

issue 92 | december 2013

# CRANA *plus* magazine

the voice of remote health

RRP: \$10.00



educate 68  
advocate 78  
support 88

## from the editor



When I reflect back on the accomplishments of CRANApplus over this last year, it makes me very proud to be working for an organisation that is making a real difference to the lives of those living and working in remote Australia.

CRANApplus continues to lift the bar in all we do: we were successful in attaining Registered Training Organisation (RTO) status; have secured funding for a further three-year term, ensuring delivery of our programs; and topped an Australasian survey of member-based associations in the Satisfaction and Engagement categories.

Our Darwin Conference was a resounding success and here we have a rundown of events and photos for those of you who weren't able to join us.

The BSS Sing for Your Life Choir, the first ever cyber choir, gave their debut performance at the Conference Dinner, receiving a standing ovation and calls for encore. It was a real testament to ingenuity when faced with the obstacles posed

by remote isolation. Read all about their accomplishment on page 92.

BSS is calling on readers to assist them with their next targeted project (pages 50–51). Can you help? The highly successful Cosy Blanket program is aiming to have blankets for those affected by the NSW bushfires available by autumn/winter.

Would you like to experience health work in a remote community in Zambia? Many members will have had contact with our Adelaide receptionist Nicky who recently returned to her homeland in Africa and has written to us about the local clinic set up by her parents. Read her story on page 18.

Welcome to Rural and Remote Nursing Solutions and long term supporter of CRANApplus, HESTA Superfund, who join us as Corporate Members.

Got great photos of working, living or playing in remote Australia that you want to share? We are calling for potential front covers for our magazine in 2014. Send us your photos and one of them may feature on an edition cover, or find their way into our other publications, or onto the website (see details page 9).

What a great year it's been for CRANApplus and here's to a bigger and better 2014!

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



facebook.com/CRANApplus



**Australian Government**  
Department of Health and Ageing

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

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

**About the Cover:** The Sing for Your Life Choir with conductor Graham Sattler – the first ever Cyber Choir.

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call for abstracts  
invitation now open

### CRANApplus invites you to submit Abstracts for oral and poster presentations at the 2014 Annual Conference: Creating and Sustaining Diversity within Communities.

Australia is a multicultural society and when exploring the breadth of the definition of culture, remote communities demonstrate great diversity, thus impacting on the provision of health services that meet the needs of communities and individuals

Abstracts will provide an opportunity for authors to communicate their recent experiences when dealing with the diversity and differences within communities, the successes and the challenges of providing accessible health services.

In creating and sustaining diversity within communities, the authors will need to show how the program/service impacted on the service provider(s), the services delivered, individuals, or community groups and the wins and the barriers to providing sustainable health outcomes.

Drawing on the conference title: **Creating and Sustaining Diversity within Communities**, abstracts are being sought that address this very broad perspective and provide opportunities for you to demonstrate the multi-factorial dimensions of remote health practice from the broad perspective of health and community.

#### We encourage submissions from:

##### Health and Community Services

Nurses, doctors, allied health professionals, Aboriginal health workers, health promotion officers, maternal and child health workers, dental workers, aged care workers, mental health workers, community workers, bicultural and bilingual workers, interpreters, managers, multicultural services and consumers. All students.

##### Government and Non Government services

National, state and local government. NGO services, community controlled and Aboriginal medical services, mining health services, refugee and migrant health.

##### Academics and education providers

Researchers and post-graduate students.

An Encouragement Award will be offered to the best first-time presentation given during the Conference.

Presentations are 20 minutes with additional time for questions at the completion of each session.

**Closing date for Abstracts: 31 May 2014**  
Full details are available on our website: [www.crana.org.au](http://www.crana.org.au)

## to the editor

Dear Anne-Marie,

Congratulations on the article about Sonya Peters, Pembroke School, South Australia (CRANAPlus Magazine 91 September 2013 p19-21). *Isolation is not just a remote issue*, is very true. School nurses work in the education environment isolated from other nurses and health workers. Like remote area nursing, school nurses deal with anything that comes through the door and outreach to all parts of the school community – students, families, staff. School nurses work to increase health literacy and to link school communities with health and social services. The necessity of networking with other school nurses is paramount for professional and personal support and development.

Thank you for pointing out that nurses working in a great variety of primary health care settings have more in common than differences.

Sincerely,

Maureen Ward RN, FACN  
Carlton VIC

## 2013 conference feedback

"OMG – Kel Foran – What a presentation – note to self: put tissues in your bag EVERY day of Conference. I believe Kelly Foran should be nominated for an Australian of the Year Award. All the folk I spoke with agreed. Read Kel's story on page 10."

"CRANA to be applauded for providing balance to the keynote speakers on the First day. Keynote speakers were outstanding this year, it created well balanced thoughts and discussions. Well done!"

"Terrific to have Simon Bryant – something outside of the normal health sphere but relates to health topic. Great idea!"

"Keynote excellent! Admire your courage in bringing this forum to the event."

## from the ceo

I know I say this every year: but how fast this year has gone! I was always convinced that such a comment was simply something you said as you got older, but this year everyone seems to think much the same.

The Conference is now a thing of the past and we are looking to have a well-earned Christmas break.

As most members and friends know by now, this is my last year with CRANAPlus and the Christmas break signals the end of an almost six-year stint at the helm of this organisation.

A part of me is happy to look for a change in direction and another part of me feels that I am watching a child leave home.

I have had a great time during my years with this organisation and what I will miss the most is the people I have come to view as my friends and the members who have been so supportive and encouraging over the years.

So I will avoid being soppy and simply say thank you one and all.

I so greatly admire what you do and I hope you keep on living and working in the remote sector of this country.

For those who don't – thank you for your support and for finding a way to be a part of the CRANAPlus family.

As the holiday season begins and we reflect on the year past and the one ahead, remember have a break, if you are able, and please stay safe.

My love to all of you and your families. Farewell.

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)





engage

## from the president

**I write this report as I fly over this great brown land of ours to undertake an orientation into the new role of President of CRANAp<sub>plus</sub>. As I do so it makes me realise what a great privilege it is to be elected into this position, as well as how much admiration and respect I have for our members who work in remote Australia. The contours of this great land never cease to amaze me and also drive me to want to paint it as I go. It also makes me realise the connection our Indigenous colleagues have with the land, as I feel it too.**

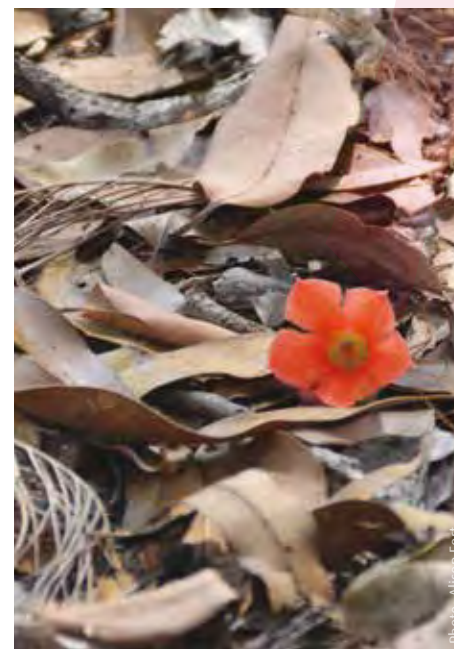
Much has happened in the past few months. We have had another very successful CRANAp<sub>plus</sub> Conference in Darwin, which received an overwhelmingly positive evaluation response from participants. I want to thank all the speakers for their enlightening papers and our very vocal participants who offered great discussion and

debate afterwards. I also want to thank our wonderful staff, who always do such a professional job organising and running the Conference.

The Board has also been busy and has endorsed a final CRANAp<sub>plus</sub> Business Plan to guide the organisation into the next three years; and in the New Year we will be working on the Marketing Plan to make it happen.

We will also be looking at education structures to ensure we can deliver the best possible products to our members now and in the future. I would personally like to see us look at the health education needs of the remote workforce to deal with the high levels of chronic disease in remote communities.

This is a time of farewell and welcome. We welcome Lyn Byers, a Nurse Practitioner from Central Australia, onto the Board and welcome back John Wright, a Nurse Practitioner from Tennant Creek, who is my constitutional matters advisor.



We farewell our past President of seven years Christopher Cliffe who has lead the organisation from a small cottage-industry into the medium-sized professional organisation that it is today. We also farewell Jo Appoo who has resigned from the Board and we thank her for her work and contribution to the Board over the past five years. I would also like to thank Paul Stephenson who has acted in the President position and done a great job over the past few months.



Our CEO Carole Taylor has resigned after almost six years in the role. Carole has helped move the organisation into its current structure and strong financial position, and on behalf of the Board and membership I would like to sincerely thank Carole for her work. Geri Malone will be acting in the role of CEO until a new CEO is appointed. Geri is well known to you as the Professional Officer and I am sure she will do a fantastic job in the meantime. I will be working closely with her during this transition to make it as smooth as possible for staff, Board, members and our other stakeholders. We will announce a new CEO in the New Year.

It is also that time of year when we gather with friends and family to celebrate the Christmas period. This can be a challenging time for those in remote Australia who are also often dealing with workforce shortages compounded by our harsh Australian summer conditions. I would like to take this opportunity to wish you all a very happy and safe Christmas period and wish you all the best for 2014. Remember to do something kind for yourself every day.

**Dr Janie Smith**  
President, CRANAp<sub>plus</sub> ●



# chief nurses and midwives

**The Australian and New Zealand Council of Chief Nurses and Midwives (ANZCCNM), whose meeting in Darwin coincided with the CRANAP<sub>plus</sub> Conference, discussed a number of issues particularly relevant to remote area nurses. Karen Parish, Chief Nursing and Midwifery Officer in the Northern Territory provides this overview.**

The Registration Standard for endorsement of registered nurses/registered midwives to supply and administer scheduled medicines under protocol is perhaps the most relevant issue for CRANAP<sub>plus</sub> discussed at our ANZCCNM meeting in Darwin.

We discussed limitations in current access to approved programs of study to enable

practitioners to be eligible for endorsement and also the proposal to expand endorsement for scheduled medication, which is currently open for public consultation. Discussions between the Australian Health Practitioner Regulation Agency (AHPRA) and the Nurses and Midwives Board of Australia (NMBA) and the ANZCCNM on these important issues are ongoing.

Another key area of focus was the role of Nurse Practitioners (NPs). The revised NMBA Nurse Practitioner Standards of Practice were noted and barriers to endorsed NPs working to their full scope of practice were discussed. Exemptions for Section 19(2) of the Health Insurance Act to enable access to Medicare provider numbers is a particular issue for further work.

A range of matters relating to midwifery were considered at our meeting. These included the Australian Nursing & Midwifery Accreditation Council (ANMAC) review of Midwifery Accreditation Standards, the role of Eligible Midwives and private practice insurance. These issues were considered in relation to current service and professional requirements.

## The ANZCCNM and the Council of Deans Nursing and Midwifery are working towards enhancing strategic collaboration...

A number of Health Workforce Australia (HWA) initiatives were also discussed including the current status of the Nursing Retention and

Productivity project and the Transition to Practice Framework. This link provides more information [www.hwa.gov.au](http://www.hwa.gov.au)

The involvement with CRANAP<sub>plus</sub> was an integral factor in the success of the meeting

A presentation from Dr Robyn Aitken, Director Nursing and Midwifery Education and Research gave the ANZCCNM an opportunity to hear of the strategic challenges and achievements of the Nursing and Midwifery Office of the Northern Territory Department of Health. The critical importance of cultural security was discussed and Wendy Ah Chin, Executive Director Aboriginal Policy and Stakeholder Engagement Northern Territory Department of Health presented a short but very powerful DVD made by DoH in relation to this issue.

The ANZCCNM and the Council of Deans Nursing and Midwifery are working towards enhancing strategic collaboration between the two groups and the ANZCCNMs discussed ongoing opportunities to develop this relationship.

A number of strategic issues were discussed with the Nurses and Midwives Board of Australia (NMBA) and Australian Health Practitioner Regulation Agency (AHPRA) as Dr Lynette Cusack (Presiding member NMBA), Alyson Smith (EO NMBA) and Chris Robertson (Director National Board Services AHPRA) were at the meeting on 27 September 2013.

At the conclusion of the meeting the Chief Nurses and Midwives all acknowledged the valuable experiences and hospitality of the Top End. The involvement with CRANAP<sub>plus</sub> was an integral factor in the success of the meeting and on behalf of the ANZCCNM I would like to thank you again for your invitation to the Conference Opening. ●



Back row (from left): Karen Parish (NT), Ronnie Croome (ACT), and Jane O'Malley (NZ). Front row (from left): Lydia Dennett (SA), Interim CRANAP<sub>plus</sub> President Paul Stephenson, Susan Pearce (NSW) and Alison McMillan (Vic).

# getting to the heart of the matter

## Rheumatic heart disease in indigenous Australia, Group A Strep and the damage done.

Acute Rheumatic Fever (ARF) is an illness caused by a reaction to a bacterial infection of group A streptococcal (GAS) infection that mostly affects children 6–14 years of age. Recurrent episodes of ARF can lead to cumulative heart valve damage and the development of rheumatic heart disease (RHD). RHD is a chronic, sometimes fatal, disease that often requires heart valve surgery. It is estimated that RHD affects 15.6 to 19.6 million people worldwide and causes 233,000 to 492,000 deaths each year. ARF and RHD are particularly prevalent in remote Aboriginal communities in Australia's Northern Territory who have one of the highest rates of ARF in the world and RHD affects approximately 25 Aboriginal people in every 1,000. RHD especially affects adolescents and young adults with approximately 45% of Indigenous people requiring heart valve surgery in Australia being less than 25 years old.

**"We know a lot of RHD is in the remote parts of Australia, where services are limited and we hope this study will help target what services are needed where."**

Timely diagnosis of an initial ARF episode and subsequent use of antibiotic prophylaxis is the best method of preventing RHD but alarmingly many of whom have a past history of ARF are not receiving their recommended levels of penicillin. A coordinated control program is the most effective approach in improving adherence to secondary prophylaxis of ARF and the clinical follow up of people with RHD.

ARF is a notifiable disease in the Northern Territory, Western Australia and Queensland. Central to coordinated control programs at individual, community and national levels are registers of people with RHD or a history of ARF. Register-based programs improve case detection, increase adherence to secondary prophylaxis, reduce recurrences of ARF and decrease hospitalisations.

