

issue 90 | june 2013

CRANA *plus* magazine

RRP: \$10.00

the voice of remote health



educate 48
advocate 58
support 74

from the editor



What a stunning front cover! It's one of many photos taken by Stewart Roper during his time in remote Australia. See more of his lovely images inside and read about his motivation for producing a coffee-table book with hundreds of photos of the Anangu and the beauty of their country.

Other members share their stories too: read about Elisabeth Driessen's career change after years as a commercial pilot with NT aeromedical when she realised that what was going on in the back of the plane was far more interesting.

You will also read about mine-site nurse Sandy Daniels, who talks about the realities of the FIFO lifestyle and her job in the Buccaneer Archipelago.

Do you subscribe to the belief that a dog is a person's best friend? Anneliese Cusack attests to that and shares her 'stress-busting' story (page 74) about her dogs and how they have been instrumental in her wellbeing.

Redundancy is an issue facing people across many industries and Annmaree Wilson, Senior Clinical Psychologist with BSS, writes about the increasing recognition of the psychological impact of redundancy.

The CRANApplus Advanced Paediatric Life Support (APLS) course, trialled with the RFDS in Jandakot recently, is to be rolled out nationally. Read about the course and feedback.

It is with much pleasure we welcome Spinifex Health Service as a Corporate Member of CRANApplus. Located in Tjuntjuntjara 680 km NE of Kalgoorlie in the Great Victoria Desert region of West Australia, Spinifex Health Service is an Aboriginal Community-Controlled Health Service.

Have you booked for Conference yet? You will find our Draft Conference Program on page 20. Take advantage of the great early-bird discounts available until 31 July.

This edition is crammed with great reading and I am sure there's something for everyone!

Anne-Marie Borchers
Manager Member Services, CRANApplus



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Department of Health and Ageing

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

About the Cover: A young Horace Baker drinking from a shallow pool of fresh rainwater near the WA border. One of many images taken by Stewart Roper, it appears on the cover of his book "Palya". (Read interview on page 42).

from the ceo

As members and friends will read in this magazine, our long serving President, Christopher Cliffe, has stepped down from the role.

He remains an ordinary member of the Board of Directors until September when he intends to move on and take up new challenges in life.

Christopher has been an amazing advocate for CRANApplus for over seven years, and has been there through both the bad times and the good. He has worked closely with myself as CEO and helped guide the organisation through the past five years of change and growth, helping ensure that the organisation is in the fantastic position it sees itself in today.

During this time CRANApplus has been extremely stable with minimal staff movement and a secure leadership group. However, nothing lasts forever and it's Christopher's time to look to other pursuits. I personally wish him well and thank him for his support.

Christopher's resignation, albeit sad, heralds in a new era of leadership at the level of President and we welcome Paul Stephenson to the interim role as President. Paul was elected as Vice President at the Annual General Meeting in Perth in 2011 and has been an asset to the Board since that time.

CRANApplus has over the years been extremely fortunate to have had on its Board some very talented and dedicated people, who care not only for the organisation but for remote health. They all bring with them special talents and a different background, but what they do have in common is the very strong desire to make a difference and help our members provide the best possible health care for those who live and work in the most challenging of environments in Australia.

It's a sad time and an exciting time. Goodbye Christopher and welcome Paul.

Onward and upward.

Carole Taylor
CEO, CRANApplus





engage

from the president

Dear CRANap^{lus} members and friends,

Sadly this will be the last time I write to you as your elected President, as I have chosen to stand down after nearly seven years in the role.

I guess it's time for me to reflect and remind us all of the amazing advances our CRANap^{lus} has achieved.

I fondly remember my first few dealings with the Council of Remote Area Nurses, in the tiny upstairs office just off the Todd Mall in Alice Springs. Rod and his team of three always made time to make you feel welcome with a cuppa amid the chaos of boxes and phones ringing. The Bush Crisis Line (pre Bush Support Services), coordinated from its office in Rural NSW, was providing an essential service to the remote health workforce. And Libby and Caitlin with their dedicated band of facilitators were circumnavigating the remotest parts of the

country on a shoestring budget, providing vital education where no-one else ever dared to go!

What has changed? Certainly we have grown. The services we provide have increased; our members are now much more professionally, geographically and culturally diverse; and we continue to grow our capacity to influence decision-makers around issues pertaining to remote health.

What hasn't changed is the dedication and professionalism of our staff; the huge amount of work that volunteers across the organisation put in every single week; and the no-bullshit, pragmatic way we represent our issues and meet our goals.

Obviously CRANap^{lus} is blessed with highly-skilled and hard-working staff. But it is important to remember that we could not have achieved our success, nor be able to maintain it, without our army of volunteers:

the individuals who donate their time and energy to teach our courses, review our publications, participate in the many advisory groups, represent our organisation at local events and sit on the governing Board.

The remote and isolated health sector still has a very long way to go. I think most of us quickly become acclimatised to the gross inequity that our consumers face every day in regards to their health and wellbeing. It's not as easy as just banging on the doors of politicians and expecting a GP superclinic in every town.

We need to work smarter and describe the models of care that are appropriate and which actually do work in the locations we serve.

In a time when fiscal demands gazump health priorities, our challenges are even more complex. Its disappointing that Nurse-led, Midwife-led, Health Practitioner-led and Allied Health-led models of care, despite being cost-effective and high-quality, are still stifled by a medicalised urban interpretation of 'patient safety'.

I'm very happy that CRANap^{lus} is investing in the groundwork of describing, standardising and professionalising remote and isolated health, so we can be a stronger player in the solutions to health equality for remote and rural Australia.

Thank you sincerely for the trust, support and friendship over the years.

Cheers,

Christopher Cliffe
President, CRANap^{lus} ●



building confidence

Glenda Gleeson's commitment to sharing her knowledge as a midwife led her in 2006 to become a volunteer facilitator for CRANApus courses. That commitment now sees Glenda take on the role as one of the two Maternity Emergency Care (MEC) Coordinators.

"I am committed to improving the health of Indigenous women and their families," says Glenda Gleeson, the new CRANApus MEC Coordinator.

Glenda strongly believes one way to improve their health is to ensure women and children have confidence and trust in the health workers and, therefore, regularly visit the clinics.

"People in remote communities have no choice about their health care provider,"

Glenda pointed out. "And we want to ensure the health professionals working in remote and rural health are giving the best and optimal care.

"I am committed to improving the health of Indigenous women and their families."

"If people in the communities feel they can trust the health professionals, then that will really improve the care. Women and children will access health services regularly – and that is what we aim for.

The other really important aspect is the health professionals working in remote and rural health services have confidence in their skills.

"It's important for health workers to have up-to-date skills and be confident to deal with emergencies, often with limited resources.

"Indigenous women have very high rates of premature labour and it can be an emergency situation with limited resources," says Glenda. Another situation that can happen is the potential for post partum haemorrhage post birth. High blood pressure and infections are also common issues for women during the childbearing time, these can lead to major health problems."

These are some of the situations dealt with at the hands-on skills stations run during the CRANApus courses that Glenda co-ordinates.

The courses are the Maternity Emergency Care (MEC), Midwifery Upskilling and the Aboriginal and Torres Strait Islander MEC courses, with 33 courses being held throughout Australia this year alone.

"It's important for health workers to have up-to-date skills and be confident to deal with emergencies, often with limited resources."

"The hands-on skills stations are particularly popular for the remote and rural staff, they value the practical element," says Glenda.

"I have been out of the remote health context for the past year, so it's exciting to be back working for change in remote health," says Glenda, who has been a midwife since 1998, and has worked in Alice Springs and various remote communities in Australia.

Her international experience includes an academic position recently in PNG with an AusAid programme plus a placement in Pakistan, attached to Medicin Sans Frontiere. ●

glenda gleeson

RM, RN, BNsg, MPH
Cert Sexual & Reproductive Health
Cert IV in Training and Assessment
Cert in Emergency Nursing

Glenda is a Registered Midwife/Nurse who has studied and worked in Primary and Public Health, Tertiary Education, and Acute Care Health Services in the Northern Territory and South Australia.

Glenda's career has focused on Indigenous Women's Health for many years. This work has been as a midwife in remote communities and in developing maternal and child health programs.

Glenda has been a volunteer facilitator for Maternal Emergency Care Courses with CRANApus since 2006.

Glenda has been an active member of the Australian College of Midwives and the Australian Nursing Federation being an elected area delegate and participating in the branch councils of both organisations in both the Northern Territory and South Australia.

Glenda has worked internationally as a Midwife in Pakistan with Medicin Sans Frontieres, and as a Midwife Academic in Papua New Guinea on an AusAid program. ●





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



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

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

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

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

Course dates for 2013
Monday 5 – Thursday 22 August

CRANApus
improving remote health

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

addressing remote inequality: meeting the needs of all Australians

Motivation Australia is a not for profit NGO that works to enhance the quality of life of people with mobility disabilities in less resourced settings in the Asia Pacific region. The organisation's work includes appropriate wheelchair design and production; capacity building services; competency based training of local clinical and technical staff; and introduction of peer to peer training.

Motivation Australia programmes emphasise affordability, appropriateness, user choice and participation. Motivation Australia is currently working in a number of countries in the Pacific Region including Papua New Guinea, Timor Leste and Fiji; and has carried out a number of activities in Australia – focusing on the needs of people with mobility disabilities in Remote Australia.

Aboriginal and Torres Strait Islander people with a disability who live in remote communities are amongst the most vulnerable members of Australian society. At the invitation of the First Peoples Disability Network Australia; Motivation Australia has carried out several initiatives aimed at better understanding the needs of this particularly vulnerable group. This has included community consultations in ten remote locations and co-hosting with the Bob Hawke Prime Ministerial Centre the first National Mobility Solutions Symposium for Aboriginal and Torres Strait Islander people. Motivation Australia has also delivered training hosted by the MJD Foundation for Northern Territory clinicians; focusing on wheelchair assessment and prescription.

More recently, Motivation Australia and the Aboriginal Resource and Development Services Inc. (ARDS) carried out a project

Yolngu information sharing and clarity of understanding. The project was funded by the FaHCSIA Practical Design Fund to investigate innovative approaches to meeting the aspirations of the National Disability Insurance Scheme. Five discovery & education sessions were carried out in Ramingining, Mililingimbi, Galiwin'ku, Gapuwiyak and Darwin to investigate Yolngu language and worldview of disability. The project's outputs are two educational resources and three documented processes to assist in creating further culturally and linguistically appropriate tools.

Aboriginal and Torres Strait Islander people with a disability who live in remote communities are amongst the most vulnerable members of Australian society.

Yolngu communities are located in East Arnhem land, far from capital city based disability services, with very few service providers in the region. Yolngu people with disability face inequality and numerous barriers to inclusion in community life. Assistive technology is often not durable, not having been designed to withstand the tough physical environment. Most methods of transport, many homes and often public buildings are inaccessible. A high turn-over of staff, communication difficulties, a lack of cultural competency and lack of culturally and linguistically appropriate information resources all reduce the effectiveness of services for Yolngu.

While the concept of *disability* is well understood by most people in mainstream Australian society, the Yolngu have no word for it.



Motivation Australia and First People's Disability Network Community Consultations 2011 – Gayle Rankin from the First People's Disability Network talks with a child wheelchair-user on Groote Eylandt.

Yolngu language and worldview focuses on impairments (weak arm, numb leg, etc) and activity limitations (unable to talk, unable to walk, etc), objectively describing what is observed about the person without association to stigma or negative connotations.

Going forwards it will be impossible for the National Disability Insurance Scheme (NDIS) to implement its aspirations for all Australians without addressing the fundamental issue of culturally and linguistically appropriate information for Yolngu in East Arnhem Land. A remote area pilot site for the NDIS in East Arnhem Land would form the space for foundational stories about disability to be created, service providers to learn what level of cultural competency is necessary to work safely in communities, innovative approaches to service

provision to be trialled, the requirements for durable assistive technology to be understood and for mutual understanding and trust to be nurtured.

For further information about Motivation Australia please see: www.motivation.org.au

For further information about the First People's Disability Network please see: fpdn.org.au/

For further information about the MJD Foundation please see: www.mjd.org.au

For further information about the Aboriginal Resource and Development Services Inc. (ARDS) please see: www.ards.com.au

For further information regarding the publication of Practical Design Fund projects please see: www.ndis.gov.au ●

national relay service: e-learning module



Improving health professionals' understanding of the National Relay Service.

In a recent survey of 550 health professionals, significant numbers were unaware of the National Relay Service. Some 30% of GPs were not aware of what the service does; a similar figure was seen among occupational therapists with a slightly higher figure for social workers. However, for clients or patients who may be losing their hearing, or who have speech impairment, an informed health professional may be key for them to learn how the NRS could help them.

The National Relay Service supports the needs of people with hearing and/or speech impairments by helping them to communicate with anyone with a telephone.

The good news is that our survey also tells us that health professionals are willing to promote the NRS, and wish to access support to do so. Accordingly, we're excited to announce the recent launch of our new e-learning module – *Understanding the NRS* – for health and aged care professionals. It provides information and training for all health professionals working with clients who have hearing or speech impairment to confidently support clients in using the service.

The module is designed for health professionals to know more about the National Relay Service, both to introduce the service to those who are not familiar with it, and to reinforce the knowledge of those who are. The e-learning module includes true stories of NRS customers and video animations showing how the different relay call options work.

The module is a great option for health professionals located in rural or remote areas who may be without direct access to trainings or events. As it is online, it can be accessed from anywhere at any time, and if you register, you also can stop and start the module according to your own pace. It may also help you earn CPD recognition.

We invite you to try it out at: <http://www.relayservice.com.au/e-learningmodule>

How the module can help you

The NRS e-learning module supports you to support your clients by helping you to:

- Understand what the NRS is, how it works, and how it can benefit clients
- Identify the appropriate NRS call type for your client, and assist clients to get started
- Understand how to make and receive phone calls with clients who use the NRS. ●

What will the health & community care sector look like in 10 years?

