

issue 88 | december 2012

# CRANA *plus* magazine

the voice of remote health

RRP: \$10.00



**BIGGEST  
EDITION  
EVER!**

educate 60  
advocate 78  
support 92

## from the editor



### Welcome to another Bumper issue of our magazine!

I would like to take this opportunity to extend our warmest thanks to our Sponsors and Exhibitors who were instrumental in the delivery of such a memorable 30th National Conference.

Not wanting to 'rest on our laurels', we are setting our sights on a bigger and better event in Darwin in 2013!

We are pleased to announce our keynote speaker on page 34 and you can read about our invited speakers on page 35.

The Call for Abstracts is now open, and our theme is: 'from the cradle to the grave' – the challenges facing remote service provision across the life span continuum.

Tear off the flyer at the back of this magazine and pass it on to a colleague or put it on the notice board at work.

We extend a warm welcome to three new Corporate Members:

- Community Training College
- Mt Gibson Iron Ltd, Koolan Island Operations
- Apunipima Cape York Health Council

CRANAplus values the partnerships we enjoy with our Corporate Members. The range of organisations partnering with us demonstrates the diversity of remote Australia and of those who live, work and provide services to that health sector.

Reflecting on 2012 and the achievements of the Board, Staff and most importantly our membership, I am proud to be a part of this dynamic and vibrant organisation.

Happy reading.

**Anne-Marie Borchers**  
Manager Member Services, CRANAplus



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CRANAplus Magazine  
PO Box 2148, Hilton Plaza, SA 5033  
Magazine circulation 10,000.



**Australian Government**  
**Department of Health and Ageing**

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

**About the Cover:** The Hon. Michael Kirby giving the Keynote Address in Cairns. (Read more on page 15).  
Photo: Rosey Boehm.

## from the ceo

Where on earth has this year gone? The 2012 Conference in Cairns has just ended and I am now writing the Christmas article for our magazine.

As the year draws to an end, I start to think about the year just gone and the amount of work still left to be done before we enter 2013.

The Conference, always a highlight of the year, is becoming a memory: but what a memory. Anne Marie and the Conference team once again did a spectacular job, with fabulous feedback from most people and welcome constructive criticism from others.

If you were not able to get there, you missed a great event. I would like to take this opportunity to thank our Sponsors and Exhibitors for their continuing support and their contribution to the success of our 30th celebration.

At the moment, we are in the midst of a Government review and are about to enter into the minefield of the next three-year funding round. Hopefully both the review and the negotiations for the next funding agreement will be finalised by Christmas and we can end the year with a large sigh of relief.

On a more general note – we are proud of our achievements over the past year with a record number of Education courses, BSS workshops and reaching an all time high for membership of over 1300 members.

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

For those of you who are able to take some leave over the festive season, I wish you a very happy holiday and suggest that you get a well-earned rest, catch up with loved ones or just put your feet up. Those who remain at work: stay safe and look after yourselves.

And to all of you, I wish you the happiest and safest Christmas and New Year possible and I look forward to contacting all of you in 2013.

**Carole Taylor**  
CEO, CRANAplus



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

Photo: Alison Fort.

The CRAN*plus* 30th Conference was an amazing success in the beautiful tropical city of Cairns in Far North Queensland in October. The calibre of the presentations, guests speakers and the hard work of the CRAN*plus* staff behind the scenes, ensured that we were not only engaged, challenged and informed, but also entertained. The staff has its work cut out to top that for the Darwin conference in September 2013. Although, having seen the line up of speakers organised so far... it's going to be special!

Another tangible sign of the evolution of our organisation is the election of Dr Nick Williams to the Board of Directors. Nick is a Medical Officer with years of experience working in remote and currently within the community-controlled sector of South Australia.

He has also been a supporter, member and volunteer of CRAN*plus* for many years. I welcome him and the diversity he brings to our governance team.

One of the outcomes of the Conference was to help assist CRAN*aplus* to develop priority areas for our advocacy strategies...

One of the outcomes of the Conference was to help assist CRANaplus to develop priority areas for our advocacy strategies, and we were pleased with the response to the invitation for participants to write down their thoughts (see word cloud image opposite).

In such a quickly changing environment, it's imperative we can clearly and robustly articulate the issues as they face our unique industry. Although the work is still being undertaken and incorporates Conference feedback as well as other direct consultations in the sector, some not-surprising themes have started to arise:



- How do we ensure remote communities reduce the unacceptable burden associated with the high incidents of smoking. Why are we lagging so far behind our urban siblings?
- How do we facilitate women and family choices in regards to where they birth? Why can remote Canada provide services within remote communities, but we can't? ►►







Photo: Stephanie Jeremy

- ▶ Remote health services must fast-track the implementation of an electronic health record to assist them to pursue and monitor safety and quality in their service provision, and for their clients to be able to benefit from the PCEHR.
- What do we need to do to improve the number and impact of Nurse Practitioners, especially in areas of current market failure?
- The roles of RANs & AHW(P)s are not second-best options; we need standardisation around the legislation that impacts on our scope and multiple pathways to gain the skills, knowledge and experience to practice safely.
- Initiatives that encourage students and new graduates from all disciplines to experience remote practice must be encouraged.

We need greater capacity to facilitate student placements in remote, and graduates should have their students debts waived as incentive to practice in remote.

- And why on earth do we still have to highlight the dangers associated with single clinician posts???

Your feedback and comments are very welcome.

Kicking my soap-box to one side... no matter where you are spending this festive season, I hope you relax, enjoy time with your favourite people and re-charge for another exciting year ahead.

**Christopher Cliffe**  
President, CRANApplus ●

## newest board member



**Welcome to our newest CRANApplus Board member – Dr Nicholas Williams, MB.BS. DipRACOG, MSc (Primary Health Care), Fellow of the Australasian Faculty of Public Health Medicine, Fellow of the Australian College of Rural and Remote Medicine.**

Nick, who is currently working with the Aboriginal Health Council of South Australia (AHCSA) as a GP Supervisor, Aboriginal Health, and lectures in Aboriginal Health/Public Health at Adelaide University, sees his new role on the CRANApplus Board as an opportunity to expand his relationship with the organisation and his work with remote area health.

"I have been associated with remote area health for 20 years and I have worked with remote area nurses for most of that time," he said.

Nick has been a facilitator for the CRANApplus Remote Emergency Care program for over 12 years. His position with ACHSA involves supporting the GP workforce in rural and remote Community Controlled Aboriginal Health Services in SA and supervising GP Registrars. He spends more than 60 per cent of his time working in rural general practice, and loves it.

Nick has considerable public health experience and has worked in Indigenous health for over 21 years in Africa, northern Canada and central Australia.

He was the Senior District Medical Officer in Alice Springs for seven years in the 90s, providing RFDS evacuations and community medical services to remote Aboriginal communities.

He was extensively involved in the initial development of the CARPA Standard treatment Manual and is on the current editorial committee for the Remote Primary Health Care manuals.

Prior to his current position, Nick worked in general practice/public health at the Parks Community Health Service in South Australia for 12 years until 2011. He maintained his emergency medicine skills with weekly sessions at Queen Elizabeth Hospital Emergency Department throughout this time. And in 2009, he undertook a three-month ICRC humanitarian mission to the North West Frontier Province of Pakistan and continues to be available for ICRC Emergency relief duties.

Nick said: "I'll be using my new role on the Board to further advocate – particularly in the medical professions – on behalf of nurses in remote locations." ●



Photo: Steve Batten





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# remote pearls of wisdom

the sebel | cairns  
wednesday 24 – saturday 27  
october 2012

conference 2012 principal partner



Australian Government

Department of Health and Ageing

PandaPearls Australia thanks CRANAplus for having us at the remote PEARLS of Wisdom Conference 2012. We look forward to seeing you all again in Darwin 2013!  
'Like us on Facebook' to follow Donna and Amanda's daily adventures.

Pearls of every size, shape, colour & lustre • Enhancers • Jewellery • Antiques • Eclectic

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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. ●

## CRANAplus influence is celebrated

**CRANAplus celebrated the impressive breadth of its membership and the extensive range of its services at its 30th Annual Conference in Cairns in October.**

Thirty years on from its inception, the influence of CRANAplus now stretches across Australia and into halls of political power, academic institutions and health services from major hospitals to tiny, remote clinics.

From crucial research, lobbying and educational roles, to the hands-on work of its on-the-ground members in remote and isolated locations: the Conference successfully covered it all.

And this was no more clearly illustrated than by the announcement on the final evening of the winners of the highest CRANAplus accolade, the Aurora Award. The Aurora was shared equally by Karen Schnitzerling and Sue Kildea.



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Karen was for eight years Director of Nursing/ Manager of the West Coast District Health Service in Tasmania, and responsible for developing an integrated, Primary Health Care model of health service delivery for the area.

Sue Kildea is a former vice president of CRANAplus and now Professor of Midwifery at Mater Health Services and the Australian Catholic University.

The award ceremony that recognised inspirational leaders, motivational co-workers and remote health professionals of the future was a fitting finale to the 2012 CRANAplus Conference.

The three-day Conference at the Sebel in Cairns, with the theme "Pearls of Wisdom", was attended by 260 delegates from all over Australia: some come every year; while, for others, this Conference was their first.

Delegates, including a number of past presidents and directors, plus representatives from the many stallholders who provided a very informative tradeshow throughout the event, gathered at the Opening Ceremony on 24 October. After an interesting and entertaining Welcome to Country from Seith Fourmile, of the Gimuy Walubarra clan in Cairns, Chris Davis, Queensland's Assistant Minister for Health, officially opened the Conference and CRANAplus members who achieved academic successes this year were publicly congratulated (see overleaf). ►►

Left: Traditional dancers from Cairns entertained Conference delegates.

Above left: Welcome to Country by Seith Fourmile.



Photos: Rosey Boehm.





## graduates gown up

Four CRANAplus members who have achieved academic success, were congratulated at the opening ceremony on 24 October by Sue Lenthall, Head of Remote Health Education Programmes at the Centre for Remote Health in Alice Springs.

Kylie McCullough graduated with First Class Honours on completing a Bachelor of Science (Nursing). Her research project was to identify hazards and possible strategies to reduce the risk of violence towards RANs.

Lilian Duthie achieved a Graduate Certificate in Remote Health Practice.

Ian Redwood and Sue Ellen Kovack, who spent seven years in Maningrida in the Northern Territory and who now live in Cairns, have completed their Graduate Certificates in Aeromedical Retrieval.

"We spent so many years preparing patients to be flown out of Maningrida, we felt it was important to find out more about what happens once they leave our care," Ian said

» "I am always impressed how far people travel to come to the CRANAplus Conference – and that tells you how valuable it is to these people," said Lynn Hart, Executive Manager – Client Relations for HESTA Super Fund, the Welcome Ceremony sponsor.

"I am always impressed how far people travel to come to the CRANAplus Conference..."

Conference presentations included topics covering a range of health issues facing clients, as well as issues dealing with work, study and personal matters affecting remote health workers. The digital age and how the health sector is embracing new technology was a thread throughout the Conference, as were issues surrounding pregnancy, birth and midwifery. »

Left: Dr Chris Davis, Queensland Assistant Health Minister, with this year's graduates.

Below: Lynn Hart, Executive Manager Client Relations, HESTA – sponsor of Welcome Ceremony.



Photos: Rosey Boehm.



Associate Professor Kathryn Zeitz, Board CRANAplus and Geri Malone, National Coordinator Professional Services, CRANAplus.



Janie Smith, Robyn White, Sue Lenthall, Judi Nickson and Brenda Santi.

Photos: Rosey Boehm.



Danni Hawks, Katie McNamara and Mel Taylor Healthcare Australia.



Karen Clarke, Steph Jeremy and Stephanie Fraser.





Michael Kirby dons a warrior headdress The gift was made especially for him by the people of Sabai Island in the Torres Strait.

▶▶ The Honorable Michael Kirby (pictured left and below) gave a thought-provoking keynote address on the first morning, covering topics such as: attitudes towards Indigenous people and migrants; same-sex marriage; and the latest strategies to deal with HIV.

His humour, his knowledge and his fervour set the tone for the Conference.

Speaking later that day on ABC radio, Mr Kirby praised the "frontline" workers in rural and remote Australia "for taking the messages and the knowledge and the availability of the therapies that are so important in reducing the effects of HIV" into Aboriginal communities.



Photos: Rosey Boehm.

He was followed by Ms Lee Thomas (pictured above), Federal Secretary of the Australian Nursing Federation (ANF), who outlined numerous projects which the ANF and CRANAplus are working on together, including a Telehealth project and the Working Safe in Rural and Remote Australia project, which aims to build safer workplaces for people delivering key services. ▶▶



► Friday morning began with a paper from Karen Cook (pictured left), specialist adviser for Health Workforce Australia, whose work involves finding solutions to the imminent shortfall of 109,000 nurses by 2025.

She pointed out that this problem was due to a combination of factors, including our ageing population, the ageing nursing workforce, less people available to go into nursing, and the increased demand for new and different types of health services. Two areas she is looking at are; finding ways to improve retention rates of nurses, and finding ways to improve productivity without affecting quality of care.



Belinda Maier, Margaret Stewart, Sue Kruske, Susan Parker and Valda Wallace.

The session on Maternity Care, which covered issues such as midwifery-led models of care, women's experiences of maternity care and the current hot issue of mothers' rights to choose where they give birth, was introduced by Sue Kruske (pictured far left), currently the Professor and Director of the Queensland Centre of Mothers and Babies, who engendered interest and discussion with some comparisons and similarities between birthing and mothering attitudes and practices in Aboriginal communities and the wider Australian community.

Indigenous issues featured strongly throughout the Conference. Dr Mark Wenitong (pictured left), Public Health Medical Officer at NACCHO and senior medical advisor of the Apunipima Cape York Health Council, opened the final day's proceedings with a paper exploring self-determination (see page 46); while the impact of racism on Indigenous men was the title of a paper from Greg Strong, Aboriginal Health Regional Support Manager, New England Medicare Local. ►►

Photos: Rosey Boehm.