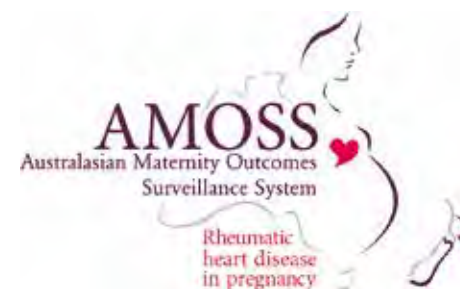
Registers also provide a mechanism for monitoring patient movements, orienting staff to ongoing care requirements, identifying individuals with poor adherence to long-term therapy and monitoring the success of programs and changes in disease epidemiology.

RHD in pregnancy is a condition that has had very little research. We are using the proved Australasian Maternity Outcomes Surveillance System (AMOSS) which is collecting data from 300 sites across Australia and New Zealand. Our data collection started in January 2014 and will finish the end of 2015. In this time we want to know about as many RHD in pregnancy cases as possible, to really look at the prevalence and the outcomes for women across ANZ.

"We know a lot of RHD is in the remote parts of Australia, where services are limited and we hope this study will help target what services are needed where," says Kylie Tune, NT coordinator. "With staff turnover sometimes high, we are concerned that some clinicians might not be looking for RHD. There was a case in a remote community where the woman was treated for Asthma – when in fact she had severe heart failure."

RHD shouldn't be in Australia, but it is. We are well resourced to research this condition, and find the best care pathways for women with RHD.

We are asking for assistance with surveillance. If anyone has or is caring for a woman with RHD – we would love to hear from them.



To assist clinicians in the early identification and management of ARF and RHD a suite of clinical resources is available on the RHDA website including 6 accredited online learning modules that have been endorsed by the Australian College of Nursing and the Australasian College of rural and remote medicine.

## Background

RHD Australia is Australia's national RHD coordination unit and aims to reduce death and disability from acute rheumatic fever and rheumatic heart disease. Funded by the Australian Government Department of Health and Ageing RHD Australia is an initiative of Menzies School of Health Research. The unit was established in 2009 as part of the National Rheumatic Fever Strategy.

## Authors:

Claire Boardman  
Deputy Director RHD Australia  
Kylie Tune  
NT Coordinator  
RHD in Pregnancy Study  
AMOSS ●

## call for photos

Have you got an eye for a great photograph?

Want your photo on the front cover of our magazine?



We are looking for striking digital images to feature on our four magazine covers during 2014.

We want photos that highlight the day-to-day experiences, challenges and accomplishments of those who work, live and play in remote and isolated Australia.

Photos should be in jpeg format at a minimum size of 3Mb and no greater than 6Mb.

Please do not submit previously published photos.

**Closing date: Monday 17 February 2014**

For more information contact  
[publications@crana.org.au](mailto:publications@crana.org.au)  
or see full details on our website  
[www.crana.org.au](http://www.crana.org.au)

# information is power

Kelly Foran, has turned a traumatic journey of personal medical events into a mission to arm people facing medical emergencies with knowledge and information to better tackle “the unknown”. Kelly, founder and CEO of Friendly Faces Helping Hands, based in country NSW, outlined the aims of the Foundation at the CRANApus Conference in Darwin. Here is a summary of her presentation.

I just want you to imagine yourself in one of the following situations:

- You have had some medical tests done and the doctor tells you to be at Sydney Hospital tomorrow! It's 700 km away.
- You are touring outback NSW for the first time, having a great time, when an emergency occurs and you are flown to Canberra Hospital by air ambulance.
- A loved one has been rushed to Brisbane, you need to get there ASAP, and you expect to be there for a few weeks!
- Your child has been diagnosed with a life threatening disease and you'll now be travelling to/from and staying in a major city for a long period of time.

What will you do? How will you organise your family, your pets, or your farm? Who can help you? Where do you start?

After our own traumatic time several years ago, I felt that I was given an insight and understanding of the difficulties that people from all areas, but predominantly rural and remote areas, face every day when trying to navigate around hospitals and the available facilities.

We learnt how hard it is... but it does not have to be so hard. If only someone had given us the information we needed or told us where we could look for information.



That is why I started the Friendly Faces Helping Hands Foundation: to ease the mental struggle, to ease the financial burden.

In two and a half years, we have helped and supported over 30,000 people with their health journey.

**In two and a half years, we have helped and supported over 30,000 people with their health journey.**

Some with big problems and some with small concerns. But it is sometimes the smallest struggle that tips people into the next illness, to fight mental health issues. It can be a case of the straw that breaks the camel's back; that starts the despair.

I am not saying we can fix it all, I am saying with the Friendly Faces Helping Hands Foundation website and phone support, we can lighten the load.



**Kelly and David Foran's medical woes began on Boxing Day 2002 when Kelly, eight months pregnant, became very sick and was shortly afterwards diagnosed with a brain tumour.**

For Kelly, the medical treatments have included having the brain tumour removed, becoming an insulin diabetic, having a stroke and having to learn again how to talk, walk and eat unaided. She was diagnosed with meningitis on the brain. She then had muscular dystrophy and had to learn how to walk again.

Their baby Jake, at 12 months, was diagnosed with a cancerous tumour in his right eye.

“We have stumbled and struggled through seven hospitals, two states and three health systems,” says Kelly.

“On occasions, we struggled to find places to purchase meals, supermarket goods, nappies, milk and parking. For example, we had been going to Brisbane for medical visits for two years and paying \$17 a day for parking when we found a cheaper parking spot around the corner for \$4.

“Another occasion was when we asked for help from our local Lions Club as we couldn't afford to get to a surgery date and a month later we were told about Angel Flight who flew from a neighbouring property.

“We know the problems and pitfalls and we can help others.”

Our website offers information about local services and businesses around major hospitals and helps people navigate around the system.

Our aim is to help deliver people to services quicker, easier and cheaper and return them to their homes and communities quicker, easier and therefore cheaper to both the patient and to the service.

Each and every day we help and support people.

Recently I gave a presentation in Moree. Three days later I received a call from a lady in WA whose son was involved in a car accident in Moree. He was air lifted to Sydney and someone had attached a Friendly Faces Helping Hands Kit on him with our hotline number. His mum called me and while the family were flying over we organised accommodation, travel from the airport to the hospital and we also made contact with a social worker. Just this small amount of help helped ease some of the panic and stress associated.

**Giving people options and information is power.**

Friendly Faces Helping Hands Kit are designed in a zip lock sleeve so you can store and secure all receipts for later reimbursement from IPTAS and other support Services. It also has a flyer with information about our struggles, and how to find our website and the 24/7 hotline. A checklist on the back of our kits also prompt you to ask for help and checks you have some paperwork in place.

Often we just assist with information or accommodation and where to park the car but on other occasions we are asked what other supports are available maybe just for a chat or some financial help.

Giving people options and information is power.

Friendly Faces Helping Hands is funded through donations and the sale of the kits. For further information, check out the website at [www.friendlyfaces.info](http://www.friendlyfaces.info) ●



# Master of Nursing Nurse Practitioner

## Charles Darwin University award course delivered through the Centre for Remote Health

The Master of Nursing (Nurse Practitioner) is designed to equip advanced practice nurses with the clinical skills and specialised knowledge required to become NPs.

This course is designed to extend knowledge and skills already gained in practice and through postgraduate study. It aims to build on the specialisation practice of remote area practice within a systematic and coherent body of knowledge.

The course emphasises advanced and extended clinical practice and clinical leadership within cross-cultural clinical practice.

The MNNP is offered in part-time external delivery mode with two face-to-face workshops, usually over two years. Registered Nurses committed to closing the gap between Indigenous and non-Indigenous health, and with postgraduate qualifications and experience in health priority areas e.g. primary health care, mental health, child health, remote health, women's health, and chronic disease are particularly encouraged to apply.

This course has been submitted for approval as leading to authorisation as a Nurse Practitioner by the Nursing and Midwifery Board Australia.

### For more information contact:

CDU Academic Liaison Unit

T. 08 8946 7357 E. [alu@cdu.edu.au](mailto:alu@cdu.edu.au) W. [www.cdu.edu.au/ehs/health/nursing/postg-nursing.html](http://www.cdu.edu.au/ehs/health/nursing/postg-nursing.html)



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

## new body for nursing graduates

**A campaign tackling employment for nursing graduates, a hot issue at the moment, could be the first of many run by the new body for student and new graduate nurses, the Australian Student & Novice Nurses Association (ASANNA). Founder Steph Jeremy, explains the organisation's formation.**

A lack of representation at a national level was the impetus for my push to create an association for student and novice nurses. I graduated in 2010 and I am now working part-time in the Intensive care unit at Canberra Hospital, as well as working as a clinical facilitator for student nurses at the Australian Catholic University. When I was a nursing student I experienced myself the lack of a voice, no national representation, no go-to organisation.

**A lack of representation at a national level was the impetus for my push to create an association for student and novice nurses.**

Many of the other health disciplines had organisations, and some are very, very active. But what about nurses? Nurses are the biggest proportion of the health sector.

Now, our Australian Student & Novice Nurses Association (ASANNA) has a fantastic working party with members from most states/territories around Australia; has engaged with more than 15 universities around Australia; we have set up a website; and we have started a newsletter. Already we have 200 people signed up to receive our newsletter and we are very excited. ASANNA is really taking off.

The employment issue is probably the first major issue we will tackle. It's very difficult to get statistics at the moment, but it's clear there is a

lack of graduating positions available for nursing students once they have completed their degree. Apparently in Queensland the statistic is only 1 in 10 are employed in their graduating year.

And yet Health Workforce Australia predicts that, by the year 2025, there will be a "significant shortage" of nurses. This is because of the ageing population and because a large proportion of the nursing workforce will be retiring.

We need to be growing the future nursing leaders now. And that is a pressing issue for us.

We are working collaboratively with a number of organisations. CRANaplus is one of them, and I have to say this organisation is fantastically supportive of nursing students. I personally would not be in the position I am in now without the support and assistance of CRANaplus.

**I have to say this organisation is fantastically supportive of nursing students. I personally would not be in the position I am in now without the support and assistance of CRANaplus.**

Other organisations we are working with include the Australian Nursing and Midwifery Federation and the Australian College of Nursing.

To learn more visit [www.asanna.com.au](http://www.asanna.com.au)

**Steph Jeremy**  
Founder, ASANNA ●





## new board member



**Lyn Byers**, who has an impressive list of qualifications and experience as a nurse practitioner and midwife in remote Australia, brings a strong commitment to advocacy, support and education for remote workers in her new role as a member of the CRANAp<sup>lus</sup> Board of Directors.

Lyn is currently Team Manager with the Mark Sheldon Remote Mental Health Team in Central Australia, where she has multiple roles.

In addition to providing direct clinical care and undertaking secondments to communities a few times a year, and providing educational sessions for students, Lyn is responsible for the logistics of the fly-in fly-out and drive-in drive-out teams that service the 28 communities in an area covering twice the size of New Zealand.

"The fly-in fly-out model is fairly new and we are constantly learning," she said.

"The crucial ingredient is communication: communication between the teams and the resident health practitioners, and communication with the communities."

**...the physical and mental health of the health practitioners themselves is paramount.**

Lyn considers CRANAp<sup>lus</sup> to be uniquely placed to understand the challenges facing remote practitioners, and lists the organisation's advocacy work, educational programmes and the Bush Support Services among the services to assist the health and well-being of remote practitioners.

Lyn says the physical and mental health of the health practitioners themselves is paramount. "I am interested in the patient's journey through the health system," she pointed out, "and how to strengthen the capacity of remote clinicians to provide effective health care."

**Lyn considers CRANAp<sup>lus</sup> to be uniquely placed to understand the challenges facing remote practitioners, and lists the organisation's advocacy work, educational programmes and the Bush Support Services among the services to assist the health and well-being of remote practitioners.**

Before taking up her current position, Lyn, worked as a Remote Area Nurse and Health Centre Manager in Central Australia for many years. She has worked as a relief bush nurse in country Victoria as well as a Registered Nurse in country and tertiary hospitals.

Her broad range of experience across the scope of Remote Area Nursing includes midwifery, child and adolescent health, women's health, mental health, chronic disease, aged and palliative care.

Her qualifications include Master of Remote Health Practice: Nurse Practitioner, Bachelor of Nursing, Bachelor of Science 1st class Honours, Graduate Diploma Midwifery, Graduate Diploma Mental Health Nursing, Certificate in Home Based Child Care and Certificate 3 in Community Services. ●

## new president

**Dr Janie Dade Smith**, President of CRANAp<sup>lus</sup>, has a vision for the organisation that includes consolidating our excellent products and services and expanding and diversifying our membership. Here, Janie says "Hi" and spells out some of her aspirations.

**I would like to see our grassroots membership strengthened and further expanded to include all of those we have morning tea with every day.**

I would like to sincerely thank the membership for your confidence in me as I take over the presidency of this wonderful organisation. To be elected by 'my tribe', into this prestigious position of President, is a very humbling experience. I hope I will do you proud as I lead this organisation into the next three years. And I trust that you will let me know if I am not.

I would like to see our grassroots membership strengthened and further expanded to include all of those we have morning tea with every day.

**I would also like to see our programs expanded and processes undertaken to identify the education, support and advocacy needs of remote health practitioners especially in the areas of chronic disease.**

This includes more remote and isolated nurses and midwives, doctors, allied health practitioners, Aboriginal health practitioners, paramedics, managers, and those working in mines, Antarctica, the defence forces, or anyone working in remote or in isolated health practice.

I would also like to see our programs expanded and processes undertaken to identify the education, support and advocacy needs of remote health practitioners especially in the areas of chronic disease.

**The attainment of RTO status this year has been a great feather in the cap of CRANAp<sup>lus</sup> and I congratulate the education team in this achievement...**

The attainment of Registered Training Organisation status this year has been a great feather in the cap of CRANAp<sup>lus</sup> and I congratulate the education team in this achievement, which will ensure programs provided are of the highest possible quality. RTO status will commence on 1 January 2014.

This is a great time to take over the leadership of CRANAp<sup>lus</sup> as it has been left in an excellent position financially, organisationally and structurally by the previous President Christopher Cliffe. So I would like to take this opportunity to acknowledge the significant work Christopher has done and the legacy he leaves behind after seven years in the role. ●



# some good may yet come from the catalyst ashes



**For someone who is dedicated to reducing death and suffering from cardiovascular disease, it was deeply distressing to see an ABC 'science' program indulge in a dangerous two-part beat-up on what it suggested was the 'great cholesterol myth'.**

The two-part Catalyst 'special' gave prominence to a handful of controversial Americans (one a self-described 'rogue-nutritionist') who buck the views of the great majority of the world's nutritionists, scientists, clinicians and researchers.

There should be no doubt that there is strong evidence that:

- High blood cholesterol is a major risk factor for heart attack and stroke, right up there with high blood pressure, smoking, overweight/obesity and physical inactivity and other risk factors
- Replacing saturated fat with 'good' unsaturated fat, in particular polyunsaturated fat, reduces the risk of heart disease
- Statins are very effective at reducing the risk of having a heart attack, particularly for people who have heart disease.