Recent research from the World of Work Report, commissioned by recruitment and HR services specialists, Randstad, shows that workforce planning needs to be a greater priority for employers in the Health & Community Care sector.

Currently 40% of organisations don't plan their workforce a year in advance and just 18% plan for a two-year period, suggesting the positive work being done around talent management needs to be integrated with workforce planning that looks further ahead.

The Health & Community Care industry is undergoing unprecedented structural change, with the workforce being impacted by a range of social, demographic and technological forces. These changes mean more clinicians, administrators and technical specialists are choosing to be free agents as opposed to aligning themselves to specific organisations. The growing number of skilled workers choosing self-employment has given rise to the blended workforce, where contractors, freelancers and consultants work alongside permanent full-time and part-time staff.

While 92% of employers believe their organisation will increasingly manage a blended workforce over the next 10 years, more work must be done to overcome existing barriers in the industry to allow this transition.

Australia's ageing population, lower birth rates and fewer new workforce entrants will also have a significant impact on the future management pipeline in the area of health & community care. Despite this, many organisations are currently unprepared, as only 35% believe the baby boomers leaving from the workforce will negatively impact their business. This notion must be re-evaluated, and organisations need to consider how younger generations will be integrated into their workforces. Soon Generation X will lead the sector and Generation Y will be the middle managers, hiring generation Z as its frontline workforce.

Ultimately, Health & Community Care organisations must look ahead to the challenges facing the industry and plan their workforce strategy accordingly.

Randstad is one of the world's leading recruitment & HR services specialists, employing over 500,000 people every day with the aim of "shaping the world of work". Randstad is passionate about matching people with organisations that will develop their potential and matching organisations with people that will take their business to the next level. The Randstad World of Work Report analyses the major issues impacting human capital management for the coming 12 months, and provides valuable guidance for HR and business leaders planning strategies. Visit www.randstad.com.au for further information.



Staffing | Specialised Recruitment | HR Solutions | Inhouse Services



why advertise with CRANAp^{plus}?

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

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

CRANAp^{plus} offers several advertising options at very competitive rates:

1. The CRANAp^{plus} 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^{plus} 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

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

Note: Back cover is unavailable until December 2013

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. ●

CRANAp^{plus} corporate members



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



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



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



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.



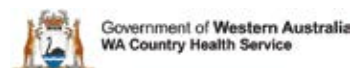
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



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



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



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!



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



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



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



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



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.



Staffing | Specialised Recruitment | HR Solutions | Inhouse Services

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



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



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



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



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



Torres Strait and Northern Peninsula Hospital and Health Service offers unique employment opportunities in any of its 2 hospitals and 21 primary health care centres. Staff gain valuable experience working in a rural and remote region through an advanced scope of practice that you would not necessarily attain in urban areas.



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



Photo: Barry Skipsey

MEDIA RELEASE

NAHRLS Deploys 1000th Locum in Numbulwar, Northern Territory

The Nursing and Allied Health Rural Locum Scheme (NAHRLS) reaches its 1000th placement at Numbulwar Health Centre, part of the Northern Territory's Department of Health.

Janet Rigby, Area Service Manager for Top End Remote Health, said "The NAHRLS programme in the South East Arnhem area of the Northern Territory has been a great service for relieving staff who are going on leave.

"NAHRLS has always responded to our requests in a timely manner and has been able to provide us with experienced staff who have been able to 'hit the ground running' and need only orientation to the health centre.

"At times we have requested staff at short notice, due to unforeseen circumstances, and NAHRLS have usually been able to accommodate us in providing a staff member.

This has made a big difference to staff morale, knowing that they are able to leave their work places for leave and have experienced nurses to take their place."

The NAHRLS team has the great pleasure of working with all State and Territory Health Departments to ensure their rural and remote health centres continue to service their community while staff take a well-deserved break.

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

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

The NAHRLS team has a strong focus on supporting health professionals through our start-to-finish locum program and it is great to see that Top End Remote Health is pleased with the service and our locums."

Jim Thompson, NAHRLS remote area Registered Nurse, was the 1000th locum placed by NAHRLS. Jim has been deployed throughout rural and remote Australia since May 2012 and explains the extraordinary diversity that this work entails.

"I have worked in remote area nursing throughout Australia for more than 10 years and I love the job. I find it a privilege that few nurses will ever experience.

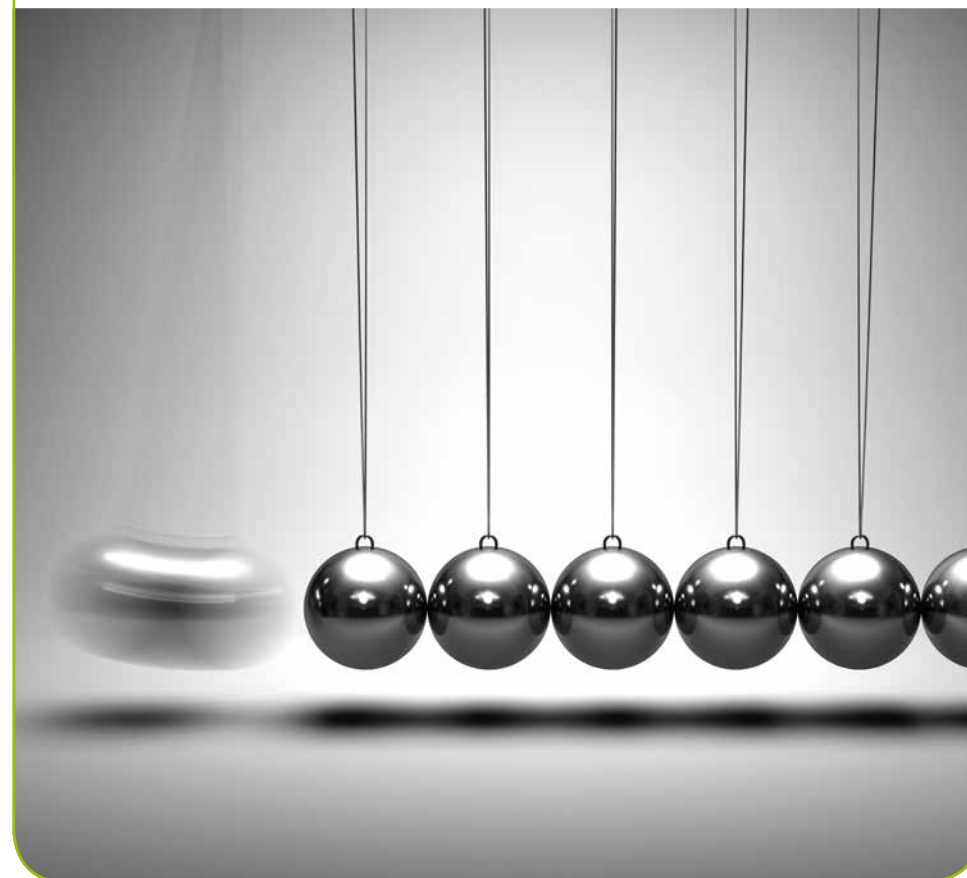
I love working in the dry red centre between Northern South Australia to the Western Australian Border. However, it is a treat with NAHRLS to have the opportunity to work up around the Islands of Far North NT.

from the cradle to the grave

challenges facing remote service provision across the life span continuum

CRANAplus 2013 conference

double tree by hilton, esplanade | darwin
wednesday 25 - saturday 28 september



annual conference

Our three-day conference is launched by the Welcome Ceremony on Wednesday evening 25 September and will be held at The Raft in the forecourt of Double Tree by Hilton (pictured below). An Elder of the Larakia Nation will give the Welcome to Country and local Aboriginal dancers will entertain delegates.

We have an impressive list of guest speakers and inspiring sessions throughout the three-day conference which will be officially opened by The Hon. Robyn Lambley MLA, Minister for Health | Minister for Alcohol Rehabilitation.

We will be joined by distinguished Keynote Speakers: Dr Philip Nitschke, Dr Yvonne Luxford and Dr Peter Saul on Thursday morning and will be followed by an impressive choice of sessions: many with intriguing titles and all with entertaining and informative content.

Sessions cover topics ranging from cultural immersion; barriers to service delivery in both mainland indigenous communities and remote island communities; use of traditional

and complementary medicines in a remote aboriginal community; workforce development and resilience and coping working in the bush... to name but a few.

At the end of the Thursday session delegates will have the opportunity to visit the iconic Mindil Beach Sunset Market. Thursday and Sunday throughout the dry season market patrons can enjoy the tastes of five continents, with over 1200 different menu items, and an extensive array of handmade craft including crocodile products, indigenous art and jewellery. There is a variety of live entertainment on offer including live bands, street performers, cultural dance, acrobatics and fire shows. Buses will be made available from the hotel to take delegates to the markets or they may choose a pleasant 15 minute walk to Mindil Beach.

The conference dinner on Saturday night is a gala event with delegates invited to the Grand Ballroom of the Double Tree by Hilton with appropriate after-5 attire.

MC Janie Smith will guide us through the evening's events which include the Annual Aurora Award ceremony.

The Aurora Award recognises leadership and outstanding contribution to remote health in Australia. This prestigious award is presented each year to the 'leading light', acknowledging an individual who inspires and motivates us through their leadership, excellence, enthusiasm and commitment.

Delegates and dinner guests will be entertained by the sounds of the Sing for your life choir. Bush Support Services and the Orange Regional Conservatorium have partnered in a unique and groundbreaking opportunity to form Australia's first remote area health worker choir. Under the direction of Director Graham Sattler the choir will give their premiere performance at the Gala Dinner. ●

from the cradle to the grave

The motif of a circle appears very early in human history and it surrounds us constantly on our everyday journey. We begin life as a tiny round egg encircled in the womb of our mother. We live on a spherical planet moving in a circular orbit around the sun. The word 'mandala' was taken by Carl Jung from the Sanskrit word for circle, both centre and circumference.

A Mandala is a symbol of wholeness, and creating mandalas offers insight, connection, healing and self-expression.

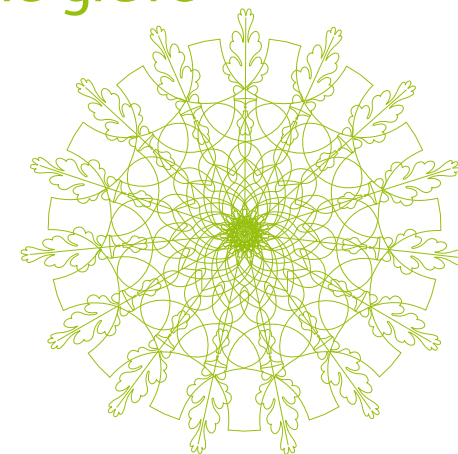
At the CRANApus Conference you are invited to contribute and participate in the creation of our 'Cradle to the Grave' mandala.

How do you interpret 'cradle to the grave' and what does the phrase mean to you?

What words strongly reflect the journey of life with your personal experience of being a health care worker?

Find images from magazines that resonate with you on the theme and bring them to the conference. Do you have a unique photo telling a story of this life space continuum? If so bring us a print.

Bring an idea that may inspire a line to become a drawing.



No artistic experience is required to participate in this project. If you have the ability to hold and move a mark making implement, a cutting tool or some adhesive, welcome to contribute.

The word 'mandala' was taken by Carl Jung from the Sanskrit word for circle, both centre and circumference.

I look forward to doodling and yarning around the table with you at the Conference in Darwin and we will create a mandala together. ●

about the artist:

Jenni Francis is an Initiatic Art Therapist specialising in Clayfield, a sensorimotor art therapy. She runs Creative Kids, an after school activity established 12 years ago. It was conceived and conducted by her where young people from 6-16 years of age explore a variety of creative artistic pursuits of a practical application in the rural supportive environment of her home studio and gardens. The activities include life and still drawing (plant and animal models), painting, printing, sculpture, mosaics, clay work (hand building and wheel thrown), basketry, puppetry, paper-making, book-binding, sewing, spinning and woodwork in the studio with a hands-on outdoor nature-based program as well as the opportunity for play and exploration.

conference program

Wednesday 25 September

9:00 am	Registration desk opens
4:00 pm	Registration desk closes
6:00 pm	Conference Opening Ceremony (Sponsored by HESTA) at the The Raft cocktail reception area Double Tree by Hilton Welcome to Country by an Elder of the Larrakia Nation Official opening address by The Hon Robyn Lambley MLA Minister for Health, Minister for Alcohol Rehabilitation Presentation of Graduates Cocktails and canapés
8:00 pm	Finish



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2013 winners, left to right:
Kathy Kirby, Sarah Lohmeyer and Annabel Pike

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Thursday 26 September

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 1
9:00 am	Welcome by MC, President / Housekeeping
9:15 am	Keynote address Dr Phillip Nitschke, Director Exit International
9:45 am	Keynote address Dr Yvonne Luxford, CEO Palliative Care Australia
10:15 am	Keynote address Dr Peter Saul, Former Head of Discipline for Medical Ethics at Newcastle University
10:45 am	Panel discussion
11:00 am	Morning tea (30 mins)
	Session 2: Maternity/Child
11:30 am	Mark Holmes <i>Winging it: Case studies of midwifery partnership 'with woman' in aeromedical care</i>
11:50 am	Linda Garton <i>Use of quality improvement strategies to address endemic rates of STI in remote primary health care services</i>
12:10 pm	Jenny Blake <i>Peeling back the layers - Barriers to service delivery with Indigenous families</i>
12:30 pm	Suzanne Belton <i>Case Studies in Maternity Care in Remote Areas of the Northern Territory, Australia</i>
	Questions
1:00pm	Lunch (60 mins)
	Session 3
2:00 pm	Rod Cooke <i>An End to Band Aiding: The Case for Workforce Development</i>
2:20 pm	Janie Smith <i>Cultural Immersion: What impact does it have in an undergraduate medical program?</i>
2:40 pm	Ben Crough <i>A presentation on research into remote pharmacy care, technologies and patient compliance from a practicum in remote Australia</i>
3:00 pm	Robyn Williams <i>Preparation for practice in rural and remote health</i>
	Questions
3:30 pm	Afternoon tea (30 mins)
	Session 4
4:00 pm	Awards Presentation
4:15 pm	Inge Baumann-May <i>What's the Problem? - The role of media in the portrayal of Domestic and Family Violence in the Northern Territory</i>
4:35 pm	Laurie Bickhoff <i>Social Media and Patient Privacy - Where's the line?</i>
	Questions
5:00 pm	Wrap up and close