Photos: Rosey Boehm.



► Dancers (pictured top left) from 'Cultural Place', accompanied by didgeridoo, entertained delegates with Aboriginal and Torres Strait dancing, the lore and stories behind the dances.

A number of students also presented a range of papers throughout the Conference, including a moving presentation from physiotherapy student Stephanie Fraser (pictured above) who spoke of her personal mental health battles, using drawings, novel graphs and poetry to illustrate her messages.

One of her poems is printed here with Stephanie's permission. ●

### My Black Dog – Always There

It's always there, the darkness...  
Shrouding me in its black cloak,  
Invisible to those outside its suffocating grips.  
The darkness is all too familiar, but it still blinds me.  
Occasionally the black retreats enough to reveal some shades of grey or colour,  
A little brighter, but the darkness is never gone.

It's always there, the voice...  
The criticisms blaring constantly,  
Racing around dominating the forefront of my mind.  
The voice is all too familiar, but its words still hurt.  
Occasionally the volume is turned down a notch or two.  
A little quieter, but the voice is never gone.

It's always there, the doubt...  
Questioning whether all this mess is real,  
Convincing me that I am a fake and a fraud.  
The doubt is all too familiar, but it still sucks me in.  
Occasionally the true reality becomes a bit more apparent.  
A little more confident, but the doubt is never gone.

It's always there, the heaviness...  
Invisible weights dragging me down,  
Turning everyday tasks into great challenges of strength.  
The heaviness is all too familiar, but it still exerts its force on me.  
Occasionally the weight seems not quite so cumbersome,  
A little lighter, but the heaviness is never gone.

It's always there, the fog...  
A swirling jumble of confusion, apathy, and absentness.  
Creating a cloud I must push through to somehow engage with the world.  
The fog is all too familiar, but it still envelops me.  
Occasionally the fog is thinner and easier to part,  
A little clearer, but the fog is never gone.

It's always there, the depression...  
Overwhelming darkness, negative voice, doubt, heaviness, and fog.  
Consuming me, gripping me, overpowering me.  
But there is also hope... a flicker, at times...  
And that is what I hold on to.

## nostalgia: conferences past

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# photo gallery

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Lyn Hinspeter and Tim Dean.



Carole Taylor, CEO of CRANAplus.



Donna Schofield, Debbie Stein and Amanda Stein of Panda Pearls Australia.



Margaret Tabone and Mark Holmes, Air Ambulance NSW; and Chris Belshaw and Judy Whitehead, RFDS.



Gracy Daly and Janet Fletcher of Nauyiu.

Photos: Rosey Boehm.





Rhonda Butcher, Wandene Hospital, Sydney; Suzanne Kendall, Student, James Cook University; and Jez Hann, Gurriny Yealamucka Health Service, Yarrabah.



Craig Brankstone and Judith Lund Webstercare.



Winner of the Panda Pearls necklace, Brenda Fairweather.



Carole Taylor, CEO of CRANAplus, the Hon Michael Kirby and CRANAplus President Christopher Cliffe, in the exhibitor hall.

Photos: Rosey Boehm.





Jo Appoo, the first Indigenous board member of CRANAplus.



Donna and Amanda, who is modelling the baroque pearl necklace that was raffled.



Tracy Quinney, Mark Millard and Cheryl Anderson.



Nicole Ramsamy, Queensland's first Indigenous Nurse Practitioner.



Mary King and Rosie Schmidt who gave a presentation on the PaRROT programme.



Melissa Sweet, independent journalist.



Photos: Rosey Boehm.

## award winners



### Aurora Award: Karen Schnitzerling (left) and Sue Kildea (right)

**Karen** was appointed as Director of Nursing/Manager for the West Coast of Tasmania. In this position Karen was responsible for developing Health West, an integrated, Primary Health Care model of health service delivery for the area. Sites included West Coast District Hospital, Queenstown, Rosebery Community Hospital, Strahan Nursing Centre, and Zeehan Community Services. The services included hospital inpatient, residential aged care, accident and emergency, community

nursing, home help and personal care, home maintenance, recreational day centre, CACPS and Community Options Packages, and a suite of Rural Primary Health Services.

Karen has been a tireless and passionate advocate for improved rural health services, primary health care, remote area nursing, contributing at local, state and national levels and has provided the vision, leadership and perseverance so that these results could be achieved for this community.

**Sue** discovered her true love of working with Aboriginal women around pregnancy and birth during her first stint as a RAN in Aurukun, QLD in 1992.

Based in Darwin she travelled to all Top End communities providing support to RANs and RAMs before commencing her PhD in 2001. Sue's web-based resource 'Birthing in the Bush' became the most accessed resource on remote maternity issues in Australia and is still current and available today.

As the Associate Professor in Midwifery at Charles Darwin University, Sue reinvigorated the midwifery curriculum to include more topics and attention to the issues faced by remote Aboriginal and Torres Strait Islander women.

Sue has been a long term and productive member of CRANA/CRANAplus. A member since the mid 90s and member of the board for 8 years with 6 years as vice president. Sue was one of the small team of people who developed the MEC and MIDUS courses and has been a facilitator on both of these programs since their inception.

Her influence on the National Maternity Services Plan has ensured that piloting of birthing in remote areas is now in the national plan. Sue's vision for Birthing in the Bush is so much more than women having babies in remote areas.

It is about

- recognising and incorporating Aboriginal knowledge of birthing in the model;
- the training of local women to become midwives;

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- engaging men in the community to support their pregnant and birthing women;
- exploring and collecting information on how birthing locally can influence and improve other aspects of community capacity and engagement.

Sue's real strength is this broader vision than just health. It is also testimony to her commitment to true and genuine partnership with Aboriginal people and communities.

### CRANAplus Award for Excellence in Remote Health Practice: Rebecca Vele

Sponsored by NT Department of Health



Rebecca Vele receiving her award from Lesley Brown NT Dept of Health.

Photos: Rosey Boehm.



► Rebecca Vele is a RAN at Punmu delivering Primary Health Care and emergency nursing expertise in a single nurse post.

In her remote community Rebecca respects the traditions and self determination of her community towards their health issues providing culturally appropriate/safe education within Primary Health Care Principals.

She has developed holistic education/ presentations for her community and Community members are able to articulate this education clearly, to the specialists who review their status.

Due to the remote nature of her practice, her expertise in emergency situations and the primary health education she delivers has resulted in the admiration of the families and Elder community members. Rebecca has five children and her husband and family reside with her on the community.

### CRANAplus Collaborative Team Award: Savannah Regional Health Service – Frontier Services

#### Sponsored by the Centre for Remote Health

Frontier Services, Savannah Regional Health Service (SRHS) is a primary health care service based in Georgetown, in the gulf-savannah region of Far North Queensland.

This service covers over 79,000 km of the Etheridge and Croydon Shires and implements innovative and flexible health care to the residents of this remote area.



Anna Burley accepts the Collaborative Team Award on behalf of Frontier Services Savannah Regional Health Service.

Since the service inception in 2004, a multifaceted approach has been taken to address the many needs of the area. A mix of clinics, health promotion and capacity development has seen an improvement in wellbeing within the area.

A key role that SRHS undertakes is advocacy and raising of awareness of the health issues related to this area, and through Frontier Services of the wider issues of living and working in remote locations.

The representation of SRHS has seen agendas re-aligned on the much forgotten gulf-savannah area.

### CRANAplus Remote Health Management Award: Lesley Pearson

#### Sponsored by Mt Isa Centre for Rural & Remote Health



Lesley Pearson of Silverchain winner of the CRANAplus Remote Health Management Award.

Lesley is the Primary Health Remote Manager of Silver Chain. The Primary Health Unit, encompasses all of the Silver Chain Remote Area Health Centres and Country-based Nurse Practitioners across Western Australia. Lesley has lead and supported her staff through significant growth and change. Lesley's initiative has enabled Silver Chain to partner with WA Country Health in the delivery of Primary Health Nurse Practitioners under the Southern Inland Health Initiative.

Her success as a Leader has resulted in the organisation reviewing and reinforcing it's commitment and intent to grow its Primary Health Care Service in Remote Communities. Lesley above all walks the walk, is passionate about the delivery of excellent health care to Bush Communities, and is an advocate for Remote Area Health in Western Australia.

### CRANAplus Novice/Encouragement Award: Sarah Marsh

#### Sponsored by RAHC

Sarah is based at Angurugu Health Centre, Groote Eylandt and came to Remote Nursing from an Acute ICU background. As team leader of the chronic disease program she educates at every available opportunity in an inclusive and palpable way.

Her enthusiasm for her work is infectious, seeing multiple members of the community going for scheduled major operations fully informed and confident in the projected outcome. Clients are seen to return post-op with engagement in their journeys as active participants.

Sarah was unable to attend Conference to receive her award so her co-workers agreed to make the presentation to her:

Photo overleaf shows: Angurugu staff (left to right) back row: Kyle Hansen, Diane Griffin, Allison Coombs, Fred-John Durilla, Laura Kelly, Mona Solheim, Jackey Burnett, Keith Mamarika Julie Francis (Manager) Helen Lalara, Sarah Marsh, Tessa Hutchison. ►►

Photos: Rosey Boehm.



## ► CRANAplus Primary Health Care Champion Award: Debra Thompson

### Sponsored by Dr Janie Smith

Debbie works for Wirraka Maya Health Service (AMS) in Western Australia. She is well known in the community for assisting young mothers from remote areas with pre-natal care, being present at their childbirth and support with antenatal care.

She has developed and delivered various health initiatives to promote health and well being, including Young Women's Groups and the Mothers Against Drugs (MAD) group. These programs resulted in real improvements to the health and wellbeing of the participants and

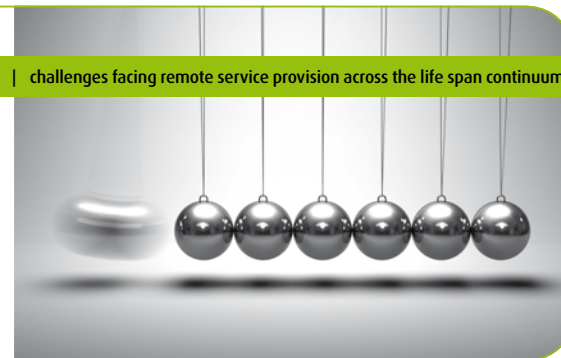
have had a tangible impact on their families and community.

Through education, Debbie has empowered community members to gain greater control over their health and wellbeing. Debbie mentored five young adolescents from Warralong to gain their health workers certificates, escorting them to Perth for formal training, tutoring and on the job mentoring.

Through consultation with their family and community members, Debbie ensured their success, guiding them through their training to support them to understand how they can promote health and wellbeing among their community. ●

from the cradle to the grave | challenges facing remote service provision across the life span continuum

CRANAplus  
**2013**  
**conference**  
31  
holiday inn esplanade hotel | darwin  
wednesday 25 – saturday 28 september



Our 31st Conference offers a participative program designed for health care professionals to explore the challenges faced in delivering safe, quality health care programs to remote Australians; and to stimulate discussion and ideas for solutions that are accessible and appropriate.

### call for abstracts

the challenges facing remote service provision across the life span continuum

### abstracts are sought:

The Abstract should cover the challenges, pitfalls, barriers and solutions for delivering health care program(s) in one of the following areas:

- Birth
- Child Health
- Adolescent Health
- Mental Health
- Sexual Health
- Palliative Care
- End of Life

The Abstract should describe program(s) focusing on the aspects of Quality of Life – health and wellbeing including spiritual, physical and emotional aspects for:

- Your community
- Your clients/patients
- Yourself (maintaining personal health and buoyancy)

We invite clinicians, educators, managers, researchers and students across all disciplines to submit an abstract, either an oral presentation (i.e. research, case study or projects) or a poster presentation. We encourage first-time presenters to consider a submission.

An Encouragement Award will be offered to the best first-time presentation given during the Conference. Presentations are 20-minute duration inclusive of questions.

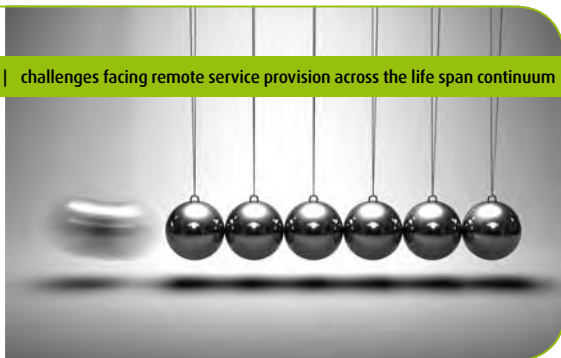
**closing date for abstracts: 1 April 2013**

**full details are available on our website: [www.crana.org.au](http://www.crana.org.au)**

call for abstracts



CRANAplus  
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conference  
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## keynote speaker



**Dr Philip Nitschke** has been the face of the voluntary euthanasia debate in Australia and around the world for more than a decade.

Philip came to prominence after becoming the first doctor in the world to administer a legal lethal voluntary injection to four terminally ill patients in 1996 under the Northern Territory's *Rights of the Terminally Ill Act*.

Philip has written and advocated extensively on the issue of end of life rights and is

the co-author of two books, the banned *Peaceful Pill Handbook* and *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* published by Penguin in 2005. His autobiography 'Damned if I Do' with Peter Corris will be published by Melbourne University Press in 2013.

**Philip came to prominence after becoming the first doctor in the world to administer a legal lethal voluntary injection to four terminally ill patients in 1996...**

Philip is Director of Australia's national Voluntary Euthanasia advocacy group, Exit International, and is recognised internationally for this work.

Philip holds a PhD in applied physics from Flinders University and is a graduate of Sydney Medical School. He is a seven-time nominee for Australian of the Year and is the recipient of many awards including Australian Humanist of the Year. ●

## invited speaker



**Simon Bryant** is a face well known to regional and urban Australia as he and South Australian food icon Maggie Beer are beamed into thousands of lounge rooms and kitchens via the ABC program *The Cook & the Chef*. The show aired more than 150 episodes over four years, attracting more than 600,000 viewers nationally each week.