Sadly, Catalyst became a vehicle for the noisy few who dispute the link between cholesterol and heart disease and claim that statins are ineffective.

I call these dangerous claims because, on the back of the program, patients have been left confused and concerned about their medication, and we know many have stopped their statins without consulting their GPs.

A howl of protest has followed. Most telling has been the ABC's own health expert, Dr Norman Swan. The website for Dr Swan's respected Health Report, states: "Dr Norman Swan says the show went too far, and for many people, disregarding medical advice on lowering cholesterol could kill them."

**Sadly, Catalyst became a vehicle for the noisy few who dispute the link between cholesterol and heart disease and claim that statins are ineffective.**

ABC's Media Watch has rightly picked up on this unbalanced reporting, saying "both episodes of Catalyst struck us as sensationalist and grossly unbalanced; and some of their so-called 'experts' had questionable qualifications."

By focussing on the "big myth", Catalyst failed to bring to the fore the real issues facing over-prescribing of statins.

And the question here is this: Why are people prescribed statins who don't need them? The answer is clear: Too few GPs are using absolute risk assessment to identify those at high absolute risk of having a heart attack or stroke – or developing diabetes or kidney disease – over the next five years. Instead, they are treating single risks in isolation.



While a patient may have high blood cholesterol, if other key risk factors are normal, they may well be at low overall risk and there may be no valid reason to put them on a statin.

The Heart Foundation does not advise statins for people at low risk, it does however strongly recommend that statins be continued in all patients with known coronary heart disease and in those at high-risk – as it can be life saving.

Statins are also highly effective and life saving for Aboriginal and Torres Strait Islander peoples who are at high risk of premature death from cardiovascular disease.

**By focussing on the "big myth", Catalyst failed to bring to the fore the real issues facing over-prescribing of statins.**

The need to screen our population to find those at high risk is important. Through the ABS Australian Health Survey we know that there are hundreds of thousands of Australians at high risk of a vascular event within the next five years who are unmanaged and have no idea that they are at risk.

Identifying these people and ensuring they get the on-going management they need to keep them fit and well and out of hospital will save lives and money.

**Dr Lyn Roberts**  
National CEO of the Heart Foundation ●





# out of africa

**Nicky Cumming, former receptionist in the CRANApus Adelaide office, recently returned with her family to live in Zambia in central Africa, and visited the mission station and rural clinic, set up by her parents, which Nicky and her husband had been involved in running. Here she shares her parents' inspiring story of their journey and passion to improving remote health – albeit in another country and context.**

Our family, consisting of eight children, lived on a farm not far from Zambia's capital Lusaka, where my mom and dad were constantly faced with people coming to their door suffering from various illnesses, particularly malaria and malnutrition.



Seeing this great need all around them inspired them to build a clinic, and the chief of the area offered them a piece of community land not too far from the farm. While my parents were not medically trained, they decided they would recruit nurses and medical people from the government, and so the clinic was built in 1987. At that stage there were no doctors so, if surgery or anything more complicated was needed, they would refer the patients on to the nearest hospital about two hours' drive away on a terrible road.

**...my parents built the clinic up to include five wards with a total of 70 beds, as well as an orphanage as there were many children orphaned due to AIDS.**

Over the years, my parents built the clinic up to include five wards with a total of 70 beds, as well as an orphanage as there were many children orphaned due to AIDS. I remember times when the malaria was so bad, my father would be out throughout the night picking up sick people from the side of the road and trying to find a bed to put them in. He believed compassion and good bedside care played a vital part in the patients' recovery.

**...my parents created this oasis in the middle of a very dry place...**

My mom was amazing with the babies who were severely malnourished and she would patiently nurse them back to health again. She also looked after many orphans in our home until the orphanage was complete.

In 2007, 10 years after my parents created this oasis in the middle of a very dry place – offering hope and life to so many – my dad passed away from a heart attack and my mom went back to work, to educate my siblings.



But the Family in Christ Mission (FCM) and the Mbaya Msuma Rural Health Clinic still continues. While they were building the clinic, my parents had a young couple from Holland stay with them during their tour of Zambia. ▶▶







► They were so inspired by the work my parents were doing, that, when they went back to Holland they shared their experiences with their friends and family. They formed a group, FCM Holland who, to this day, sponsor the mission with medicines, equipment and finances. The mission also receives monthly grants from the government and support to buy the drugs and medical supplies.

Today, the clinic still operates as a 24-hour facility with outpatients, in patients, maternal child health, antiretroviral, TB and pharmacy departments, with a bed capacity of 55. The clinic has two clinical officers and 10 nurses (three of whom are midwives).

In 2012, the outpatient department recorded 15,006 patients and admitted 1867. They had 25 deaths recorded, the top three causes being pneumonia, severe diarrhoea and anaemia.

The Antiretroviral Clinic (ART) counselled and tested 882 patients for HIV out of which 156 were positive, and the total enrolments initiated to date on Antiretrovirals (ARVs) is 1204. The Antiretroviral Clinic received a certificate for the best performing clinic in the Southern Province for three years, which was quite an achievement.

**My mom and dad truly did leave a legacy of commitment and compassion to so many people in need for which I am very proud.**

The orphanage currently has two children, boys aged 2 and 3 years. The mission also has a preschool consisting of 54 children ageing from 3–6 years.



My mom and dad truly did leave a legacy of commitment and compassion to so many people in need for which I am very proud.

The Mission and the clinic have seen many different volunteers come and go over the years, all of whom have added their part to the story, and I think they have all really enjoyed their experience of helping there. I am sure the mission would welcome any support or a visit if anyone happens to be travelling through Zambia or would like some work experience in Africa! They do have accommodation available for this.

**Contact details are:**  
**Kamsime Nguni (Clinical Officer)**  
**Family in Christ Mission**  
**Mbaya Msuma Rural Health Clinic**  
**PO Box 670186, Mazabuka, Zambia**  
**Email: kamsime1@yahoo.com**  
**Phone: +260979516145** ●

# scholarship programme

Every year since 2003, CRANApus has offered six \$1000 scholarships to help students experience health service delivery in a remote location.

The scholarship programme specifically targets undergraduate students studying in a health discipline at an Australian university who have a genuine interest in remote health.

In 2012/2013 we received over 40 applications from students throughout Australia from a variety of health disciplines, indicating how keen students are to experience working life in remote areas.

Opportunities to work remote are quite limited from many perspectives: the university they are studying at may be a barrier; and the travel costs, especially for students who do not receive any financial assistance, is also prohibitive.

Another challenge can be finding a remote health service that has the capacity and interest in supporting student placement: often it is a lack of resources themselves that prevents them from being able to offer adequate supervision.

We know the importance of a positive clinical placement experience and the impact that can have on a health professionals' career path. We also know that the success of clinical placement is based on many factors and it is why CRANApus supports the approach of the National Health Rural Students Network (NRHSN) who recently developed their document "Optimising Rural Placements Guidelines". This document, endorsed by CRANApus, identifies criteria that needs to be met both by the student and the hosting location.

The purpose of the scholarships is to assist with the cost of travel, meals and accommodation, which may be incurred when undertaking such a placement. The scholarship does not cover loss of wages, University fees or textbooks.

Eligibility for our Scholarships includes CRANApus membership and membership of a Rural Health Club [www.nrhsn.org.au](http://www.nrhsn.org.au)

At the completion of their placement, students are required to write a short report which is published in the CRANApus magazine.

**After inspirational presentations by students at our national Conference in 2012, member/delegates and exhibitors offered to sponsor scholarships in 2013 to give more students this wonderful opportunity for a first-hand experience in remote.**

They are all positive experiences for the students which have changed their focus and perceptions of work in this sector.

## Are you inspired?

After inspirational presentations by students at our national Conference in 2012, member/delegates and exhibitors offered to sponsor scholarships in 2013 to give more students this wonderful opportunity for a first-hand experience in remote.

If you think you would like to sponsor a scholarship, you can contact Anne-Marie Borchers, Scholarship Administrator ([scholarships@crana.org.au](mailto:scholarships@crana.org.au)) to discuss the options.

**CRANApus has DGR status (Designated Gift Recipient) and any donations over \$2 are tax deductible. ●**

# scholarships 2013

Name	Professional Study	University	Year of study	Placement Location	Sponsor
Kathryn Anderson	Bachelor of Nursing	Charles Sturt University Bathurst	First year	Alice Springs, NT	Michael Ilijash Perpetual Scholarship
Joseph Monteith	Bachelor of Medicine	University of Melbourne	3rd year	Katherine, NT	CRANApus
Ankur Verma	Bachelor of Nursing, Bachelor of Physiotherapy (concurrent)	James Cook University Townsville	1st year	Emerald Base Hospital, QLD	Panda Pearls Australia
Vicki Kingston	Bachelor of Nursing	Edith Cowan University Joondelup	3rd year	Regional Hospital, Exmouth	Deb Moon & Kira-Erin Hart
Sam Ifould	Bachelor of Nursing Science	James Cook University	3rd year	Winton, QLD	CRANApus
Alice Rigg	Bachelor of Medicine	University of NSW Kensington	5th year	Darwin, NT	CRANApus
Jade O'Brien	Bachelor of Nursing Science, Bachelor of Midwifery	Monash University Gippsland	3rd year	Alice Springs, NT	Anonymous
Cornelia (Conny) Hierl	Bachelor of Nursing	Griffith University Southport	3rd year	Beswick, NT	CRANApus
Tim Schmidtke	Bachelor of Nursing	Charles Darwin University Casuarina	3rd year	Alice Springs, NT	Rozlyn Baartz
Mikala Gerloff	Speech Pathology	Flinders Medical Centre	4th year	Port Augusta, SA	CRANApus
Sharon Brown	Bachelor of Nursing	Charles Darwin University Casuarina	3rd year	Wilcannia, NSW	CRANApus
Rory McGrath-Swan	Bachelor of Nursing	University of South Australia	3rd year	Lombadina, WA	Zeit Enterprises



# no shift was ever the same

**For his final nursing placement, Sam Ifould went to Winton in Queensland, which boasts a rich history: and he feels his own experience has been a personal memorable mark in time.**

Legend has it that 'Banjo' Patterson first performed 'Waltzing Matilda' 180 years ago at the North Gregory Hotel in Winton; it was the birthplace of Qantas in 1920; and 50 years ago, prehistoric dinosaur footprints were discovered. Whilst my experience is a little more recent, and won't be recalled by future generations, the five weeks I spent in Winton were, for me, equally as powerful and will never be forgotten.

Winton Hospital and the Multiple Purpose Health Service (MPHS) was the location for my final nursing placement. No shift was ever the same.

This facility was recently rebuilt, is very modern, and boasts eight acute, six aged-care, and two accident and emergency beds. The facility is located adjacent to, and shares an intimate relationship with the General Practice clinic, which is serviced by one medical officer. As a result, primary health care is shared, with many residents and travelers alike presenting to, and being triaged at the hospital.

Nurses consequently inherit a complex mixture of responsibility spanning primary health care, accident and emergency and aged care. Such an environment was invaluable to myself as a student and I was fortunate to be exposed to, and experience a wide variety of clinical situations. Nurses here need to be adaptable, flexible, and problem solvers. Skills in triage and emergency nursing are essential.

So what did I learn? The list is too long, and perhaps is now better thought of as 'how much I still need to know!' This aside, I am now more confident in triaging patients, conducting primary and secondary surveys, and completing the paperwork associated with this.

It is amazing how quickly that knowledge, often thought lost, returns when you require it. I have also learnt a great deal more about aged care, and am now more aware of its demands and complexities. If I were in aged care, I would certainly like to be a resident here. The staff is great, and the attention to detail perfect. My time management was frequently challenged with coordinating acute, aged care and outpatients – however I wouldn't have it any other way!

**I met a local one afternoon who told me Winton is a 'battlers' town, and that you only live there because you want to, and I believe him.**

Working in a small rural hospital has many rewards and challenges. In addition to the variety of clinical experiences, rural nurses are supported to undertake courses of study, many of which would be unavailable to their metropolitan colleagues. Nurses are provided with brand new accommodation adjacent to the hospital, and as a student, I resided in the old nurse quarters, which were extremely comfortable. It was not uncommon to triage a member of hospital staff, or their family, or 'bump' into a patient whilst shopping.

Winton is small and friendly, and boundless opportunities to socialise exist. I was lucky: there was even a small gym! I met a local one afternoon who told me Winton is a 'battlers' town, and that you only live there because you want to, and I believe him.

The locals are happy, and love where they live. I am looking forward to returning. Apparently everyone does. Thanks to CRANAplus for supporting this opportunity. ●





## a diverse experience

**Ally Rigg counts diverse clinical experiences and a deepening understanding of Aboriginal ways among the benefits of her recent placement in Darwin.**

This past winter, I left my peers catching winter colds in suburban Sydney GP clinics, and headed to Darwin to complete my Primary Care term at Danila Dilba Health Service (DDHS). For me, it was a unique opportunity to gain clinical experience and form both personal and professional contacts in an area in which I hope to practice upon graduation.

The large size of DDHS gave me diverse clinical experiences. For example, the DDHS Mobile Clinic, a converted caravan with an equipped consultation room, put passing Grey Nomads to shame. Participating in these Outreach Clinics gave me exposure to health and social challenges in Aboriginal communities in Darwin's surrounds.

I gained firsthand exposure to health problems endemic to the Top End such as rheumatic heart disease and melioidosis. Spending time at the Aboriginal Nursing Home, I saw historically significant diseases such as the after effects of leprosy.



These clinical experiences were enriched by the close bonds I was able to form with the staff at DDHS. For instance, on the advice of one doctor, I saw the play "Contagion's Kiss" at Brown's Mart theatre about Darwin's former Leprosarium on Channel Island, which depicted many things our patients had recounted to me.

Working alongside Aboriginal colleagues within an Aboriginal-controlled corporation, and listening to their perspectives on health, allowed me to deepen my understanding of Aboriginal ways of knowing and doing.

Previous John Flynn Placements in the Northern Territory had highlighted for me the importance of language for accessibility of health care. These experiences had led me to study Yolngu Matha, the language of East Arnhem Land. I was thrilled to have the opportunity to practice talking in language with Yolngu residents at the Aboriginal Nursing Home as well as with clients at the main clinic.

Beyond the clinic, I thoroughly enjoyed exploring the vibrant, multi-cultural city of Darwin. I particularly enjoyed weekly trips to the markets at Rapid Creek and Parap which had a very tropical feel. By the end of my time in Darwin, the weather forecasts seemed redundant with their repetitive prediction of "sunny and 34"; perfect conditions for exploring the surrounding national parks with their remarkable waterfalls, wetlands and wildlife.