Friday 27 September

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 5
9:00 am	Welcome / Housekeeping
9:45 am	Invited speaker Mary Anne Williams
10:15 am	Invited speaker Michael O'Halloran
10:20 am	Carol Mudford <i>Mittagundi Outdoor Education Centre: discussing staff support strategies to enable the delivery of programs that empower adolescent wellbeing in a remote alpine setting</i>
	Questions
11:00 am	Morning tea (30 mins)
	Session 6
11:30 am	Invited speaker Karen Glaetzer
11:50 am	Christine Foletti <i>Ageing and dying on the Cocos-Keeling Islands</i>
12:10 pm	Kylie McCullough <i>Remote Area Nurse Practitioners: developing a scope of practice defined by community need across the lifespan</i>
12:30 pm	Tess Opie <i>Resilient nurses cope better in the bush: A comparison between hospital-based nurses and nurses working in very remote Australia</i>
	Questions
1:30 pm	Lunch (60 mins)
	Session 7
2:00 pm	Invited speaker Simon Bryant
2:30 pm	Janelle Trees and Vivian Casey <i>Using Traditional and Complementary Medicines in a Remote Aboriginal Community</i>
2:50 pm	Graham Sattler <i>Partnerships: Music participation & Mental Health</i>
	Questions
3:30 pm	Afternoon tea (30 mins)
	Session 8
4:00 pm	Awards Presentation
4:15 pm	Melissa Childs and Caitlin Ashwin <i>Use of longitudinal rural immersion placement programs to promote Nursing Student interest in a future rural career</i>
4:30 pm	Kim Izod <i>How to make a great remote student placement</i>
4:45 pm	Natalie Kew and Carol Mudford <i>Mental health first aid: enabling students to self-care, developing a future workforce that is mental health literate and resilient</i>
5:00 pm	Wrap up and close

Saturday 28 September

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 9
9:00 am	Welcome / Housekeeping
9:05 am	Invited speaker Rachael Uebergang
9:35 am	Regan Smith <i>LGBTI Mental Health: Outcomes and Education in Regional, Rural Remote Western Australia</i>
9:55 am	Fiona Wake <i>RAHC Clinical Educators – they're beside you!</i>
	Questions
10:30 am	Morning tea (30 mins)
	Session 10
11:00 am	Jacki Ward <i>Kid's Ears: do you know what you are looking at?</i>
11:20 am	Kel Foran <i>Pluggin' the holes of healthcare</i>
11:40 am	Timothy Skinner, Isabelle Ellis, Colleen Cheek and Linda Jaffray <i>Cost and Impact of Health Related Travel to a Remote Island Community</i>
12:00 pm	Sabina Knight <i>Raising the Dust on Quad Bike Safety: preventing serious injury and death</i>
	Questions
12:30 pm	Lunch (60 mins)
1:30 pm	CRANApus Spotlight
2:30 pm	Afternoon tea (30 mins)
3:00 pm	AGM
4:00 pm	AGM finishes
7:00 pm	Annual CRANApus Award Dinner



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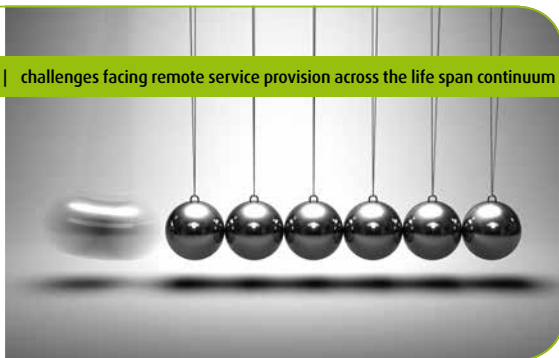


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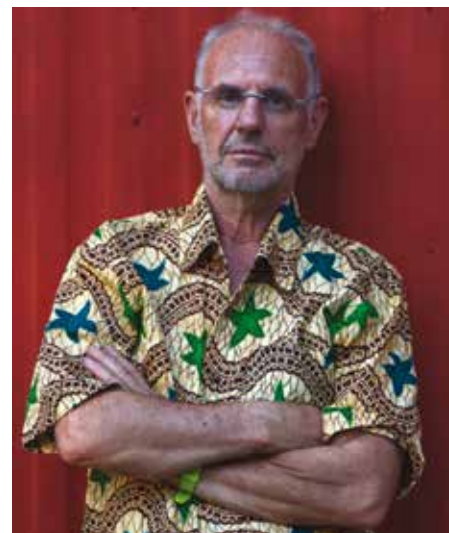
from the cradle to the grave

challenges facing remote service provision across the life span continuum

CRANAplus
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31
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wednesday 25 – saturday 28 september



keynote speakers



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

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

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

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

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

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

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



Peter Saul – Doctor, Intensive Care Specialist

Over the past 35 years Peter Saul has been intimately involved in the dying process for over 4,000 patients. He is passionate about improving the ways we die.

Peter is a Senior Intensive Care specialist in the adult and pediatric ICU at John Hunter Hospital, and Director of Intensive Care at Newcastle Private Hospital in Australia. He is a founder of the Clinical Unit in Ethics and Health Law at the University of Newcastle, and advises the NSW Ministry of Health through the Clinical Ethics Advisory Panel.

He is passionate about improving the ways we die.

He has an interest in end of life, and has been involved in writing all the current NSW guidelines on end of life care and advance care planning.

Current research interests include the provision of ethics support in health care and the management of dying in acute care. ●



Dr Yvonne Luxford – Chief Executive Officer, Palliative Care Australia (PCA)

A professional with 20 years' experience working in the health sector, Yvonne interacts and collaborates with all levels of government, health professionals, service providers and advocacy bodies to achieve high quality, accessible and culturally appropriate health care.

In addition to managing numerous Government projects, she participates in steering committees for the majority of palliative care initiatives under the Government's National Palliative Care Program.

Yvonne is a passionate advocate for palliative care on the international stage, through her involvement with the International Association for Hospice and Palliative Care, the Asia Pacific Hospice Palliative Care Network and the Worldwide Palliative Care Alliance.

She also has a wealth of experience in the public health, with particular interests in Indigenous health, chronic disease prevention, and equity of access to healthcare. She is Vice President of the Public Health Association of Australia and an Australian Health and Hospital Association Councillor. ●



The Hon. Robyn Lambley MLA – Minister for Health, Minister for Alcohol Rehabilitation

My pathway into politics in the Northern Territory came via 13 years running a business in Alice Springs and a long career as an Allied Health Professional.

In 2004 I was elected to Alice Springs Town Council for four years, including a year as Deputy Mayor. In 2010 I was elected to the Northern Territory Legislative Assembly as the Country Liberals Member for Araluen.

After the Country Liberals won Government in August 2012, I was appointed Deputy Chief Minister and held a number of portfolios including Treasurer. I am now Health Minister and Minister for Alcohol Rehabilitation.

I was born on Australia Day in Grafton, New South Wales in 1965.

After school I completed a Bachelor of Social Work at the University of Queensland, later completing a Masters.

From there I specialised as a Mental Health Social Worker holding various positions throughout Queensland, New South Wales and the United Kingdom.

In early 1994 after backpacking for several years around Africa, India and Europe, I moved to Alice Springs to be Senior Social Worker at the Alice Springs Hospital.

This position included the management of the Aboriginal Liaison and Interpreting service – a life changing experience. I was employed in this position for six years.

In Alice Springs I met my husband Craig Lambley. Both our children were born at the Alice Springs Hospital – Harry in 1999 and Alice in 2000.

My passions in life are my family; Alice Springs; the Clarence River; the Northern Territory's economic prosperity; the health and well-being of Territorians; good food; good wine and running. ●



Photo: Barry Kipsey

invited speakers



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

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

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

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

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

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

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

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

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



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

Rachael Uebergang trained as a Social Worker at RMIT University and

Dance Therapy at Melbourne University.

She first worked in the field of mental health in the inner western suburbs of Melbourne and as a Dance Therapist with women at the Deer Park Women's Prison. She moved into the field of industrial relations when she commenced her employment at the NT Working Women's Centre in 2002 as an Industrial Liaison Officer.

Rachael has been the sole or job share Coordinator of the NT Working Women's Centre since 2006 and believes that workplace bullying is one of the most challenging industrial issues for women in the NT. ●



Anna Davis – Co-Coordinator, NT Working Women's Centre

Anna Davis studied Women's Studies and Law at the University of Sydney and Macquarie University.

Anna worked for ten years in the youth health field, primarily on projects involving young women who were pregnant or parents. Later she worked in suicide prevention training, delivering training across the NT and coordinating the NT network of trainers.

Anna commenced work at the NT Working Women's Centre in 2004 as an Industrial Liaison Officer, and later moved into job sharing the Coordinator position. ●



Karen Glaetzer

has 24 years' experience in Palliative Care. In 1988, Karen was involved in the setting up and development of the Daw House Hospice and has pioneered

palliative care consultancy services to public and private hospitals in Adelaide.

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

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

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





Mary-Anne Williams, BA/ NsgSc./Graduate Diploma: Communicable Disease's Maternal Health Tackling Smoking Project Officer

Mary-Anne has been employed at the Aboriginal Health Council of South Australia since 2009. Mary-Anne's achievements during this time include, Pandemic Influenza infection control preparations for member services, co author of the SA Aboriginal Pandemic plan, development of 'Adult Health checks made easy' resource which recently won a national 'Excellence in Indigenous Health Award for Improving Access to Primary Health Care'.

...currently supporting pregnant Aboriginal women and their families in their efforts to quit smoking with the aim of the project to increase the number of healthy birth-weight Aboriginal babies...

Mary-Anne is currently supporting pregnant Aboriginal women and their families in their efforts to quit smoking with the aim of the project to increase the number of healthy birth-weight Aboriginal babies by reducing the rate of tobacco smoking among pregnant Aboriginal women.

Highlights of this project to date include the roll out of the "Stickin it up the smokes" social marketing campaign which Mary-Anne will discuss during her presentation. ●



Michael O'Halloran

Combining his background in youth, drug and alcohol, community development and health, Michael is a firm believer in a grassroots community development approach to address low health literacy amongst the communities in which he works including Lajamanu, Kalkarindji, Timber Creek and Bulla.

Michael works with community members to develop new ways of encouraging people to understand their health better.

Last year he developed hip-hop health promotion video clips on trachoma and smoking that were written and produced by the very people they target.

Michael will inspire you with his journey but will be REAL about the challenges that you may face as you start your career.

He will share the highs, the lows but also the things that you wouldn't normally hear at a conference, such as some of his adventures in his time off. ●

registration costs

Early Bird Registration available until 31 July 2013	Early Bird Member	Early Bird Non-Mbr	Member	Non-Mbr
Full Conference Package 25-28 September 2013 (includes Opening and Networking Function, all Paper Sessions and Official Conference Dinner)	\$600	\$800	\$700	\$900
Student/Retiree Concessional Full Package (fulltime UNDERGRADUATE students only)	\$350	\$400	\$400	\$450
Single Day Pass Thursday, Friday or Saturday (Paper Sessions only)	\$250	\$350	\$300	\$400
Opening Ceremony and Networking Function Wednesday 25 September 2013 (Day Pass delegates and/or additional guests only)	\$70	\$75	\$80	\$85
Conference Dinner Saturday 28 September 2013 (Day Pass delegates and/or additional guests only)			\$120.00	

Check CRANAplus website www.crana.org.au for information regarding Courses and Workshops to be held Pre and Post Conference. ●



Photo: Alison Fort.

flight path to nursing

A flip of a 20-cent coin took Elisabeth Driessen into the world of commercial flying when she finished her uni studies with a nursing degree, a commercial pilot's licence – and a love of both career options.

But 10 years later that coin-toss was reversed when Elisabeth realised, while working for the aeromedical service in the Northern Territory, that she was more interested in what was happening at the back of the plane than the dials on the flight control panel.

No regrets, however, about that coin flip. Those 10 years were fantastic, says Elisabeth. It gave her a love of the Outback and an insight into the lack of services in rural and remote areas – paving the way for her career shift to become a remote area nurse, armed with qualifications in emergency care and midwifery.

“It’s all about the service we provide to the local community and the surrounding area. We get to do things and see things we’d never do and see in a city.”

Elisabeth and husband Philip, a pilot with the Royal Flying Doctor Service, are currently based in Meekatharra, about 800 km north of Perth. And that’s as close as they want to be to their home city.

“It’s rural or remote for us now,” says Elisabeth, who works at Meekatharra’s 10-bed hospital that services the mining town’s population of around 700–800, which doubles during the tourist season.



“It’s all about the service we provide to the local community and the surrounding area. We get to do things and see things we’d never do and see in a city,” Elisabeth explains.

“We get involved in major disasters and we get to develop a rapport with the local people, sharing the highs and the lows.

“Being a midwife, I am developing quite a clientele. Although we don’t deliver babies here, I meet the parents pre-natal and post-natal and it’s a great experience.”

Elisabeth’s affair with remote Australia began after that coin-flip in 1995, when she took on various jobs over the following 10 years as a flight instructor and commercial pilot in places such as the Torres Strait, the Kimberley, Townsville and the NT.