Originally a motor mechanic by trade, Simon returned to study and while working in the university kitchen to earn some extra cash and studying Economics at Melbourne University, Simon realised he'd rather wear a chef's hat than a business suit. He began his career in several Thai & Indian Restaurants in Melbourne, before moving to Adelaide in 1995.

Simon was with Hilton Adelaide for more than 10 years, commencing as a Commis Chef, followed by 18 months as a Chef de Partie in 'The Grange' with Cheong Liew and rapidly working his way up to Senior Sous Chef of 'The Brasserie'. It was in 'The Brasserie' where Simon emerged as one of South Australia's hottest

young chefs and was promoted to Executive Chef overseeing 33 staff, 2 of the states leading restaurants, a quick service deli, and as South Australia's largest hotel, the largest catering and room service operations in the state.

Simon is equally proud of his personal achievement in providing 'real local food' within the normally restrictive environment of a large scale commercial kitchen by using an 'in the field' approach, visiting the state's producers, forming personal relationships and sourcing the finest product 'first hand'.

Simon passionately believes in using his profile to highlight ethical food issues, including paying fair prices to producers for ethically produced food, using local seasonal food with less environmental impact, the use of Australian native foods, and in particular, the ethical treatment of animals in the food chain.

Simon is currently an ambassador for the Animal Welfare League SA, Animals Asia Foundation, The Department of Environment and Heritage Kitchen Garden Foundation and patron for the Adelaide Showgrounds Farmers Market 'Kids Club'.

A keen organic gardener at home, Simon also devotes much time and energy into educating Australians of all ages of the benefits of growing and eating their own food and the rewards it brings in terms of health and general wellbeing. This philosophy extends to teaching children about what they are eating, how it grows, how it can be cooked and how what they eat can affect their behaviour and self esteem.

A champion of South Australian produce, Simon uses his guest chef, consultancy and speaking engagements in local, interstate and international dinners and events to promote these concepts in an informative and yet relaxed manner that consumers can easily digest. ●



## invited speaker



**Karen Glaetzer** has 24 years' experience in Palliative Care. In 1988, Karen was involved in the setting up and development of the Daw House Hospice and has pioneered palliative care consultancy services to public and private hospitals in Adelaide.

She was the first nurse in Australia to be endorsed as a Nurse Practitioner in the specialty of Palliative Care in August 2003. She has an academic appointment with the School of Medicine, Flinders University.

Karen has post graduate qualifications in Oncology, Bioethics, Palliative Care and Master of Nursing (Nurse Practitioner). Her special interest areas include Mental Health, the disability sector and Motor Neurone Disease, for which she coordinates a consultancy service for people with this disease in South Australia.

She is a member of the SA Health Palliative Care Clinical Network and is actively involved in service improvement and research projects across a variety of subject areas. ●

## making it happen...

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

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

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

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



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

Like Rosemary, she has also stopped counting how many years she has been working as a professional photographer! Rosey started her career as a press photographer in country

Victoria and then with the Adelaide Advertiser, before moving into public relations. For the past 17 years, Rosey has had her own business, specialising in photography of conferences, events and people at work.

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

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

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

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

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

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

[www.alisonfort.com](http://www.alisonfort.com) ●



# CRANAp<sup>plus</sup> corporate members



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



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



**Cairns Nursing Agency** is the employment gateway for nursing professionals seeking short-long term rural and remote placements throughout Australia.



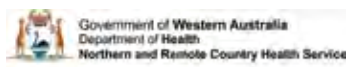
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



**Community Training College (CTC)**  
Learn Aged care and other health courses from the comfort of your home, excellent training and lowest fees.



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



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



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



**First Choice Care** is a privately owned Australian company, owned and run by nurses. Industry insight brings a true understanding of the work-life balance wanted by nursing professionals as well as the staffing demands of health care facilities.



**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.



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



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



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



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



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



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



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



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



The **Rural Health Education Foundation** is an independent, non-profit organisation dedicated to delivering free, tailored, accessible health education to healthcare teams in remote and rural Australia and their communities.



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



**WDNWPT** is a non-profit NGO, governed by a committee of indigenous directors from Western Desert communities. Our focus is on holistic care provision to renal clients and their families.



Photo: Alison Fort.



# working in a remote community really makes you feel part of a bigger picture



Sue Lenthall of CRH accepts the award from Danni Hawks of HCA on behalf of Lynda Murphy. The Health Care Australia Prize is awarded to the most outstanding student in the topic Remote Advanced Nursing Practice

**Lynda Murphy has been working as a registered nurse for almost 35 years. She has spent a large part of her nursing career working in intensive care and emergency departments, along with stints in London and Africa. It was her time in Africa which gave her a taste of working in remote or disadvantaged communities and sparked her interest in remote nursing back home.**

"I've always had an interest in rural and remote nursing. Now that my children are adults I knew this would be the ideal time to get involved," Lynda said.

"I thought the best way to become involved in rural and remote nursing would be to educate myself as best as possible so that's why I enrolled in the Graduate Certificate in Rural and Remote Health at Flinders University."

To help her along her path to remote nursing,

Lynda contacted Remote Area Health Corps (RAHC) to see what opportunities were available for working in remote communities in the Northern Territory.

"I applied for a RAHC placement because I thought it would be great to get some experience while I was studying. Undertaking my first placement was just fantastic; it really allowed me to use the skills that I was learning as part of my course."

Lynda has now completed two RAHC placements and is about to undertake her third. She says the skills she uses in her placements help build on the theory she is studying.

Her efforts have recently been recognised by Healthcare Australia with Lynda receiving an award for Advanced Nursing Practice. The award acknowledged her outstanding grades and input in the classroom.

"When I received the award at the CRANAplus Conference I was blown away. The \$1,250 I won has actually paid for my Advanced Nursing Practice course, so I just feel really lucky."

Lynda says it's great to be recognised for her interest in remote health and her passion for working with Indigenous people, although having not nominated herself for the award, Lynda says winning "absolutely blew me away."

"Everyone at RAHC has been really supportive and the placements have been great because I'm able to use my clinical skills along with the theory I've learnt."

Lynda is currently completing the RAHC CPR course online and she says the RAHC cultural component is also worth undertaking for any practitioner looking to work remotely in the Northern Territory.

"There are some really great learning tools on the RAHC website and I'd recommend

anyone planning on working as a health professional in the Northern Territory to take a look at what's available."

Lynda says the best part of her remote nursing experience was meeting the Indigenous people within the community.

"It's a privilege working in a clinic in an Indigenous community, and I could really put the theory I have been learning in to practice. When you are working in a remote community you really are required to have such a broad set of skills."

"Indigenous health is very complex and when you have a small win you celebrate them. There is no quick fix but if you can aim to try to build healthy communities and actually empower people to have a say in their health, I think that's just fantastic."

"Working in a remote community really makes you feel part of a bigger picture." ●

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

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

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

These courses aim to meet the higher education needs of health professionals who work in remote areas and for nurses transitioning to the specialty of Remote Area Nursing or who have an interest in joining the remote health workforce.

The courses articulate to allow progression from Graduate Certificate through to Master's level.

**For further information contact**  
Student Administrator  
P (08) 8951 4700  
crh.shortcourse@flinders.edu.au





Photo: Rosey Boehm.

Sue Lenthall CRH presents Melanie McFarlane with her prize.

## CRH awards

### Centre for Remote Health Prize 2012 Winner: Vanessa Page

For the Outstanding Masters Graduate Remote Health Practice (Nurse Practitioner)

### Pharmacotherapeutics Prize 2012 Winner: Melanie McFarlane

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Corporate members receive further discount on these rates. Contact [business@crana.org.au](mailto:business@crana.org.au) for further information.

**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. ●



Photo: George Fort.



# the need for self-determination



**The final day of the 2012 CRANApus Conference in Cairns began with a presentation from Dr Mark Wenitong, Public Health Medical Officer at NACCHO and senior medical advisor of the Apunipima Cape York Health Council, whose ultimate message was the**

**need for self-determination for Aboriginal communities.**

Empowerment, through practical self-rule is the path to long-term improvement in the welfare of our communities, he said. "I believe we can improve the situation for Aboriginal people in the communities. It will take time and structure, but I believe it can be done."

Dr Wenitong points to US evidence that strongly suggests that that self-governing power, backed up by capable, effective and culturally appropriate governing institutions, provides the most efficacious foundation of native economic and community development.

In his address, Dr Wenitong also said it was imperative to shift the focus from identifying the simplistic "blame the victim" factors affecting health outcomes for Aboriginal and Torres Strait Islanders – such as smoking, obesity and alcohol and drug abuse – to a recognition of a myriad of other factors involved while maintaining a sense of personal agency.

"You can get people to stop drinking," he said, "but to maintain abstinence involves looking at many different structures in their environment."

"It is a complicated multi-level investment we need to make in people and structures."

Dr Wenitong would like to see more cross-portfolio programmes, where services are linked together, such as health, education, cultural facilities and community services.

"All the services in remote areas need to communicate and work together to make those linkages work," he said.

Increasing hope and resilience is paramount to long term improvements in health, education and lifestyle improvements," said Dr Wenitong.

As one of his slides states:

If you don't have "hope", avoiding thinking about the future may be protective! And logical. If you feel you can never attain the capabilities to progress, how do you plan your life? Why education, why work, why take meds, why try, why not get smashed?

**"You can get people to stop drinking, but to maintain abstinence involves looking at many different structures in their environment.**

Dr Wenitong stated: "In Aboriginal communities where kids see there are no jobs, no hope for their future, and little in the way of "cultural continuity" factors, they are less resilient to impulsive suicide, when something goes wrong in their life.

"Where there is hope, kids are less likely to suicide."

Dr Wenitong showed the delegates statistics, data and graphs correlating hope with poverty.

In quoting the economist Esther Duflo's work, if people have only enough money to survive and not enough to make a productive increase, they think – why bother. Lets just get through today.

But if they have enough to not just survive but proactively invest in more capabilities – the return is multiplied: resulting in better health and wellbeing and decreased depression.

"The thinking is: 'If I don't have much, there is no point in saving, as I'm never going to have enough'," he said.

"So you just use the baby bonus to buy a TV, something you can use now."

When people are stressed, they are also much more likely to look to short-term rather than long-term gain.

Dr Wenitong, himself, has a lot of hope.

"I am optimistic," he says. "Aboriginal health is improving, education is improving: it is happening and we will eventually get there." With the right interventions, we can get there sooner, rather than later. ●



Photo: Alison Fort.

## RURAL AND REMOTE

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Healthcare Australia staff enjoyed meeting with the nurses, midwives and managers who attended the CRANApus 2012 conference. We look forward to working together to grow the rural and remote workforce by catering to your individual needs.

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# australian government funded program reaches millennial milestone

**The Nursing and Allied Health Rural Locum Scheme (NAHRLS) reaches its 1000th placement in December at Wagga Wagga Health Service (WWHS), providing locum support for the Intensive Care Unit to fill in for a registered nurse on leave over the Christmas period.**

Irene Hing, Director of Nursing and Midwifery at WWHS, said WWHS has had the privilege of having the ongoing support from NAHRLS for the past seven (7) months, with the first NAHRLS nurse commencing in April 2012.

"Since this date, we have utilised approximately 16 nurses, with many returning and many others wishing to extend their contract.

Nurses from NAHRLS have worked predominantly in the Emergency Department, Operating Theatres and the Intensive Care/Coronary Care Unit. We have been extremely pleased and satisfied with the NAHRLS nurses who have worked at WWHS. The nurses have been very professional and highly skilled and have integrated extremely well within the hospital and local community.

Without the support from the friendly, professional and organised staff at NAHRLS, the nursing and midwifery workforce at WWHS would be in a less enviable position."

The NAHRLS team has the great pleasure of working with health service organisations in rural and remote Australia like WWHS to ensure these organisations continue to service their community while permanent/part-time staff take a well-deserved break.



Mark Ellis, General Manager for NAHRLS, said many rural and remote nurses, midwives and allied health professionals struggle to find time to take leave due to a shortage in staff numbers outside the major cities.

"Our experienced locums help make it possible for health professionals in rural and remote areas of Australia to take leave and be confident that the organisation won't suffer.

The NAHRLS team has a strong focus on supporting health professionals through our start-to-finish locum program and it is great to see that WWHS is pleased with our service and the NAHRLS registered nurse, Andrea Cunningham."

Numerous locums who have been deployed around rural Australia for NAHRLS said the experience of working in different communities was amazing and invaluable.

Andrea Cunningham said her placements at WWHS have been great.

"I joined NAHRLS in August 2012 and since then I have been contracted to complete the 1000th placement at WWHS. I am presently at WWHS and was made to feel very welcome

and supported. I work with a great group of people at WWHS and the NAHRLS team have been efficient, professional and supportive throughout my placement. The team are happy to answer the many questions I have before and during my placements. I look forward to further placements with NAHRLS."

Antje Badger, Executive Director of Nursing and Midwifery at Murrumbidgee Local Health District (MLHD) said "MLHD has been fortunate to work with NAHRLS for just over 12 months. NAHRLS has supported us to fill many positions that required backfilling for annual leave, study leave and long service leave. Across the area NAHRLS are regularly providing 17 FTE of nursing staff across a range of specialty areas enabling staff to take leave or attend valuable courses to enhance clinical skills. I am pleased to celebrate the 1000 Nurse being placed at WWHS. 6.8 FTEs are provided to WWHS in the perioperative, Emergency Department and ward areas. We are extremely grateful for this service and look forward to working with them in the future."

**"I work with a great group of people at WWHS and the NAHRLS team have been efficient, professional and supportive throughout my placement."**

Over 200 health service organisations currently benefit from NAHRLS' comprehensive locum placement service covering nurses, midwives and allied health professionals on all forms of short term leave.

