)

The CRANAp<sup>plus</sup> Remote Emergency Care (REC) course helps health practitioners to develop knowledge and skills essential to providing emergency care and treatment in common emergency situations encountered in the remote setting.

To provide the remote and rural practitioners with knowledge and to promote confidence to deliver safe and quality care to the patient. Register for this course in the education section of the CRANAp<sup>plus</sup> website.

### Introduction to Remote Area Nursing Workshop

11 October 2011, 9:00 am – 1:30 pm

This workshop is designed to give those people interested in remote area nursing as a career, some insight and information about that role and the context in which it is delivered.

It will be delivered by a selection of remote area nurses with wide experience in this exciting and challenging work. Register for this course on the Conference registration form.

### Maternity Emergency Care 15–17 October 2010 (Post-Conference)

The CRANAp<sup>plus</sup> Maternity Emergency Care (MEC) course teaches maternity emergency care to non-midwives working in a remote or isolated setting. Register for this course in the education section of the CRANAp<sup>plus</sup> website.

All courses will be held at the Conference venue, the Hotel Novotel Langley in Perth ●

## opening address

CRANAp<sup>plus</sup> is delighted that our invitation to Senator Judith Adams to open our Conference has been accepted. She was very keen to make that time available to us. Many of you will remember she joined us at our Silver Jubilee Conference in Broken Hill in 2007. Holding the Conference this year in her state we feel it is particularly relevant to have Senator Adams as our invited speaker. She trained as a nurse and a midwife in New Zealand, worked in rural and remote areas in Western Australia before marrying and establishing a farm in the southern region of Western Australia. Judith knows well the challenges surrounding rural and remote health service delivery, and utilising her health background, experiences as a consumer, and a Member of Parliament, she has been proactive in many forums and a very strong advocate for rural health.

We look forward to Senator Adams joining us in Perth this October. ●

## Remote Area Nurse Practitioner Professional Development

A workshop open to Nurse Practitioners and Nurse Practitioner Candidates

Join us for a Nurse Practitioner professional development workshop prior to the CRANAp<sup>plus</sup> 29th National Conference in Perth, Western Australia.

**Date:** Tuesday 11 October 2011  
**Time:** 1:30 pm – 4:30 pm  
**Venue:** The Board Room  
Novotel Langley, Perth

The final outline for the session will be available closer to the date and will include a case study and professional discussion.

The session is supported by the Centre for Remote Health and CRANAp<sup>plus</sup> and offered at no charge to registrants.

**Enquire:**  
Vokili Shiell (08) 8951 4700

**Register:**  
[crh.shortcourse@flinders.edu.au](mailto:crh.shortcourse@flinders.edu.au)



# senator judith adams



**Senator Judith Adams** was born in Picton, New Zealand.

After completing her secondary education she trained as a general nurse and midwife, and gained a Diploma in Operating Theatre Nursing.

In 1963 Judith joined the New Zealand Territorial Army as a Nursing Sister obtaining the rank of 1st Lieutenant and in 1967 was appointed to the NZ Surgical Team in Vietnam as a civilian nurse under the auspices of the Columbo Plan.

In 1968 Judith was employed by the Western Australian Medical Department as a member of the Emergency Nursing Service.

This involved relieving as a Director of Nursing and midwife in rural and remote WA. She met her husband Gordon, a RFDS pilot, while working at Meekatharra and married in 1970.

Judith and Gordon farmed in the Great Southern Region at Kojonup for 36 years with their two sons. The family was very involved in the community and Judith was recognised as the Kojonup Lions Citizen of the Year in 1995.

Judith has had a long involvement with the National Rural Health Alliance as a councillor and served as the rural member representing the Australian Healthcare Association for seven years.

Other community appointments included serving on the PMH/KEMH Board, the Metropolitan Health Services Board, Aged Care Planning Advisory Committee (WA), and as President of the Country Hospital Boards Council (WA).

Elected as a Liberal Senator for Western Australia in 2004, Judith was involved in securing changes to Government legislation in the areas of wheat legislation, the Australian Defence Force drug policy and the Patient Assisted Travel Scheme.

As well as being Deputy Opposition Whip in the Senate, Judith is a member of the Community Affairs: Legislation and References Committees, Selection of Bills Committee, Senators Interests Committee and the Joint Standing Committee on National Capital and External Territories.

Judith has worked and travelled extensively throughout WA and continues to be a strong advocate for those living in rural, regional and remote areas. ●

# keynote speakers



**Professor Colleen Hayward** is a senior Noongar woman with extensive family links throughout the south-west of WA. She comes from a teaching family with both her parents and two siblings having been teachers. Her father was the first Aboriginal teacher, and Principal, in WA. She is currently Head of Kurungkurl Katitjin, ECU's Centre for Indigenous Education and Research.

For more than 30 years, Colleen has provided significant input to policies and programs on a wide range of issues, reflecting the needs of minority groups at community, state and national levels. She has an extensive background in a range of areas including health, education, training, employment, housing, child protection and law & justice as well as significant experience in policy and management. In much of this work, she draws on her qualifications including Bachelor of Education, Bachelor of Applied Science in Aboriginal Community Management and Development and a Post Graduate Certificate in Cross Sector Partnerships from Cambridge University.

Among her many achievements, she has been recognised for her long-standing work for and on behalf of Aboriginal and Torres Strait Islander communities across Australia by being named a finalist in the national Deadly Awards in the category of Outstanding Achievement in Aboriginal & Torres Strait Islander Health (2008) and by winning the 2008 National NAIDOC Aboriginal Person of the Year Award. Colleen is also a recipient (2006) of the Premier of WA's prestigious Multicultural Ambassador's Award for advancing human rights and anti-racism in the community and is the 2009 inductee into the WA Department of Education's Hall of Fame for Achievement in Aboriginal Education. She is currently a member of the inaugural Board of the National Congress of Australia's First Peoples. ●

**John Mofflin**, Director and General Manager Jack Thompson Foundation Ltd.



In 2007, John Mofflin attended the Garma Festival in the North East Arnhem Land of the Northern Territory and was moved by the stories he heard of overcrowded homes and the ensuing social problems. Through his knowledge of timber milling and building, he realised how the timber growing in the area could be used to solve the chronic housing shortage in Arnhem Land. People living 'on country' could be taught to build their own houses out of the 'living ground'. He approached Jack Thompson, for his support and Jack, fully seeing the potential of the idea, offered his backing and the Jack Thompson Foundation was born.