Elisabeth credits the wisdom of two flight nurses in the NT for encouraging her career change in 2005. Back she went to study, adding qualifications in emergency care and more recently midwifery to her nursing degree, fully equipping herself for work in rural and

remote areas. Elisabeth has also done the CRANApus REC course and recently upskilled her midwifery credentials.

Elisabeth and Philip met in Normanton in Queensland after her return to nursing. Now they are coming up to one year at Meekatharra.

And flying? Well, Elisabeth likes to mull over ideas of one day combining her two interests. She has retained her recreational flying licence. One thing she is sure of. Any future plans by Elisabeth and Philip involve serving Australia’s rural and remote communities. ●



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fly-In/fly-out nurse – the reality

If you are considering a FIFO lifestyle, you'll find this story by Sandy Daniels, from the Koolan Island iron ore mine site off the Kimberley coast, a must-read. Sandy previously worked in remote areas, in Meekatharra and Halls Creek; did relief work with Nurse West at small rural hospitals; and an overseas stint in Saudi Arabia.

My journey to work is a flight over the beautiful Buccaneer Archipelago (pictured below) in a small 10-12 seater Cessna Caravan and the view is spectacularly different each time we fly in or out with the seasonal and tidal changes.

I have been working on Koolan Island for three years now. Koolan Island is an open-cut iron-ore mine off the Kimberley coast between Derby and Broome and is one of the 800 islands in the Buccaneer Archipelago. The nearest hospital is at Derby – a one-hour flight by plane.

The role of an occupational health nurse on a mine site sounds attractive: great money; long R&R breaks; adults-only clientele and healthy fit miners. The reality is that while the money is better than a hospital there are long hours worked to earn the pay. The R&R is good, but the first few days are spent recovering. And, sadly, the miners are not all fit, young and healthy.





Sam Clohessy, Work Site Fitness Coordinator, Sandy Daniels and Ron Roberts, ERT Coordinator.

Yes, the FIFO lifestyle can be restrictive socially but with a bit of pre-planning and organisation, I make sure my R&R time is used effectively. It's so important to maintain good contacts with family and friends.

The role as the mine site nurse is broad: responding to emergencies, running a clinic; dealing with day-to-day illnesses; reviewing work injuries and practices that may contribute to them; collecting and testing urine, breath or saliva samples for drug screening; reviewing pre-employment medicals and following up on work-related injuries including workers compensation. In one day I could be training the ERT, delivering inductions, conducting short training sessions and drafting newsletters for distribution across the site.

CRANAp^{plus} REC courses have proven essential to maintaining my skills to cope with the potential diversity of presentations. I also regularly do a shift at a tertiary hospital ED on my R&R to keep in touch with latest trends and treatments.

Samantha is my back-to-back; we work two weeks of 12-hour shifts onsite and two weeks offsite. We have the support of a few personnel who have Cert IV in Pre-hospital care. First aiders and the Emergency Response Team (ERT) qualified in mine rescue can be called upon if required, and we work with the ERT to develop their skills.

In one day I could be training the ERT, delivering inductions, conducting short training sessions and drafting newsletters for distribution across the site.

An open-cut iron-ore site does not have the hazards that underground mines have to contend with, but human error and the environment still manage to deliver our patients.

We have eight of Australia's most poisonous snakes on the island. The weather is consistently in the high 30s and the Island is in a cyclone-prone region for six months of the year. Heat stress and dehydration are constant concerns, as are manual handling injuries. All of these can be reduced with education so we are regularly emphasising these in "pre-start" meetings and "tool-box" talks.

Wellness promotion is a significant part of the role and we undertake FluVax and immunisation programs. Campaigns throughout the years such as "Quit" smoking and healthy lifestyle programs are run with the assistance of the Work Site Fitness coordinators (WSF). The WSF coordinators

contribute to the supervision of gymnasium activities and many social events on site. They are valuable in assisting in the rehabilitation of work and non-work related injuries, and raising the general morale of our employees.

Wellness promotion is a significant part of the role...

We use the services of the Royal Flying Doctor Service (RFDS) if required for emergency evacuations. We have a great working relationship with the RFDS and, in the past, they have used our tarmac airstrip for practicing night medical evacuations. ▶▶



The Koolan Island accommodation village.

► In addition, we may be called upon to lend a hand with marine emergencies and have had a number of crew and passengers brought to us from cruise ships and rig tenders who may require evacuation with the RFDS via our airstrip.

FIFO lifestyle

Western Australia has a total of 975 operational mine sites and 65 oil and gas fields directly or indirectly employing some 97,000 people. Of these more than 47% are FIFO workers.

A research project highlighted that the average worker gains 5 kg in the first six months on site. Joyce et al (2011) noted that "fly-in fly-out workers were significantly more likely to be current smokers, drink alcohol at risky levels and be overweight or obese".

Employees often spend more time on the mine site than they do in their own homes. At my mine site, Koolan Island, there is a limit on how many shifts you can work consecutively (14) and how long you can remain on the Island without having to go offsite for a break. Some sites have their workers adhering to the "no more than 14 shifts in a row" ruling but they may be away from home for up to 6-8 weeks at a time. Fatigue is a significant concern within the industry.

FIFO employment has demonstrated that this lifestyle can impact both positively and negatively on a person's overall psychological functioning (Houghton, 1993; Keown 2005). Some positive aspects include high financial remuneration, work schedules that allow for a period of time at home enabling workers to partake in extensive leisure activities and provides residential stability with an opportunity to spend a solid period of time with their family (Gallegos, 2006).

FIFO lifestyle has been perceived as putting substantial pressure on forming and maintaining personal relationships and promoting social isolation as the worker is unable to participate in social and community activities due to their work rosters. (Venables, Beach & Brereton, 2002).

Having worked in FIFO arrangements for many years I would agree with these points of view.

FIFO lifestyle has been perceived as putting substantial pressure on forming and maintaining personal relationships...

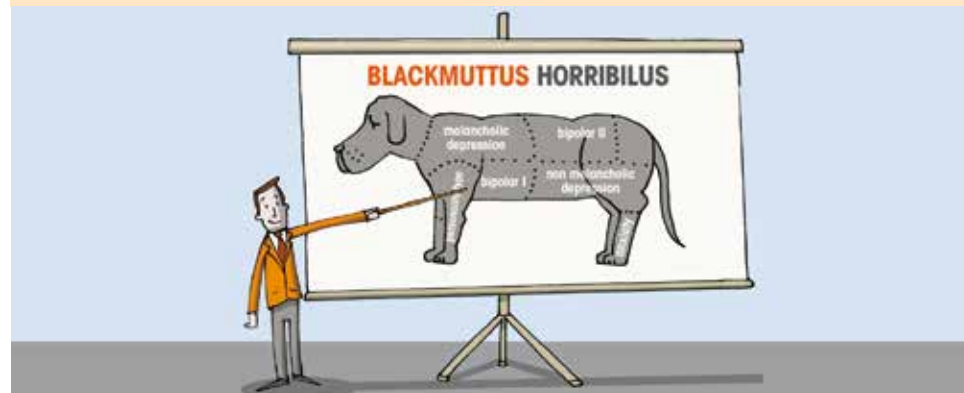
Trying to deal with relationship breakdowns or family crisis when working FIFO, places stresses on a person which then potentially impacts on their ability to work safely. In a residential environment, the ideal is to "Go home and sort things out". However this may not be possible due to limited flights availability or long drive time to sites. Mobile phones and the internet make it easier to keep in contact with families and loved ones but not all sites have these luxuries. People who have become dependent on these forms of regular contact become distressed and disconnected if unable to make daily or more frequent communications. ●

About the Author:

Sandy did a regional based HBD in Western Australia and her love for Orthopaedics promoted the growth of the WA Orthopaedic Association and then the development of ANZONA (Australian and New Zealand Orthopaedic Nurses Association.) Working in remote areas was further fostered with work in Meekatharra and Halls Creek and relief work with Nurse West at small rural hospitals. After working at Royal Perth Hospital and the Shenton Park Spinal unit and an overseas stint in Saudi Arabia, she commenced a position of OHN on Koolan Iron Ore mine site in 2010.

2013 Psychology CPD Workshops

The Black Dog Institute offers continuing professional education workshops focusing on the identification, treatment and management of mood disorders (depression & bipolar disorder). Our workshops provide participants with a solid foundation and an opportunity to develop specialised clinical skills in this field. Programs are scheduled at venues across Australia, and can also be delivered offsite on a request basis.



All of these workshops run from 9.00 AM-4.30 PM and attract 6 hours CPD

Central Coast (Terrigal), NSW

Building Resilience to Mood Disorders

Thursday 15th August @ Crowne Plaza Terrigal

Darwin, NT

Addressing Non-melancholic Depression in the Anxious Worrier and the Perfectionist

Thursday 22nd August 2013 @ Mantra on the Esplanade

Building Resilience to Mood Disorders

Friday 23rd August @ Mantra on the Esplanade

Newcastle, NSW

Treating Bipolar from a Psychological Perspective

Thursday 24th October @ Crowne Plaza Newcastle

To register for a workshop: Please visit our website www.blackdoginstitute.org.au/psychologycalendar for a full list of dates and to pay online. For more information email education@blackdog.org.au or call (02) 9382 8515



NO FEES
OR CHARGES

Locum support made easy

"[NAHRLS] has made a big difference to staff morale, knowing that they are able to leave their work places for leave and have experienced nurses to take their place."

Janet Rigby
Area Service Manager, Top End Remote Health NT

Apply now for support

www.nahrls.com.au

A PROGRAM FUNDED
BY THE AUSTRALIAN
GOVERNMENT

NAHRLS

1300 NAHRLS
1300 624 757



Cat Ryan is known to many of our readers as an active member of the NRSN, regular contributor to this magazine, a member of the Student and New Grad sub-committee of the BOM and promoter of CRANApus. We are delighted to share this photo of Cat and Quinton's recent wedding in Kyneton in Victoria. Cat is based in Mt Isa where she is doing her Graduate Nurse Program.

Healthy
living Network

Quality pathways to healthier communities



Get involved today!

The Healthy Living Network provides a list of quality registered activities, providers and programs in your local area.

Healthy living service providers and programs that have met the quality standards of the Healthy Communities Quality Framework are available on the Healthy Living Network.

Benefits of registration include promotion and recognition as a quality healthy living program that can be found by the general public, local governments and health professionals.

Registration on the Healthy Living Network is free. Go to www.healthylivingnetwork.com.au

The Healthy Living Network is a component of the Healthy Communities Initiative, funded by the Australian Government, Department of Health and Ageing.



To find out more email info@healthylivingnetwork.com.au, call 1300 HLN 000, or visit www.healthylivingnetwork.com.au

palya – oh so good



Palya is a Pitjantjatjara/Yankunytjatjara word with many meanings, from “good” to the basis of a friendly greeting.

“Palya” is also the title of a book of many facets by Registered Nurse Stewart Roper, containing 250 stunning images and his thoughtful recollections from two decades working on the Anangu Pitjantjatjara Yankunytjatjara lands.

The gorgeous cover photograph for “Palya” of a young Horace Baker drinking from a shallow pool of fresh rainwater near the WA border is one of many images taken by Stewart Roper over the years of youngsters, teenagers, elders and families living and laughing, playing and working in their communities.

Other images in the book (a selection shown on these pages) capture the landscape in times of

drought, in times of flood; the wildlife, plants and birds; and everyday events and special occasions.

And throughout the 170-page book, Stewart discloses glimpses of life on these lands, with vivid descriptions of the environment, stories behind the photographs, and explanations of cultural traditions.

“I think I’ve always thought about doing a book,” Stewart says.



“But I was galvanised into action a couple of years ago when I saw a photo in a newspaper of the Anangu lands that had been taken from behind some barbed wire. It looked almost like a jail.

Stewart discloses glimpses of life on these lands, with vivid descriptions of the environment, stories behind the photographs, and explanations of cultural traditions.

“Coverage of only the most dire problems on the Anangu lands risks generating disillusionment and fails to acknowledge significant achievements, particularly from some noteworthy Anangu-controlled organisations. ▶▶



Photos: Stewart Roper.

» “The images for this book were deliberately chosen to reflect the cultural resilience of Anangu and the beauty of their country.

“The detail in many of these same images, however, also hints at the underlying hardships of life.

Stewart Roper first travelled to the Pitjantjatjara Yankunytjatjara Lands back in 1990, to work as a Registered Nurse in Amata, in the remote north-west of South Australia, 1500 kilometres from his home in Adelaide.

“I just didn’t expect it to last 20 years! I thought maybe I would be there for 3–6 months.”

“I always wanted to work in Central Australia for a while,” he says. “I just didn’t expect it to last 20 years! I thought maybe I would be there for 3–6 months.”



Stewart spent 10 years full-time with the health service in Amata and then, over the next 10 years, travelled back and forth from Adelaide to work in various communities. His more recent roles have ranged from working with eye doctors to focussing on adult health issues.

Choosing 250 images for the book from the many thousands of transparencies he has taken over the years has been no mean feat.

With photography a long-time hobby, Stewart started to take photos in Central Australia: photos of the landscape; photos of the wildlife; and, as people got used to him and his camera and enjoyed seeing his photos, Stewart (and his camera) began to be invited to attend family occasions and group outings. »



Photos: Stewart Roper.



Photos: Stewart Roper.



► Choosing 250 images for the book from the many thousands of transparencies he has taken over the years has been no mean feat.

Palya – oh so good – in any language!

Order the book through the website or contact Stewart by phone or email.