**For more information visit [www.nahrls.com.au](http://www.nahrls.com.au) or freecall 1300 NAHRLS (624 757).**

**For press related enquiries contact Jamie Smith on +61 (2) 6203 9580 ●**

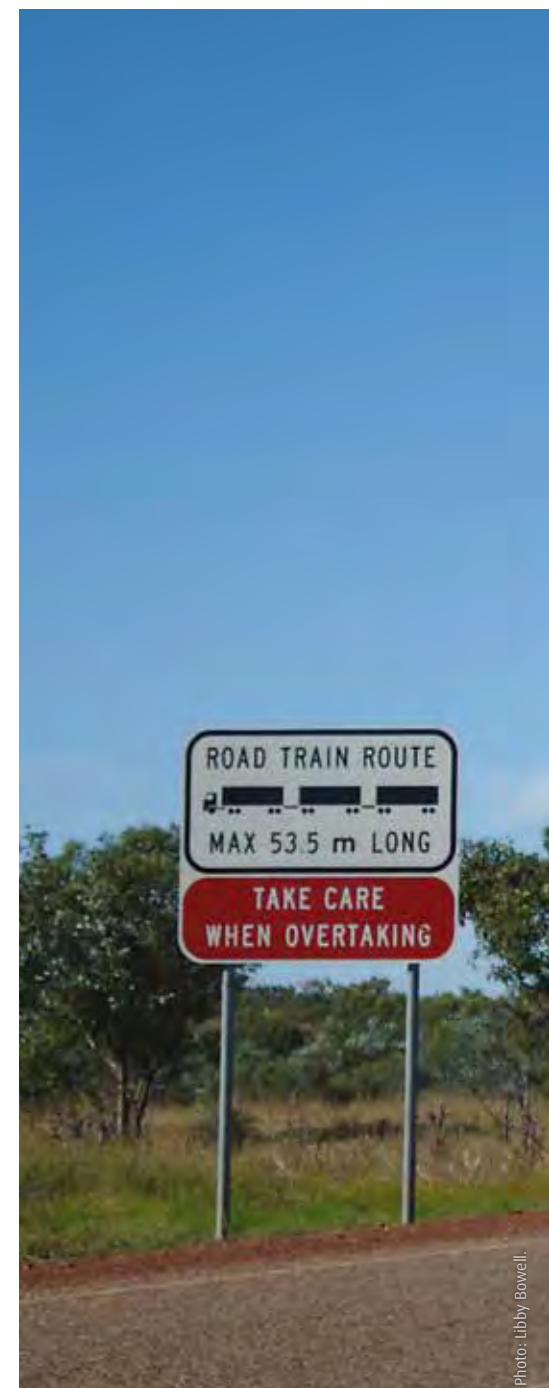


Photo: Libby Bowell.



# 1001?

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*i'm a Remote Health Professional*

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## mount isa – like coming home

The Mount Isa Hospital draws patients from a surrounding area of 300,000 square kilometres as well as catering for the fly-in-fly-out mining workforce, backpackers and grey nomads travelling through north-west Queensland. It makes the provision of health care increasingly complex, says 3rd year student nurse Catherine Ryan, who spent five weeks in the hospital's surgical ward for her final third-year placement.

I first ventured to the Mount Isa region to work in a stock camp near Normanton in 2007. Since then, I have been studying in Melbourne to complete my Bachelor of Nursing at the Australian Catholic Uni this year. Each time I journey to north-west Queensland, I feel as though I am returning home.

To have a car during my placement, I decided to drive the 2800 km from Melbourne to Mount Isa, which I very much enjoyed as it is good thinking,

reflecting and planning time. I was welcomed to town by the staff from the Mount Isa Centre for Rural and Remote Health (MICRRH) who provided orientation and cultural awareness training before I began placement on the surgical ward.

**Each time I journey to north-west Queensland, I feel as though I am returning home.**

I don't know how I expected it to be different, but I was surprised how similar the ward was to a metropolitan hospital.

The constant call to transfer patients was something quite different though. The fly-in-fly-out workforce and grey nomads added complexity as many were interstate and requested interstate transfers. ►►







► I was shocked at how often people required transfers to Townsville or to return to their home town, eg. Mornington Island, with the hospital required to cover those expenses.

I had an incredibly positive experience and was able to achieve all of my placement goals. Overall, it was the staff on the ward who ensured I looked forward to work every day.

**I must acknowledge and thank CRANAp<sup>lus</sup> for their support through the Remote Placement Scholarship...**

I am fortunate to have been accepted into the 2013 North West Health Service, Queensland, graduate nurse program and I am looking forward with excitement to the year ahead.

Beyond life as a nurse in the Mount Isa region, I am fortunate to have the support of my fiancé who runs a stock camp on a station near Julia Creek. As we both pursue careers we are very passionate about, I envisage we will continue to call north-west Queensland home for a long time to come.



I must acknowledge and thank CRANAp<sup>lus</sup> for their support through the Remote Placement Scholarship and continued encouragement as I pursue remote nursing. To CRANAp<sup>lus</sup>, MICRRH and ACU who supported this placement, I assure you your time was worthwhile: I am thrilled to be returning next year. ●

## man was it hot in the plane!

**Daniel Pekin-Stores, third year nursing student, University of Canberra, describes his placement with the RFDS Cairns Base. The Cairns Base is the largest RFDS base in Australia. Services provided from this Base include remote medical consultations, aeromedical retrievals and primary health care clinics incorporating general practice, child and family health, Indigenous health, mental health, women's health and health promotion.**

"We're heading to a station south of Normanton, there's been an Motor Bike Accident (MBA)." That was the only information we had as we prepared and boarded the plane. This was my fourth day as a third-year student nurse with the Cairns Base Royal Flying Doctor Service. I'm not one to get excited easily, but this was my first emergency trauma case with the RFDS, so my pulse was racing.

The flight nurse and I assembled the necessary medical equipment, the doctor was on the phone gathering more information and the pilot was taking care of his pre flight arrangements and checks. Then we all boarded the plane, buckled in and all we could do from here was sit and wait... for an hour!

**I'm not one to get excited easily, but this was my first emergency trauma case with the RFDS, so my pulse was racing.**

Information did come in mid-flight regarding the suspected injuries sustained, but I was told never to rely on this information as it has often been relayed through two or three people and in a lot of cases the situation can be totally different by the time you arrive at the scene.

After making several passes over the 'air strip' to clear kangaroos and cattle before landing, we were met by a troopy carrying a conscious patient, strapped to a spinal board, who had significant head injuries. Due to the nature of his head injuries, we took the precaution of flying back to the base at a lower altitude, reducing the risk of intracranial pressure-related injuries.

A typical day at the office for a flight nurse.

**Later that evening, I honestly felt like a bit of a rock star.**

Later that evening, I honestly felt like a bit of a rock star. I remembered pulling up in a plane on the dirt in the middle of nowhere, the door slowly opening as the dust settled and coming down the stairs as a member of the RFDS. It was a day I will never forget. ►►



How patients are transported on the plane.





A station south of Normanton Qld where the MBA occurred.

►► In the two weeks I spent at the RFDS Cairns Base, I learned that providing medical care in a confined space at altitude in turbulence can be extremely challenging. And, man, was it hot in the plane!

**I also felt very privileged to have the opportunity to gain insight into a few of the Indigenous communities of the Cape...**

I also felt very privileged to have the opportunity to gain insight into a few of the Indigenous communities of the Cape, including Kawanyama and Lochart River. I would like to thank everybody at the RFDS Cairns Base who were all exceptionally helpful and friendly and CRANApus for the Scholarship which supported me for this placement. It was an absolute pleasure to be a part of the team. ●



Take off from Bamaga on the way back from Cairns, limited space so I had to take the bed.



The view of the reef from the RFDS plane window, heading north from Cairns.





## Making the Move from RN to RAN Transition to Remote Area Nursing

A three week face-to-face program that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses

Content includes Framing Indigenous Health, Primary Health Care, Self Care, Remote Advanced Nursing Practice and Pharmacotherapeutics and the Remote Emergency Care Program (REC) course separately through CRANApus.

**COURSE FEE:** CRANApus Member: \$2,800 inc. GST; Non-member: \$2,600 inc. GST.  
PLUS cost of REC course payable to CRANApus: Member: \$520pp; Non-member: \$670pp.

**Course dates for 2013**

|                |               |
|----------------|---------------|
| 11–28 March    | Alice Springs |
| 13 June–5 July | Darwin        |
| 5–26 August    | Alice Springs |



For further Information contact  
Student Administrator  
P (08) 8951 4700  
[crh.shortcourse@flinders.edu.au](mailto:crh.shortcourse@flinders.edu.au)



# TI time

**During her six-week stint on Thursday Island, Kylie Lopez Floro, a 3rd year medical student at the School of Medicine, University of Queensland, says she learnt so much more about medicine than simply how write a prescription or diagnose a disease.**

Looking out the window of the plane, the coral reefs and islands swept by. It looked like an idyllic holiday destination, rather than my university rotation! I had, however, no real idea what would lay ahead.

For my six-week rural rotation, I decided to go to Thursday Island (TI) as I wanted a unique rural rotation. I wanted to see diseases rarely seen in the cities, to learn about Indigenous culture and to work with Indigenous patients. During my time on TI I divided my time between the hospital and the primary health centre and I was fortunate to have the opportunity to attend remote clinics on the islands of Mabuiag, Boigu and Dauan (the last two islands only a dingy ride from PNG)!

**Looking out the window of the plane, the coral reefs and islands swept by. It looked like an idyllic holiday destination, rather than my university rotation!**

Yes, I saw diseases that I had only read about in the textbooks and never seen in the city hospitals, including acute rheumatic fever, post streptococcal glomerular nephritis, scabies, tuberculosis and tinea versicolor: exposure that will forever shape my clinical judgement. When I think about acute rheumatic fever, I will always think of an Indigenous child with sore joints and a fever.

And yes, I also experienced working with Indigenous people. I witnessed the required flexibility with timetables, the need for respect, the value of the Indigenous health worker and also the consideration that distance plays in discharge planning, investigations and outpatients reviews.

However, what I really value is my experience with particular patients who taught me a little bit about how to be a good doctor.



One particular patient stands out: a lady who I met on one of the remote islands. She presented with abdominal pain and, as I took her history, I didn't think it would be serious – she looked fine and didn't stress her pain. A short while later, I had found her random blood glucose was in double digits, her pulse was 125, and her systolic blood pressure was 250 (time for the med student to get help!).

A hundred plus kilometres from the nearest hospital, she became the first acute patient I had managed without a fancy pathology lab or imaging at my disposal.

I can't say that I am a specialist on all her pathology, but what I witnessed was how to be a doctor without all the gadgets, to use clinical

intuition and knowledge to treat a patient. I feel this skill is being lost at times in many of the big city hospitals. Now, I will forever stop and think about a test before I order it. I also witnessed how robust and strong people in remote areas can be. This lady didn't want to stay at the clinic that night and was "feeling much better", although she was still in acute renal failure.

**My rural rotation on TI was the best learning experience I could have imagined.**

Whilst, the medicine is interesting, the staff lovely and willing to teach and the patients invaluable, I must admit that I was also a little sad one day. On one remote clinic, I saw some PNG nationals who had presented for a minor review being turned away. I am not going to weigh in on the political debate. There are positives and negatives to both arguments, the staff all do a wonderful job and still provide humanitarian aid to PNG nationals with immediately life threatening disease.

However, seeing those patients with a minor presentation turned away, I can't help but imagine what my life would have been like if I was born 5 km north of the outer islands, in PNG. This realisation is something that I will take with me. I will always be very grateful for the health system we have, even if, at times, I wish some things were a little different.

My rural rotation on TI was the best learning experience I could have imagined. I learnt more about medicine, than simply how to pass an exam, write a prescription or diagnose a disease.

A lot of what I learnt will stay with me as I continue on throughout my career and I would recommend a placement on TI to any student who would like to do a remote placement. ●



Photo: Dorna Lamb.

# educate

Photo: George Fort.

## hands-on approach is a winner

Both the Remote Emergency Care (REC) and the Maternity Emergency Care (MEC) programs have been externally evaluated during the last 12 months to ensure that we continue to deliver the courses that meet the needs of remote and rural health practitioners. Here is a summary of the findings.

### Remote Emergency Care

The success of the REC course, running for 13 years, is so high that demand constantly outweighs the capacity to supply. Each of the REC courses is oversubscribed, indicating a high interest from across Australia.

The initial REC program was designed to overcome the barriers of distance, suitability and access, and aimed to meet the diverse and specific needs of remote health workers to gain and maintain competence and confidence in their clinical practice.



Photo: Libby Bewell.

This has remained the guiding principle, with few changes to the original format and content.

Course evaluations and survey responses give strong endorsement of the appropriateness of the course with 96% of 1713 course participants (2006–2011) rating it as good or very good.

They also confirm that the long-established method of lectures and skills stations for the REC course is a successful formula that meets the needs of the majority of participants.



The development of new emergency care courses to meet the needs of all remote and rural health professionals across Australia demonstrates CRANAp<sup>plus</sup>' commitment to its advocacy role...

While it is difficult to measure the longer-term impact of this type of course, many participants stated that, following a REC course, they had increased confidence in their skills and ability to manage emergency situations more rationally and systematically.

The development of new emergency care courses to meet the needs of all remote and rural health professionals across Australia demonstrates CRANAp<sup>plus</sup>' commitment to its advocacy role and REC and MEC continues to provide the impetus for this. ►►



» A very exciting development is the modification of the REC course for Aboriginal and Torres Strait Islander health workers, which is now being requested and conducted in NT, Queensland, South Australia and Western Australia. This will contribute to the long awaited implementation of a nationally adopted scope of practice for all Aboriginal Health Workers.

...the CRANaplus REC course remains, as designed and delivered, a well-regarded, relevant and highly effective emergency up-skilling course for remote, and more recently for rural, health staff.

It can be concluded that the CRANaplus REC course remains, as designed and delivered, a well-regarded, relevant and highly effective emergency up-skilling course for remote, and more recently for rural, health staff.