As I had independently organised my placement, I was not entitled to financial assistance from my university. To be honest, I found my extremely tight budget quite stressful, not least of all due to Darwin's \$4 cappuccinos! So I would like to take this opportunity to sincerely thank CRANAplus for the immense assistance their scholarship provided to enhance my experience. ●





# knowledge and skills gained

**For Tim Schmidtke, his final placement as part of his nursing degree at Alice Springs Hospital was not only his first time in theatre, it was also his first time in remote central Australia.**

I had previously done placements in Darwin and in my home state of Tasmania, so the prospect of working in remote central Australia was a little daunting. This was coupled with the fact that I had never been in theatre before, even as a patient. I had no idea how theatre worked or the roles that nurses played within theatre.

On my first day in theatre I was warmly welcomed by the staff, and given a quick run down on the nursing roles I would be undertaking. The staff were friendly, knowledgeable and extremely experienced.

Amongst the nursing staff, none seemed to be originally from Alice, and had come from not only all over Australia but all over the world. Many of the staff had come from major hospitals located in capital cities, adding their wealth of knowledge and experience within the unit.

It didn't take long to see the difficulties faced by health practitioners working in a remote environment. Even though Alice Springs is considered a major town, and is not as remote as many of the communities around the Northern Territory, its geographical position still causes many issues.

Specialist surgeons come from major cities to see patients. However their stay is often a single day and visits of some specialties can be separated by months.



Stocks of specialist equipment are limited, and it can take days to get in equipment from suppliers. Patients travel from all over Central Australia to Alice Springs for health care, including from parts of South Australia and Western Australia. Because of the distances involved, the theatre lists have to be flexible to incorporate the unknown timing of patients arrival, or cancellations if patients can't make it into Alice.

Throughout my time in theatre, I rotated through various nursing roles, including scrub and scout nursing, anesthetics and recovery. Being a scrub or instrument nurse was a little challenging at first, and I had to keep reminding myself what I was and wasn't allowed to touch.

However after only a short period of time I felt much more comfortable performing that role and being in the theatre environment.

Anesthetic nursing was very interesting, and the anesthetists were all extremely willing to teach and share their knowledge. My favourite area within theatre was recovery. I found recovery required much more autonomy and independence from a nursing perspective, as well as good patient assessment and management skills.

It was fascinating to be able to see first hand many of the procedures I had heard of while working in other areas. I believe that the knowledge and skills I gained working in theatre will benefit me in a number of different areas, as well as give me a greater understanding and better perspective of what patients go through when they have a surgical procedure.

Thanks to the sponsor of my scholarship for their generosity and CRANApus for giving me this opportunity. ●



## unique rural experience

**Vicki Kingston arrived in Exmouth, a remote rural town on the tip of the North West Cape of Western Australia, during the peak tourist season: and discovered the town's population of 2500 had swelled to around 10,000.**

I arrived in Exmouth for my final five-week practicum on a beautiful Sunday afternoon after travelling 1,270 km from Perth to find the place was a-buzz with cars, caravans and boats.

The increase in population benefits the local businesses immensely and boosts the town's economic status, but it also has a huge impact on the health services offered at the Exmouth Regional Hospital. Presentations to the hospital increase four-fold.

In addition, some of the regional activities also impact on the number of presentations to the hospital; during my time in Exmouth they held the Bullara Motorbike Ride and also The Variety Bash – Exmouth to Perth.

The doctors, nurses and staff of the Exmouth Hospital do an amazing job under some very trying circumstances. Budget funding and staffing go hand in hand. Their willingness to have medical students and student nurses during this busy season is a real credit to them. I was engaged in all aspects of nursing care from participating in handover to professional development offered weekly enhancing my nursing skills as a student.

**The doctors, nurses and staff of the Exmouth Hospital do an amazing job under some very trying circumstances.**

During my time at Exmouth I was able to be involved in the care of a patient from triage, through emergency to being admitted and discharged from the ward. This was a unique experience and one that would not have been afforded to me in a major city hospital. ►►







» Following the care of a specific patient from first presentation to discharge is very rewarding and also allowed me to engage and enhance all aspects of nursing care.

Throughout my five weeks at Exmouth the Royal Flying Doctor Service (RFDS) was called on many occasions, sometimes twice a day. I now have a greater understanding of the RFDS and how it operates. The journey from the hospital in volunteer-staffed St John Ambulance to the Learmonth airport is more than a two-hour return trip. This adds to the length of the working day for the medical staff. The biggest impact on me personally is that the RFDS is a service that saves lives more often than the general public is aware.

I have set myself a challenge next year and that is to organise a bicycle ride to raise funds for RFDS.

Whilst in Exmouth, I was able to explore the local region and engage with the local community. Whale-watching in the gulf was mesmerising: I could do that all day long. The wildflowers were amazing and I enjoyed studying the local wildlife from a distance.



Exmouth as a town is encouraging tourists to explore all the wonders and natural beauty the region has to offer. The Jurabi Turtle Centre is an environmental conservation centre established on the west coast. One special person who has a true love and respect of the region is Alek who owns and operates the Ningaloo Ecology Crusies Glass Bottom Boat.

**The experience in Exmouth has enriched my nursing career and also given me a greater understanding of the rural/remote health care service.**

On leaving Exmouth Hospital I have a renewed vision for the health care services in rural/remote regions of our country. As a population, we need to be mindful that, when we are travelling this amazing country we live in, there are fantastic people in every hospital ready to serve and care for anyone of us at a moment's notice. Let's not take them for granted.

I would like to thank CRANApus for supporting students in their studies. With financial assistance provided by CRANApus, as a student, I was able to immerse myself in the actual practicum teaching rather than worry about my finances. The experience in Exmouth has enriched my nursing career and also given me a greater understanding of the rural/remote health care service. ●



# whole new experience

When Sharon Brown embarked on her two remote clinical placements while studying a Bachelor of Nursing, new challenges and new experiences were a daily occurrence.

My four-week placement at the Wilcannia Multi-purpose Health Service, on the Darling River in far west NSW was a whole new experience. I have worked as an Enrolled Nurse since 1990 within a variety of nursing positions, but I had never worked in an emergency care setting before. Not knowing what the day would bring through the emergency doors was quite daunting.

Rural and remote nursing requires the registered nurse to be extremely multi-skilled, knowledgeable and a good critical thinker...

The Wilcannia hospital provides primary, secondary and tertiary health care to people living within this area. The health care centre



also provides first line emergency care, observation and stabilisation of individuals requiring transport to larger hospitals via the Royal Flying Doctor Service (RFDS).

Rural and remote nursing requires the registered nurse to be extremely multi-skilled, knowledgeable and a good critical thinker, as they are required to work within the emergency department as well as attending Ambulance calls.



The four-week placement provided me with a lot of new challenges and experiences: from general physical assessments to witnessing suturing of lacerations; attending to spinal injury assessments and caring for people with drug and alcohol problems as well as attending ambulance calls with my preceptors. In that time, I was able to witness the many situations the nurses faced by not having a permanent doctor on site and having to contact the RFDS via telephone and then having to wait for the RFDS to arrive by plane.

I would definitely recommend that all Bachelor of Nursing students apply for a rural and remote placement...

The whole experience was wonderful and was made very enjoyable by the nursing staff being extremely supportive whilst providing me with guidance to master my clinical skills. I thoroughly enjoyed this placement and would like to thank all the staff at the Wilcannia hospital for making me very welcome.

My second two-week rural and remote clinical placement was at the Menindee multipurpose community health centre, which is also located along the Darling River. The community health centre consists of a variety of consult rooms, an emergency room, a treatment room and the ambulance service.

The two clinical placements were very different to one another, as this health service ran a variety of different outpatient clinics for the individuals living within this area. My main job on this placement was to help my preceptor with the general clinic nursing duties, which included attending patients that needed emergency care, general physical assessments, wound care, and RFDS phone consults while also attending several ambulance calls with my preceptor.

I would definitely recommend that all Bachelor of Nursing students apply for a rural and remote placement as it helps with the consolidation of clinical skills that you may not get to experience in the larger hospitals.

I would like to thank the staff at the Menindee Health Service for allowing me to have a two-week placement with them and lastly I would like to thank CRANApus for considering and supporting me with their Remote Placement Scholarship. ●





# why advertise with CRANAp<sup>plus</sup>?

It makes sense that it is no use advertising somewhere where your target audience won't see it.

CRANAp<sup>plus</sup> is the only organisation with remote health as our sole focus. Our extensive membership and stakeholder database means CRANAp<sup>plus</sup> is uniquely placed to reach Australia's remote health professionals.

CRANAp<sup>plus</sup> offers several advertising options at very competitive rates:

## 1. The CRANAp<sup>plus</sup> Magazine – The voice of remote health

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

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

Our beautiful design provides a quality environment for your ad. We are a content-rich publication, so yours will not get lost in a sea of other ads.

Our print publication is supported by website resources. Each issue is online in perpetuity with your ad just as it appears on the printed page.

## 2. The CRANAp<sup>plus</sup> Website – www.crana.org.au

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

Repeat advertisers have reported successful, value for money, results as we reach that niche group of health professionals most suited to their remote health sector needs.

Your website advertising is reinforced as your employment vacancies will be drawn to the attention of our weekly e-Newsletter readers who are encouraged to check out this area of our website.

## 3. The 'Friday Update' – weekly e-Newsletter

Forwarded to over 5,000 recipients 50 weeks of the year, this is an excellent vehicle to get your message out to our readers promptly. Organisations advertising career

opportunities on our website have their message brought to the attention of our readers and find the combination of website and e-Newsletter advertising an effective method to advertise time sensitive career vacancies.

If you have an event you would like to list in our e-Newsletter please contact us and we will place your event for free.

You can view our rates, artwork specifications and contact details below for more information. ●

# advertising rates

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

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

Magazine colour insert		15,000 single-sided	15,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,500	2,000

\*Discounts apply to consecutive issues only.  
Magazine is printed in A5 format. Other advertising sizes can be negotiated.  
Note: Centre spread is available from March 2014. Back cover is unavailable until December 2014.  
\*Corporate members receive further discount on these rates. Contact memberservices@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. ●



# CRANApus 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.



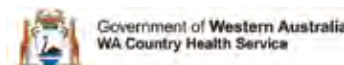
**Central Australian Aboriginal Congress** was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



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



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



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



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



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



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



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



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



**HESTA** is the industry super fund for health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Today we serve more than 760,000 members and 119,000 employers.



**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.



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



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



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



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



Rural and Remote Nursing Solutions provides flexible, responsive, high-quality and alternative nursing solutions for their clients.



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.



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



Photo: Donna Lamb





2013 winners, left to right: Kathy Kirby representing Understanding Dementia, Sara Lohmeyer and Annabel Pike.

## Know someone in nursing who deserves an award?

Recognise their outstanding leadership and innovation by nominating them in one of three categories:

- ★ Nurse of the Year
- ★ Team Innovation
- ★ Outstanding Graduate

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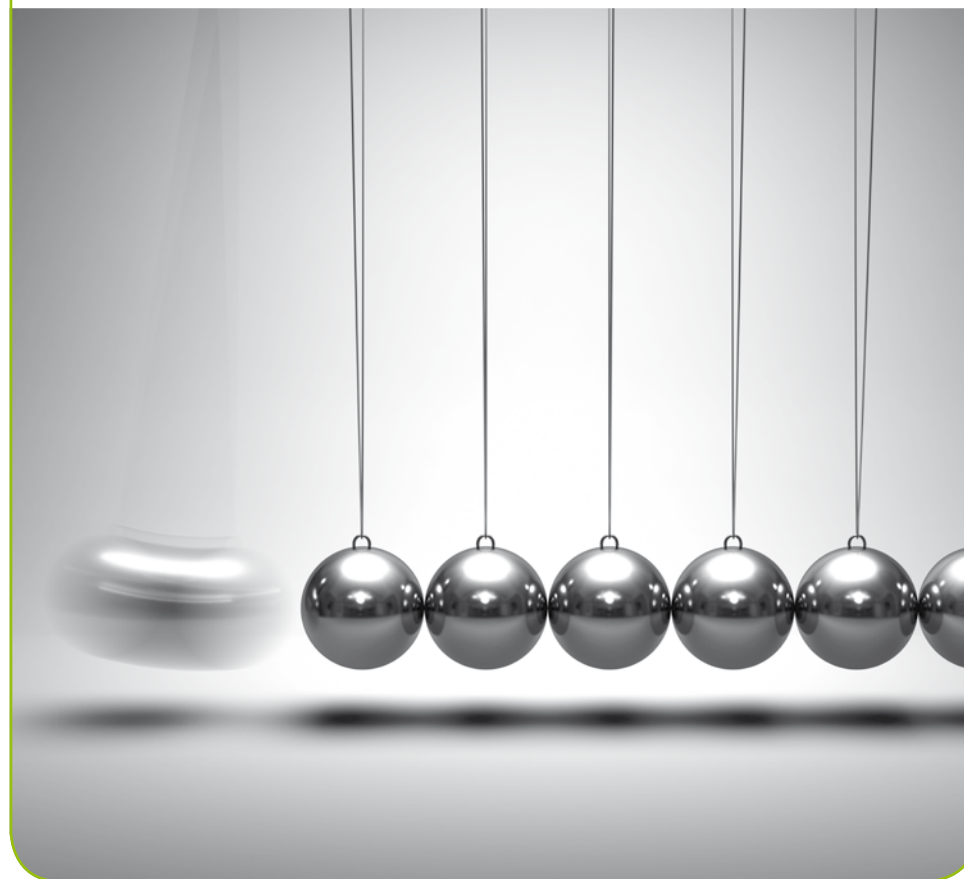


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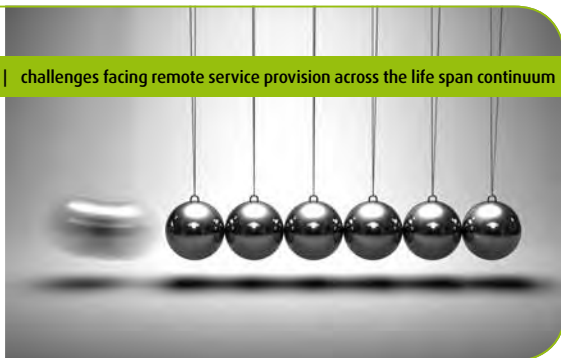
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**from the cradle to the grave**  
challenges facing remote service provision across the life span continuum

CRANA<sup>plus</sup> **2013**  
**conference**  
double tree by hilton, esplanade | darwin  
wednesday 25 – saturday 28 september **31**



CRANApus  
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## opening ceremony

**The highlight of the Opening Ceremony on the eve of the Conference was the Presentation of Graduates to the Chief Nursing and Midwifery Officer of the Northern Territory Karen Parish.**

Two PhD graduates and two Masters graduates were presented at this year's CRANApus Conference by Sue Lenthall, Head of Education at the Centre for Remote Health in Alice Springs.