Cost is \$80 plus \$15 postage within Australia

Go to the website for the order form, background and preview pages: www.roperphotos.com

Contact Stewart on:
08 8556 5091
0488 500 185
roper.palya@gmail.com ●

RURAL HEALTH CAREERS DAY

BROUGHT TO YOU BY
NOMAD, WILDFIRE AND OUTLOOK

Saturday 27th July, 10am-5pm
Deakin University Waterfront Campus, D2.194 + D2.193
Tickets \$10
Inquiries: secretary.nomad@gmail.com

The day includes:

- A rural career information session for nursing and medical students
- An expo of health organisations to answer all of your questions about rural careers
- A 3 course lunch with fantastic guest speakers
- A clinical skills sessions on plastering and suturing with experienced rural GPs
- A certificate of participation will be awarded to all participants.

Sponsored by:





educate

working remote – learning remote

Being able to study online; learning at their own pace; receiving help from terrific facilitators; impressive content and information; weekly specials:

These are the benefits listed by participants after using the CRANApus eRemote educational platform.

The CRANApus eRemote platform has over 900 end users from as far afield as New Zealand, Canada, Christmas Island, the Cocos Keeling Islands and Indonesia. And, of course, remote Australia.

All are using the modules for professional development and organisational requirements.

There are a number of eRemote e-learning programs including core modules and specific topics; and recertification, upskilling and mentoring modules. They can be purchased and completed as a suite (cost between \$99–\$199) or as individual modules (\$19 each). Online modules also support the face-to-face

educational courses. To find out what is suitable for you, please visit our website <https://crana.org.au/education/>

CRANApus listens to feedback from end users and additions in the past year after trials and evaluations include the Rural and Remote Mentoring Program; the Paediatric and Advanced Paediatric Life Support Programs; the Life Support Program and the Telehealth Online Learning Program.

What's on the cards? New modules planned include: Venepuncture, Blast Injuries, Ear health and more...

Stay tuned to the Friday Newsletters for weekly specials concerning eRemote

If you would like to know more about eRemote please visit our website <https://crana.org.au/education/eremote/> contact the eRemote Coordinator julia@crana.org.au or phone 0407 658 209 ●



testimonials:

I loved being able to do the theory online in my own time and then doing the practical via Skype. It was far less time consuming and also more enjoyable this way.

I would highly recommend this course (ALS Program), the work prior allowed me learn at my pace and the facilitators are really terrific, they are highly skilled and no question ever goes unanswered – thanks for the courses I'd recommend CRANApus over any other course I've done in the past. So practical, the scenarios we cover really do happen in remote.

I finished the "Core Mandatory" modules today... many thanks for such a great course, I didn't know how I'd ever get my education up to date working in remote areas until I found your course...

ALS program:

I was really impressed with the content and information included and I know this extra knowledge gained will give me more confidence in Resus situations... Especially when working in country and remote areas where there is less support

IVC module:

Level of satisfaction – all outstanding. Good upskill. Evidence based practice refresher always needed.

tailored training for laynhapuy

When Jeff Cook, Manager of Laynhapuy Health in North-East Arnhem Land in the Northern Territory, began looking for a training course to give his health workers some skills to respond to emergencies, he found the answer with CRANApus. That was five years ago. Here is the story.

Families living on the Laynhapuy Homelands may be far from major medical centres and hospitals. But the days of clinics conducted on verandahs or under trees are in the past.

And, thanks to training through CRANApus courses over the past five years, Yolngu health workers have developed skills to help deliver essential health services as well as help in emergency situations.

Since 2005, Laynha Health unit, which is funded through the Commonwealth Office for Aboriginal and Torres Strait Islanders, has increased its health services substantially with an increase in staff from two nurses and one administration position, to its present staff of 22.

This includes one general practitioner, four registered nurses, a nurse manager, midwife, three Aboriginal health workers, ten community health workers, a mental health worker and two administration workers.

Seven of the homelands now have purpose-built health clinics, with each clinic managed by a Yolngu community health worker living in the homeland. Smaller clinics (or health rooms) in three further homelands provide essential health services.



But it was not always so.

A number of years ago, Jeff Cook, Manager of Laynhapuy Health, found himself with health clinics and smaller health rooms scattered throughout the homelands, and a number of Yolngu health workers.

"We had health workers and clinics, with stock, including a place to safely store emergency response equipment," says Jeff.

"Our Yolngu health workers ranged in experience from no training to having Certificate IV in Health Work.

"We needed to resource our health workers with some skills to respond to emergencies, as there became a community expectation that the Health Workers would respond in an emergency... even though few of the employed staff had any experience or training in this.

"But we struggled to find any provider who could provide a training course that suited our needs

"We eventually found CRANApus, who was willing to deliver a course aimed specifically at our health workers and at the same time our nurse/doctors could complete an Advanced Life Support (ALS) course."

"...we struggled to find any provider who could provide a training course that suited our needs. We eventually found CRANApus..."

CRANApus has delivered this course yearly for the past five years. The Aboriginal Health Workers course has become a first aid/remote emergency course (a modified REC course), with the CRANApus trainers tailoring the course to suit the staff and needs.

"Our health worker skills have improved every year and everyone looks forward to the course," says Jeff.

"The AHWs started with little training and knowledge, but, with practice, teaching and encouragement from local RNs in between courses, they have shown great professional growth.

"The health workers have grown in confidence and now assist one another – especially young health workers." ●

advanced paediatric life support (APLS)

The latest addition to the CRANApus educational offerings – the Advanced Paediatric Life Support (APLS) course – is being rolled out nationally after a hugely successful pilot.

“I have got to say this was a great course,” says Kate Zanotti, Nursing Clinical Educator with the Royal Flying Doctor Service (RFDS) in WA. “If we hadn’t been aware that it was a pilot course, people would never have known: it was so well done.”

Kate, who points out that she has “seen and run a lot of courses” herself, gives a glowing report of the pilot, held in April at Jandakot in WA for a group of RFDS nurses and doctors.

“Being the pilot program partners for the APLS course was a win-win situation,” says Kate.

“The synergy is fantastic,” she says, referring to the shared focus on rural and remote health between CRANApus and the RFDS.

Kate has worked with the RFDS for 11 and a half years, initially as a flight nurse, taking over as Nursing Clinical Educator three years ago.

She is responsible for educating and up skilling teams of flight nurses, a dental nurse and primary health care nurses, all of whom are located throughout regional Western Australia.

“Being the pilot program partners for the APLS course was a win-win situation.”

“In WA over the last 12 months we transported 8,600 sick and injured patients to hospitals for treatment, we conducted 2,435 medical clinics at rural and remote sites, and we received over 35,000 telephone calls for medical assistance and advice.”

“Our staff are not in the next room,” Kate points out. “So we have to be creative in terms of providing education and clinical upskilling

opportunities. We have video conferencing monthly to the bases, with guest speakers, and we travel to each base twice a year to provide our mandatory training modules.”

“The ability to run CRANApus courses that cover all different areas of expertise is ideal for many reasons.

We normally try to vary the courses on offer. But this was so terrific, and the feedback so good, that we’ve decided to do it again next year.”

“We have to be skilled to look after everyone, including children. So the APLS course is just perfect for our staff to upskill as they can be faced with treating very unwell children in mid air, without the specialists and the facilities of a big hospital.”

The cost factor is another important aspect for the RFDS.

“RFDS staff are deployed in remote locations and the cost to travel to undertake courses can be prohibitive,” says Kate.

“With CRANApus, we ran consecutive courses, the AREC and the APLS, with people able to do one or the other, or both here at our Perth base”.

“We were also able to provide the facilities, accommodation and catering, which all cut the cost for our nurses and doctors. It’s a perfect solution for us.”

“Next year, we want to offer our staff the APLS course again. We normally try to vary the courses on offer. But this was so terrific, and the feedback so good, that we’ve decided to do it again next year.” ●



From left to right: Julia Stewart, Libby Bowell, Kate Zanotti (RFDS educator), Elly Fontes and Dr Annabel Somerville (Cairns).

FLEC courses for 2013

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI
Cairns, QLD (REC)	4–6 Jun						●
Alice Springs, NT	7–9 Jun			●			
Darwin, NT (Thurs–Sat) ■	13–15 Jun	●					
Alice Springs, NT ■	14–16 Jun				●		
Port Hedland, WA	14–16 Jun					●	
Alice Springs, NT (REC)	25–27 Jun						●
Swansea, TAS	28–30 Jun			●			
Mt Isa, QLD ■	12–14 Jul				●		
Kununurra, WA	12–14 Jul	●					
Canberra, ACT ✕	19–21 Jul			●			
Mackay, QLD	26–28 Jul			●			
Alice Springs, NT ○	27 Jul		●				

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI
Derby, WA (REC)	30 Jul-2 Aug						●
Darwin, NT	9-11 Aug					●	
Lorne, VIC	16-18 Aug			●			
Cooktown, QLD	23-25 Aug	●					
Alice Springs, NT (Sat-Mon) ■	24-26 Aug	●					
Port Augusta (MEC)	28-30 Aug						●
Narrogin, WA	6-8 Sep	●					
Narrogin, WA	9 Sep		●				
Dubbo, NSW	6-8 Sep				●		
Darwin, NT (pre-Conf Sun-Tue)	21-23 Sep	●					
Darwin, NT (pre-Conf)	24 Sep		●				
Darwin Conference	25-28 Sep						
Darwin, NT (post-Conf Sun-Tue)	29 Sep-1 Oct			●			
Darwin, NT (REC)	29 Sep-1 Oct						●
Miles, QLD ○	11-13 Oct			●			
Canberra, ACT ✕	11-13 Oct	●					
Swansea, TAS	18-20 Oct					●	
Alice Springs, NT ■	18-20 Oct			●			
Broome, WA	1-3 Nov			●			
Broome, WA	4 Nov		●				
Broome, WA (MEC)	5-7 Nov						●
Burnie, TAS	8-10 Nov	●					
Northam, WA	22-24 Nov				●		
Townsville, QLD	22-24 Nov					●	
Melbourne, VIC (RAHC) ○	29 Nov-1 Dec	●					

○ Private. ■ Department of Health and Flinders Students.

✕ 3rd Year Nursing Students (NURHC).

Please keep checking our website as details may change.

endorsements and accreditations

The CRANAp^{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.

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

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

These three organisations provide representation for nurses, midwives and general practitioners and therefore allows for the CRANAp^{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)

MEC (Maternity Emergency Care)

AREC (Advanced Remote Emergency Care)

MIDUS (Midwifery Up Skilling)

ALS (Advanced Life Support)

PLS (Paediatric Life Support)

APLS (Advanced Paediatric Life Support)

Endorsed or accredited by

Endorsed by RCNA (Royal College of Nursing Australia)

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

Endorsed by RCNA, accredited by ACRRM

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

Endorsed by RCNA, accredited by ACRRM

Endorsed by RCNA, accredited by ACRRM

Endorsed by RCNA, accredited by ACRRM



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



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



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

release of national antenatal guidelines – module 1

We are pleased to announce that the **Clinical Practice Guidelines: Antenatal Care – Module 1** was approved by **Australian Health Ministers' Advisory Council** on **31 August 2012** and **publically released in March 2013**.

The Guidelines have been endorsed by the National Health and Medical Research Council (NHMRC). The purpose of the Guidelines is to provide evidence-based advice on the care of pregnant women in a range of settings.

The specific topics in Module 1 are below:

Clinical care in the first trimester

Number and timing of antenatal visits
Discussing the schedule of antenatal visits with women
Planning antenatal visits

Maternal health screening

HIV
Hepatitis B
Hepatitis C
Rubella
Chlamydia
Syphilis
Asymptomatic bacteriuria
Asymptomatic bacterial vaginosis
Vitamin D deficiency
Screening for fetal chromosomal abnormalities
Discussing screening with women
Screening tests in the first trimester

Module 1 has a specific chapter on Antenatal care for Aboriginal and Torres Strait Islander women.

There are numerous aspects to antenatal care and reviewing the evidence in all areas is a lengthy process. For this reason, the project is being completed in stages. The clinical topics discussed in Module 1 were selected after a process of consultation designed to identify the areas where specific guidance is required. A draft of Module II will be soon released for public consultation and will be finalised by early 2014.

Lifestyle considerations

Tobacco smoking
Alcohol
Medicines
Nutritional supplements
Oral health

Clinical assessments

Gestational age
Weight and body mass index
Blood pressure
Proteinuria
Psychosocial factors affecting mental health
Depression and anxiety
Domestic violence
Nausea and vomiting
Constipation

Module 1 of the guidelines can be found at:
<http://www.health.gov.au/internet/main/publishing.nsf/content/phd-antenatal-care-index>

Professors Caroline Homer and Jeremy Oats
Co-Chairs, Expert Advisory Committee
National Antenatal Guidelines ●

INCREASE your SKILLS to WORK OUT BUSH

These courses aim to meet the higher education needs of Allied Health Professionals, Community Services Workers, Nurses and Medical Practitioners who are working in remote & Indigenous health or have an interest in joining the remote health workforce.

Applications are now being accepted for
**Flinders University
Courses in Remote Health**

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

For further information
contact the Student Administrator

Ph: (08) 8951 4790

Email: crh.studentadmin@flinders.edu.au

www.crh.org.au



advocate

advocacy secures refunding

CEO Carole Taylor couldn't be more thrilled to bring members and friends the exciting news of the latest advocacy success of the organisation. In these fiscally trying times, CRANAp^{lus} has successfully advocated for refunding for our dedicated education and support programs as well as for the secretariat.

Ho hum you may say, but remember this is in the climate of the Government delivering a budget having just announced a \$17Billion income deficit and trying desperately to find savings from every Department.

This is also following advice that times are tough and everyone has to take cuts.

Our refunding success clearly illustrates that advocacy is one of the most vital aspects of our organisation, as our very future depends on it.

Advocacy is a term that is not well understood and therefore is often seen as a bit of a yawn.



Photo: Steve Batten

The CRANAp^{lus} mantra is that we educate, support and advocate.

The first two are very clear and our stories and articles are filled with news about both, with our education team providing us with lots of news and interesting articles and the BSS informing us of their work.