### Maternity Emergency Care

The current directive by the Northern Territory Department of Health that all nurses working in remote health centres must complete a MEC course within the first year of employ illustrates the continuing high regard for the course, first held in 2003.

The course was a response by the Council of Remote Area Nurses of Australia (CRANA, now CRANaplus) to address the skills gap for remote health practitioners who had no formal training in midwifery.

The course content was decided by remote and rural practitioners in collaboration with the Australian College of Midwives, and followed the format of the very successful REC program, which had already been operating for five years.

Within rural and remote areas of Australia today, maternity emergencies are handled in multiple settings by a range of different providers, including registered and enrolled nurses, maternal, child and family health nurses, Aboriginal Health Workers (AHW) and general practitioners. Declining obstetric services results in a generalist workforce having to respond to specialist needs.

Whilst it is absolutely acknowledged that primary maternity care is best provided by trained midwives or doctors, the reality is that access to midwives in all areas of Australia is problematic, and emergency situations occur which require appropriate assessment and management to ensure positive outcomes for mothers and babies.

CRANaplus conducted 58 MEC courses between 2006 and 2011 and, during this period, 1065 participants provided course evaluations. The course content was not the focus of this evaluation so is not specifically discussed although there are some suggestions from facilitators which may be relevant for course coordinators. An attempt was made to assess the longer-term impact of the training on participants.

There is strong endorsement of the appropriateness of the course, resources, pace and flow and preparation, with 98% of participants (2006–2011) rating the MEC as good or very good.

In addition to its importance in remote areas, requests for private MEC courses for registered and enrolled nurses in Queensland verifies the importance of the program for rural health settings as well.

Further endorsements of the relevance of the full suite of maternity emergency care courses include requests for provision of private courses for RFDS – MIDUS courses for flight nurses, Nursing recruitment agencies – RAHC, CQ Nurse – preparation of staff for remote and rural placements AHW managers – specific male-only and female-only courses for AHW.



Photo: Libby Bowell

### Evaluation

The evaluation of both REC and MEC cover the courses from 2006 to 2011.

The extremely positive evaluations of the design and delivery of both the REC and the MEC courses (including MIDUS and AHWMEC), show that they remain well-regarded, relevant and highly effective emergency up-skilling courses for remote and, more recently, for rural health staff.

The practical skills stations are clearly appreciated by participants and are commonly praised in the evaluations.

Allowing hands-on practice and assessment is the component that sets the REC and MEC courses apart from similar courses.

Almost all respondents commented on the fact that they felt the course would not be as effective if skill stations were not prioritised.

The practical skills stations are clearly appreciated by participants and are commonly praised in the evaluations.

The involvement of the volunteer facilitators for both courses was also highly commended. Both courses rely on the generosity and dedication of volunteers from many disciplines and from many work settings including remote, tertiary hospital and the education sector. »

► The consistently high rating for facilitators' knowledge, teaching styles, approachability and positive influence on the experience of course participants is remarkable.

The fact that many of the facilitators have experience in the remote context really boosts the credibility of the course with those working in remote and rural settings as well as for those preparing for "going bush". By using volunteer facilitators CRANaplus has managed to keep the cost of their education programs at a very affordable level.

Considering the logistical cost of transporting human and material resources to some quite isolated locations to provide access to continuing professional development (CPD) for rural and remote staff, the significance of not having to pay facilitators should not be under-estimated.

The consistently high participant evaluation scores; obvious regard for facilitator skills; and hands-on experience of the skill stations

demonstrate that the courses continue to be extremely effective for and appreciated by the target groups attending training.

The evaluation methodology for both included review of relevant organisational documents to establish a time-line for development of the courses, analysis of participant evaluations from each course between 2006–2011, an online survey of REC and MEC course participants and interviews with key stakeholders.

The FLEC team would like to thank all past participants and our current facilitators who contributed to the evaluation either through completing the survey or participating in an interview. We will continue to work hard to ensure our programs remain at a high standard and appropriate to the needs of isolated practice.

**Libby Bowell**  
Education Manager, CRANaplus ●

## motivational MEC



**Ely Taylor, 3rd year Nursing student at the University of Canberra and a member of the Canberra Rural Allied Health and Nursing Collective, (CRANC) shares the views of students who participated in the Maternity Emergency Care Course held in Canberra in August.**

The thought of helping to deliver a baby is a pretty daunting task for a third year nursing student. In Canberra, nursing students do not have clinical placements in maternity departments so, before the CRANaplus Maternity Emergency Care (MEC) course, our experience with childbirth had only been through personal experience (which wasn't much). The course was such a great way to help us understand the complexity of birth but also to feel more confident to help in a stressful and potentially life threatening situation.

The MEC course was held in the Nursing wards at the University of Canberra from 10–12 August.

True to form, Canberra was quite cold and frosty which gave our facilitators (especially Sharon Marchant from Darwin) a challenge to keep warm and defrosted! Nicole Roddy a facilitator from Canberra, was so engaging with some excellent sound effects of women during birth: so frighteningly realistic, they helped us to get in the moment to help deliver a breached baby.

**The thought of helping to deliver a baby is a pretty daunting task for a third year nursing student.**

Caitlin Steiner brought some great stories from rural and remote settings about how to realistically use just the equipment you have, and Michelle Bodington did an excellent job of coordinating a fun, jam-packed weekend. ►



### Nursing Research

Invitation to participate in a study about your cultural nursing experience.

**Are you a Registered Nurse or Registered Midwife?**

**Have you worked or currently working with Australian Aboriginal and TSI people?**

**Would you like to participate in a confidential interview, take up to a maximum of 60 minutes of your time?**

If you would like to be a part of this interesting study, or would like to find out more, please contact: Cathryn Klaebe-Ly (Honours candidate)

**Tel: 042634546**

**Email: cathryn.klaebely@flinders.edu.au**

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. (Project No.5896).





► Geri Malone the CRANApus National Coordinator of Professional Services, even called in one afternoon to join in the fun and watch the students in the skill stations. After the course I got some great feedback from all the students. They were all so motivated and excited about the next stage of their professional development after graduating at the end of the year. Here are some of their comments:

*"MEC was great! I learnt so much and it has inspired me to study midwifery."*

*"MEC was so inspiring and motivated me to work rural and remote."*

*"MEC has given us the opportunity to up skill and feel more confident in potentially scary situations."*

*"Thanks to the facilitators for a fun relaxed learning environment."*

*"The skills learnt in MEC has complimented my RN studies and gave me a better understanding of pregnancy and birth."*

*"This was such a great opportunity! Thanks so much for inspiring me to work remote and for giving me the confidence to be able to do so!"*

*"Wow! Now I want to help deliver a baby!"*

*"MEC was so much fun! The facilitators made everything easier to understand and I learnt so many valuable skills."*

We would like to say a huge thank you to CRANApus for giving us this great opportunity and for making this happen! We will carry these skills into the future! ●

**Footnote:** CRANApus supports the student nurses in the rural health clubs who endeavour to gain experience in remote and rural locations hopefully with a desire to work there once they complete their training... we do this by providing a REC and MEC course each year at a minimal cost.



# FLEC courses for 2013

| Location   | Dates        | REC | ALS/PLS | MEC | MIDUS | AREC | ATSI |
|--|--------------|-----|---------|-----|-------|------|------|
| Strahan, TAS                                       | 1-3 Feb      | ●   |         |     |       |      |      |
| Mildura, VIC                                       | 1-3 Feb      |     |         | ●   |       |      |      |
| Broken Hill, NSW                                   | 15-17 Feb    |     |         |     |       | ●    |      |
| Alice Springs, NT ( MEC)                           | 20-22 Feb    |     |         |     |       |      | ●    |
| Alice Springs, NT                                  | 23 Feb       |     | ●       |     |       |      |      |
| Melbourne, VIC (RAHC) ○                            | 22-24 Feb    |     |         | ●   |       |      |      |
| Warakuna, WA ○                                     | 26-28 Feb    | ●   |         |     |       |      |      |
| Darwin, NT ■                                       | 1-3 Mar      |     |         |     | ●     |      |      |
| Wiluna, WA (Mon-Wed) ○                             | 11-13 Mar    |     |         | ●   |       |      |      |
| Katherine, NT (REC)                                | 12-14 Mar    |     |         |     |       |      | ●    |
| Darwin, NT   | 15-17 Mar    | ●   |         |     |       |      |      |
| Gladstone, QLD                                     | 22-24 Mar    |     |         | ●   |       |      |      |
| Alice Springs, NT ■                                | 22-24 Mar    | ●   |         |     |       |      |      |
| Moree, NSW   | 5-7 Apr      |     |         | ●   |       |      |      |
| Ceduna, SA   | 5-7 Apr      | ●   |         |     |       |      |      |
| Perth, WA – RFDS Jandakot WA ○                     | 5-7 Apr      |     |         |     |       |      |      |
| Perth, WA – RFDS Jandakot WA ○<br>(Paediatric ALS) | 8-9 Apr      |     | ●       |     |       |      |      |
| Port Augusta, SA (REC)                             | 9-11 Apr     |     |         |     |       |      | ●    |
| Alice Springs, NT (Sat-Mon) ■                      | 13-15 Apr    |     |         | ●   |       | ●    |      |
| Darwin, NT (MEC)                                   | mid April    |     |         |     |       |      | ●    |
| Mt Isa, QLD  | 19-21 Apr    | ●   |         |     |       |      |      |
| Mt Isa, QLD  | 22 Apr       |     | ●       |     |       |      |      |
| Mt Gambier, SA ■                                   | 19-21 Apr    |     |         |     | ●     |      |      |
| Newman, WA   | 3-5 May      |     |         | ●   |       |      |      |
| Alice Springs, NT                                  | 3-5 May      |     |         |     |       | ●    |      |
| Geraldton, WA                                      | 17-19 May    |     |         |     | ●     |      |      |
| Layhnpuy Homelands, NT (REC) ○                     | 21-23 May    |     |         |     |       |      | ●    |
| Layhnpuy Homelands, NT ○                           | 23 May       |     | ●       |     |       |      |      |
| Darwin, NT   | 31 May-2 Jun |     | ●       |     |       |      |      |
| Cairns, QLD  | 31 May-2 Jun | ●   |         |     |       |      |      |
| Cairns, QLD (REC)                                  | 4-6 Jun      |     |         |     |       |      | ●    |
| Alice Springs, NT                                  | 7-9 Jun      |     |         | ●   |       |      |      |
| Darwin, NT (Thurs-Sat) ■                           | 13-15 Jun    | ●   |         |     |       |      |      |
| Alice Springs, NT ■                                | 14-16 Jun    |     |         |     | ●     |      |      |

| Location                       | Dates        | REC | ALS/PLS | MEC | MIDUS | AREC | ATSI |
|--------------------------------|--------------|-----|---------|-----|-------|------|------|
| Port Hedland, WA               | 14-16 Jun    |     |         |     |       | ●    |      |
| Wiluna, WA (Mon-Wed) ○         | 24-26 Jun    | ●   |         |     |       |      |      |
| Wiluna, WA ○                   | 27 Jun       |     | ●       |     |       |      |      |
| Alice Springs, NT (REC)        | 25-27 Jun    |     |         |     |       |      | ●    |
| Swansea, TAS                   | 28-30 Jun    |     |         | ●   |       |      |      |
| Mt Isa, QLD ■                  | 12-14 July   |     |         |     | ●     |      |      |
| Kununurra, WA                  | 12-14 July   | ●   |         |     |       |      |      |
| Canberra, ACT ✕                | 19-21 July   |     |         | ●   |       |      |      |
| Mackay, QLD                    | 26-28 July   |     |         | ●   |       |      |      |
| Alice Springs, NT ○            | 27 Jul       |     | ●       |     |       |      |      |
| Derby, WA (REC)                | 30 Jul-2 Aug |     |         |     |       |      | ●    |
| Darwin, NT                     | 9-11 Aug     |     |         |     |       | ●    |      |
| Lorne, VIC                     | 16-18 Aug    |     |         | ●   |       |      |      |
| Cooktown, QLD                  | 23-25 Aug    | ●   |         |     |       |      |      |
| Alice Springs, NT (Sat-Mon) ■  | 24-26 Aug    | ●   |         |     |       |      |      |
| Port Augusta (MEC)             | 28-30 Aug    |     |         |     |       |      | ●    |
| Narrogin, WA                   | 6-8 Sep      | ●   |         |     |       |      |      |
| Narrogin, WA                   | 9 Sep        |     | ●       |     |       |      |      |
| Dubbo, NSW                     | 6-8 Sep      |     |         |     | ●     |      |      |
| Darwin, NT (pre-Conf Sun-Tue)  | 21-23 Sep    | ●   |         |     |       |      |      |
| Darwin, NT (pre-Conf)          | 24 Sep       |     | ●       |     |       |      |      |
| Darwin Conference              | 25-28 Sep    |     |         |     |       |      |      |
| Darwin, NT (post-Conf Sun-Tue) | 29 Sep-1 Oct |     |         | ●   |       |      |      |
| Darwin, NT (REC)               | 29 Sep-1 Oct |     |         |     |       |      | ●    |
| Miles, QLD ○                   | 11-13 Oct    |     |         | ●   |       |      |      |
| Canberra, ACT ✕                | 11-13 Oct    | ●   |         |     |       |      |      |
| Swansea, TAS                   | 18-20 Oct    |     |         |     |       | ●    |      |
| Alice Springs, NT ■            | 18-20 Oct    |     |         | ●   |       |      |      |
| Broome, WA (MEC)               | 4-6 Nov      |     |         |     |       |      | ●    |
| Broome, WA                     | 8-10 Nov     |     |         | ●   |       |      |      |
| Burnie, TAS                    | 8-10 Nov     | ●   |         |     |       |      |      |
| Northam, WA                    | 22-24 Nov    |     |         |     | ●     |      |      |
| Townsville, QLD                | 22-24 Nov    |     |         |     |       | ●    |      |
| Melbourne, VIC (RAHC) ○        | 29 Nov-1 Dec | ●   |         |     |       |      |      |

○ Private. ■ Department of Health and Flinders Students. ✕ 3rd Year Nursing Students (NURHC). Please keep checking our website as details may change.