John lived in Northeast Arnhem Land for 9 months in 2008, working with the Yolngu people, and teaching logging and milling techniques and facilitating instruction on how to build their own homes. It was a resounding success; this constituted the Jack Thompson Foundation pilot project.

Since then the Foundation has been spearheaded by John's continued voluntary commitment. John has become a Keynote speaker at conferences in the area of Indigenous issues and has gained respect in remote communities throughout Australia as an advocate and champion of Indigenous issues. John Mofflin is an ordinary bloke with an extraordinary vision. ●





**Lee Thomas** is the Federal Secretary of the Australian Nursing Federation, the second largest, and one of the fastest growing unions in Australia.

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

Lee commenced nursing as a personal care attendant in aged care, and completed her General Nurse education at the Queen Elizabeth Hospital in Adelaide and subsequently her Midwifery education at the Queen Victoria Hospital in 1987. Lee also holds a Bachelor of Nursing and a neonatology certificate, is a registered midwife, and is currently studying a law degree.

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



## 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

### Standard rates

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

### Colour rates

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

### Magazine 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. ●



# CRANaplus corporate members



Finding the right balance  
Barkley Region Alcohol and Drug Abuse Advisory Group Inc.

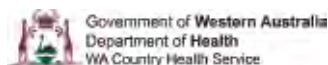
**Barkley Region Alcohol and Drug Abuse Advisory Group (BRADAAG)** was established in 1982 as a community based group to address alcohol and other drug issues.



**Cairns Nursing Agency** is the employment gateway for Nurses and Healthcare professionals traveling to, around and through Northern Queensland and the Northern Territory



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



**Department of Health WA Country Health Service Kimberley Population Health Unit** – working together for a healthier country WA.



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



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



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



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



Since 1989 **Oxley Nursing Service** has based its service on what health clients and professionals would be seeking – ethical, professional, approachable and supportive.



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.



**Randstad's** healthcare team has provided the best people, recruitment solutions and HR services to your industry for over 30 years.



**Silver Chain** provides primary health and emergency care to 11 remote communities throughout Western Australia where there is no resident doctor or hospital.



Photo: Steve Batten.



AUSTRALIAN GOVERNMENT SCHEME

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Freecall 1300 NAHRLS



# NAHRLS

Nursing & Allied Health Rural Locum Scheme



Funded by the Australian Government



# conference program

## Tuesday 11 October

### Conference Opening Ceremony

12:00 pm	Registration desk opens
4:00 pm	Registration desk closes
6:00 pm	<b>Welcome to Country</b> by Noongar Elder, Dr. Noel Nannup <b>Official opening address</b> by Senator Judith Adams, Liberal Senator WA Presentation of the Inaugural CRANApus Fellows Cocktails and canapés
8:30 pm	<b>Finish</b>

## Wednesday 12 October

8:00 am	<b>Registration opens</b> coffee, tea & networking
8:30 am	Tradeshow open
9:00 am	<b>Welcome</b> by President Christopher Cliffe
9:15 am	<b>Keynote address</b> Professor Colleen Hayward, Head of Kurungkurl Katitjin, Edith Cowan University, WA
10:00 am	Amanda Akers <i>Social and Emotional Wellbeing in the Rural Workplace : The Long Road to Action</i>
10:20 am	Beth Hummerston <i>Bugger the Border</i>
10:40 am	<b>Morning tea</b> (30 mins)
11:10 am	Jacki Ward <i>Kid's Ears: Do you know what you are looking at?</i>
11:30 am	Cindy Porter <i>Making sense of the lived experience of Aboriginal women with diabetes in pregnancy</i>
11:50 am	Terrie Ivanhoe <i>Applying the Remote Area Nurse (RAN) model of consultation</i>
12:10 pm	Victoria Salerno <i>Growing Great Kids – Ord Valley Aboriginal Health Service</i>
12:30 pm	<b>Lunch</b> (60 mins)
1:30 pm	Mark Ramjan <i>Get the Picture: Digital x-ray facilities in remote communities of the Northern Territory</i>
1:50 pm	Howard Bunt <i>Leaders of the Pack: Innovative Technological Solutions to Rural Issues</i>
2:10 pm	Julia Stewart <i>Taking eRemote to the Solomon Islands</i>
2:30 pm	Monica Frain, Kimberley Population Health Unit, (KPHU) Remote Health Services Medication Safety Project
3:00 pm	<b>Afternoon tea</b> (30 mins)
3:30 pm	Tracey Semmler-Booth <i>Review of staff training and implementation of routine screening program for perinatal depression: relevance to country areas</i>
3:50 pm	Glory Baker <i>Change in service delivery for Isisford Primary Health Centre from a medical model to a primary health care approach</i>

4:10 pm	Robyn Aitken <i>Remote Nurse Practitioners : An essential role for the delivery of culturally safe, comprehensive Primary Health Care services in Remote Australia</i>
4:30 pm	Kerry Copley <i>How can we do this better? Continuous Quality Improvement in Aboriginal Primary Health Care in the NT</i>
4:50 pm	<b>Wrap up and close</b>

## Thursday 13 October

8:00 am	<b>Registration opens</b> coffee, tea & networking
8:30 am	Tradeshow open
9:00 am	<b>Welcome/housekeeping</b>
9:15 am	<b>Keynote address</b> Lee Thomas, Federal Secretary ANF
10:00 am	Rachel Verschuren <i>Agrisafe Australia: Improving Health in Agricultural Communities</i>
10:20 am	Wenda Tyrell <i>Home Among the Pine Trees</i>
10:40 am	<b>Morning tea</b> (30 mins)
11:10 am	Rosie Clarke <i>Pot of Gold at end of rainbow spectrum</i>
11:30 am	Wendy Mackay <i>e-Health and Telemedicine in the NT: Continuity of care of the patient journey as they navigate health care</i>
11:50 am	Shane Smith <i>Closing The Elder Gap: Bringing age specific services to older Indigenous people</i>
12:10 pm	Libby Bowell and Clement Manuri Tugeda <i>fo Helti Komuniti in the Solomon Islands : the healthy village approach</i>
12:30 pm	<b>Lunch</b> (60 mins)
1:30 pm	Raima Baker <i>Aboriginal Health Workers (AHWs) are the most 'valuable asset' Katherine West Health Board Aboriginal Corporation (KWHB)</i>
1:50 pm	Gerard Stevens <i>Implementation of Mirijini in Remote Primary Health Care Clinics</i>
2:10 pm	Chris Fraser <i>Can standardised communications formats improve the quality of health information between the bush to the hospital?</i>
2:30 pm	Carol Cunningham <i>Reaching remote Australians with Warning Signs of Heart Attack messages</i>
3:00 pm	<b>Afternoon tea</b> (30 mins)
3:30 pm	Coralie Achterberg <i>Aboriginal Community Worker Program Remote Health</i>
3:50 pm	Lyn Byers <i>Connecting across communities : the work of the Mark Sheldon Remote Mental Health Team (MSRMHT) in Central Australia</i>
4:10 pm	Beth Waters <i>Closing the Gap Mobile Outreach Clinic</i>
4:30 pm	Deb Schoen <i>Interprofessional Education in Diabetic Foot Screening</i>
5:00 pm	Presentation of Graduates – hosted by Centre for Remote Health Cocktails and canapés
6:00 pm	<b>Wrap up and close</b>