Tess Opie, a PhD graduate from Flinders University in South Australia, has provided a great deal of knowledge about occupational stress among RANs to CRANApus and the

remote health workforce as a result of her thesis, which was part of the Back from the Edge project.

Scott Davis, also a PhD graduate, is the senior director of the Greater Northern Australia Regional Training Network. He completed his PhD on the role of Aboriginal community controlled health services in restoring community capacity for health outcomes.

Jonathan Hardwick has now completed a Master of Nursing (Perioperative), following on from gaining a Graduate Certificate in Remote Health Practice (RHP).



From left: Graduates Dr Tessa Opie, Lesley Brown, Jonathan Hardwick and Dr Scott Davis.



Board Member Dr Nick Williams with Lynn Hart, Executive Manager Client Relations, HESTA SuperFund.

Lesley Brown, Director of Nursing Top End Remote Health, graduated from the University of Wollongong with a Masters of Health Leadership and Management, with distinction.

Lynn Hart, Executive Manager Client Relations, HESTA SuperFund, the Welcome Ceremony sponsor, was so impressed with the commitment of CRANApus to the remote health professionals of the future that she spontaneously announced the organisation would be sponsoring three of the under-graduate remote placements scholarships to the value of \$3000 in an ongoing commitment to support CRANApus. ●



Karen Parish, Chief Nursing & Midwifery Officer NT and Dr Robyn Aitken, NT Health.

**For the first time ever, delegates were joined at the Opening Ceremony by six Chief Nursing and Midwifery Officers – five from Australia and one from New Zealand – who were attending their own quarterly face-to-face meeting in Darwin. Chief Nursing and Midwifery Officer of the Northern Territory Karen Parish was thrilled to be part of the event.**

"The Conference opening was both a celebration and a reminder of the uniqueness of remote area nursing.

"To be outside, on a balmy Darwin evening, and experience the drama of a performance of the One Mob Different Country Dance Group certainly enabled those attending to feel that they were taking part in something quite different to their normal working lives.

"The Opening Address read by Ms Lia Finocchiaro MLA on behalf of the NT Minister for Health, identified some of the key challenges, achievements and opportunities for further work for Remote Area Nurses in the NT.

"The Presentation of the Graduates gave the chance to recognise the sacrifice and talent of those completing further studies.

"Finally the drinks and canapés provided an opportunity to mix and chat with CRANApus Conference delegates, not to mention many photo opportunities!

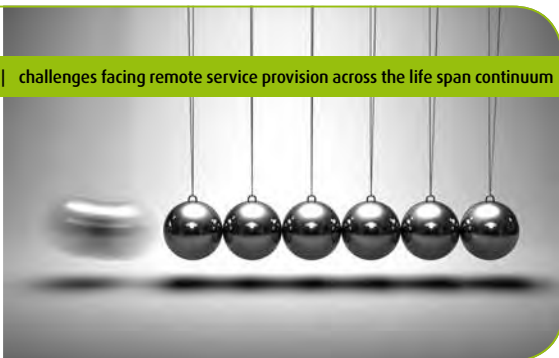
"Nurses and midwives across Australia and New Zealand are a community and each of us was able to reconnect with past colleagues and friends on the night."

Photos: Rosey Boehm.



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Angelina Gusmao (Australian Embassy Clinic Dili Timor L Este) with Colleen Niedermeyer, Manager, BSS.



Graduate Tess Opie with Sue Lenthall, Head of Remote Health Education Programs, CRH.



From left: Lynn (HESTA), Amanda and Gladys (Panda Pearls) and CRANAplus Journalist Rosemary.



Karen Glaetzer, Chris Cliffe and Dr Yvonne Luxford.



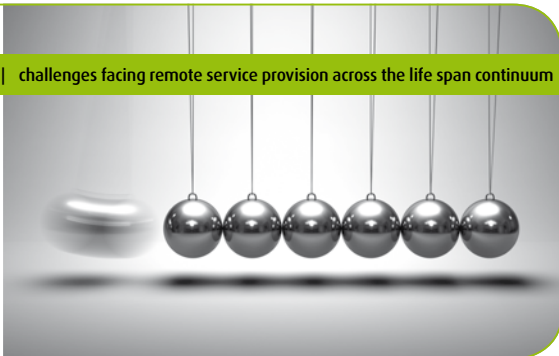
Aboriginal Dancers *One Mob Different Country* entertained delegates at the Opening Ceremony.

Photos: Rosey Boehm.



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Dr Peter Saul, Dr Yvonne Luxford and Craig Dukes, CEO IAHA.



Ms Lia Finocchiaro MLA.



Lenny Cooper (centre) with members of One Mob Different Country Dance Group.



From left: Dr Robyn Aitken, Chris Cliffe, Karen Parish, Lia Finocchiaro MLA and Dr Janie Smith.



Carol Mudford, Lisa Waters and Ben Crough.

Photos: Rosey Boehm.



# Get Clacking!

BUSH SUPPORT SERVICES (BSS) IS CALLING ON REMOTE AREA HEALTH WORKERS TO GET CLICKETY-CLACKING WITH THOSE KNITTING NEEDLES OVER THE SUMMER MONTHS.

The BSS Cosy Blanket Project has received thousands of woollen squares over the years: providing a stress-busting activity for remote area health workers, and blankets for people in need.

This latest call is a response to the recent NSW bushfire disasters, aiming to provide blankets in time for autumn/winter 2014 to families who have lost their homes.

BSS wants to hear the sound of those knitting needles resonating around Australia and beyond, and they have their BSS Knitting Kits complete with wool, needles and instructions, ready to be sent out. "We can also provide detailed informative diagrams on 'how to knit'," says Colleen Niedermeyer, BSS National Manager.

"If we can get the squares by the end of March 2014, it will give us enough time for the completed blankets to be distributed at the beginning of winter. The bright cosy blankets will cheer them up, especially the children."

It doesn't take long to knit a square and it really doesn't matter how many squares you manage to knit. They will all be sewn together to form colourful blankets, baby blankets and knee rugs – each with a label attached indicating that they are knitted by health professionals working remote.

"The reason for encouraging health professionals (and their families) working remote to knit a square is all about getting rid of stress – and, at the same time, doing something for a mate in need," says Colleen. "The clickety clack of needles does something to help the knitter focus elsewhere – somewhere other than work."

Whether you are in Australia, in the external territories such as Christmas and Cocos Keeling Islands, or perhaps heading overseas after a spell Down Under, please consider knitting a square and sending it by the end of March 2014 to:

Bush Support Services Cosy Blanket Project  
PO Box 7410, Cairns, 4870 QLD

## BSS Cosy Blanket Project

PATTERN  
2014

Get Clickety-Clacking With Those Knitting Needles  
Over The Summer Months





## intelligent debate



A valuable opportunity to encourage intellectual debate on the issue of death and dying: this was the united view of the three keynote speakers on the opening day of this year's CRANApus Conference.

Dr Philip Nitschke, voluntary euthanasia advocate; Intensive Care Specialist Dr Peter Saul and Chief Executive Officer of Palliative Care Australia (PCA) Dr Yvonne Luxford all spoke

about end of life (EOL) decisions – and set the scene for a stimulating Conference.

**“The fear is out there that you might end up in a medical nightmare you can’t get out of.”**

*Dr Philip Nitschke*



All three agreed it was time for all of us – the medical profession and society in general – to start talking about death and dying to generate better end of life decisions.

**“My ideal change in the future would be that our death-denying society evolves and becomes less so.”**

*Dr Peter Saul*

**“End of life care is integral to the health system, not an added extra to slot into the curriculum.”**

*Dr Yvonne Luxford*

Delegates enjoyed a high calibre of speakers over the three-day event, held this year in Darwin, with topics including midwifery, Indigenous issues, nursing students, social media and mental health. ►►

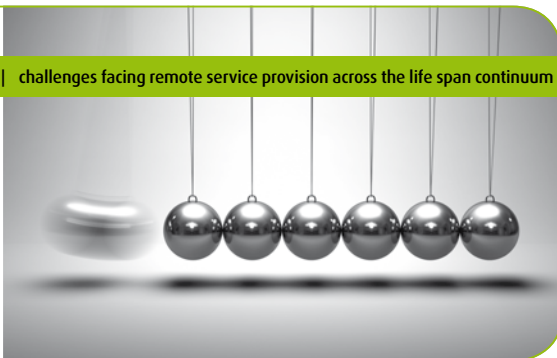


Photos: Rosey Boehm.



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"The food system is broken, but we are clawing it back."

Simon Bryant

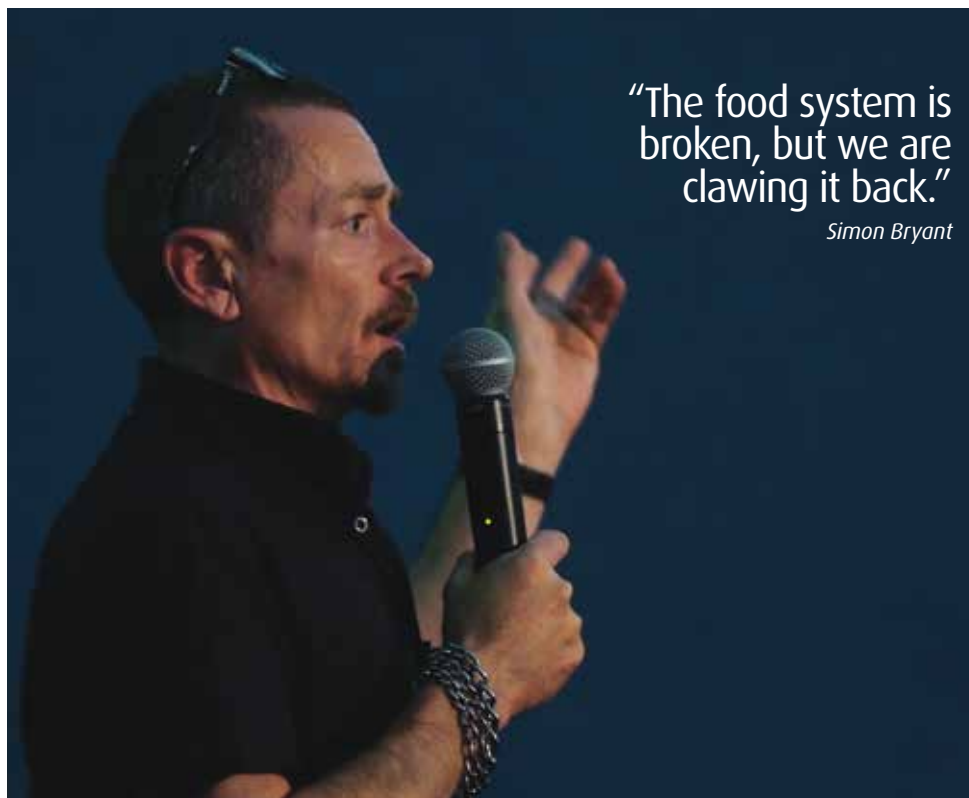


Photo: Rosey Boehm.

► Food was, of course, the focus of the presentation from Simon Bryant (pictured above), well-known for his appearances as the chef part of "The Cook and the Chef" TV programme.

Simon, who says "the biggest issue is a global one: diabetes" is all for a junk food tax. "The drain on the health system is what caused the cigarette tax and it will happen with food," he said. "I'm actually sad we don't have it now." ●

Merry Christmas

CRANAplus

MAJOR SPONSOR



Merry Christmas CRANAplus family from the PandaPearls Australia family! Health and Happiness for 2014. Looking forward to our next adventure together! 'Like us on Facebook' to follow Panda Pearls' daily adventures.

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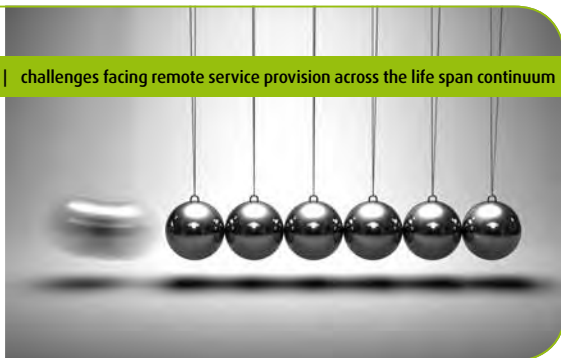
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Chris Cliffe (left) and Geri Malone (right) with student delegates.



Delegate Kylie McCullough with YNA Exhibitors Amy Forde and Kate Hepburn-Brown.



Doug Knowles and Karen Schnitzerling launched their agency: Rural and Remote Nursing Solutions.



Rachael Uebergang, Co-Coordinator, NT Working Women's Centre.



Exhibitor and Corporate Member, Centre for Remote Health.

Photos: Rosey Boehm.



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CRANplus Board of Directors and CFO Steven Dangaard.



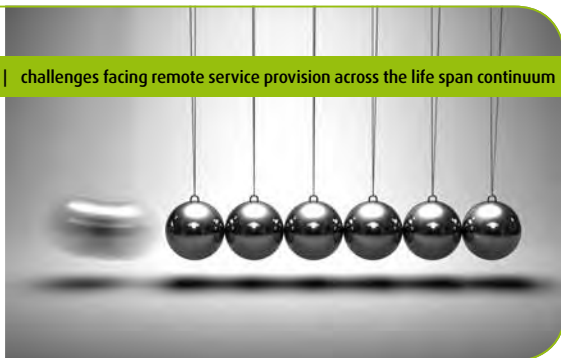
Exhibitor and Corporate Member, NT Dept of Health.



CRANplus Annual General Meeting.

Photos: Rosey Boehm.

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## CRANAp<sup>plus</sup> award winners

Of course, awards are always a major component of the Conference. At the closing dinner, the Indian Ocean Territories Health Service took out three of the annual CRANAp<sup>plus</sup> Awards, which recognise remote health professionals who have made significant contributions to improving health outcomes or to their profession in general.

The CRANAp<sup>plus</sup> Collaborative Team Award went to the small health service

team on Christmas Island, which has faced numerous high casualty emergencies from boat tragedies, to riots, car rollovers to drowning, with limited immediate support available, over the last few years.

The 2013 CRANAp<sup>plus</sup> Excellence in Remote Health Practice Award went to Midwife and General Remote Area Nurse Christine Foletti, who is responsible for the aged care portfolio, diabetes as well as the antenatal portfolio on the Cocos Keeling Islands. ►►



Award winners (from left): Yakin Capstan (Nes Qus), Rebecca Smith and Christine Foletti.