Our refunding success clearly illustrates that advocacy is one of the most vital aspects of our organisation, as our very future depends on it.

Advocacy is a little more vague. We tell you about partnerships we are forming, roundtables we attend and expert panels we participate in.

But unless you are interested in the individual aspects of this part of our work, this may well be a section that is often just skimmed over.

Not so this time.

Over the last six months we have had to write and rewrite our three year funding submission and even though we have had assurances that we would not have our funding reduced, we have had to work very hard to make sure we can continue our valuable work at the level we have enjoyed in the past.

We have done well and I'd like to thank everyone involved.

Carole Taylor
CEO, CRANAp^{lus} ●



17th Annual Chronic Diseases Network Conference 2013

September 9 - 10, Darwin Convention Centre

Keynote Speakers

Dr Christine Connors

Program Leader, Chronic Conditions Strategy Unit, NT Department of Health

Kate Warren

Research Associate, University Department of Rural Health, Centre for Regional Engagement, University of SA

Prof Malcolm Battersby

Director, Human Behaviour and Health Research Unit & Course Leader of Mental Health Sciences Program, Flinders University

Prof Richard Osborne

Co-Director, Population Health Strategic Research Centre & Head, Public Health Innovation & Associate Head of School (Research), School of Health and Social Development, Deakin University

Carolynanha Boyede

Quitline Counsellor, Cancer Council SA

Key Dates

Registration now open 3rd May 2013 - Abstract submission closes 28th June 2013 - Early bird registration closes

Why attend?

Self management support improves the ability of individuals to manage their conditions effectively. It is a core component of the strategic direction of health organisations due to the rapid rise of chronic conditions.

What will you gain from the conference?

Strategies to empower clients to self manage their chronic conditions using a partnership approach.

Who should attend?

All health professionals, managers, policy makers and consumers.

Register now:

www.cdnconference.com.au

medicare local
Connecting health to local needs
This activity has been submitted to the RACGP for Category 2 points in the QACGP Program for the 2013-2015 triennium. ACPM QACGP points have been applied for. Points will be published at a later date. This activity has been endorsed by RACGP on 12/06/2013 as authorised by Royal College of Nursing, Australia, according to approved criteria. Accreditation endorsement for this activity has been facilitated by the Northern Territory Medicare Local.



go, go, go

Geri Malone, National Coordinator of Professional Services, outlines progress on three current projects at CRANApplus.

Nursing & Midwifery Telehealth consortium

This Commonwealth funded project was finalised at the end of the financial year. All members of the Nursing & Midwifery Consortia felt it was a successful collaboration and could form a model for future joint activities. The Telehealth Standards & Guidelines were launched at the APNA Conference in May. These documents are available on the CRANApplus website and you can request hard copies by contacting the Adelaide office. The nine Education modules are available free of charge on our eRemote site: you can get access by registering via the link on the home page.

National Standards & Credentialing project

The credentialing pilot evaluation has been received by the Project team and will form the basis of two reports: the Commonwealth report as per the funding agreement and an internal report to the Board of Directors. Both reports will contain recommendations on the way forward for credentialing. It was very exciting for three (nearly four) applicants to have been successful

in meeting all of the criteria of the credentialing process and they will feature in the September magazine.

The Standards aspect of the project is also coming to its reporting/recommendation stage. We have been very pleased with the great support we have received from members in response to the survey and also from Managers and Quality staff from remote health services, who have provided invaluable feedback.

Health Workforce Australia held a Nursing Retention & Productivity Workshop in April to provide input to form the basis of the ongoing strategies and policy to increase productivity and retention of the nursing workforce. This forum was attended by 70 participants across the broad spectrum of Nursing.

Geri Malone

**National Coordinator of Professional Services
CRANApplus**



Photo: George Fort.

latest news from the climate and health alliance (CAHA)

Policy and Advocacy

CAHA continues its strong advocacy for issues of climate and health to be recognised in public policy decision-making with:

- Submission to the NSW Chief Scientist and Engineer: Review of coal seam gas activities in NSW in April 2013;
- Submission to the Senate Inquiry into Health Impacts of Air Pollution in March 2013; Submission on the health risks from climate driven extreme weather events to the Senate inquiry to Extreme Weather and a Statement to the Committee at a public hearing in Melbourne in February 2013

Sustainable Healthcare: Global Green and Healthy Hospitals

CAHA continues to work with its international partner, Health Care Without Harm, and national partner, Australian Healthcare and Hospitals Association, to promote the Global Green and Healthy Hospitals network, and to help build the global network of hospitals and healthcare settings working together to become healthy low carbon sustainable operations.

Both CAHA and AHHA, along with three hospitals from Australia and New Zealand will participate in a pilot project with international communications technology giant, CISCO, to road test a new online digital communications platform, GGHH Connect, that has been developed for the global network of green and healthy hospitals to talk to one another, share their progress towards their goals, and seek support and guidance from experts and from one another.

CAHA and AHHA will hold another Greening the Healthcare Sector Think Tank this year, this time in Melbourne September 2013. Don't miss it! This is now one of the key events in the Australian health calendar!

Campaigns: Protecting our children from climate change

The Climate and Health Alliance and Australian Research Alliance for Children and Youth are supporting this campaign which seeks to encourage all Australians to speak up in defence of children to protect them from dangerous climate change.

Current Australian and international carbon reduction commitments are nowhere near enough to protect our children, grandchildren and future generations from dangerous climate change.

The campaign is centred around a Statement of Commitment and an open letter to child advocates and researchers, community organisations, businesses and the Australian public.

To make your commitment as an Organisation, email Brad Farrant bfarrant@ichr.uwa.edu.au

Follow this link to sign the Statement of Commitment as an individual:
<http://www.thepetitionsite.com/427/278/663/commitment-to-protect-our-children-and-future-generations-from-dangerous-climate-change/> ●



soapbox: june 2013

"I am writing to thank the Bush Support Services for the recent support they provided me. I have recently commenced my nursing graduate program in a remote area. Whilst I thoroughly enjoy the work I have been doing and the area I am living in, I found I have a lot of time on my hands that caused me to fall in a bit of a hole. I nervously called BSS and I would like to particularly thank Cheryl who was my point of contact at BSS. After she missed my initial call in she attempted to call five times over two days to catch up with me. Once I was able to talk with her she allowed me as much time as was needed with the option of follow-up with herself if needed. I cannot praise the Bush Support Services enough for timely, productive support they provided me."

Anonymous



Want to have your say!

Do you have a desire to have your say on a topic that gets you up on your soapbox and find it difficult to find a platform to have your say?

If you do, we would like to hear from you on your favourite soapbox topic.

It can be anything in regard to health services in the remote context: workforce issues, access or just to let your colleagues know what is going on.

And it does not need to be all negative: there might be something you really want to crow about and advocate for more of?

The rules of engagement:

- Respectful
- Not personal
- Controversial is good
- Keep it succinct and objective

We do have some editorial rights if we think the comments are disrespectful to any individuals, groups or organisations.

Your name needs to be submitted to us but will be withheld from publication if you prefer. ●



Photo: Stephanie Jeremy

national rural health students' network (NRHSN) – what's happening?

The National Rural Health Students' Network (NRHSN) has been busy over the last few months, with club activities all across the country, members going on placement and the network launching its Optimising Rural Placement Guidelines. We are also looking forward to hosting the CRANAp^{plus} Maternity Emergency Course (MEC) for NRHSN nursing students in Adelaide, 19–21 July.

ARMS close the gap day

One of our recent club events was the ARMS Annual Close the Gap Ceremony, run by the Australian National University Rural Health Club during April in Canberra.

The event aims to raise awareness about the gap in health outcomes between Indigenous and non-Indigenous Australians.

Delegates were encouraged to sign the Oxfam Close the Gap pledge, be part of a smoking ceremony and participate in a roundtable discussion about Aboriginal and Torres Strait Islander health with speakers including the ACT's Minister for Education and Training and Aboriginal and Torres Strait Islander Affairs, Dr Chris Bourke.

ARMS hopes that students will take the lessons learned at the day and apply them in their own careers, so they can do their own bit to close the gap.

Optimising Rural Placements

As the key body representing students interested in rural, remote and Indigenous health, the NRHSN recognises the importance of well-supported and positive rural placement experiences to attracting and supporting a future rural and remote health workforce.

The network's Optimising Rural Placement Guidelines document was developed to offer a student perspective to placement providers in an effort to provide a consistently high standard of placement.

These guidelines were launched recently and provide information for bodies and organisations involved in providing or supporting health student placements in rural and remote Australia.

...NRHSN recognises the importance of well-supported and positive rural placement experiences...

More information can be found at www.nrhsn.org.au/positionpapers and a copy of the guidelines can be requested by emailing exec@nrhsn.org.au

Student Maternity Emergency Course (MEC)

The Nursing and Midwifery Portfolio (NaMP) of the NRHSN are excited and grateful for the opportunity from CRANAp^{plus} to offer our 3rd year nursing student members the chance to participate in a Maternity Emergency Course (MEC). One Remote Emergency Course (REC) and one MEC have been generously donated by CRANAp^{plus} to the NRHSN's University of Canberra's rural health club, CRANC, each year since 2010/2011.

This year we are excited to have the opportunity to expand the reach of these courses to our national student body, and thanks to CRANAp^{plus} we are offering the MEC to 3rd year nursing students in Adelaide, 19–21 July. We are currently receiving applications from students to travel across the country for the course, and the



Termite mounds – Timber Creek, NT.

event will be capably hosted by students from the Adelaide rural health clubs, AURHA, FURHS and ROUSTAH. We look forward to sharing the valuable skills from CRANAp^{plus} with our student members, encouraging the pursuit of rural and remote placements and careers in the process, and of course, having a great weekend with the CRANAp^{plus} crew!

The importance of placements

An NRHSN member and NRHSN Community and Advocacy Portfolio holder, Francesca Garnett talks about her John Flynn Placement Program (JFPP) placement with Katherine West Health Board earlier this year:

"Getting off the bus I was greeted by my new mentor, Tanya Davies. Those first few moments in a new place, or with a new mentor, are

always a little nerve-wracking, but Tanya was immediately welcoming, offering to show me around town and asking if I'd like to join her and a few friends for dinner that night. I'm very glad I said yes, as I met some wonderful people and got a glimpse into life in Katherine.

It's amazing how quickly a mentor can turn into a friend...

Tanya continued to support me throughout the placement, both clinically and in the community. It's amazing how quickly a mentor can turn into a friend, especially when you go on adventures to amazing waterholes, like we did on my last weekend in Katherine. ►►

» In remote clinics it's the nurses and especially the Aboriginal health workers who are there 24/7 and who know the community intimately. I was very much looked after in both the communities I went to, and knew that I always had someone to call on for help if I needed it. This was particularly important when working cross-culturally, and there were many moments when I was very grateful for the help and knowledge of Aboriginal health workers who guided me when talking to patients.

Even though I was a newcomer to the communities I was placed in, I felt welcomed despite my short stay. I was amazed at the friendliness of the community, and the amount of trust put in me when dealing with sometimes delicate clinical situations. Even just walking to the shops, I would always be greeted with a smile, and would often end up with an escort of kids who just wanted to walk me to the clinic and ask about my life.

Thank you to JFPP for again funding my placement, it's definitely a highlight of my year and I now have friends and colleagues who I know I'll be working with in the bush in the future."

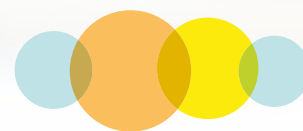
The National Rural Health Students' Network is auspiced and managed by Rural Health Workforce Australia. ●



Swimming in Katherine Gorge.



The commute to work – Timber Creek, NT.



DV-alert

Domestic Violence Response Training



DV-alert is a nationally-run accredited training program that provides skills to:

- recognise** the signs of domestic and family violence
- respond** with appropriate care
- refer** people experiencing or at risk of domestic and family violence to appropriate support services

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- **Financial assistance** for travel and accommodation costs, and your practice can apply for support payments to assist with staff backfill.
- An **opportunity to network** with other support workers in your region, and build on your knowledge of local resources.



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dvalert.org.au

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

Lifeline

the STAR project

Why STAR?

The **STAR** Project is about **Standing Together Against Racism** in health care and health professional education. Remote area nurses are a vital part of health services for Indigenous Australians and more recently for refugees in detention centres.

Tragically, racism remains common in Australian health services. While there is an anti-racism strategy for sport, there is none yet for health where it affects Australia's most vulnerable people.

Smoking is not tolerated in health services as it is a health hazard. So why is racism still tolerated?

Most health students and staff don't like racism in health care. However, they also tell us that they don't quite know what to do when they see it – *is it their responsibility, might there be retaliation, do they have the skills to handle it effectively?*

The STAR Project is about giving every health student and staff member the opportunity to:

- Make a dignified, personal statement against racism
- Gain confidence & develop skills to handle racism more effectively
- Show targets of racism that most health staff are their allies
- Help build an anti-racism culture in health

Racism makes people sick

The saying *racism makes us sick* is actually true, not just in the sense that most health professionals are appalled by it. Evidence clearly shows the patho-physiological pathway that links racism to stress and to poorer mental *and* physical health. Smoking is not tolerated in health services as it is a health hazard. So why is racism still tolerated?

People who are targeted by racism are usually those who most need health care. When people experience racism, they, their family and their community, are less likely to:

- Trust health staff and fellow students
- Access education and health care
- Become true partners in their own education and health care

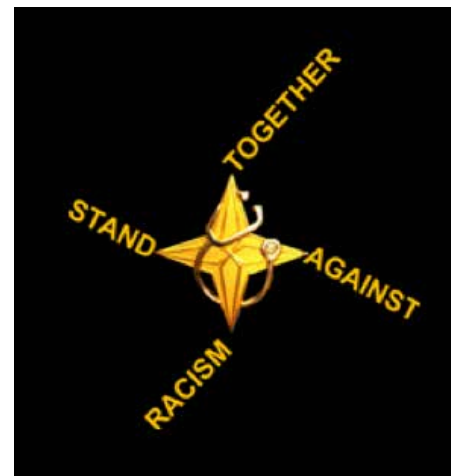
Where the STAR Project comes from

STAR was begun by students and staff at the Faculty of Medicine, Health & Molecular Sciences at James Cook University, Queensland. They have come across many fellow students and colleagues from around Australia who want to show their opposition to racism in health. So they initiated the STAR Project.