## Friday 14 October

8:00 am	<b>Registration opens</b> coffee, tea & networking
8:30 am	Tradeshow open
09:00 am	<b>Welcome/housekeeping</b>
09:15 am	<b>Keynote address</b> John Mofflin, Co-founder – Jack Thompson Foundation
10:00 am	John Wright <i>Dealing with uncertainty in remote and isolated practice</i>
10:20 am	Sue Lenthall <i>Back from the Edge</i>
10:40 am	<b>Morning tea</b> (30 mins)
11:10 am	Lisa Webb <i>A model to overcome the tyranny of distance for remote home modifications</i>
11:30 am	Leanne Thompson <i>How poor collaboration and communication between multi-disciplinary teams can affect their patients physically, mentally and financially</i>
11:50 am	James Roth <i>The incidental role of inter professional education in recruiting and retaining health graduates in rural communities</i>
12:10 pm	Emily Dalton <i>The National Rural Health Students Network and CRANaplus – shaping the future health workforce</i>
12:30 pm	<b>Lunch</b> (60 mins)
1:30 pm	CRANaplus SPOTLIGHT <i>Clinical Procedures Manual online launch : Education : Advocacy : Support</i>
2:15 pm	<b>Commence setup for AGM</b> <b>Afternoon tea during setup</b>
2:45 pm	AGM
3:45 pm	AGM
4:00 pm	<b>Close to setup for Awards Dinner</b>



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# educate

## eRemote goes international

**Julia Stewart moved from 'online' to 'on the ground' when she became involved with first aid trainers in the Solomon Islands. This was her experience:**

A once in a life time opportunity was given to me by CRANApus and the Solomon Island Red Cross (SIRC) to go to Honiara and teach the first aid instructors more knowledge and skills in the delivery of their first aid programs. And what an experience it was: one that has given me very fond memories – and some new friendships.

It all started when CRANApus National Education Manager Libby Bowell identified the need for further support and development of the already established first aid training provided through the Solomon Island Red Cross (SIRC).

SIRC depends heavily on donor funding for programs in the Solomon Islands. The first aid program does generate some income for the national society, but as part of the Solomon

Island Red Cross 2010–15 strategic plan, it has been identified that they need to become more self-sufficient and boost their fundraising and income capacity for sustainability.

SIRC asked Libby, in her role with CRANApus, for some assistance around first aid, in particular first aid instructor skill and knowledge.



Nancy, Secretary General of SIRC observing and helping a fellow student.

Knowing CRANApus capacity and ability, Libby suggested that the first aid instructors commence the online first aid program and introduced them to me to provide clinical support via skype and/or email. This technology was very new for them and I will always remember their faces full of delight and surprise when we first met and chatted over the internet, a very surreal feeling for both parties.

The SIRC first aid instructors have been working through the online theory component with several of them completing the program.

*"I have learn more than I've been thought at first, from this modules I learn things I know but more detail so it opens up my knowledge to any different stage, which I believe this year 2011 all of my participants will be satisfied when they complete their first aid course which I teach them. Thanks."* A quote taken from one of the evaluations of the program.

As a result of the success of the participation on the online learning, a two-day workshop was developed in conjunction with the SIRC first aid instructors, to support and challenge them to 'step up' in their current roles. 'Stepping up' was about finding a way to help the SIRC first aid program to become more recognisable and competitive in the Solomon Islands. It has been identified by the Solomon Islands that all people in the workforce should have a first aid certificate. By us providing some assistance to the instructors, we wanted to help them to be the chosen provider for first aid in the business community.



**...I felt very privileged to observe a few sessions of the current First Aid course run by SIRC for World Vision community participants.**

After a red eye flight from Perth and landing in Honiara with no sleep for over 36 hours, I felt very privileged to observe a few sessions of the current First Aid course run by SIRC for World Vision community participants. I was blown away by the instructors' approach and knowledge base and explanations given to the audience. I was also overwhelmed by the acceptance of my presence, and encouraged by the questions asked by the group and the respect given to the course and the instructors – something I think we take for granted.

**The 2-day program changed due to several of SIRC staff requiring first aid training in BLS, muscular-skeletal injuries and envenomation.**



Though this was not planned, it offered the opportunity to observe the instructors' knowledge base, approach to training and their training techniques.



Greg – one of the first instructors – teaching the management of choking.



Management of Snake Bite.

To challenge the instructors, I introduced them to scenario-based learning and approaches. Each instructor chose a topic and presented to the group the next day with Libby and myself, along with some ARC delegates, sitting on various sessions more than happy to give feedback on their performance.

Post presentations, we discussed as a group how to give feedback, how to manage challenging behaviour from participants in the room, along with general discussion around program logistics and outcomes.

The instructors were asked what additional topics they would like to see developed online to support them in their knowledge and communities.

They suggested Maternity – normal birth as a topic, as many communities have to travel a fair distance to clinics and births are happening along the way. I am currently looking at how we can implement this as an online module to continue to support them.

To challenge the instructors, I introduced them to scenario-based learning and approaches.

Some of the instructors had not been able to access the online first aid program so they were set up and shown how to access the program with Skype.



Ben taking us through his scenario on bleeding/shock.



Tangio tumas.



Some shirts from Surf Life Saving WA worn with some pride.

The workshop was received extremely well with the group since stating that they found the workshop useful and that it has changed the way they will present the first aid program in each of their roles.

CRANApus continues to support the SIRC first aid instructors with:

1. Review of the current manual by CRANApus in conjunction with SIRC including updated information and images for a more professional approach

2. Draft First Aid Operational Plan
3. Draft business/strategic plan for sustainability
4. Ongoing mentoring and online support

I would like to thank CRANApus and Solomon Island Red Cross for the opportunity to visit and mentor the first aid instructors whose knowledge, skill levels and enthusiasm are amazing.