Prof Sabina Knight presents the Primary Health Care Champion Award to Yakin Capstan (IOHS) accepting on behalf of Yvonne Tan.



Christine Foletti, IOHS with Fiona Wake, Clinical Manager, RAHC.





►► The **CRANap/plus Primary Health Care Champion Award** went to Yvonne Tan, who has been an Enrolled Nurse at the Christmas Island Hospital (remote 8-Bed hospital) for more than 30 years.

#### Other awards:

The **CRANap/plus Excellence in Mentoring in Remote Health Award** went to Sheryl Alexander, a long standing midwife who has worked with the Central Australian Aboriginal Congress – Alukura, Department of Health – Remote Outreach Midwife and Midwifery Group Practice. Sheryl has also this year been awarded NT Midwife of the Year.

The **CRANap/plus Excellence in Education and/or Research in Remote Health Award** was awarded to Vicki Gordon, who has worked in remote Australia for many years and, since 2007, has worked with both the Centre for Remote Health and the Aboriginal Medical Alliance of NT as clinical liaison and support.

The **CRANap/plus Outstanding Novice Award** went to Emily Taylor, who came to her first Remote placement at One Arm Point from an ED background.

She has embraced the role and is now leading her own small team at the clinic.



Monica Frain (WACHS) accepting the Outstanding Novice Award on behalf of Emily Taylor.

#### Aurora Award: Donna Hindmarsh

Quiet achiever Donna Hindmarsh, Director of Nursing at Halls Creek in Western Australia since 2009, is the 2013 recipient of the Aurora Award, which recognises leadership and outstanding contribution to remote health in Australia.

Over the past three years, in her quiet, effective and professional manner, Donna has led the service from 20%-30% permanent nursing staff to 80-90%.

Since her appointment, the quality of service has improved remarkably, with a team approach that successfully delivers high quality Primary and Secondary health care to clients and their families.

Credit for this goes to Donna's leadership style which emphasises helping others to develop their full potential. Her ability to remain accessible to colleagues and her willingness to share her expertise is what really sets her apart as a leader.

Donna is a strong supporter of encouraging professional development, and has been instrumental in getting some courses delivered locally, as well as supporting staff to travel to Broome.

She also mentors staff in Community Health as the need arises and often works many extra hours to provide clinical support to her team.

Donna's dedication to health and to the community is inspiring. She is the quiet achiever who does what she does for the love not the applause, and deserves recognition of all her hard work.

Donna is currently studying the Masters in Advanced Nursing to qualify as a Nurse Practitioner. In the past Donna has worked with Medicine Sans Frontiers and four times went to war zones in Africa to assist with health care delivery. ●



Sally Foxley accepting award on behalf of Vicki Gordon.

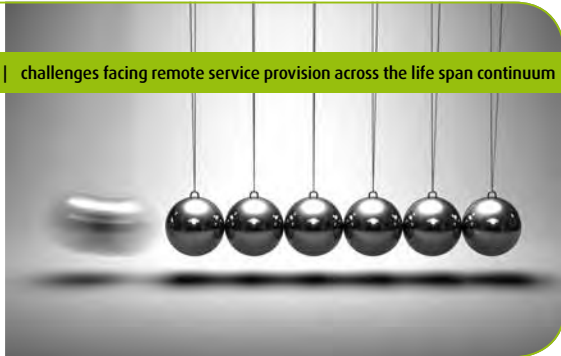


Aurora Award Winner Donna Hindmarsh (centre) with immediate Past President Chris Cliffe and current President Janie Smith.

Photos: Rosey Boehm.

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From left: Dy Kelaart, Jane Josif, Helen Gill and Brycen Brook.



Conference Dinner Guests.



Natalie Sommer and Danni Hawks of HCA-NT MEDIC.



CRANApus staff Claire, Wendy, Drew and Amy against a spectacular Darwin sunset.



Photos: Rosey Boehm.





## invited speakers



**Paul Pholeris AM** has an architectural practice working on urban, rural and remote area architectural projects throughout Australia and overseas. Since 1985 he has also worked with Dr Paul Torzillo and Stephan Rainow

as a director of Healthhabitat. The other two directors have medical and environmental health backgrounds.

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

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

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

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



**Hyder Gulam** was born in Singapore and educated in Melbourne. He is a registered nurse, a qualified lawyer, an accredited mediator as well as a Fellow of the Royal College of Nursing in Australia. He has post graduate qualifications in business/management, law and nursing.

He has served as an officer with the Royal Australian Air Force, both in Australia and overseas. He has published in areas such as trans-cultural nursing, health law, criminal law and military law. Hyder has also worked in indigenous health, paediatric nursing, aged care, as well as emergency and trauma. Prior to accepting a role back in Melbourne, Hyder worked in Riyadh, Saudi Arabia for

one of the world's biggest law firms. Hyder has practiced mainly in the areas of Commercial and Corporate, Defence Procurement and Islamic Finance.

Hyder is now an in-house legal counsel for a multinational. Formerly, he has practiced as a Human Rights Lawyer, working across a range of areas including discrimination and disability, and an in-house lawyer for large multinational luxury brand, based in Asia.

Hyder is the immediate past President of the Islamic Council of Victoria, Vice President of the Australian Federation of Islamic Councils, Director of MCCA Ltd (Australia's first Islamic Finance institution), Honorary Solicitor to the Australian National Imams Council, member of the Australian Red Cross (International Humanitarian Law) (Vic), member of the Royal College of Nursing Australia (Vic), as well as co-founder of the Muslim Legal Network (<http://www.muslimlegallnetwork.com>) and the City Circle (2008 Revival): <http://citycircle.weebly.com/index.html>

In 2010, Hyder was appointed to the Expert Panel to the Australian Government's Board of Taxation review of Islamic Banking and Finance. Hyder is also an Honorary Associate in the School of Law within the Faculty of Law and Management, La Trobe University. Hyder is recipient of the 2010 La Trobe University Young Alumni Award, as well as the Australian Defence Force Medal, and in 2011 was nominated in the Top 100 most influential, inspirational, provocative and creative Melbournians. ●



# educate

## rto compliance

**CRANAp<sup>plus</sup> has successfully completed the RTO application process and will roll out short courses as an RTO from January 2014.**

This was not something the organisation took on lightly, rather a decision based on needs of employers and agencies to have nationally recognised training units of competence for their staff.

**This was not something the organisation took on lightly, rather a decision based on needs of employers and agencies to have nationally recognised training units of competence for their staff.**



Photo: Alison Fort.

In order to become RTO compliant there have been some changes to our REC and MEC courses which are clearly outlined now on our website. Participants are now referred to as students so please go to our student page to find the student handbook and links to all policies related to your needs as a student undertaking a course.



Some of the changes are related to the need to align our short courses to units of competencies. These units were taken from the [training.gov.au](http://training.gov.au) website.

**Courses will now have additional assessments to meet with the RTO standard and that may include a pre-course test or module online.**

Courses will now have additional assessments to meet with the RTO standard and that may include a pre-course test or module online.

We have tried very hard to minimise the additional work and will continue to review as we progress.

Students will receive the standard course certificate once they complete the course but in addition there will be a statement of attainment for the relative units of competency.

"We hope that you are excited by the change in status and we look forward to delivering our courses as always, to a high standard in as many locations as possible across the country," said Libby Bowell CRANAp<sup>plus</sup> National Education Manager. ●





Short Course Coordinators in the Adelaide warehouse: From left: Wendy Bowyer (REC & AREC) Julia Stewart (e-Remote) Sue Orsmond (Senior Coordinator) Michelle Bodington (MIDUS & MEC) Libby Bowell (Education Manager) Glenda Gleeson (MIDUS & MEC) Annie McNamara (ATSI REC).

## oh baby!

This email chain is just one of many stories related back to the Coordinators of the CRANApus Education Team over the last few years.

**The Maternity Emergency Care (MEC) course was developed for non-midwives in consultation with the Australian College of Midwives.** It is designed to give Remote Health Practitioners the basic skills necessary to provide emergency care for expectant mothers and their babies in a remote or isolated setting. This is in response to declining obstetric services in rural and remote areas, necessitating non-midwives to be able to deliver emergency maternal care. Through improving the quality of health services for the pregnant woman in remote and isolated areas, the course aims to thereby improve overall health outcomes. The MEC course is delivered in all states and territories in remote locations and regional centres, thereby allowing for maximum access.

**Subject: Re: MEC Course 26–28 Jul Mackay**

**From:** Sue Orsmond

**Sent:** Sunday, 18 August 2013 9:13 AM

**To:** All facilitators and coordinators

Hi Facilitators & Coordinators,

See email below. A follow-up from Keith who 'had' the breech birth the week after the MEC in Mackay.

Cheers,  
Sue Orsmond

**Subject: Re: MEC Course 26–28 Jul Mackay**

**From:** Keith

**Sent:** Sunday, 18 August 2013 8:00 AM

**To:** Sue Orsmond

Hi Sue, thank you for the MEC course at Mackay last week. The knowledge acquired was certainly put to good use last night! I was RFDS transferring a snake-bite patient when presented with a 32-week pregnant lady. Your description of "if they are doubled over unable to talk they are in labour" was my first thought.

A busy night turned pear-shaped. No local doctor available and our on-call nurse on her way to the airport with a snake-bite victim, leaving myself and another RN (her second shift here, and primarily a coronary care nurse).

Presentation: 32 weeks, G3P2, pains since 1300hrs (ie 13 hours ago), back ache for a further 12 hours. Now strong contractions 3 mins apart and wanting to push. Waters not broken. Baby kicking low, last ultrasound was head up, suggesting a breech position. I had time to notify the \*\* Health Service on call, then time only for mum. Presentation of membranes which ruptured then a leg and bottom. Mum was on a bed at this time and declined to move. A small baby was born 2 pushes later.

Baby Apgar between 0 & 1.

Baby did respond to bag and mask room air with spontaneous breathing after approx 1 min. then skin to skin on mum.

Medical retrieval + midwife arrive about 1 hour after the birth. Baby stable RR 45, HR 130, SpO2 92% O2 via "wafted mask", BSL3.2 T 36.3.

Oxytocin stat given, Placenta delivered intact, plus infusion up.

The on-call nurse was surprised on her return to the hospital to find a mum + baby and a very calm atmosphere.

The baby girl weighed a fraction over 1 kg. Retrieval to \*\* Health Service was approximately one hour post delivery.

This result is a testament to your training.

Thank you and all the CRANApus team as this child would not have survived without your training.

Keith

**Subject: "Your" Baby**

**From:** Kath

**Sent:** Wednesday, 25 September 2013 1:17 PM

**To:** Keith

Hi Sue & Keith

I spoke with a nurse from T\*\* Hospital today and "your" baby is doing well. Being discharged tomorrow. Was very sick at one stage but ok now. Weighs 2.4 kg and will spend another 2 weeks here before returning to home. The Nurse is going to email about her ongoing care on her return.

I bet this little one will never know how lucky she is to be alive thanks to you two!

Kath, CNC \*\*\* Hospital

**Subject: Re: Mec 26-28 Jul Mackay**

**From:** Keith

**Sent:** Friday, 27 September 2013 3:16 AM

**To:** Sue Orsmond

Hi Sue, Just thought I would forward you the latest good news. We are all thrilled with this result.

Cheers, Keith

**Subject: Re: Mec 26-28 Jul Mackay**

**From:** Sue Orsmond

**Sent:** Friday, 27 September 9:37 AM from my iPhone

**To:** Keith

Hi Keith

What a fantastic story Keith. Thanks so much for letting me know.

Congratulations on a fantastic job.

Cheers, Sue

# POSTGRADUATE COURSES IN REMOTE HEALTH

Flinders University

Graduate Certificate in Remote Health Practice

Graduate Diploma in Remote Health Practice

Master of Remote & Indigenous Health

For further information  
contact the Student Administrator

**Ph: (08) 8951 4790**

**Email: [crh.studentadmin@flinders.edu.au](mailto:crh.studentadmin@flinders.edu.au)**

**[www.crh.org.au](http://www.crh.org.au)**

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

Applications open **August 5th 2013**





# FLEC courses for 2014

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI	AMB
Halls Creek, WA ○	7-9 Feb			●				
Campbelltown, TAS	7-9 Feb	●						
Katherine, NT	14-16 Feb			●				
Cairns, QLD	14-17 Feb					●		
Cairns, QLD	18-19 Feb		●					
Alice Springs, NT ■	20-21 Feb	●						
Alice Springs, NT	22 Feb		●					
Melbourne, VIC – RAHC ○	28 Feb-2 Mar			●				
Alice Springs, NT	5-7 Mar	●						
Kalgoorlie, WA	7-9 Mar				●			
Alice Springs, NT	8 Mar		●					
Roma, QLD ○	14-16 Mar			●				
Cairns, QLD	14-16 Mar	●						
Cairns, QLD	17 Mar		●					
Katherine, NT (REC)	18-20 Mar						●	
Port Hedland, WA	21-23 Mar			●				
Nhulunbuy, NT	4-6 Apr	●						
Darwin, NT ■	2-4 Apr				●			
Kalgoorlie, WA ○	4-6 Apr			●				
Dongara, WA	8 Apr		●					
Northampton, WA	10 Apr		●					
Cairns, QLD	11-13 Apr			●				
Darwin, NT	11-14 Apr					●		
Alice Springs, NT (Mon 8 am-Wed 1 pm) ■	14-16 Apr			●				
Fitzroy Crossing, WA ○	1-2 May							●
Kalgoorlie, WA	2 May		●					
Kalgoorlie, WA	3 May		●					
Kalgoorlie, WA	5-May		●					
Benalla, VIC ○	2-4 May			●				
Adelaide, SA	2-4 May	●						
Cairns, QLD	9-11 May				●			
Cairns, QLD	12-May		●					
Mt Isa, QLD	16-18 May	●						
Mt Isa, QLD	19 May		●					
Darwin, NT	23-25 May			●				
Mt Isa, QLD	3-5 June			●			●	
Broome, WA	13-15 Jun							
Broome, WA	16-Jun		●					
Coffs Harbour, NSW	20-22 Jun	●						
Darwin, NT	27-29 Jun	●						

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

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

# endorsements and accreditations

The CRANAp/plus 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.

The MIDUS course is endorsed by the Australian College of Midwives, MidPLUS program.

These organisations provide representation for nurses, midwives and general practitioners and therefore allows for the CRANAp/plus 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/plus course

REC (Remote Emergency Care)

## Endorsed or accredited by

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

MEC (Maternity Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

AREC (Advanced Remote Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

This activity has been approved by the RACGP QI&CPD Program. Total: 40 Category 1 points.