Racism demeans the work of decent health students and staff. It makes study and workplace environments hostile for both the targets and witnesses of racism.

The gold star symbolises hope for change.

The stethoscope is a universal tool of the health professions.



Each point of the star stands for a word.

It is a classy, little (20 mm) badge (anti-racists are classy!)

Wearing a little, gold badge will not get rid of racism in health on its own. Racism is much deeper than that cruel, everyday racism that health students and staff experience. But, STAR is one way of bringing focus to this issue.

STAR supports Australia's anti-racism strategy

STAR supports the Australian Human Rights Commission's new anti-racism strategy – Racism: It Stops With Me. There is an anti-racism strategy for sport, but not for health and that's almost weird! By focusing on racism inside health, it is hoped that STAR will support the great work of the Human Rights Commission and show them that health students and staff have an appetite for an anti-racism strategy for health.

Show your support for the STAR Project

Our aim is to have 100 000 health staff and students wearing STAR badges on their lapels, lanyards and stethoscopes by 30 June 2013.

You can order lanyard or stethoscope badges and stickers for you or your students and staff.

Go to the STAR Project web site at www.starproject.co

**RACISM IN HEALTH:
IT STOPS WITH ME!** ●



STRIVE

Sexually Transmitted Infections in Remote communities: Improved and Enhanced Primary Health Care. James Ward reports on behalf of the STRIVE Investigators and Executive Committee.

Remote Aboriginal communities in Australia have substantially higher rates of chlamydia, gonorrhoea and trichomoniasis diagnosis despite many years of programs and policy aimed at reducing disparity.

Accounting for 2.5% of the Australian population (~520,000) in 2011, 9% and 37% of chlamydia and gonorrhoea notifications respectively, occurred among Aboriginal people, with over 75% of these diagnoses coming from remote communities where only one quarter of the total Aboriginal population reside.

'STRIVE' is a clustered randomised controlled trial underway in 24 clusters comprising 68 remote northern and central Australian Aboriginal communities.

'STRIVE' is a clustered randomised controlled trial underway in 24 clusters comprising 68 remote northern and central Australian Aboriginal communities.

The geographic remit is one that covers all of the Northern Territory, communities in Cape York of northern Queensland and in the Kimberley region of north Western Australia.

It is one of the largest randomised controlled trials underway in Aboriginal health in Australia and is a five year National Health and Medical Research Council funded project.

The trials' primary objectives are to:

1. Determine whether targeted support to health services can achieve substantive and sustained improvements in the provision of sexual health clinical services in remote Aboriginal communities.
2. Determine whether the attainment of best practice levels in clinical activity can reduce the prevalence of curable sexually transmitted infections (STIs) in these communities.

The trial utilises a stepped wedge randomisation design where trial clusters are sequentially and randomly assigned to receive the SHQIP. STRIVE is managed by the Kirby Institute of the University of New South Wales, and is conducted in partnership with the Menzies School of Health Research, and in collaboration with the Northern Territory Department of Health, the Central Australian Aboriginal Congress, the Aboriginal Medical Services Alliance Northern Territory, the University of Melbourne, Apunipima Cape York Health Council, the Kimberley Aboriginal Medical Services Council, the Western Australian Department of Health, the University of South Australia, and the University of Western Australia.



The Sexual Health Quality Improvement Program (SHQIP) is a multifaceted intervention that takes place at each health service, beginning in the year that the cluster is randomised.

It is based on a Plan-Do-Study-Act model, and involves an annual systems assessment and discussion with health service staff, feedback which is provided on a six monthly basis using quantitative reports developed and aligned to a set of best practice indicators, collaborative feedback meetings, and ongoing planning and monitoring through a tailored sexual health action plan. At six-monthly intervals health services receive incentive payments calculated on the basis of their performance against the best practice indicators.

Best practice indicators:

A set of indicators below are discussed with health service staff at the first systems assessment meeting, and form the basis for subsequent reports on performance. Each indicator is calculated for six month periods, apart from (a) which is annual.

- a) Proportion of health service patients aged 16–34 year olds who have a test for chlamydia, gonorrhoea and trichomonas
- b) Proportion of health service patients presenting with STI symptoms who receive immediate treatment.
- c) Proportion of people diagnosed by laboratory test with chlamydia, gonorrhoea or trichomonas who are treated within seven days of the test result being received from the laboratory.
- d) Proportion of patients found by laboratory test to have chlamydia, gonorrhoea or trichomonas who have a test for re-infection at between two to four months following treatment.
- e) Proportion of named sexual contacts, of people found to have chlamydia, gonorrhoea or trichomonas, tested and treated.

For indicators (a), (c) and (d), the target is 80%. It is 95% for (b) and 50% for (e).

The STRIVE quality improvement cycle



Significant progress has been established in addressing STI rates in remote Aboriginal communities. The trial is about 75% complete.

A multifaceted SHQIP has been developed and implemented; an evidence based set of STI best practice indicators and an aligned set of targets are for health services to strive toward are being implemented; STI templates within four electronic patient management systems have been developed and installed; baseline health service assessments have been completed, inclusive of patient attendance rates, testing rates, incidence and prevalence rates.

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sexual and reproductive health care

Sexual and reproductive health care in South Australian rural and regional areas is the focus of a new study being conducted by Dr Wendy Abigail from Flinders University.

Dr Abigail found in previous research that little is known about rural women's experiences of termination of pregnancy (TOP). In 2009, 18% of the TOPs performed in South Australia were country women with services provided by approximately 14 rural and regional hospitals.

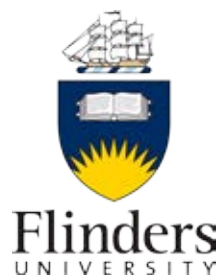
Dr Abigail's current project, which is funded by Flinders University, aims to identify barriers South Australian women who live in rural and regional areas experience when seeking a TOP. The views of health professionals will be sought to investigate their views on the issues women face when seeking a TOP.



Dr. Wendy Abigail PhD, RN BN (Hons), Grad Cert Health, FPA Cert., Lecturer, School of Nursing & Midwifery, Flinders University, South Australia

and Murray Bridge and Mt Gambier in the South mid-year. This will be vital in helping to identify local health needs and gaps in sexual and reproductive health care for women in these areas.

Currently ethical approval is being sought for the study which will be conducted via an online survey which will be distributed mid-year by various health care and professional networks. It is anticipated results of the research will be available by the end of this year. Further details can be directed to Dr Wendy Abigail wendy.abigail@flinders.edu.au ●



As part of the research process it is anticipated that Dr Abigail will be networking with health professionals in rural and regional areas such as Kadina, Whyalla and Port Lincoln in the North



women's
health
australia

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study on women's health

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support

“the power of the dog”

Anneliese Cusack, a CRANApus member, currently working as a Community Health Nurse in Repulse Bay, Nunavut, Canada reckons her dogs kept her from going crazy over the years she has worked in the Arctic!

She writes “From time to time you are asking for how to beat the stress of working in remote areas. I know you have done “the power of the dog” but I just wanted to add my story. As well as the fun times there is the daily feeds and care of a dog and with my sled dogs that time of the day was special as it had to be done, no matter what the weather so it was ‘time out’... good for the body and soul.”

Eleven years ago, I decided to accept a two-year nursing contract to work as a Community Health Nurse (CHN) in Arviat on the shores of Hudson Bay in Nunavut, Canada. It was a big change at the time: leaving my CHN position with the Royal Flying Doctor Service based in Port Augusta, South Australia, to live as far away

from Australia as I could go... or so it seemed to family and friends. As you can imagine there was to be many changes ahead for me, number one being the temperature. The day I landed in Arviat in January 2002 it was -42°C with a wind chill of -65°C... yes cold. Since then, I have experienced much colder temperatures and still am amazed one can actually get warm enough to be out in those temperatures.

I tell people the nursing is the same: the difference is the people, the language and the climate. But you learn from these differences and experiences, and my life is richer for this chance I have had.

Why am I still here? The main concern I had when I left Australia was the notion of ‘cabin fever’: with the shorter days and less sunlight. What was I to do? Plus the stories I had heard about polar bears and wolves wandering around. How was I to fill my days and not go crazy? I am not still here because I went crazy... I got sled dogs instead. Maybe that was crazy.

The truth is: those daily feeds and caring for my sled dogs had to be done, no matter the weather. And, for me, it was a special time of day, ‘time out’, and so good for the body and soul.

For those first two years in Arviat, I learnt lots about dogs. First I had two, then four, and finally six. I ran my dogs on the hunters trails on the tundra; cut up frozen fish for them; fed them seal fat and meat in the winter months; broke up some fights; built several dog houses; and picked up loads of dog poop!

I am not still here because I went crazy... I got sled dogs instead. Maybe that was crazy.

In the summer months, many wildflowers bloomed near the dog yard so it was a pretty sight. But the curse was the flies...you have not seen flies or mosquitoes until you see the

numbers in the Arctic. I could not believe the numbers and they are out day and night... the dogs came out of their houses only to eat, as the small black fly would chew their ears so much they would be bleeding.

Towards the end of my two years in Arviat, my dogs went to Fort Smith in the North West Territories where they lived for five years and I spent the winters there with them: running my team on the various trails through the forests, across the rivers and lakes and even to a winter camp. What a wonderful time I had with my dogs.

When not running my dogs, I was nursing in the Arctic as well as nursing on the coast of Labrador. Northern nursing it is called over here, but to me it is remote area nursing in a colder climate.

When the dogs went to live in Fort Smith, they experienced lots of changes: most of them saw trees for the first time. In Arviat there are no trees, just the open expanse of the tundra. When Atausiq, my first sled dog whose name means ‘One’ in Inuktitut the language of the local people, saw and heard these trees, he was rather scared and barked a lot. ►►





We had a canvas-wall tent with wood-burning stove inside to heat it... yes I was wary at first, but once I understood how things worked, all was well. Dogs were bedded down on straw we had taken out when we set it all up; water from the lake we got after drilling through the ice with the auger; and we even did some ice fishing through the first hole and many subsequent holes trying to catch a fish for each dog. Oh the excitement of pulling a fish up through that hole in the ice! It was just wonderful and, to add to that the sound of howling wolves at night answered by the sled dogs, and standing on the frozen lake looking up at the Northern Lights in the hope they would dance for you... just wonderful times.

In Australia I did a lot of camping with my little dog, a terrier, over the years and so I also went camping with my sled dogs.

Most of my days with my dogs in those winter months were spent on the trails around Fort Smith and each day I would decide where I wanted to go and for how long. It might be a five-mile run or a longer 22-mile run: the dogs just wanted to run. I entered a few races, some short and some long. We did two 50-mile races where we placed last each time: but we knew that before we even started. We just wanted to run. My tundra dogs ran about 8 mph – nowhere near the fast 12–14 mph dogs. I am not sure of the best time we made: but one that is up there was the three-day sled-dog mail run held in Quesnel, British Columbia. For this event the mushers were sworn in as official Canada Mail carriers and for three days we carried mail in our sleds over specific trails before handing them over to continue their usual routes and delivery.

I was very proud of my dogs during those three days as, again, the dogs saw very different country, travelled many days in the box on the

back of the truck and even had hills to run up and down... there are no hills on the tundra of Nunavut or the trails around Fort Smith.

Five years later, my dogs moved again and had close to two years in Manitoba. By this time some had died and some were getting older, but I always managed to have a team of six, as my friend wanted faster dogs so there was always a dog for my team. Finally, it all had to come to an end. I did not want to get any more dogs once my dogs were gone and my friend who looked after my dogs when I was working decided she wanted to do other things. So that chapter in my life was over. My last sled dog, Frisky, is now living with another friend in Manitoba. She still runs a little, but is enjoying her retirement on the couch. At times, she sits at her doghouse in the sun and I can see her dreaming of those dashes in the snow with her other team mates.

What a marvellous adventure for me and I have many, many pictures to show I really did do it.



I'm sure many remote area nurses have methods to 'stress bust' when working in our isolated settings and when Bush Support Services made a call to members to share their strategies I thought I would send my story.

As many remote area nurses know, the little dog in your life can be your best companion in the bush...

I am still nursing in the north but only as a casual now and I still share my time between Nunavut and Labrador, while trying to have a good look at the rest of Canada.

As many remote area nurses know, the little dog in your life can be your best companion in the bush, whether it is the Australian bush or the Canadian arctic. ●

►► He did eventually settle and enjoy his new surroundings, although I think they felt the heat a lot during their first summer there.

In Australia I did a lot of camping with my little dog, a terrier, over the years and so I also went camping with my sled dogs. With my friend who also had a team of 6 dogs, we would set up a winter camp about 32 miles from town close to a fresh water lake (frozen of course) and run our teams out, stay a couple of days and then return to town: so around the camp we would have 12 dogs all pegged out plus our sleds and supplies. A camp site at -30°C was certainly very different to any I had in Australia.

coping with redundancy

He who bends to himself a joy
Does the winged life destroy
But he who kisses the joy as it flies
Lives in eternity's sunrise
– William Blake

With the global financial crisis, redundancy is an issue facing people in many industries. Annmaree Wilson, Senior Clinical Psychologist with Bush Support Services, says the psychological impact of redundancy is increasingly being recognised.

There has been lot of talk in Australian health workplaces about redundancy and a number of callers to the Bush Support Services line recently have been made redundant, or know someone who has or is facing the possibility.