I would like to thank CRANApus and Solomon Island Red Cross for the opportunity to visit and mentor the first aid instructors whose knowledge, skill levels and enthusiasm are amazing. They certainly have taught me a thing or two and I look forward to continuing our professional relationship to build their expertise and future programs.





# "we like the way you teach...it's listen, see and do!"

In early August our entire Education team was on deck, on opposite sides of Australia, delivering two 'first time' courses outside of the Northern Territory to Aboriginal and Torres Strait Islander Health Workers.

The Remote Emergency Care course (REC) team was on Thursday Island in the Torres Strait, teaching our first Aboriginal and Torres Strait Islander Health Worker specific REC Course. Simultaneously, our Maternity Emergency Care course (MEC) team was in Port Lincoln, South Australia, delivering our first public Aboriginal and Torres Strait Islander Health Worker specific MEC course.

Part of the CRANAp<sup>plus</sup> strategic plan is to ensure Aboriginal and Torres Strait Islanders have the same access to emergency and maternity emergency education as their colleagues working in isolation. Last year saw us focus specifically on Health Worker courses in the NT, while this year we were very keen to broaden access for Health Workers to attend these courses.

From a Facilitator's perspective teaching health workers is stimulating and rewarding ... hard work, but lots of energy, laughter and stories.

## The Thursday Island course was a great success...

Both the REC and MEC Health Worker courses have exactly the same content as the standard courses, with an extra half a day to allow for more scenario-based learning and a little more time for questions.

The Thursday Island course was a great success, due in no small part to the enthusiasm and support, both in principle and in practical ways, of Doune Heppner, Nurse Practitioner in Primary Health Care, who was instrumental in persuading us to run the course in the Torres Strait, and District Nurse Educator Anni Kerr, who also assisted by facilitating on the course. Participants came from all over the Torres Strait with most holding a senior role in their health centres.



Photo: Libby Bowell



Photo: Libby Bowell



Greg Dime (left) supervises participants during Skill Station.

## Participants came from all over the Torres Strait with most holding a senior role in their health centres.

Feedback from participants on Thursday Island included such comments as:

*"It's a proper course, you can't just sign on and go...you have to stay and learn"*

*"we like this course, it's for all Australia, not just QLD..."*

*"when we ask, you are happy to break down the big words so we understand..."*

*"other courses talk at you, this ones a good one because you talk with us!!" and most notably... "We like the way you teach...it's listen, see and do!"* ▶▶



Libby with course participants.





Photo: Libby Bowell



Participants and MEC Facilitators in Port Lincoln.



Photo: Nichelle Bodington

►► As part of the Health Worker REC course we offer the practical component for a First Aid Certificate that meets national standards. The Health Workers are very keen to complete the online component to obtain this certificate. Eighteen of the participants now have access to the program with clinical support from Julia Stewart, the online program coordinator. During the course they keep asking the facilitators – “when are you going to show us how we can do the first aid program on the computer.”

During the course they keep asking the facilitators – “when are you going to show us how we can do the first aid program on the computer.”

Gregory Dime, a First Aid Instructor for Solomon Island Red Cross, came all the way from Solomon Islands to be part of the course. Greg has already completed the online first aid course and strongly recommended the process to all.



Management of a breech birth.



Photo: Libby Bowell

In Port Lincoln, we held our first public Aboriginal and Torres Strait Islander Health Worker specific MEC course with eight female participants attending. All of these participants are currently employed as Aboriginal Maternal and Infant Care (AMIC) workers in regional SA – coming from places such as Port Lincoln, Whyalla, Port Augusta and Ceduna.

The course was a little different from the two private AHWMEC courses we held earlier this year, as the AMIC workers had previous experience and knowledge in maternity care. Their normal role is with Country Health SA Aboriginal Family Birthing Programs, which aim to improve birth outcomes for Aboriginal women and their families by providing culturally appropriate antenatal, birthing and postnatal care within a continuity of care-givers framework.

The course was a great success and a few of the comments we received were:

*“Very impressed that such “road shows” are available for Aboriginal remote/rural workers as well as RNs, RMs etc.”*

*“Really loved the skill station and getting hands on experience or getting to feel what certain things felt like (fundus etc).”*

*“The presenters were fantastic, very knowledgeable and kept us very interested, so happy I did this course, Thankyou!”*

*“The course was fantastic.”*

*“The women (facilitators) were fantastic and very clear to understand. I would recommend this course to other people.” ►►*



Photo: Libby Bowell





Libby supervises an 'Airway Management' Skill Station.

►► At the opening introduction for the course, two participants stated that they wished to become midwives and, at the end, one of these participants said she was now feeling more confident and motivated to follow this career path.

CRANApus remains very committed to improving access and knowledge to all remote practitioners nationally. We will continue to schedule Health Worker courses around the country...look out NSW and WA we will be there next year...and QLD, NT and SA we will be back!

If you are a RAN or RAM and think a course would benefit health workers in a particular location please let us know via an email [flec@crana.org.au](mailto:flec@crana.org.au) ●



## a course for all emergencies

The valuable skills and knowledge provided through the Remote Emergency Care (REC) Course run by CRANApus is spreading far and wide.

In the wake of the very successful first ever REC Course for undergraduate students, Emily Dalton, Leeanne Thompson and Libby Bowell, with members of CRANC (Canberra Rural Allied health and Nursing Collective) held discussions at last year's CRANApus Conference about holding this course as a dedicated learning tool for the National Rural Health Students Network (NRHSN) Rural Health Clubs (RHC).

And, in June this year, the REC course was held as a joint venture between the University of Canberra's RHC (CRANC) and Deakin University's RHC (NOMAD), with 10 delegates from each club.

### This is what they had to report:

The National Rural Health Students Network is incredibly thankful to CRANApus for providing 20 of our students this amazing opportunity to consolidate existing skills and learn many new skills in a supportive and nurturing environment.

The course was developed with both theoretical and practical skills for use in emergency situations in either a remote, rural or metropolitan setting. From the delegates point of view, not only were the practical skills stations invaluable, the repetition of ideas assisted the consolidation of both the practical skills and theory taught throughout the weekend.

The course was developed with both theoretical and practical skills for use in emergency situations in either a remote, rural or metropolitan setting.