MIDUS (Midwifery Up Skilling)

Endorsed by MidPLUS (Australian College of Midwives) accredited by the Australian College of Rural & Remote Medicine (ACRRM)

ALS (Advanced Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

PLS (Paediatric Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

APLS (Advanced Paediatric Life Support)


Accredited by the Australian College of Rural & Remote Medicine (ACRRM)



Photo: Amy Blom.



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



The Advanced REC course and ALS online program are accredited 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.





# advocate

## what advocacy means

ad·vo·ca·cy | ad-vuh-kuh-see | noun,  
plural ad·vo·ca·cies  
the act of pleading for, supporting,  
or recommending; active espousal:  
giving aid to cause.

It is interesting to reflect on what advocacy actually means when you endeavour to write about what you do and how you do it. *Pleading*, well I think we do a bit of that, grovelling as well.

Certainly supporting in a range of ways, whether that is through our Programs, specifically Education and BSS, but also encouraging and facilitating

Clinical placements for students as an example and our mentoring programs as well. Encouraging professionals to 'give it a go' and advice about the best way to get the skills required to get out there.

The National Standards and credentialing project supports the recognition of Remote Practice and the endorsement of the Professional Standards of Remote Practice, and provides an overarching framework that describes the standards required to practice safely and effectively in remote practice

Recommending constantly that the context of remote practice is considered and included accurately in relevant policies and position



papers and no damage is done due to omission of the unique considerations.

We endeavour to have representation where we can and are constantly reminded how important it is to have the remote context of health services represented. Representation at forums is a major activity and we have listed some of the specific activities below:

### CoNNO

On Friday the 8 November, the members of CoNNO (The Coalition of National Nursing Organisations) met in Sydney to have their twice yearly meeting. CoNNO is made up of more than 50 national nursing organisations in an alliance, to work collectively, to advance the nursing profession to improve health care.

The Coalition represents the national interests of nurses in all sectors of the health profession and comprises specialist national nursing organisations from many different areas of nursing practice. CRANApus is a proud member of this coalition and currently our representative Christopher Cliffe holds the Deputy Chair position.

Two new members were welcomed at the meeting to the coalition, those being the Australian Dermatology Nurses Association and the Australian Forensic Nurses Association.

The day included some great discussions with guest speakers including the Chief Nursing & Midwifery Officer (Dr Rosemary Bryant) and the Director of Accreditation at the Australian Nursing & Midwifery Accreditation Council (Donna Mowbray). The members also discussed how they could support and assist the advancement of the newly created Australian Students and Novice Nurses Association: [www.asanna.com.au](http://www.asanna.com.au) ►►



» The day ended on an interactive lesson on the use of social media, to make sure our Nursing Bodies are 'linked in' to the twitterverse!

For more detail about CoNNO or to access the specialist knowledge of advice that can be provided by its members, check out [www.conno.org.au](http://www.conno.org.au)

### Australian Nursing & Midwifery Accreditation Council (ANMAC)

Review of Midwifery Standards: several forums have been held around the country in regard to the Accreditation Standards for Midwifery programs.

The aim of this review is to examine and update the midwifery accreditation standards in light of Australia's move to the National Registration and Accreditation Scheme (NRAS) for health practitioners.

NRAS started on 1 July 2010. It was established by state and territory governments through

the introduction of consistent legislation in all jurisdictions.

As part of the review ANMAC will examine and synthesise current evidence and feedback to refine and improve the midwifery accreditation standards to safeguard and promote the health, safety and well-being of those Australians requiring midwifery care.

A second consultation paper was developed and circulated for comment culminating in a final forum, held in early December.

Details of the consultation can be viewed at ANMAC website: <http://www.anmac.org.au/midwifery-accreditation-standards>

### HWA Advisory group for Allied Health – Rural & Remote Generalist Project

This forum calls on a broad range of representation to look at issues around the generalist role of Allied health professionals in rural and remote practice.

### The Australian College of Midwives (ACM) R&R Advisory Group

The Australian College of Midwives formed a rural and remote Advisory group mid 2013, inviting ACM members to submit an EOI to be considered for membership. The composition of the group is 14 midwives from a broad range of interests and roles in a rural and remote context of midwifery. The role of the ACM Rural and Remote Advisory Committee is to provide advice to the National Board of Directors on matters that affect midwives and women living and working in rural and remote communities. The Committee works to assist the College to make informed decisions and undertake effective advocacy in relation to rural and remote maternity care.

### National Rural Health Alliance Councilfest

CRANaplus is a Council member of the NRHA, which is a National body of 32 Organisations representing a very broad diversity of organisations that have a commitment to rural and remote health.

Once a year the Council meets in Canberra to develop key directions, meet with key stakeholders, Government and from the political arena. This Forum was held in November 2013.

The Nursing & Midwifery Board of Australia has had several public consultations this year, which we have advertised in our weekly update, including:

### Endorsement for scheduled medicines standard: Re-entry to Practice Framework

The endorsement for scheduled medicines (rural and isolated practice) was of particular interest to us and we have lobbied hard for review of that standard.

Details on this and other consultations are available on the NMBA website: [www.nursingmidwiferyboard.gov.au/News/Current-Consultations.aspx](http://www.nursingmidwiferyboard.gov.au/News/Current-Consultations.aspx)



Photo: Alison Fort

### The Health Professionals Prescribing Pathway (HPPP) Project

On Friday 8 November 2013, Australian Health Ministers through the Standing Council on Health (SCoH) considered the final HPPP project report. The HPPP was approved by the SCoH, and Health Workforce Australia will now work with jurisdictions, stakeholders and consumers to develop an implementation strategy for HPPP. Key implementation issues are likely to include regulatory practice, education standards, accreditation and training.

A copy of the final report is available at <http://www.hwa.gov.au/sites/uploads/HPPP-Final-Report-November-2013.pdf>

More information on implementation of the HPPP will be provided to stakeholders as it becomes available.

Gerri Malone  
National Coordinator of Professional Services  
CRANaplus ●



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

## Transition from RN to Remote Area Nurse 2014

### ABOUT THE SHORT COURSE

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



### 2014 DATES AND LOCATIONS

**Monday June 23rd 2014 - Friday July 11th 2014**  
**Alice Springs**

**\$2,600 CRANaplus Members – \$2,800 Non Members**

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

**For registration enquiries please contact:**  
**Short Course Administration Officer – Centre for Remote Health**  
E: [crh.shortcourse@flinders.edu.au](mailto:crh.shortcourse@flinders.edu.au) W: <http://www.crh.org.au/>  
PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 F: +61 8 8951 4777




# climate change to cause significant loss of life: health research and policy forum

Participants at a Forum on Climate and Health have released a Joint Statement declaring climate change an issue of national and global significance – and called on the Australian Government to develop a national strategy to respond to the serious and increasing health risks from climate change.

The Forum, organised by the Climate and Health Alliance, heard from some of Australia's leading health and medical researchers, policy experts and public health leaders, and led to the development of a Joint Statement signed by participants.

The Joint Statement calls for individuals, organisations, communities, businesses and governments to shift investment away from fossil fuels, and for stronger action on climate change and greater investment in environmental protection.

## Joint Statement from Participants 15 November 2013

Health and medical researchers, health and medical professionals, students, environmental educators and community members attending the Climate and Health Forum in Melbourne on 6 November 2013 have issued a joint statement expressing their collective concern at the current lack of recognition of the health effects of climate change by governments, businesses and the broader community.



## The Participants (undersigned) said in the Statement:

*"Climate change is the greatest health risk of the 21st Century.*

*There is a clear relationship between human-driven climate change and extreme weather events, including an increase in the frequency and severity of heatwaves, floods, and bushfires.*

*The health of people in Australia, in the Asia Pacific region, and around the world is being affected by increasingly frequent and more extreme weather events. Climate change has national and global significance as an issue of public health and safety, and has the potential to cause significant loss of life.*

*The recent bushfires in NSW and extremely high average temperatures are local indicators of the rapid increase in global temperatures being driven by the burning of fossil fuels such as coal, oil and gas; deforestation; and carbon intensive agriculture.*

*The use of fossil fuels such as coal and gas not only drives climate change, but causes harm to the health of people now, and is occurring at the expense of healthy and secure societies in coming years and decades.*

*We urge individuals, organisations, communities, businesses and governments to shift investment away from polluting industries to protect the health and well-being of current and future generations.*

*A healthy community is the foundation of a healthy economy, and human health and well-being is fundamentally dependent on healthy ecosystems.*

*Consideration of the interdependence of health and environment needs to be factored into trade and investment decisions about energy and transport and should guide private and public divestment from fossil fuel industries.*

*The current and increasingly severe impacts on human health from climate change are not being adequately recognised in public and private sector decisions, or in the national health and medical research agenda.*

*The National Health and Medical Research Council spends less than a quarter of one percent of all its research funding on projects with any connection to climate change.*

*We urge governments and policymakers to use the expertise of public health professionals and academics as a rigorously researched basis for public policy on health and environment, and support practical community-based projects that translate the benefits of climate science into real gains for communities.*

*This should include research into cognitive psychological barriers to responding to climate change and programs to build resilience among individuals, families and communities to deal with the psychological, mental, social and physical challenges posed by climate change.*

*We ask the Australian government to fund a program of research that will support the Australian community to plan for and manage the health effects of climate change and extreme weather, and deliver benefits for the many Australian and regional communities affected by climate events, such as bushfires and drought, flooding and storms, and coastal inundation.*

*We urge the federal and state parliaments to consider the health impacts of climate change and ask all levels of government and parties to work together to develop a national strategy to respond."*

The Joint Statement from the Forum and list of signatories can be found here: [http://caha.org.au/wp-content/uploads/2010/01/Joint-Statement-Climate-and-Health-Forum\\_141113\\_final.pdf](http://caha.org.au/wp-content/uploads/2010/01/Joint-Statement-Climate-and-Health-Forum_141113_final.pdf)

An overview of the discussions can be found in this 'storified' report here: <https://storify.com/healthyfutures/forum-on-climate-and-health-research-policy-and-ad> ●



Associate Professor Erica Bell (left) and Dr Liz Hanna (right) presenting at the Forum on Climate and Health, 6 November 2013.



# a healthier future

**The NRHSN has thanked the 2013 NRHSN Executive Team for a fantastic year and welcomed three university students who are passionate about creating a healthier future for rural and remote Australians.**

Jerry Abraham, Tara Naige and Heidi Beames are the newly elected leaders of the National Rural Health Students' Network (NRHSN) for 2014, which has 9,000 medical, nursing and allied health student members belonging to 29 university Rural Health Clubs across Australia.

They want to encourage more of their fellow students to consider rural health careers and will be advocating for well-supported rural and remote training opportunities for all health disciplines. They will also be supporting the Rural Health Clubs to run fun, educational and experiential events and activities at the local level to engage students interested in a rural health career.



The NRHSN Executive Team.

NRHSN 2014 Co-Chair Jerry Abraham, a fifth year medical student at James Cook University in Queensland believes that the NRHSN's members are the future of rural health in Australia and that it is important to engage and inspire them so they provide frontline health services in rural communities once they graduate.

Jerry is already committed to a career in rural health, he will be undertaking Rural Generalist GP training through Queensland Health and is currently based at Mackay Hospital. Earlier this month he was named as the Telstra-Rural Doctors Association of Australia Rural Medical Student of the Year.

Fellow Co-Chair, Tara Naige is a medical student at Deakin University in Victoria and NOMAD Rural Health Club member and is currently on placement in Portland. She has previously been an education officer working with Aboriginal youth in South Australia.

While completing her Bachelor of Psychology, Tara also worked as the rural placements coordinator at Flinders University and was the administrator of the FURHS Rural Health Club.

**They want to encourage more of their fellow students to consider rural health careers and will be advocating for well-supported rural and remote training opportunities for all health disciplines.**

Tara believes the NRHSN's clubs offer so many fantastic, positive rural experiences. The clubs run clinical skills workshops and talk about rural health careers and healthy living at Indigenous community festivals and rural high school visits.

The third member of the team is NRHSN Secretary, Heidi Beames, a third year physiotherapy student at the University of Newcastle and member of BREAATHHE Rural Health Club. Heidi hails from the small rural community of Dunedoo in central western New South Wales.

Heidi is hoping to play a role in changing the face of healthcare beyond the cities. Heidi believes having a well-equipped, well-supported multi-disciplinary health workforce is vital for the health and well-being of rural Australians.

The NRHSN is administered through Rural Health Workforce Australia (RHWA) with funding from the Federal Department of Health. RHWA is the peak body for the not-for-profit state and territory Rural Workforce Agencies which attract, recruit and support doctors, nurses and allied health professionals for rural communities. ●

## call for photos

Have you got an eye for a great photograph?

Want your photo on the front cover of our magazine?



We are looking for striking digital images to feature on our four magazine covers during 2014.

We want photos that highlight the day-to-day experiences, challenges and accomplishments of those who work, live and play in remote and isolated Australia.

Photos should be in jpeg format at a minimum size of 3Mb and no greater than 6Mb.

Please do not submit previously published photos.

**Closing date: Monday 17 February 2014**

For more information contact  
[publications@crana.org.au](mailto:publications@crana.org.au)  
or see full details on our website  
[www.crana.org.au](http://www.crana.org.au)



# consumer safety and quality healthcare is everyone's responsibility



**The CRANaplus National Standards and Credentialing Project has been completed, providing a Clinical Governance Guide for remote and isolated health services in Australia.**

The Project's key focus was on Standards at an organisational and

professional level for the remote health workforce, with the aim of delivering a consistent and expected level of safe, quality health care, across remote areas of Australia.

We are very pleased with the support we received during the Project, resulting in a number of positive outcomes for CRANaplus, its members and health services in remote and isolated areas of Australia.

A major achievement of the Remote National Standards Program was the crafting of a Clinical Governance Guide designed to capture 'what it is', 'why we need it' and 'how we do' Clinical Governance in remote Australia. This Guide focusses mainly on National Safety and Quality Health Service Standard 1, recognising the need to have a practical application for clinical service managers and clinicians in the workplace. The Guide steps out the Standards criteria's activities into 4 key areas: first of all,

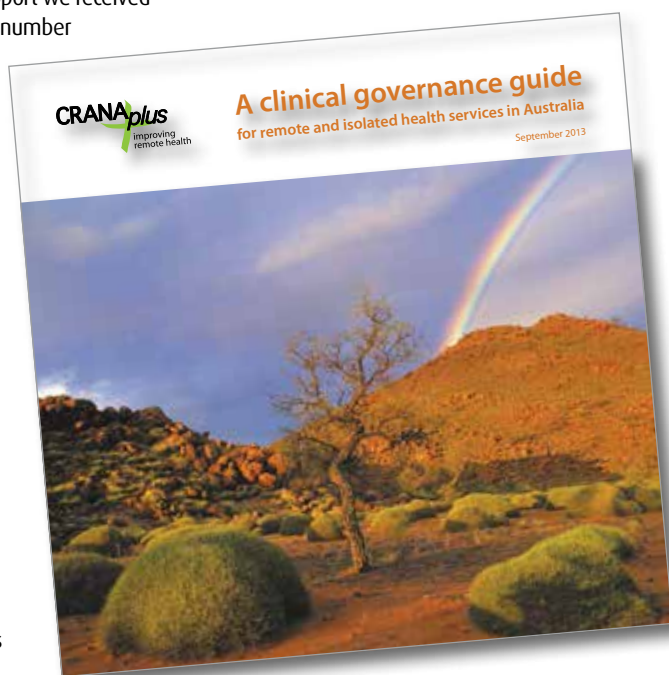
'What does it mean'; 'what should be in place', and then outlining the 'responsibilities as a service manager' and 'responsibilities as a clinician'.