## endorsements and accreditations

The CRANAp<sup>plus</sup> Remote Emergency Care (REC), Advanced Remote Emergency Care (AREC), Advanced Life Support (ALS), Maternity Emergency Care (MEC) and the Midwifery Up Skilling (MIDUS) courses are all accredited by the Australian College of Rural and Remote Medicine.

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

These courses are also endorsed by the Royal College of Nursing Australia and the MIDUS

course is also endorsed by the Australian College of Midwives, Midplus program.

These three organisations provide representation for nurses, midwives and general practitioners and therefore allows for the CRANAp<sup>plus</sup> philosophy around remote and rural health to be broadened. ●

**It is a pre-requisite that all nurses working in the Northern Territory are to have completed a Remote Emergency Care (or an equivalent emergency course) and the Maternity Emergency Care course.**

### CRANAp<sup>plus</sup> 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 (ACRRM)

Endorsed by RCNA, accredited by ACRRM

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

Endorsed by RCNA, accredited by ACRRM

**MidPLUS**

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.

## mentoring program – an overview

**CRANAp<sup>plus</sup> next year will conduct a small pilot trial of a new mentoring program, aimed at improving the quality of a rural or remote experience for first-time health workers. The trial follows positive feedback of the concept from students and new graduates and some very encouraging interest from remote clinicians in becoming mentors.**

The following is an overview of the program and the underpinning philosophy from Geri Malone, Coordinator of Professional Services, and eRemote Coordinator Julia Stewart, who has created the eRemote modules for the program.

Giving health workers a positive first-time rural or remote experience and encouraging people to stay on, is behind the CRANAp<sup>plus</sup> Rural and Remote Mentoring Program.

The issues of recruitment and retention to remote practice are well acknowledged and documented and continue to be topical, as highlighted recently in work undertaken by Health Workforce Australia (HWA), in future predictions of workforce shortages.

**The issues of recruitment and retention to remote practice are well acknowledged and documented and continue to be topical...**

Support for new graduates either as a recent graduate or those taking up remote practice for the first time, is a key determinant of the quality of their experience and their willingness to stay. ►►



CRANAp<sup>plus</sup> mentoring program: the elements contributing to successful implementation.



► Several papers have been published by Jane Mills et al on mentoring (references available in eRemote module) in the rural context for nurses and its influence on retention through providing a supportive work environment. Anecdotally, we know through our experiences that a well-supported placement improves the overall experience of the remote health professional and influences their future career decisions. Formalising a mentoring program and linking up mentees to mentors to assist in this transition will also support the local staff at that local level.

## Formalising a mentoring program and linking up mentees to mentors to assist in this transition will also support the local staff at that local level.

The purpose of the CRANap<sup>lus</sup> Mentoring program is to provide support and mentorship for new graduates to remote practice, whether they are a recent graduate or an experienced professional. At the same time it will provide current health professionals in remote practice with the knowledge and skills required to

provide effective mentoring: transferrable skills that they can use every day in their own practice.

The program will provide relevant knowledge and skills to both the mentor and mentee through a Continuous Professional Development activity, accessible on eRemote, and a coordinated and supported mentoring program linking experienced mentors with mentees. The online program coordinator will provide support for the online module, along with Bush Support Services assisting in developing the mentoring relationship through regular contact, including the use of telephone, emails and Skype.

The outcomes of the program will be that the mentor and mentee will have a better understanding and appreciation of the skills, knowledge and benefits required for mentoring. They will have been able to participate in a mentoring relationship as a mentor or a mentee. They will be strong advocates for mentoring programs in the workplace for recruitment and retention of remote staff and they will have had the opportunity to network and use CRANap<sup>lus</sup> resources and activities.

**For more information and to become involved as either a mentor or a mentee contact:**  
[julia@crana.org.au](mailto:julia@crana.org.au) ●

## palpable respect and pride

**Libby Bowell, CRANap<sup>lus</sup> National Education Manager, says that the recent Aboriginal and Torres Strait Islander (ATSI) health worker course in Cairns “pretty much confirms that my goal for the last few years is right – that ATSI health workers should be facilitating ATSI health worker courses.” Here she explains why.**

I have been doing this job for several years now: I believe I have a pretty good relationship with health workers and feel very comfortable in ensuring my teaching methods are appropriate and flexible for the audience. But there is no denying the change in the participants’ connection when a fellow ATSI colleague gets up and presents a lecture or skill station.

The ATSI health worker course in Cairns, which was attached to the CRANap<sup>lus</sup> Conference, was the perfect platform to introduce our ATSI facilitators, Rachael Walker and Lenny Cooper. Alongside myself and Sue Orsmond, Rachael and Lenny facilitated the REC course for seven Queensland health workers.

Rachael is an ATSIHP with eight years’ experience as a paramedic with St Johns Ambulance in the Northern Territory. Lenny is working towards completing his ATSIHW training and is the CRANap<sup>lus</sup> Aboriginal Liaison Officer, with an extensive background in teaching prior to that.

The group was small and intimate and no one had heard of CRANap<sup>lus</sup> prior to finding the flyer or being told about the course by their employer. ►►







Participants preparing for the physical assessment skill station.



Facilitator Lenny Cooper demonstrates "back blows".

» Right from the start the group were keen to talk about their reasons for attending the course... they wanted more information and confidence to assist in managing emergency presentations.

Both Sue and I sat in the room to support Rachael and Lenny. Right from the outset, they were engaged with the group. At the same time, we observed the reactions of the participants: an immediate noticeable and palpable respect and pride shown to the facilitators.

During a break, I asked one of participants "what was the difference between Sue and myself and then Rachael and Lenny?"... "you mob are good but Lenny and Rachael can make us feel more comfortable because they are like us," ...another said "it's not so scary with them here."

**we observed the reactions of the participants: an immediate noticeable and palpable respect and pride shown to the facilitators.**

Although a little nervous at the beginning, both Sue and I observed the confidence of Rachael and Lenny growing over the 3 days. Both Lenny and Rachael said the experience was positive and it was very evident they enjoyed their first course, had a sense of pride in what they were doing, and are both very keen to be part of the facilitator team. Rachael said that she is keen to assist with the further development of the course.

Another potential facilitator was identified from the course participants and she has already expressed interest.

Both Lenny and Rachael emphasised that the course provides an appropriate level of training for ATSI health workers and Lenny said the style in which we teach is the right way. Feedback from course evaluations indicates that we are pitching this course at the right level and the content is transferable across borders.



"Skills stations are deadly".

All participants told us that they would recommend this course for their colleagues and thought it was a good idea to schedule another course in Cairns next year.

*"It would be good if this course continues. This was a great course; slideshows were very helpful to see pictures. Well done CRANApus."*

*"I will definitely recommend the REC course to other AHW's and also suggest our health workers all get a chance to attend and also update every couple of years." "I had a great time, learned a lot and met new friends. Will take a lot away from this course and would highly recommend it to other health workers in my workplace." »*

» *"I believe this course has given me the confidence and competency to perform any procedures or duties when assisting RN's and doctors within the emergency department. It has taken away most of my fears and has prepared me and made me more determined to aim higher. The use of mnemonics is great and keeps you competent when managing an emergency wherever. Assessments were very good as it made me think properly and use my common sense."*

**CRANApus** is excited and proud to have embarked on this journey with our new facilitators and is committed to provide the appropriate support and training to ensure that we continue to grow our number of facilitators.

Our commitment to this goal will see the facilitators being supported by our longterm REC facilitators to ensure we continue to help build their knowledge and their confidence.

CRANApus is excited and proud to have embarked on this journey with our new facilitators and is committed to provide the appropriate support and training to ensure that we continue to grow our number of facilitators. We will continue to listen to feedback and explore other opportunities for health worker education.

**If you are a ATSIHP or know someone who would make a good facilitator for these courses please contact me:**  
**flec@crana.org.au** ●

Footnote: for the purpose of this story the participants asked to be called health workers during the course, it is CRANApus understanding that once ATSIHW's complete their Certificate 4 they are eligible to be ATSIHPs but this is still in discussion in all states and territories.





# advocate



## The 'go to' resource

Outlining here the breadth of activities she has been involved in this year, Geri Malone, Coordinator of Professional Services, ruefully comments: "Be careful what you wish for!"

I think I have said many times, as have others, that we want to be acknowledged as the 'go to' resource for anything to do with remote health.

It is the aim of CRANApplus to be included in the broad range of discussions nationally that have links to remote health issues for both providers and consumers.

When it comes to fruition, it is very satisfying to be included and invited to be around the table, even though it does place great demands on time.

So it is true that one needs to be careful with what one wishes for!

CRANApplus was successful in gaining short term funding from the Commonwealth Department of

Health and Ageing for a project that will encompass the Identification of National Standards for health service delivery in remote context, and Credentialing.

It is the aim of CRANApplus to be included in the broad range of discussions nationally that have links to remote health issues for both providers and consumers.

This has enabled us to engage a project officer, Marcia Hakendorf, to work on both of these pieces of work. Marcia, who will be the link between CRANApplus staff and stakeholders, has extensive experience as a Senior Project Officer with the South Australian Health Department in the Office of Nursing and Midwifery and Country Health SA.



Photo: Steve Batten.

The Credentialing project, which has the overall aim of determining the benchmark for the delivery of safe, quality care in remote practice, has been humming along in the background.

Credentialing identifies the pathways to remote practice and determines an acceptable level of both clinical practice and preparation for practice. It does not measure individual competence.



Credentialing identifies the pathways to remote practice and determines an acceptable level of both clinical practice and preparation for practice.

We have been able to develop a pilot program to firstly identify the level of interest from remote area nurses and midwives, and the processes such a program entails.

This is an exciting process and we expect it will identify and raise many issues which will lead to a more concise description of the preparation for remote practice.

For more information on this contact Marcia Hakendorf at [marcia@crana.org.au](mailto:marcia@crana.org.au)

Other current issues that CRANApplus has been engaged in include the Telehealth Nursing & Midwifery Consortia project (see Telehealth article on page 85 in this edition); and activities connected with Health Workforce Australia (HWA). >>

» We have had the opportunity to have specific discussions with HWA in relation to gathering meaningful data on the remote health workforce, specifically RANs and the type of service delivery they are engaged in.

Karen Cook, a keynote speaker at the Cairns Conference, is undertaking work around retention and productivity issues in the nursing workforce to which we have opportunity to have an input. The retention of nurses in the workforce is as important as the recruitment.

## The retention of nurses in the workforce is as important as the recruitment.

Some specific areas that continue to be active include:

- The Nursing and Midwifery Graduate Jobs Information Portal, a national electronic jobs board for new nursing and midwifery graduates. This portal has been extended until at least 30 June 2013. The access to this site continues to grow as students completing their programs are looking for positions. The reality is that many graduates will not find a position. so this is a way for them to register their interest and for employers to be able to advertise their positions. This lack of jobs for graduates is a failure in the system, and I believe it is almost unethical to provide training places with no capacity to offer employment. There is a lot said about the glut of medical interns that will not be employed: this is no less of an issue.
- Endorsement for scheduled medicines. The National Registration standard for the endorsement for scheduled medicines (rural & isolated practice) was implemented nationally with the advent of National Registration. We have had extensive discussions with NMBA around this standard, specifically the limited access to accredited training programs.

We have been advised by NMBA that they have revised the Standard and, after internal consultation, there will be a public consultation, which we hope to see early next year.

- Health Professionals Prescribing Pathway (HPPP) project through HWA. The HPPP has been developed to support a nationally consistent approach to the prescribing of medicines by health professionals other than medical practitioners, covered under the National Registration and Accreditation Scheme. The HPPP provides detail on the important workforce requirements that a health professional must have to undertake prescribing. Many of you may have been involved in some discussions around this and it will be interesting to see how it evolves and of course in particular implication for rural and remote situations.

### Committees

- **Student and new Graduate sub-committee**  
Although we did not manage to have a formal face-to-face meeting at the Conference, there was as always, good opportunities to engage with students over the three days and a number presented great presentations, providing their important perspectives on their experiences with clinical placements and the workplace. Whilst our output from the committee has not been great to date, we continue to work on guidelines for clinical placements in remote context and it is an ideal avenue for the promotion of our pilot mentoring program.
- **Research sub-committee**  
This committee will be meeting via tele-conference and we are delighted that our proposal developed around the collection of meaningful remote data in terms of the workforce and service delivery is being taken up with HWA.

**Geri Malone**  
National Coordinator of Professional Services  
CRANAPlus ●

## focus on climate change

CRANAPlus is a member of the **Climate and Health Alliance (CAHA)** – a coalition of organisations and individuals in the health sector advocating urgent action on climate change to protect and promote public health. Here Fiona Armstrong, the CAHA Convenor, outlines views from two sources.

Writing recently in the online blog, The Conversation, Canberra academic and researcher, Professor Helen Berry from the University of Canberra, said people in rural and remote areas face multiple challenges that pose risks to health: with economic pressures, poor access to health

services and outback stoicism all contributing factors. And Professor Berry pointed out that climate change threatens to exacerbate the risks, particularly to mental health, and particularly among Aboriginal people, farmers, miners and tourism operators. »

“Our world faces potentially catastrophic warming and we have limited capacity to adapt to rapid or extreme climatic changes...”



Photo: Peter Hansford



» "Our world faces potentially catastrophic warming and we have limited capacity to adapt to rapid or extreme climatic changes," she said. "As the world's most variable climate, our continent is the canary in the mine. We have a need and an obligation to invest in understanding and responding effectively to this threat."

Responses to these risks require careful planning to ensure rural communities are prepared for and resilient in the face of more extreme weather and climatic changes.

**Education about climate change and mental health and building social networks were important factors in building community resilience and preparedness for extreme weather...**

Professor Berry said that the failure of mainstream medical approaches to acknowledge the importance of land to Aboriginal people's sense of wellbeing was adversely impacting their mental health, and stated that this factor was made more acute with increasing drought, related to climate change.