The feedback received from all delegates was overwhelmingly positive; although it was an intense program, the trainers were very approachable and the students felt they were not afraid to ask questions. In addition, the practical skills were able to raise confidence levels, as most of the delegates had not had the opportunity during their placement settings to see these skills in action. ►►





►► The trainers were not only very experienced in the skills and theory they were teaching, they were able to provide real-life examples of situations they had been a part of, which was very inspiring. All delegates were extremely grateful for the trainers' time in teaching such important and valuable information.

## The future health workforce can only benefit from more students completing these invaluable courses.

The future health workforce can only benefit from more students completing these invaluable courses. Many of our universities fail to teach undergraduate students about comprehensive primary and secondary survey techniques in a remote setting.

As students, the fall-back is so often, "Then hit the MET call button". This is not a criticism of the undergraduate programs, but it does illustrate the absolute value of the REC course for undergrads.



Photo: Libby Bowell



Photo: Libby Bowell



Photo: Libby Bowell

All who attended the REC course are current active members of their Rural Health Clubs and therefore have an interest in working remote or rural after graduating. This course provided us valuable insight into what to do when, not only is there not a MET call button, but you are working on your own, and preparing a patient for transfer via air ambulance.

A huge thanks especially to Sue, Libby, Geri and Sharon for inspiring all the student delegates. Students are the future of rural health ...that's why the National Rural Health Students' Network exists. We look forward to future collaboration between our organisations.



Photo: Libby Bowell

Participants and Facilitators.



Photo: Libby Bowell

Left to right: Sharon, Geri, Libby and Sue.

The NRHSN is managed by Rural Health Workforce Australia with funding from the Federal Department of Health and Ageing. Rural Health Workforce Australia is the peak body for the state and territory Rural Workforce Agencies which recruit and support health professionals in rural and remote areas.

## A huge thanks especially to Sue, Libby, Geri and Sharon for inspiring all the student delegates.

This course was organised by 3rd year undergraduate Nursing students Leeanne Thompson at the University of Canberra and Emily Dalton at Deakin University, with student delegates recruited through the Rural Health Clubs of CRANC (UC) and NOMAD (Deakin).

For more information please contact us at [L\\_mcilvenna@hotmail.com](mailto:L_mcilvenna@hotmail.com) and [ecd@deakin.edu.au](mailto:ecd@deakin.edu.au) ●



Photo: Libby Bowell



Photo: Libby Bowell





Photo: Donna Lamb.

## FLEC courses for 2011

Location	Dates	Remote Emergency Care (REC)	Maternity Emergency Care (MEC)	MIDUS	Advanced REC	Aboriginal Health Workers
Alice Springs DHF NT ○	1-3 Sept	●				
Darwin NT MEDIC ■	9-11 Sept	●				
Cairns QLD	16-18 Sept		●			
Kalgoorlie WA	23-25 Sept				●	
CRANC ACT ■	23-25 Sept		●			
Mt Isa QLD	30 Sept-2 Oct	●				
Perth Pre-Conference	8-10 Oct	●				
Perth Conference	12-14 Oct	Conference				
Perth Post-Conference	15-17 Oct		●			
Broome (following pharmacotherapeutics)	28-30 Oct		●			
Oatlands TAS	11-13 Nov	●				
Alice Springs DHF NT ○	7-9 Nov		●			
Darwin DHF NT ○	22-24 Nov	●				
Swansea TAS	25-27 Nov			●		
Darwin NT	28-30 Nov	●				
Sydney NSW ■ RANDSTAD Healthcare	2-4 Dec	●	●			

■ Private funded course ○ DHF funded 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.

# advocate

## a busy time

It is good to sit down and reflect on what has been happening since our last edition. It seems to have been a very busy time, although we probably always say that: and I am sure many of you feel the same.

In the Commonwealth sector, there is a lot of activity around health reform, various initiatives and Government promises that are being developed and implemented.

The good thing is that we are being asked to contribute. I am mindful of the saying: "Be careful what you wish for", as we need to be responsive.

We endeavour to have representation where we can and are constantly reminded how important it is to have the remote context of health services represented.

Some of the specific areas are:

- The telehealth program has been given a lot of publicity with the implementation of the first round active from 1st July.

This first round involves Specialist to GP consults around patient management and will include other professionals such as midwives, Aboriginal Health Workers and practice nurses who can access a MBS item number. We are hopeful that the next round will be more inclusive of the other needs in remote and rural contexts and also in the provision of access to consultation.

## For our networks, the issue of access to this system for consumers in remote areas is one to watch.

- The personally-controlled e-health record (PCEHR) is another initiative that many of you may have had involvement with and more detail is emerging around the processes. Whilst this is a great initiative to serve the needs of the consumer, many details are

We endeavour to have representation where we can and are constantly reminded how important it is to have the remote context of health services represented.

yet to be made clear. For our networks, the issue of access to this system for consumers in remote areas is one to watch. Of course the Territory has been involved in this, and many of you will have first-hand experience of the reality of how it works on the ground.

The following link will take you to the website which has a great deal of information on this subject.  
[www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-ehealth](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-ehealth)

- Health Workforce Australia has been very active across the country with consultations on the National Training Plan which many of you may have attended. The next round of consultations is about the **Rural and Remote Health Workforce Innovation and Reform Strategy** and we were invited to be part of the Expert Reference Group for this. There will be another round of consultations in a variety of locations throughout the country in September and October, and we will advise on specific dates and locations. You may also receive notice of this through other avenues but it is important, if opportunities arise, to be involved and to have representation in your sector.
- We are also on the Expert Reference Group for the Aboriginal Health Worker workforce group. The role of the group is to inform the process and form a part of the report on National registration. This group has also taken on the role to assist the Aboriginal National Health Worker Body (NATSIHWA), as much of the work leading up to and following registration will fall to this newly formed group. ►►





» We continue to work with our workforce of the future. We have had meetings with the Executive of the Nursing group of National Rural Student Health Network, looking at how we can work together. As a part of that collaboration, we provided resources to their multidisciplinary leadership forum held in early August. We also have several students presenting at our Conference and many others keen to attend.

Just recently, a Nurse Practitioner forum was held by the Nursing & Midwifery Board of Australia. This was in the context of reviewing the National Competency Standards for Nurse Practitioners. It was a very good forum, with a lot of interaction and opportunity to grasp

some of the contemporary issues. One such issue spurred us to have a look at how we can get more actively involved in this discussion generally around issues faced by NPs in the remote context.