Over the festive season we will be forwarding a copy of the Guide to all remote and isolated health services across Australia. If your remote health service has not received a copy by end of January 2014, please contact us.

We have limited copies available but if you have an interest in this publication, please contact Marcia Hackendorf by email: [marcia@crana.org.au](mailto:marcia@crana.org.au)

'A Clinical Governance Guide for remote and isolated health services in Australia' is available on the CRANaplus website: [www.crana.org.au](http://www.crana.org.au)

**Marcia Hackendorf, Project Officer  
National Standards and Credentialing Project** ●



**Aboriginal  
Health  
Conference**  
5-6 July 2014  
PARNELL HILTON PERTH

*Developing strong commitments to improve the health and wellbeing of Aboriginal people in rural and remote communities.*

## CALL FOR ABSTRACTS

**Rural Health West invites abstract submissions for oral and poster presentations for the 2014 Aboriginal Health Conference.**

Abstracts about research and projects across all areas of Aboriginal health, community engagement, education and workforce development are being sought.

For more information, visit [www.ruralhealthwest.com.au/aboriginalhealth](http://www.ruralhealthwest.com.au/aboriginalhealth) or contact Leesa Thomas, Events Coordinator on:  
T 08 6389 4538 E [events@ruralhealthwest.com.au](mailto:events@ruralhealthwest.com.au)

**Abstract submissions close on Monday 7 April 2014.**



## Strong commitments – healthy communities



# support

## summer celebrations: have fun safely!

Bush Support Services Psychologist Amanda Akers suggests we take the opportunity of the festive season to take stock of our drinking behaviour – and set some healthy goals.

With the warmer weather and the festive season upon us, a lot of us are likely to find ourselves relaxing and having some fun. And for some of us that will include having a few drinks – and, for some, maybe a few more drinks than usual.

For those people working in dry communities, the visit back home at Christmas can mean drinking after a long period of abstinence from alcohol. It's important to remember our tolerance to alcohol will have decreased, and the amount we have been used to typically drinking in the past will now have a much greater effect. And for those people unlucky enough to be working over summer Christmas period, it may mean drinking on your own. It can be too easy to keep drinking into the night and hopefully



fall into bed... maybe. This can be hazardous if you're working the next day, and even more hazardous if the weather is hot and you're not drinking water during the day.

It's important to remember our tolerance to alcohol will have decreased, and the amount we have been used to typically drinking in the past will now have a much greater effect.

If you drink alcohol, you're probably aware of the risks: getting too drunk in front of others; saying things that shouldn't be said; making a fool of oneself; falling over (splat! on the ground); and in worst cases making poor decisions such as drink-driving or hooking up with someone we might not have wanted to be intimate with under sober circumstances. Yes, we know the risks, but why is it that knowing the risks is sometimes not enough to stop us from doing silly things when we drink?

### How much is too much?

The World Health Organisation has deemed that 5 or more drinks on one occasion constitutes a binge and to reduce the risk of harm to one's health people should not binge drink.

In addition, the National Health and Medical Research Centre (NHMRC) of Australia has developed guidelines to assist us to measure what is a 'safe' level of drinking to reduce risks and reduce harm to our health.

The Australian Alcohol Guidelines can be found at: <http://www.nhmrc.gov.au/guidelines/publications/ds10>

The first 2 guidelines are very useful to address for summer celebrations.

#### Guideline 1: Reducing the risk of alcohol-related harm over a lifetime

Healthy men and women should drink **no more than 2 standard drinks on any day.**

If this guideline is followed, the lifetime risk of death from an alcohol-related injury or disease is less than one in 100.

#### Guideline 2: Reducing the risk of injury on a single occasion of drinking

Healthy men and women should drink **no more than 4 standard drinks on any one occasion.**

Drinking 4 standard drinks on a single occasion more than doubles the relative risk of injury in the following 6 hours and this risk increases rapidly with each additional drink.



►► So you can see that the Australian Alcohol Guidelines match the World Health Organisation's (WHO) recommendation that having 5 or more drinks on one occasion is deemed to be a binge, and is risky for our health.

## How many people do you know who drink more than 5 standard drinks on one occasion?

Well, does that surprise you? How many people do you know who drink more than 5 standard drinks on one occasion? Four standard drinks is equal to half a bottle of wine (a bottle is about 8 standard drinks); or 2–3 stubbies of beer (depending on the strength of the beer – 1 stubby is usually 1.4 standard drinks); or 4 precisely measured (30 ml) nips of spirits.

### Ways to reduce your social drinking

So, what can we do to try to reduce our social drinking and try to accommodate the recommendations in the guidelines? Below are a few tips:

#### Always plan your drinking behaviour

If you're going out plan before you go:

- 1) Who you'll drink with, e.g. friends only, not strangers.
- 2) What you'll drink, e.g. I'll try to stick to only 4 drinks, I'll only drink beer and I won't have any spirits at the end of the night.
- 3) When you'll start, e.g. I'll start at 7:00 pm.
- 4) When you'll stop, e.g. I'll go home or stop drinking at 10:00 pm.
- 5) Where you'll drink, e.g. I'll only drink at my friend's house, we won't go out to a hotel, or we won't go to more than one hotel, or I'll only drink at home, and not go out later.

#### Tips to reduce your drinking:

- Make your first drink a non-alcoholic drink. Rehydrate your body with a large glass of water before you start drinking. It's useful to have another large glass of water before you retire for the night.
- Alternate between alcoholic and non-alcoholic drinks. Have a glass of wine and then a glass of water. Have a spirit and mixer, and then a glass of just the mixer (e.g. orange juice or cola).
- Dilute your drinks. Try a shandy (beer and lemonade), or a wine spritzer (wine and soda), or have spirits in a large glass with more of the mixer (e.g. one nip of sprits in a schooner glass filled with mixer)
- Don't eat salty foods such as chips and nuts. These make you thirsty and reduce your sense of taste, which alcohol already does.
- Eat a meal before drinking. Have your evening meal, never skip it. Beware of too many pre-dinner snacks that may fill you up.
- Eat while you're drinking. If bar snacks are offered, eat them! If you are having pre-dinner snacks make them healthy snacks and make sure you eat your main meal as well.
- Put your glass down between sips. If you hold onto your glass you're more likely to keep sipping. If you put it down, you're more likely to relax, or do something other than drinking, like preparing your evening meal.

#### Why people drink

People drink for many reasons. Some drink because they're thirsty. This is why it's important to rehydrate yourself before you drink. Water is best to rehydrate the human body, not beer, wine or spirits. Drinking water won't make you feel the effects of the alcohol any less. It'll make you feel better the next morning.

People drink to drown their sorrows, but alcohol increases our mood, so if you're feeling sad, it may get worse so you're better off not drinking. Try calling the Bush Support Services to address your mood state instead.

Some people drink to escape their problems. There are other ways to escape though such as going for a walk, watching a movie, talking with a friend, and the Bush Support Services can help with problems too.

A common reason for drinking is anxiety. Anxious people tend to drink more than relaxed people. Try relaxation instead of drinking, or do some deep breathing before drinking so you relax before you drink, then you're more likely to drink slowly and not rely on alcohol to relax you.

#### Setting some personal drinking goals

It can be useful to set yourself some drinking goals, and what better time to set some goals, or resolutions, than New Year! Here are some examples:

- Have 1–2 alcohol free days a week.
- Reduce your alcohol intake to meet the Australian Alcohol Standards (see guidelines above).
- Have a holiday from drinking.
- Have an alcohol-free weekend.
- Join FebFast in February <http://www.febfast.org.au/> and have a whole month as a break from drinking.
- If you can't do Febfast, try Ocober in October <http://ocsober.com.au/>
- Have an alcohol-free area in your house, or have an alcohol-free house.
- Visit some non-drinking friends and see how they live without alcohol. This can help you manage your alcohol-free days.
- Attend an alcohol-free retreat on your next annual leave period.

#### Monitoring our drinking behaviour

Monitoring our drinking behaviour is the first stage of taking responsibility for our drinking. We should all know how to count our standard drinks, not just the number of drinks we consume. We should count our standard drinks every time we drink.

Another way of monitoring yourself is by monitoring your alcohol-free days. This is a really positive way to feel good about monitoring your drinking. Get yourself a business-card-sized calendar and draw a circle around each and every alcohol-free day you have in a year. During the course of the year you can look back and see when your problem drinking times are (e.g. months with fewer alcohol-free days), and congratulate yourself for achieving months with many alcohol-free days. If you can't manage alcohol-free days, and you are worried about your drinking, you may need to talk with a health professional. Don't forget that you can always call the Bush Support Services for a confidential chat if you're not sure what action you should take.

#### Enjoying the summer celebrations

Above all, try to have fun, and keep yourself safe. Be aware of safe drinking for yourself, your friends, and your family. Always also serve non-alcoholic drinks if you have a party over the festive season. Have fun inventing low alcoholic cocktails such as festive fruit punches or mock margueritas or mocktails. Make sure you serve filling snacks before the first round of drinks, eg. sandwiches, sausage rolls, sushi. Provide heaps of bottles of fruity drinking water (add sliced fresh fruit pieces to jugs of water and ice – top with mint; make up fresh water flavours eg. pineapple slices and mint) or freeze half-cut fresh strawberries in ice cubes with water and add cubes to soft drinks. Drink lots of water throughout the day to stay well hydrated.

Remember that too much of anything is not good for you. Bush Support Services wishes you Happy summer celebrations! ●

# sing for your life project



**Annmaree Wilson, Senior Clinical Psychologist with Bush Support Services (BSS) says the Sing For Your Life project was the perfect vehicle to walk the talk of the new theoretical perspective that BSS has adopted: that of Positive Psychology.**

The aim of Positive Psychology is to re-focus attention away from negative emotions such as stress or depression and to focus on understanding the positive emotions such as joy, peace, contentment and happiness.

The new BSS self-care booklets, available soon, explore positive emotions, allow new ideas and experiences to occur and encourage play, exploration and creativity. Importantly, they also focus on how this understanding can help build resilience in the remote area health workforce.

The research on singing, especially in a choir, suggests that this activity meets the essential criteria of happiness and resilience-building as defined by Positive Psychology.



Apart from the physical benefits, such as reduced blood pressure, we know that singing encourages social connections that are enduring; allows people to get more pleasure out of life; allows people to become more engaged in what they do; and allows ways of making life feel more meaningful.

Most importantly it lets people get "into the flow" by engaging in a challenging task where a sense of time and self vanishes. Singing in a choir requires mindfulness, paying attention in a particular way by focussing on the tune, words and harmony.

It was exactly the psychological and physical levels of well-being listed above that Bush Support Services aimed to achieve for rural and remote area health workers with the Sing For Your Life project.

**The research on singing, especially in a choir, suggests that this activity meets the essential criteria of happiness and resilience-building...**

New technologies opened up the exciting, innovative and, we believe, world-first opportunity to offer a very creative way of dealing with the day-to-day stressors of working in a remote environment.

At the 2013 CRANAp<sup>plus</sup> Conference in Darwin, twelve rural and remote area health workers from Queensland, Northern Territory, Tasmania and New South Wales rehearsed and performed for their peers.

This was the culmination of nearly six months of commitment to regular singing lessons, conducted via skype by Graham Sattler. It would not be an exaggeration to say that the project was an amazing success. As well, the participants have contributed to the body

of knowledge about the mental health benefits of singing. Some of the qualitative findings are described here:

## New learning/self-confidence

A common response from the participants concerned new things that they learnt about themselves and an increased sense of achievement and self-confidence.

For example, one participant said:

*"I have lost some fear about technology. Singing at my computer, into a microphone, being recorded and filmed not once but several times during rehearsals officially and by everybody's phones and cameras has had its repeated exposure effect. I am almost ready now to be a celebrity!"*

Another said:

*"... I got enjoyment from the fact that I knew others faced the same challenges of learning something new, making mistakes and having to deal with the fear of performing..."*

A third participant reported:

*"Having improved my singing and having managed to perform in front of an audience has given me the confidence to look for the next challenge no matter what it might be. It has shown me that it only takes half an hour per week of commitment to achieve a lot of personal growth and add some fun into the day to day activities."*



## Social Connections

The important aspect of social connections outlined in Positive Psychology was another theme that emerged out of the participants feedback.

As one choir member said:

*"Despite us learning our songs all over Australia I felt very much connected to the other members of the choir."*

Another said:

*"It was a fabulous experience doing the lessons via remote and individually and then getting together to rehearse and perform. Once we met our connection was already established and our friendship was gelled." ►►*



Photo: Rosey Boehm.



## ► Validation

Another typical experience of participants was a validation of health workers by an organisation for the work that they do. For example, one participant said:

*"It improved my self-worth by the simple fact of an organisation for once seeing it is worth investing in grassroot health workers. Normally we are delivered funding cuts and more work demands to be addressed with less time and additional paperwork as well as bearing the pain and frustration of the marginalised groups in society we are delivering health care to..."*

Of course, there were challenges encountered by the Sing For Your Life project. Being a first time

project, recruitment of participants was initially slow. Technology was not always kind. There are costs involved, especially if a professional singing teacher is engaged. But one participant must have the final word:

*"This set up is brilliant for delivery into rural and remote areas... I hope this project will inspire lots of organisations to set up something similar in their work environment. It has shown me how important the arts are in the work environment and how it can connect us on a different level in a very positive way."*

PS: It is unclear whether BSS will be able to run the project again in 2014 but if you would be interested please email me:

[annmaree@crana.org.au](mailto:annmaree@crana.org.au) ●



Photos: Rosey Boehm.





## 'cradle to the grave' mandala



At the CRANAplus Conference in Darwin delegates contributed to and participated in the creation of our amazing 'Cradle to the Grave' mandala, shown above.

Photos: Rosey Boehm.

## BUSH SUPPORT SERVICES

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*"The people in the community  
have been really welcoming"*

Elissa Rowe RN

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