Drought, economic woes and the increasingly aged demographic among farmers left on the land meant that they were also vulnerable, she said. The risk of potentially unmanageable future climate impacts will require engagement with local communities to ensure weather-related mental health research and subsequent strategies were consistent with local community priorities and culture.



Photo: Steve Batten

These risks are reiterated in the recent report from the *Australian Government Climate Commission on Climate Change and Health* which suggests increasing drying and reduced farm yields is linked to increases in suicide rates. Rising temperatures also increase the incidence of mental, behavioural and cognitive disorders.

Education about climate change and mental health and building social networks were important factors in building community resilience and preparedness for extreme weather, the Commission report said.

The report concludes however that the impetus provided by climate change to profoundly change the way we live, produce and consume also offered "positive opportunities to think anew about our priorities as a community". ●



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# students made welcome at conference

**National Rural Health Students' Network (NRHSN) students always rave about the welcome they receive at the CRANAp<sub>plus</sub> Conference each year.**

This year was no different as students were given opportunities to present, participate and network with remote health professionals, which helps to inspire students to take up careers in outback Australia.

## Students speaking up at the CRANAp<sub>plus</sub> Conference

Physiotherapy student Steph Fraser moved her audience as she shared her experience with depression and was acknowledged through an award presented at the close of the Conference. Nursing student Debbie-Ann Gillon and pharmacy student Katrina Graham also presented on the benefit of inter-professional education and shared their own experience.

Nursing student Ely Taylor from the University of Canberra highlighted the importance of positive experiences during placement. Medical student Teena Downton and nursing student Cat Ryan followed suit and explored the uniqueness of remote placements and shared their perspectives on how students can be best prepared. Ben Crough and Cat Ryan were presented with Remote Placement Scholarships for their placements in Broome and Mount Isa respectively.

The NRHSN would like to thank CRANAp<sub>plus</sub> for enabling students to share their 'pearls of wisdom'. Many of these NRHSN student members were given the opportunity to attend the Conference through the NRHSN Conferences of National Significance (CoNS) program that is administered by Rural Health Workforce Australia (RHWA) the auspicing body of the NRHSN. ►►



Left to right: Katherine Humphreys, Dan Faux and Jillian Ferrell.



Teena Downton and Cat Ryan presenting at the CRANAp<sub>plus</sub> Conference.



Pharmacy Student Ben Crough presenting at the CRANAp<sub>plus</sub> Conference.

Photos: Rosey Boehm.



## » The NRHSN Nursing and Midwifery Portfolio

The NRHSN Nursing and Midwifery Portfolio had a productive year, particularly surrounding relationships with stakeholders. The work of the Portfolio includes responding to enquiries from our member Rural Health Clubs. They have been approaching us to discuss ways of engaging Nursing and Midwifery students with their Rural Health Clubs.

**We have been encouraging Clubs to hold Nursing and Midwifery specific events, target lectures, recruit natural leaders within each year level and to provide incentives for Nursing and Midwifery membership...**

We have been encouraging Clubs to hold Nursing and Midwifery specific events, target lectures, recruit natural leaders within each year level and to provide incentives for Nursing and Midwifery membership, eg. Fob watch give-away with membership. Creative and innovative recruitment strategies will certainly strengthen these memberships. The Portfolio also met with members at NURHC 2012 to seek fresh ideas, investigate issues for Nursing and Midwifery

students and encourage members to apply for a role for the Portfolio in 2013. The CRANApus students and new-graduates sub-committee was established to create formal communication channels with future health professionals. Two NRHSN members sit on this committee and we look forward to working with CRANApus in 2013.

### NRHSN 2013 executive announced

The NRHSN would like thank the 2012 NRHSN Executive Team for their significant contribution to the Network and introduce the 2013 executive who will lead the NRHSN in promoting rural health equality and careers in the New Year. The team consists of third year Griffith University Medical student Dan Faux, raised in remote WA and now training in Stanthorpe, Queensland; Katherine Humphreys, third year Physiotherapy student studying at Curtin University, Western Australia; and third year University of Queensland Medical student Jillian Ferrell who has been inspired by remote health since her first year elective in Tennant Creek. In 2013 the NRHSN will be working to increase the number of active Rural Health Club members, and further develop the Alumni network; fortify efficient working relationships among the NRHSN Council and Portfolios; and of course to continue to advocate for students' priorities in rural health.

**Catherine Ryan and Kristy McGregor**  
**National Rural Health Students' Network**  
[www.nrhsn.org.au](http://www.nrhsn.org.au) ●

## telehealth initiative

**CRANApus is pleased to be a member of the Nursing & Midwifery Consortia that was successful in gaining funding under the Commonwealth Government's Telehealth Support Project.**

The Telehealth, Nursing & Midwifery: Education and Support Project, aligns with the objectives of the Australian Government Telehealth Initiatives Program:

1. Develop and disseminate professional standards and practice guidelines
2. Provide a range of training and supports
3. Provide support through the engagement of Telehealth Support Officers
4. Develop communication and awareness raising activities

**...enabling nurses and midwives to facilitate and contribute effectively to safe, high quality telehealth consultations, will provide more equitable access to specialist services for patients in regional, rural and remote areas.**

The implications of telehealth in terms of gaining and improving access for remote patients to specialist services is clear to anyone who works and lives in remote areas.

Telehealth opportunities are already being used in many remote clinics around Australia for health purposes as well as for education and meetings. While the Commonwealth Project Telehealth initiatives predominantly revolve

around GP models of care, we are looking at future potential, and aim to be able to demonstrate the benefits of nurses, nurse practitioners and midwives using the services.



The Consortia Project considers that enabling nurses and midwives to facilitate and contribute effectively to safe, high quality telehealth consultations, will provide more equitable access to specialist services for patients in regional, rural and remote areas. Nurses and midwives together form the largest health professional group in Australia, and nurses may often be the only health care professional in remote areas.

The potential impacts of broadening the use of telehealth services include:

- Reducing the need to travel long distances
  - Providing the opportunity for carers/family to be involved in the consult as appropriate
  - Enabling the local health professional (RAN/AHW OR MO) to be with the client during the consultation to offer information
  - But more importantly: getting immediate feedback on the consultation and
  - No waiting for letters back!!! (discharge summaries)
- It is important that we can demonstrate the need and the benefits to consumers and health professionals and the implementation and the success of telehealth initiatives would seem to be dependent upon:
- Commitment of the health service to implement
  - Commitment and willingness of staff to get on board
  - Acceptability to the local clients
  - Infrastructure/connectivity availability. »





► I asked for some feedback from end-users and received this feedback from Helen Gill in Alice Springs:

*Telehealth is presently in the majority of the Central Australia clinics, although not being utilised to its full potential for a number of reasons. Resolution is surprisingly good and with the video camera's on the ceiling in the emergency areas, the doctors can also zoom right in and do a drug check on vials.*

**Telehealth is presently in the majority of the Central Australia clinics, although not being utilised to its full potential for a number of reasons.**

*The RAN or AHW sits with the client and/family whilst the consult is going on and the Specialist or team at the other end can advise and instruct if any assessment needs to occur in real time.*

*It has been utilised for teleconferences with the Renal team in Alice Springs and clients that we had been having difficulty getting to come to Alice for their appointments and review, and for case conferencing with multi-disciplinary teams on complex cases. Both with good success.*

*Another clinic utilised it for pre-operative assessments with one of the specialist nurses going to the community and the medical team stayed in Alice. The number of pre-operative assessments were large and then the patients were transported in the next day for the surgery, with a greater number of people getting their ENT surgery than previously. This of course was due to the greater teamwork between the outpatients and clinic.*

*Carers and family were encouraged to get involved and whilst initially shy, once they used it the family were really keen, and the feedback from the community that used it for the pre-operative assessments, said that the community were really excited and lining up to have their consultations.*

*Other opportunities exist in terms of access to other Specialists who are based outside of Alice Springs with obvious savings to the cost of travel and accommodation in Adelaide but also the massive social upheaval.*

*I also see possibilities for use with Pregnancy care if midwives are not available in the community, for the RANM/AHW to get guidance.*

*It has also been utilised for meetings in particular the workplace health and safety committee and discussions. It is still under utilised as I don't think that the clinical teams are aware of the strengths and potential that this technology offers.*

What you can expect from the Consortium project:

- Professional Standards around Telehealth consultations
- Education resources on CRANaplus eRemote (free)
- Access to Telehealth Support Officers to provide advice

If you would like more information on this project visit [www.crana.org.au](http://www.crana.org.au), go to the 'What's New?' section and click on the Telehealth tab, or contact Geri Malone at [geri@crana.org.au](mailto:geri@crana.org.au) ●



# DV-alert

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DV-alert is funded by the Department of Families, Housing, Community Services and Indigenous Affairs

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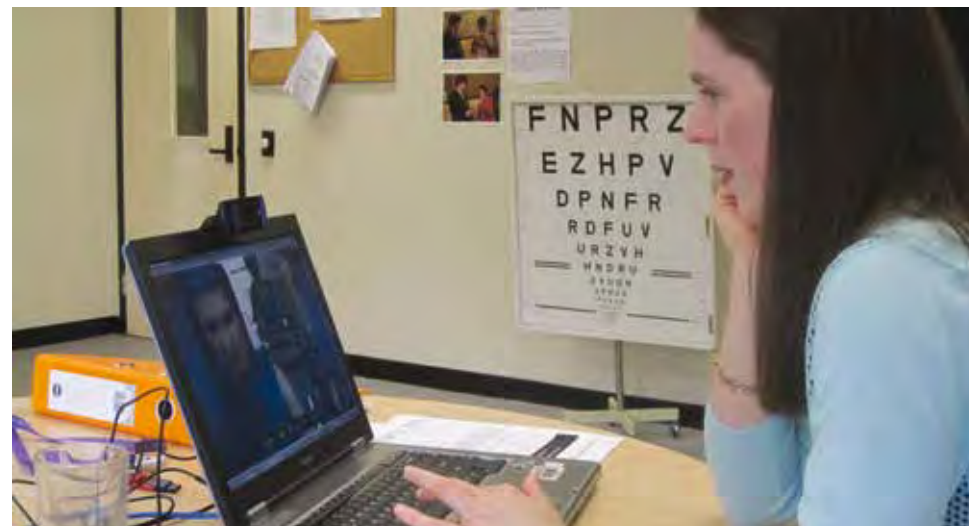
# new telehealth services for children in regional and remote areas

The Department of Families, Housing, Community Services and Indigenous Affairs has committed over \$4 million in funding to a new initiative called VidKids™, to assist with improved delivery of Telehealth services to children with hearing and vision impairment in regional and remote Australia.

The VidKids program utilises the increased reach of the National Broadband Network and brings together an expert consortium of health service providers passionate about improving outreach service delivery to children with hearing and vision impairment.

The VidKids Alliance is made up of Deaf Children Australia, Vision Australia and the First Voice national service network, which includes the Hear and Say Centre, Taralye, Telethon Speech and Hearing, The Cora Barclay Centre and The Shepherd Centre.

Experienced health professionals from these organisations will connect with children and families via video conference sessions that are catered to the diverse needs of each child. Services may range from strategies, language development, daily living skills, technology assistance and emotional support.



Natalie Kaine, an Occupational Therapist based in Vision Australia's Sydney office, has recently started using video conferencing to connect with her clients in regional and remote NSW. When asked how she first felt about adapting her sessions to video conferencing she said she was initially anxious because she wasn't familiar with the online programs.

"After making my own enquiries and looking into the research on video consults I found that many other health services were being delivered this way and it gave me the confidence to adapt my face-to-face sessions and persevere through the sometimes tricky moments" says Natalie.

"I also felt a huge relief knowing I could provide clients living in remote areas with more regular support. Rather than only being able to travel to my clients once or twice a year I am now able to make frequent appointments, similar to what happens with the families in the city."

Besides overcoming the distance barrier Natalie says she has found other benefits to online sessions. "Parents like the ease of using the video conferencing, they are more relaxed, and not concerned about a stranger coming to their house or having to clean up."

**"I've had parents tell me they prefer online contact even at times when there's been a bad connection because they like to see my face..."**

Natalie also believes that the video conference sessions provide a better means of personal connection than using the phone. "I've had parents tell me they prefer online contact even at times when there's been a bad connection because they like to see my face. It can help parents feel more at ease when they are talking to me about things that can often be quiet emotional."

"The VidKids program is going to provide many children who are a long way from central health clinics with life changing support", said Natalie. "The impact of regular sessions makes it easier to assist with their development and help children overcome the day-to-day challenges."

**Registrations are now open. If you know a child who would benefit from VidKids™ contact [vidkidsinfo@visionaustralia.org](mailto:vidkidsinfo@visionaustralia.org) or 1300 365 492 for further information. ●**



# support

## “sing for your life” project

**Annmaree Wilson, Senior Clinical Psychologist with Bush Support Services (BSS), outlines their latest stress buster activity: a collaboration between BSS and the Orange Regional Conservatorium of Music that aims to bring the joys and benefits of choral singing to remote area health workers.**

Bush Support Services (BSS) has taken an innovative leap to use the telephone and technologies such as Skype and Facetime to create an exciting and creative opportunity to help remote health workers deal with the day-to-day stressors of working in a remote environment.

These communication technologies, already used to provide counselling services to health workers living and working in remote areas, are the tools for the “Sing For Your Life” project a collaboration between BSS and the Orange Regional Conservatorium of Music.

The aim behind this innovative pilot project is to recruit 12 remote area health workers who, of course, are interested in singing and who will attend the 2013 CRANApus Conference in Darwin. They will receive 12 free weekly singing lessons via Skype or Facetime from a professional singing teacher from the Orange Conservatorium of Music. After a number of face-to-face rehearsals at the Conference, they will then perform in the CRANApus Choir at the 2013 Conference in Darwin.