As always, there are other issues that also contribute to this very important area of advocacy. The Education and Bush Support Services also have very busy agendas and are continually being sought out by new groups of people. This too is another form of advocacy and keeps the profile of remote prominent on the agenda.

**Carole Taylor**  
CEO, CRANApus ●



## strong start for indigenous committee

**Aboriginal and Torres Strait Islander leaders have joined forces with the CRANApus Board to help the organisation with issues such as Closing the Gap, Aboriginal Health Worker advancement and registration, increasing the number of Aboriginal people in the remote health workforce and retention strategies.**

**CEO Carole Taylor outlines the group's first meeting.**

The inaugural meeting of the Aboriginal and Torres Strait Islander Sub Committee of the CRANApus Board of Directors met in Alice Springs on the 3rd of August.

It is clear that we have the makings of a strong committed group of people who will assist our organisation. We are fortunate indeed to have been able to attract such high calibre participants.

They include:

**Jo Appoo** – CRANApus Board member, AHW Board member and Chairperson of the group

**Cleveland Fagan** – CEO Apunapina Health Service – Far North Queensland

**Leanne Miller** – CEO and Principal of Koori Women Mean Business – Victoria

**Clarke Scott** – CEO NATSIHWA – NSW

**Nicole Ramsamy** – Nurse Pormpuraaw – Cape York

**Kylie Stothers** and **Rebecca Allnutt** as an alternate – Indigenous Allied Health – Tennant Creek and Alice Springs

**Lenny Cooper** – CRANApus – Community Support and Vice Chair

**Robert Naylor**, who has been employed by CRANApus as a Community Support Assistant, joined this meeting as an observer on his first day with CRANApus.

As CEO, I was invited to brief the committee members on the activities and strategic directions of CRANApus and to outline their role.

Discussion revolved around community engagement styles and the need for real collaboration between communities and health teams. There was group discussion around the need for improved cultural capacity within the existing workforce and the need to support employers to achieve this goal.

Members came away very keen to ensure that this committee was a group prepared to undertake work of value and an agreement was made to help mentor other members and potential leaders in this field.

Thanks Jo and Lenny for getting this proposal up and running, and we look forward to working with this committee in the future. ●





## a happy ending...



"Sometimes you just have to go that extra mile – or two." says CEO Carole Taylor.

The phone call came from our Adelaide office at 11am one Thursday morning. "We have a course participant, stuck in Cooper Pedy. Her car has broken down and she can't get to Alice Springs in time for the REC course."

Well we do a lot of things here at CRANApus and I thought – this will be dead easy. So I rang the nurse in question, Maree Duggan, to find out that she and her dog, had driven from Tasmania (no wonder the car broke down – it was probably still wet), she had broken down about 100km south of Cooper Pedy and had been towed into town by a passing good Samaritan.

I went through all the usual questions. What about the bus – already left and doesn't take dogs. Have you asked the clinic, school etc if anyone is coming up today – yes and there is no-one. The intrepid nurse (as they are) had even asked the local furniture removalist, the transport companies and anyone else with wheels if they could give her a lift. No go. This was getting a bit tricky.

No worries – we have all the contacts – so I started on the phone and I rang everyone from the ambos to the farmers – sorry no go. Not even without the dog.

**"We have a course participant, stuck in Cooper Pedy. Her car has broken down and she can't get to Alice Springs in time for the REC course".**

It was then that I started to think that "don't worry we will sort this – we will get you to the course on time" was a pretty idle claim, when Lenny, our Community Support person, piped up – why don't I just go and get her?

My response – calm and controlled as usual – was along the lines of don't be stupid: it's 5 hours down and 5 hours back.

More phone calls and a long talk to Maree who, by the way, was getting quite frantic about missing the course, losing hard earned cash and what about the dog?

"I could just go and get her" – you know that nagging voice of reason that, in this case, was in my office, not my head.

I consider myself an intelligent person and a lateral thinker and I just knew there would be a better and more sensible way. After an hour of trying, I worked it out

Lenny should just go and get her.

The next thing to do was to talk to Maree again and explain what was going to happen. I have never heard anyone so happy and so relieved.

And the rest is history. Lenny set off for Cooper Pedy and arrived just on dusk. There they were, a nurse and her dog sitting on the bonnet of her car just waiting to give Lenny a big hug: which was a bit daunting for him as he is a shy Aboriginal man, unused to overt attention.

Next morning they set off and arrived in Alice, in time for a coffee and a rest and to participate in the grueling two and a half day REC course – which I might add she passed very well.

All over, car fixed and back home. I guess we can now really say that we do go the extra mile or two for our members. ●





# what does four degrees of warming look like? (and who cares about climate and health?)

By Fiona Armstrong

As a representative of the Climate and Health Alliance, I joined around two hundred people at the University of Melbourne for a three day conference in July, to ponder the consequences of climate policy failure and the prospect of what a rise in global average temperature of four degrees might look like for Australia. This is no far-fetched exercise; a rise of between four and seven degrees Celsius above the global pre-industrial average is predicted for the end of this century, possibly sooner – unless we dramatically reduce greenhouse gas emissions.

...a rise of between four and seven degrees Celsius above the global pre-industrial average is predicted for the end of this century...

Given that the rise we have experienced so far is around 0.8 degrees Celsius, and that we are already seeing dramatic changes in many Earth systems, the prospect and implications of anything more is alarming.

Professor Hans Joachim Schellnhuber, founder and director of the Potsdam Institute in Germany was the keynote speaker.

Schellnhuber is one the world's preeminent climate scientists, and advisor to Germany's Chancellor Angela Merkel as well as many other national governments.

Schellnhuber says Australia is extremely vulnerable to climate change, possibly the most vulnerable continent, which makes our intransigence on climate change all the more baffling since we have the most to lose.

The prospect of four degrees is unimaginable in the context of human civilisation, says Schellnhuber. In fact, it is inconsistent with it, and any ideas of adapting to a four degree rise should be dismissed, especially the rate of warming we are witnessing in observed climate change data.

The rate of warming we are witnessing is consistent with projections, according to Schellnhuber. The last decade was the hottest decade on record. It was also the wettest. The loss of Arctic sea ice was dramatic and unprecedented.

The last decade was the hottest decade on record. It was also the wettest.

Even a two degrees rise, the "guard-rail" agreed to in Copenhagen by 190 countries (as the boundary to which the world committed to limiting global warming) is too hot, Schellnhuber says.

"Two degrees means the loss of many island nations," he said. An increase of four degrees is likely to bring about the end of human civilisation.

Schellnhuber uses the analogy of the human body and the concept of homeostasis to explain why the temperature rise is so serious.

"Our body temperature is about 37 degrees. If you increase it by two degrees, to 39, you have fever. If you add four degrees, it is 41 – you are dead, more or less" Schellnhuber said. "The same for the planet."

The rate of temperature increase is already causing ecosystems to collapse...

For human health it means an inability to adapt. A world that is four degrees warmer is a world that last existed 10–15 million years ago, long before humans were around. The rate of temperature increase is already causing ecosystems to collapse: biodiversity expert Professor Lesley Hughes explained that many ecosystems cannot adapt beyond a rate of temperature increase of 0.1 degree temperature per decade. ►►



Photo: Stephanie Jeremy

## fiona armstrong

Fiona Armstrong is the founder and convenor of the Climate and Health Alliance. She is a nurse, journalist and policy analyst; the co-founder and director of CLIMATE; and a Fellow at the Centre for Policy Development.



She is widely published on health and climate policy issues and committed to making a difference in the world by demonstrating leadership in how we respond to climate change. ●





►► The current rate already exceeds that at 0.13 degrees Celsius (0.46 degrees Celsius at higher latitudes). The current rate of extinction is between 100–1000 times the background rate as evidenced by the fossil record. (Australia is a world leader in extinction already with the highest rate of mammal extinction rate in the world.)

## The task of reducing emissions to arrest the rate of global warming is urgent...

The news is certainly sobering. The task of reducing emissions to arrest the rate of global warming is urgent and, to avoid the risk of passing tipping points beyond which we would see non-linear changes in Earth Systems, emissions must peak and begin to decline in the next few years.

It's a huge task, but not impossible, scientists and researchers say. In fact, we have all the tools at our disposal that we need. We know what we need to do, and the technology we need to shift to a zero emission economy is available now. We must make that choice – to stop burning fossil fuels, to stop acting as though our wasteful consumption of finite natural resources has no consequences, and to alter our relationship

with nature to one that respects, values, and preserves it, since we are entirely dependent on our natural eco-systems for vital ingredients for life – clean air, soil and water (and medicines).

There is much more available from the presentations for dozens of leading scientists who contributed to the conference over the three days. I encourage people to have a look, listen to the audio files, and read the summaries that will soon be published. Presentations are available now at: [www.fourdegrees2011.com.au](http://www.fourdegrees2011.com.au)

### Global Climate and Health Summit

So – what to do? Well, taking action to raise awareness about the links between climate change and health is CAHA's brief and to that end, the Climate and Health Alliance will join other similar organisations in Durban, South Africa for the first ever Global Climate and Health Summit in December. It's a great opportunity for us to contribute to global climate and health policy and will certainly provide a chance to contrast Australia's 'head in the sand' approach to climate with that of other nations.

For more information contact me: [convenor@caha.org.au](mailto:convenor@caha.org.au) or 0438 900 005. ●



Photo: Amy Blom.

## next generation of leaders



Brian Egan, founder of Aussie Helpers, provided a moving account of the hardships faced by many farming families in outback Australia during his presentation at the National Rural Leadership Development Seminar. Brian is pictured with students after his talk.

### Jacinta O'Neill, 2011 Co-Chair of the National Rural Health Students' Network (NRHSN), outlines key aspects of a recent seminar to inspire students to be future leaders in rural health.

Victor Harbor is well known for its whale watching. But a group of a different kind migrated to the picturesque seaside city on South Australia's Fleurieu Peninsula on 4th–6th August for the National Rural Leadership Development Seminar (NRLDS).

More than 100 medical, nursing and allied health students from universities around Australia gathered to talk about rural health.

The aim of the seminar, a joint initiative of the National Rural Health Students' Network (NRHSN) and the Australian Medical Students' Association (AMSA), was to inspire the next generation of leaders in rural health. Both the NRHSN and AMSA believe it is important that future health professionals have the skills to champion the cause of the rural and remote communities where they will be working once they graduate.

The three-day seminar enabled students to come together in a truly multi-professional arena. It also provided them with specific skills needed to excel in career paths in rural and remote Australia. ►►



► This multi-disciplinary focus was illustrated with a panel case discussion, made up of a fantastic allied health team from the local Fleurieu district health service, which gave the delegates an opportunity to see first-hand how the team would work together on a patient with Parkinson's Disease.

## The aim of the seminar... was to inspire the next generation of leaders in rural health.

The comprehensive variety of speakers in the seminar not only encouraged students to work in a rural setting, but also inspired them to strive

to be the best they could be, with leadership in nursing a focus of the first-day discussions as well as an insight into political advocacy.

Indigenous issues featured on the second day, with Dr Jamie Mapleson, a Health Educator working for Aboriginal Resource and Development Services with the Yolngu people of NE Arnhem Land, discussing cross-cultural communication and Dr Kali Hayward, a Board member of the Australian Indigenous Doctors Association speaking about her experiences in leadership in Indigenous health. Other topics included rural health policy and media and advocacy.

A highlight of the weekend was the round-table discussion involving a line-up



NRLDS delegates at The Adare Centre, Victor Harbour, SA.



Like mother, like daughter...a commitment to rural health runs strongly in the family of Francesca Garnett, co-chair of the National Rural Health Students Network. She is pictured with her mother, Jan Schlunke, a psychologist from Ballarat, Victoria. Jan spoke at the National Rural Leadership Development Seminar, sharing the stage with her daughter who helped organise the event for 110 university students from across Australia.

of well-respected professionals who gave the students a brilliant opportunity to discuss their thoughts and ideas around the key areas of recruitment and retention, multi-discipline practice, health system reforms, Indigenous health and how to support rural and remote practice all along the training pathway. This event allowed the students to go straight to the change-makers with their ideas about what they would like their future workforce to look like.

## The leadership seminar was a huge success and encouraged those students who have a keen passion for improving the state of rural health in Australia...

The leadership seminar was a huge success and encouraged those students who have a keen passion for improving the state of rural health in Australia to not only work in the Bush, but to work as future leaders to make a lifelong change for everyone.