**The mental health benefits of singing are well-established. Research has shown that nursing home residents who participate in group singing show decreases in anxiety and depression levels.**

The mental health benefits of singing are well-established. Research has shown that nursing home residents who participate in group singing, show decreases in anxiety and depression levels. Research has also repeatedly shown that people who sing in choirs have a higher sense of satisfaction with their lot in life overall than the rest of the population in general. For example, a 2011 study was conducted by the Wellness Promotion Unit at Victoria University and funded by VicHealth, exploring how singing impacts on individual overall wellbeing.



**People who sing in groups report a greater experience of connectedness, a greater sense of belonging, physical and emotional benefits, and reduced levels of personal stress.**

It found that singing in groups, or choral singing, improves physical and psychological wellbeing on many levels. People who sing in groups report a greater experience of connectedness, a greater sense of belonging, physical and emotional benefits, and reduced levels of personal stress.

It's not surprising, then, that singing is central to our cultural lives. Popular singers are the superstars of modern life. Think about the popularity of TV shows such as “X-Factor”. And who hasn't sung in the shower, at least listened to a karaoke night at the local pub or danced and sang around a room to Tom Cruise at one time or another? ►►





► And who doesn't sing to their favourite CD or radio station in the car? The reason that there has been such focus on singing is because it really does make us feel physically and psychologically better.

Research has shown that singing has a very tangible impact on brain activity. Singing, like exercise, triggers the release of endorphins... the happy pills of the brain. The key to accessing endorphins during singing appears to be in the breath work. Just as breathing deep and low triggers endorphin release during meditation, the same is true during singing. And this is where singing lessons can be of real benefit.

**Singing, like exercise, triggers the release of endorphins... the happy pills of the brain.**

The key to the psychological benefits of singing appear to lie in understanding mindfulness. In general, mindfulness is a psychological state that is about paying attention in a particular way that focuses on what is happening in the immediate present to the exclusion of other extraneous thoughts.



Singing does exactly that. You focus on the tune, the words, trying to harmonise with others and you can't worry about anything else. It's as good as meditation and maybe better as it has a significant social component to it as well.

It is those exact psychological and physical levels of wellbeing listed above that Bush Support Services hopes to achieve for some remote area health workers.

**So if you are interested contact Annmaree: [scp@crana.org.au](mailto:scp@crana.org.au)**

For more information on singing, choruses and happiness, have a look at these links:

"America Ranks Choruses as #1 Form of Arts Participation." Chorus America. Feb. 25, 2003. [www.rrcb.org/documents/chorusamerica.doc](http://www.rrcb.org/documents/chorusamerica.doc)

Allot, Serena. "Why singing makes you happy." Telegraph. March 26, 2009. [www.telegraph.co.uk/health/wellbeing/5050461/Why-singing-makes-you-happy.html](http://www.telegraph.co.uk/health/wellbeing/5050461/Why-singing-makes-you-happy.html)

"Choral singing and psychological wellbeing: Findings from English choirs in a cross-national survey using the WHOQOL-BREF." International Symposium on Performance Science. 2007. [www.newcastle.edu.au/Resources/Research%20Centres/ArtsHealth/Choral-singing-and-psychological-wellbeing.pdf](http://www.newcastle.edu.au/Resources/Research%20Centres/ArtsHealth/Choral-singing-and-psychological-wellbeing.pdf)

MacLean, Tamara. "Choral singing makes you happy: survey." Sydney Morning Herald. July 10, 2008. [news.smh.com.au/national/choral-singing-makes-you-happy-survey-20080710-3cyg.html](http://news.smh.com.au/national/choral-singing-makes-you-happy-survey-20080710-3cyg.html)

"Singing to females makes male birds' brains happy." EurekAlert. Oct. 3, 2008. [www.eurekalert.org/pub\\_releases/2008-10/plos-stf100308.php](http://www.eurekalert.org/pub_releases/2008-10/plos-stf100308.php)

**Annmaree Wilson**  
Senior Clinical Psychologist  
CRANAP<sub>plus</sub> Bush Support Services ●



**If you sing in the shower...**

**Have you ever sung before?**

**Have you ever wanted to sing in a choir but never had the opportunity?**

**Do you think you can't sing?**

**WE WANT YOU!**

**Bush Support Services and the Orange Regional Conservatorium of Music is offering you the opportunity to participate in a unique and groundbreaking opportunity to form Australia's first remote area health worker choir!**

We are looking for participants of all abilities and experiences. All you need is motivation, good speed internet access, Skype AND importantly a commitment to attend the next CRANAP<sub>plus</sub> conference in Darwin in 2013.

You will receive 12 free singing lessons with a qualified singing teacher and the opportunity to perform with the CRANAP<sub>plus</sub> Choir! The link between emotional wellbeing and choir singing is well-established... so you'll be doing yourself a favour as well as having lots of fun.

**If you are interested please email Annmaree: [scp@crana.org.au](mailto:scp@crana.org.au)**

**CRANA<sub>plus</sub>**  
bush support services



**Australian Government**  
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# tips on good communication

**Therese Forbes, Bush Support Services psychologist, explains here how to overcome common barriers to good communication in the workplace.**

In most employment situations, being able to communicate well is a real strength. In the health sector particularly, communicating effectively with employers, colleagues and patients can vastly improve outcomes and relationships. When we communicate well we can improve both morale and efficiency and reduce workplace conflict and office politics.

Not everyone is a born communicator and most of us have to work hard to improve our skills. There are some common pitfalls that, if addressed, can radically improve our effectiveness.



Good skills go far further than conversations. We also need to be able to communicate well in written reports, notes and emails.

## Not everyone is a born communicator and most of us have to work hard to improve our skills.

Up to 80% of communication is non-verbal – what you actually say only makes a small contribution. Body language and tone of voice is what often conveys our feelings so others gain much by reading our body language. It has been asserted that ‘an averted face may mean an averted heart’.

It may be beneficial to break down some of the factors that hinder the effectiveness of our communication. Have you ever had the sense that you have been road blocked when having a discussion? Conversation roadblocks are when what you are saying gets derailed and it effectively shuts down communication.

Roadblocks fall into three categories – judging, sending solutions and avoiding others concerns. We all use roadblocks, sometimes due perhaps to time pressure, hearing distressing stories or impatience. The good news is that awareness can create opportunities for change.

## The best gift we can give to others is listening.

The best gift we can give to others is listening. Listening with full attention, listening for feelings and actively acknowledging what you have heard lay strong foundations for improved communication. This, in turn, enables us to problem solve and negotiate to influence outcomes.



Rewards are reaped through mutual understanding, cooperation from others and getting your needs met, whilst promoting increased intimacy in personal relationships.

An additional barrier to good communication is to be either too passive or too aggressive in your conversations with others. If you are too passive you can tend to be walked over. And we all appreciate the difficulties of being too aggressive! Somewhere in the middle is the position of Assertiveness.

Assertiveness skills help by allowing you to express your opinion and feelings without alienating others. This in turn maintains mutual respect and self-esteem.

We can worry that we experience strong emotions around issues in the workplace. However, emotions play an important role in helping us make sense of and navigate our environment. Paying attention to your emotions assists in you being able to provide information to others so that they can make appropriate decisions about how to respond.

Handling difficult conversations can be tricky for all of us, and living a full rich life requires us to have some skills in negotiating conflict. Seeing conflict as an opportunity to change has many paybacks. Like Goldilocks and the Three Bears, it is important when negotiating to be able to find the middle ground that is not too hard and not too soft but just right! ►►



► Best not to lock yourself into one position, so removing your ego from the discussion can be very effective. By going into a conversation with the attitude that you have plenty of options and the assumption that you are both reasonable people is highly beneficial.

Putting yourself in the other person's shoes shows 'empathy' and will take you further than endless strategising and clever tricks.

In the workplace, we can often feel that it is 'not OK' to express ourselves, particularly if there is a power differential. Need for safety and employment security can get in the way of approaching others. We can make assumptions that others know that our needs are not being met and simply don't care! It may in fact be that our needs clash with those of others and consideration of our request can stimulate important discussion. In these cases it is very important to prepare for the conversation and get clear about what we want: this can be

trickier than first imagined. When we are clear and open in our communication it provides the ideal environment for resolution of difficulties.

**Strategies such as effective time management, exercise and rest and relaxation ensure that you are at your best.**

And finally, maintain your wellbeing!! Communicating effectively is extra difficult if you are stressed. Strategies such as effective time management, exercise and rest and relaxation ensure that you are at your best. Making time for non-work aspects of your life and establishing and maintaining friendships are probably the best investments you can make towards your long term wellbeing and your important relationships. ●



## health workers take centre stage

Armidale Express, 16 November 2012



### Health workers take centre stage

**HITTING THE STAGE:** Annemaree Wilson from Bush Support Services and Dr. Jane Clark at Wednesday's morning tea for health workers.

By VICTORIA NUGENT

THE mental wellbeing of Armidale's health care workers took centre stage at a morning tea held at the Aboriginal Cultural Centre and Keeping Place on Wednesday. The event was held as part of National Psychology Week by Bush Support Services, an organisation which provides a telephone counselling line for health workers and their families. Annemaree Wilson, senior clinical psychologist with Bush Support Services said the organisation reaches out to health care workers and families living in regional areas.

"The idea is to retain the rural

and remote area health force," she said. "Our head office is in Cairns and we also have offices in Adelaide and Alice Springs as well but I happen to live in Armidale so that's why we're here."

Other activities run by the organisation include the Cozy Blanket Project where health workers knit squares for blankets to be given to those in need and the brand new Sing for Your Life promotion.

New England HAC development officer Ellen Gallagher said she welcomed the service as way of providing support to health workers who have dealt with difficult scenarios in their line of

work. "I think within our industry everyone recognises how much pressure we're under but until we started using Bush Support Services' counselling service we didn't feel like we had anywhere to go with that and so it was often just up to us to do the best we could and support each other the best way we can," she said. "We've been running a trial this year with access to the Bush Support Services' counselling line and it's just been fantastic because even though people don't use it all the time and they probably don't use it as much as we would like, they know there's something there for them."



## "Eating, Living and Working in the Bush"

A collection of recipes submitted by  
remote health practitioners of Australia

Calling all remote health practitioners, including Aboriginal and Allied Health Workers –  
whether you are still working out bush or have already returned home

CRANApus Bush Support Services is compiling a book of recipes, stories, tips and household hints supplied by the  
dedicated people who go remote to provide health services.

- Share your favourite recipes (and stories about the recipes) with us. Make our readers lick their lips and ask for more.
- Tell us your funny cooking stories and make us laugh.
- Household tips and hints are also very welcome.

We are looking for variety.

Now is the time to pull out that simple recipe that worked so well out bush; that innovative recipe using  
bush tucker that you are proud of; or the recipe for good wholesome tucker that became a favourite staple.

Perhaps you want to share a 'community recipe' or an old family recipe which has been adapted using local foods.  
Your recipe can be cooked inside or outside, wind-dried or sun-baked, on top or underground.

Updates regarding the competition will be regularly featured in the CRANApus Weekly eUpdate  
and also on the website: [www.bss.crana.org.au](http://www.bss.crana.org.au)

### How to be involved

Your entry should include your name, address, email and phone numbers.

NOTE: Recipes will be published with the sender's name as well as the area or region.  
If you wish your recipe to remain anonymous, please advise.

All contributors will receive a copy of the book and will have a chance to win a prize.



Australian Government  
Department of Health and Ageing

Email or send your recipes to:

CRANApus Bush Support Services  
PO Box 7410 Cairns, QLD 4870  
[bssadmin@crana.org.au](mailto:bssadmin@crana.org.au)

Closing date for entries is 31 March 2013

# BUSH SUPPORT SERVICES

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bush support  
services

# 1800 805 391

**Toll-free Support line**

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and  
their families

staffed by registered psychologists with remote and  
cross-cultural experience

available from anywhere in Australia

Resources also available

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Phone: 0448 011 956 Email: [bss@crana.org.au](mailto:bss@crana.org.au) Web: [www.bss.crana.org.au](http://www.bss.crana.org.au)



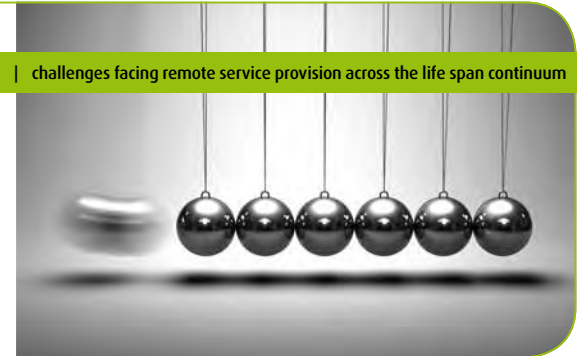
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see you in darwin in 2013



from the cradle to the grave | challenges facing remote service provision across the life span continuum

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Our 31st Conference offers a participative program designed for health care professionals to explore the challenges faced in delivering safe, quality health care programs to remote Australians; and to stimulate discussion and ideas for solutions that are accessible and appropriate.

#### call for abstracts

the challenges facing remote service provision across the life span continuum

#### abstracts are sought:

The Abstract should cover the challenges, pitfalls, barriers and solutions for delivering health care program(s) in one of the following areas:

- Birth
- Child Health
- Adolescent Health
- Mental Health
- Sexual Health
- Palliative Care
- End of Life

The Abstract should describe program(s) focusing on the aspects of Quality of Life – health and wellbeing including spiritual, physical and emotional aspects for:

- Your community
- Your clients/patients
- Yourself (maintaining personal health and buoyancy)

We invite clinicians, educators, managers, researchers and students across all disciplines to submit an abstract, either an oral presentation (i.e. research, case study or projects) or a poster presentation. We encourage first-time presenters to consider a submission.

An Encouragement Award will be offered to the best first-time presentation given during the Conference. Presentations are 20-minute duration inclusive of questions.

closing date for abstracts: 1 April 2013

full details are available on our website: [www.crana.org.au](http://www.crana.org.au)

call for abstracts

*"Nurses who have worked in remote locations for longer periods have such interesting stories."*

Sharon Gibbard, Registered Nurse from Melbourne

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