The seminar was only possible with the significant contribution of the major sponsors and the organising team would like to thank Flinders University and its rural clinical school, Spencer Gulf Rural Health School, Adelaide University, SA Health, Adelaide to Outback GP Training Program and the Rural Workforce Agencies from South Australia (Rural Doctors Workforce Agency), the Northern Territory (General Practice Network NT), Queensland (Health Workforce Queensland), Western Australia (Rural Health West) and Tasmania (Health Recruitment Plus). ●



# support

## cosy connection with NZ

Spending New Zealand winters in Outback Australia is not all Registered Nurse Bobbi Nilsson does to while away those cold months. This year she and friend Dale Davidson pulled out the knitting needles and produced a blanket for the BSS cosy blanket program.

Bobbi, an RN and Registered Midwife who works locally in her hometown of Kaitaia on the North Island of New Zealand, has been a member of CRANAp<sup>plus</sup> for several years.

...the REC course is “the best course ever” and essential for anyone working in a remote setting.

Bobbi regularly takes three-month nursing contracts in Outback Australia and does REC courses when she comes over to keep her skills honed.



Bobbi Nilsson (left) and Dale Davidson.

Contracts over the years have taken her to many places: Derby, Coober Pedy, the Royal Flying Doctor Service and Carnarvon to name a few.

She thinks the REC course is “the best course ever” and essential for anyone working in a remote setting. She recommends CRANAp<sup>plus</sup> membership for anyone working remote both for training and support.

“We did so enjoy making the blanket and were happy to join in the project,” Bobbi said. ●



## annmaree wilson

Annmaree Wilson is a Clinical Psychologist. She grew up in Sydney and learnt to surf at Maroubra Beach. She has always been interested in understanding what makes people tick so chose to study psychology. She did her undergraduate and post graduate degree at the University of New South Wales. She completed her PhD from the University of New England in 2002. Her thesis topic looked at people’s experience of change in their lives.



Annmaree has worked extensively in rural and remote areas of New South Wales, particularly in the area of sexual assault. She has a special interest in the psychological treatment of trauma-related symptoms and, of course, in the use of counselling skills on the telephone and via other modalities such as computer. She has been working for BSS since 2007. She was attracted to the work because she sees it as an important contribution to improving available services to rural and remote areas. She particularly enjoys being rostered on the line as the calls are always varied and interesting.

Annmaree is married to John and has two horses and a dog. She lives in Bellingen on the mid north coast of New South Wales. She has an interest in self-sufficiency, celtic studies and playing the fiddle.

Annmaree Wilson is the Senior Clinical Psychologist at Bush Support Services and heads a team of seven psychologists. ●



## learn something new

**Bush Support Services is once again calling for entries for their Stress Buster Competition.**

After the huge success of their inaugural competition last year, staff at BSS are once again eagerly planning for a deluge of fabulous and fun ideas from CRANAplus members across the country.

The theme this year is “Learn Something New” and you have until the end of September to get your entries in. The idea is for individuals or teams to learn something new: from playing chess to playing guitar. Whatever works for you as a stress buster. The 2011 Stress Buster Competition entry form is the loose-leaf insert in this edition of the magazine.

When they launched the competition last year, the BSS staff wasn't sure if anyone out in the rural/remote health workforce would respond to their competition. But respond they did. The competition generated great excitement throughout the CRANAplus organisation.

**The idea is for individuals or teams to learn something new: from playing chess to playing guitar.**

When the entries started arriving at the Alice Springs office, the competition became a source of fun and enjoyment for the staff, just reading about what people were doing in their downtime in the bush. When photos started arriving, things got even more interesting and, as the competition closure date loomed closer, staff could not get to the office early enough to open entry emails.



Amazing ideas and team spirit emerged from this competition and single-post nurses discovered ways to beat the loneliness blues.

**Amazing ideas and team spirit emerged from this competition and single-post nurses discovered ways to beat the loneliness blues.**

After the success of the 2010 competition, Bush Support Services is delighted to announce the 2011 Stress Buster Competition. The competition remains the same but focuses on the theme “Learn Something New”.

Now's your chance to enter once again: learn something new and be in with a chance

for your ideas to make you richer (as well as enriching the lives of others with your ideas for managing stress).

Entries need to include a brief description of your activity, how often you have done it during 2011 and photos of you engaging in the activity. As usual there will be some fabulous generous prizes.

Entries should be emailed to:  
[bss@crana.org.au](mailto:bss@crana.org.au)  
or posted to:  
**Bush Support Services**  
PMB 203, Alice Springs, NT 0872  
by Friday 30th September 2011

Winners will be announced at the 2011 CRANAplus Conference in Perth. ●

# bush support guide for worry warts

by Annmaree Wilson

So many people I know are worriers: me included! I remember worrying as a child. I remember feeling sick in the tummy about learning my letters and numbers ... oh the stresses and strains of kindy were enormous!

In those moments when I can stop myself from fretting, I realise that it is such an unhelpful thing to do. I mean, I would have learnt to read and write despite my angst. Even today, when I can think rationally about the things I have been worrying about, I realise they would be sorted without the added burden of the ruminations.

The question is: How to stop worrying? It seems that to answer that question, you first have to understand the purpose that worry serves. Worry is part of the fight or flight response and appears to be significantly related to the impact of uncertainty. It is a bodily response to a threat that does not actually require either fight or flight, so we get locked into the ruminations.

There is a great book that should be the bible of all worry warts called "Stop Worrying" by Professor Ad Kerkhoff. He points out that there is a big difference between worrying and thinking because thinking (usually) results in coming up with solutions to problems whereas worrying does not. As a result, he refers to worrying as a form of "self torture".

The answer seems to be to find a way of breaking the worry cycle. Kerkhoff advocates an interesting solution to compulsive worrying.

He suggests that worrying should be an intentional activity.

He suggests planning two set times for worrying each day, ie coming up with a worry programme. Fifteen minutes of intense and focussed over-the-top worrying twice a day is the order of the day! When worrying thoughts come into your mind at other times, you need to remind yourself that there is a time and place for worry. And then you focus on the present.

Mindfulness exercises give us a great opportunity to break the worry cycle: and focus on the present. Mindfulness is about being aware of the full range of experiences that exists in the present moment. The important factor for worriers is that this awareness occurs without judgement. So you just don't employ those little grey cells that trigger worrying. This includes sensory impressions in all sensory modalities as well as emotions and thoughts including visual imagery.

You can achieve a state of mindfulness by focusing your attention on your breath or a repetitive phrase. When you notice your attention has wandered you bring it gently back. During mindfulness you notice the contents of consciousness without becoming distracted, or worrying about them.

So if you find yourself beside yourself with worry ...break the cycle! You will feel calmer and give your thoughts room to work out a solution! ●



Photo: Steve Batten

## BUSH SUPPORT SERVICES

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