How an individual responds to being made redundant differs. People who cope best with redundancy are those that see it as an opportunity to take a break; look for a new adventure. They may rest, travel, take up a new field of study or do volunteer work. Or they may engage in practical job-seeking activities.

However, for other people, redundancy is devastating. It creates a psychological response similar to the loss and grief that is experienced when an important relationship breaks up or when someone close dies.

...health workers are notoriously bad at accepting that they may be struggling to cope...

It is a generalisation, but health workers are notoriously bad at accepting that they may be struggling to cope and it is important to remember that redundancy is likely to result in a whole spectrum of negative emotions from shock and denial to anger and depression. All these negative emotions need to be recognised and managed.

The stages

One of the ways of understanding what happens when someone is made redundant is to understand it in terms of a grief and loss cycle. There is no doubt about it: losing your job is a huge loss. It signals a loss of earnings, of companionship, of the structure of your days. But it must not be the end of the world for you. It is important to remember that loss and grief is a cycle that has a number of stages that may be repeated at different times.

Feeling low and blue, having poor self-esteem, appetite loss or gain, and sleep loss when you lose your job is absolutely normal.

The first stage is usually one of shock and disbelief. During this stage, people generally report feeling emotionally numb and detached.

They may report that they feel like they are “just going through the motions” of daily activities and not really feeling anything.

The second stage is usually about depression. Feeling low and blue, having poor self-esteem, appetite loss or gain, and sleep loss when you lose your job is absolutely normal. However, if it persists longer than about six months you need to seek professional help.

The other side of the depression coin is anger. Anger doesn't necessarily mean you hit out physically at people. Anger clouds your thinking in a very negative way and ekes out in the form of cynicism and sarcasm. Anger can affect all aspects of your life, not just work so it is really important to recognise and deal with it.

One of the sources of anger that is difficult to deal with when someone is made redundant is a sense of injustice. People often report



feeling outraged that they have been “singled out” or that the actions of their employers is unjust and they feel betrayed. They might spend a great deal of time trying to piece together a narrative, which may or may not be factual, about why the redundancy has occurred. Past experiences of being rejected may be triggered.

There are other emotions that fuel feelings of anger, which people who have been made redundant may experience. One of them is embarrassment. People who have been made redundant often feel judged by others.

They feel as if the redundancy reflects their work performance, which in most cases it does not. There tends to be less embarrassment when lots of people in a workforce are made redundant but nevertheless it is a factor that needs to be recognised and dealt with.

The other emotion that may come into play is fear. Of course, the biggest fear often faced by people experiencing redundancy is fear of financial difficulties. One of the most common fears, and the most realistic, we hear on the BSS line is about how people will pay their mortgages when they have been made redundant.

The other fear that surfaces when there is talk of redundancy is a fear of a loss of identity. Health workers, in particular, often have their whole identity caught up in their jobs and they start to feel totally unravelled when this is compromised.

Whatever ‘moving on’ looks like, it will involve a decision to let go of your grief. You will know you are in an acceptance stage when you start setting goals again.

The final stage of the loss cycle is acceptance. Acknowledging what has been lost is an important step in acceptance. The other important step is ‘moving on’. What this step of ‘moving on’ looks like will vary from person to person. It may be about finding a new job or a new way of seeing yourself. Whatever ‘moving on’ looks like, it will involve a decision to let go of your grief. You will know you are in an acceptance stage when you start setting goals again. ►►

► Ways of dealing with redundancy

- **Make sure you know your rights:** One of the most practical ways of dealing with redundancy or the threat of redundancy is to stay informed about your rights as a worker. You will have entitlements and you need to know what these are. Your employer should give you this information. Alternatively your union or professional association are good places to seek the information you need.
 - **Have a financial contingency plan:** In this day and age, it's unrealistic to think that any job you have will be a job for life. In fact, redundancy may occur to you several times over your working life. It's important to pre-empt this and to have a financial contingency plan. Seek professional financial advice.
 - **Talk about it:** People often say: "What is the point of talking about things? Talking changes nothing." However, this is untrue. Making thoughts and feelings conscious by talking or writing helps make connections and meaning. By talking about things, we are reminded about how we have coped in the past and that gives us some idea about ways of coping in the present. By not talking, issues remain unresolved. So if you are dealing with redundancy, talk to friends, family or call BSS and work things through.
 - **Think about your thinking:** Negative thinking is a disease and it's contagious! Tap into the sorts of thing you are saying to yourself about being made redundant. Are you blaming yourself? Are you blaming your boss? Are you assuming that everyone is looking at you and wondering about your competency? Do you feel like you have let your family down? Once you have identified these negative thoughts, you need to challenge yourself and turn those thoughts into positives. The other factor in terms of thinking has to do with loss in general, not just losing your job. Loss is an inevitable part of life and dealing with loss, such as being made redundant, can be an important part of living a meaningful life.
 - **Don't panic – remember to breathe:** Working in remote settings can be stressful.
- It's important that you have daily exercise, diet and relaxation strategies in place even before the going gets tough. Simple breathing exercises and mindfulness techniques are excellent disciplines to have as coping strategies. Ring BSS for more details or do a BSS workshop.
- **Don't have all your identity eggs in the work basket:** Of course, work is important. But research has shown that the single most important factor in determining individual happiness is not work but individual connections and having an activity that you are passionate about. These things can give us important feedback about who we are... so work on these things before you lose your job!
 - **Come up with a plan and set some new goals:** This could be as simple as making a list of things that you need to do and then prioritising the items on the list. If you are job-seeking, don't only think about work in the same field: think about the skills and life experiences that you have that are transferable.
 - **Stay connected:** Sometimes people don't realise how much they rely on their workmates for feeling connected to the world until they lose their jobs. Make sure you work on sustainable relationships with friends and family, outside of the workplace. Use social media or join a club.
 - **Carpe diem and stay tuned in:** One of the problems that unemployed people report is that they fill their days with activities that help them tune out. This includes spending too much time in bed during the day; spending excessive hours watching television, surfing the net or playing internet games; eating or drinking too much. It's really important for your overall wellbeing that you seize the day and bring some new and different discipline into it. Cooking, cleaning and washing the dog are all important activities.

And remember BSS is available on 1800 805 391 for you to talk to 24 hours/ 7 days per week. ●

nurture your very own salad rocket

In the interests of encouraging creativity, and staving off stress: Bush Support Services brings you a packet full of growing potential and goodness! Welcome the latest BSS Self Care Initiative – planting, nurturing and eating your very own salad rocket.

There's a growing body of literature supporting the idea that creativity and pursuing hobbies are important ways of managing stress. If you can find a non-work related passion, whether it is playing music, pottery or photography, the mental health benefits are enormous: resilience levels increase and overall levels of well-being are enhanced.

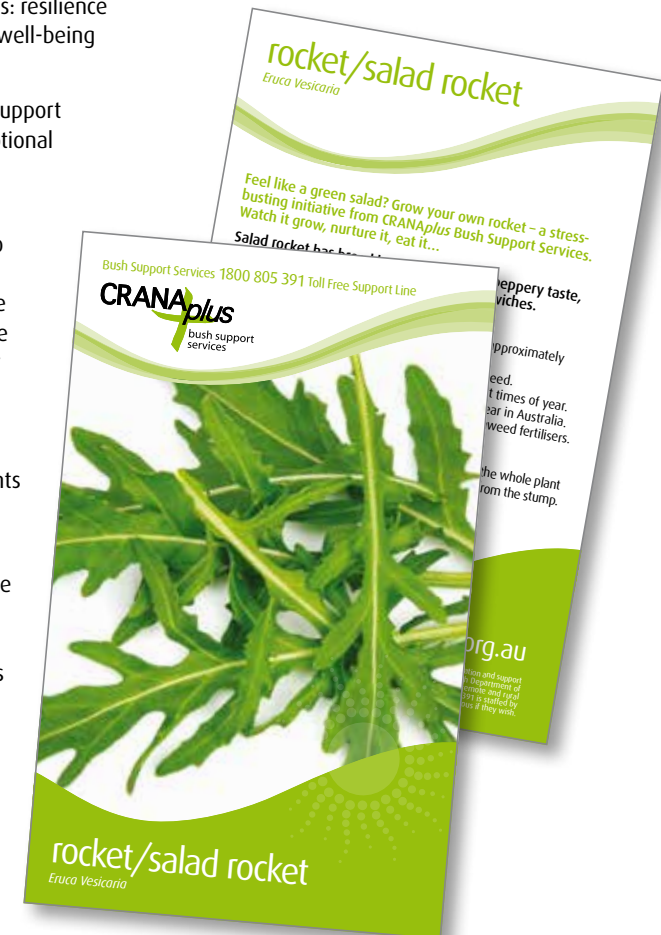
Enter a recent addition to the Bush Support Services selection of self care promotional materials: packets of rocket seeds.

The choice of a packet of seeds is intentional. Firstly, the seeds have to be planted. If any of you know any gardening addicts, you will be aware that the spin-offs from gardening are enormous. It is an absorbing activity that requires minimal ability to get started but can lead to a 'growing' expertise. It gets you moving about and out of doors. And when the plants grow and produce flowers and fruit, the rewards are obvious.

The choice of a leafy green vegetable is also intentional. Rocket is a wild lettuce that is rich in calcium, iron and Vitamin C. It has phytochemicals that are important in fighting disease. Rocket is rich in fibre and that's good for those of us who are watching our weight and it helps to lower cholesterol and blood pressure. It also contains lots of water that help keep us hydrated and so is good for skin and hair.

So give gardening therapy a go! Plant the BSS Rocket seeds in a simple garden in your backyard or even plant boxes on your desk or windowsill. It's all about expressing your creativity, trying something new, and being rewarded for your efforts. Besides, the rocket is a great addition to a salad that you can share with friends or family.

Remote and Rural Health Practitioners and their families are invited to apply for their free pack of rocket seeds by emailing: bssadmin@crana.org.au ●



psychs on bikes



BSS Psychs on Bikes Jillian Skinner, Joe Dunn and John Brogden at the starting line of Psychs on Bikes ride.

Eleven towns in rural New South Wales and Queensland were invaded by a group of motorbike riders under the banner of Psychs on Bikes.

The group of mainly city mental health professionals wanted to raise awareness of suicide in the bush, to educate both the community and other health workers.

Bush Support Services went with them as sponsors, attending town meetings and helping to gather health professionals and inform them about mental health issues and the support available through BSS.

The run generated a lot of media attention. More than 20 articles and television appearances plus several ABC radio interviews.

The leather-clad psychs were launched on their journey from Sydney by NSW state health minister Jillian Skinner and John Brogden, patron of Lifeline Australia and a former state opposition leader who has had his own battle with depression.

Psychs on Bikes president psychiatrist Joe Dunn said those who live in remote areas are, even during good times, more likely to suicide than those in the big smoke.

In hard times, during drought or floods or collapsing markets for rural produce and the money troubles that come with it, the suicide rate climbs.

...those who live in remote areas are, even during good times, more likely to suicide than those in the big smoke.

And they have better access to the means of suicide – firearms, poison and rope – than city cousins. Alcohol, isolation and a sense of abandonment add to the pressure.

"In little towns a suicide has a larger impact," Dr Dunn said. "We've heard from one community which has had several suicides in the last 12 months. It's devastating for everybody

in the community, including health workers." Psychs on Bikes left Sydney on 12 April with a police escort and rode to Bathurst on the first day. Then on to Narromine (13 April), Trangie (14 April), Narrabri (14 April), Moree (14 April), Dalby (15 April), Maryborough (16, 17 April), Goondiwindi (18 April), Inverell (19 April), Armidale (19 April), Dungog (20 April).

Dr Dunn said this run, the second by Psychs on Bikes, was well attended but there were several lessons learnt.

"We learned that the most successful meetings were in towns with a local 'ambassador' who was enthusiastic about the project," he said.

"Our experience in Armidale, organised by Annmaree Wilson and Amanda Akers of Bush Support Services, was proof of that. They were there to greet us as we rode in and they'd organised the best and biggest professionals dinner of all."



BSS Psychs Richard Whitton and Annmaree Wilson.



BSS Psychs Annmaree Wilson and Amanda Akers.



BSS Psychs on TV.

Dr Dunn said it was extraordinary just how many people wanted to ventilate their own experiences of depression and despair or tell us about a friend or neighbour who'd taken their own lives.

"I have been pushing the idea to GPs that patients, in particular men, want to talk about these burdens if they're given half a chance.

"The stories we heard also reinforced the horrors of suicide and its effect on the local community. Here's hoping we can make a dent in those awful statistics."

Next year's run will be across Australia starting in Perth and ending in Sydney. Planning has started, a route being mapped and a date will be set soon.

Joe Dunn and Chris Pash ●

our isolated islands

Bush Support Services (BSS) Psychologist Therese Forbes recently found herself presenting a workshop to health staff on Christmas Island shortly after they had dealt with the emergency of an overturned refugee boat.

Recently I visited Christmas Island and the Cocos Islands as part of the BSS ongoing commitment to support remote and rural health and allied health workers.

These islands are among our remotest areas, with Christmas Island 2594 km from Perth and Cocos 2750 km northwest of Perth. A clue to just how remote they are, was the realisation that I would leave from the international airport, and Christmas Island is only 488 km from Jakarta, the capital of Indonesia.

A clue to just how remote they are, was the realisation that I would leave from the international airport...

Both Christmas Island and Cocos (Keeling) Islands form the Indian Ocean Territories Health Service (IOTHS) administered from Christmas Island. This service is a stand-alone health service and not connected to mainland health services.

Cocos (Keeling) Islands

I flew first to Cocos (Keeling) Islands, which consists of two atolls and 27 coral islands surrounding a beautiful lagoon. Two of the islands, West Island and Home Island, are inhabited with a population of approximately 600 people. The view as we dropped below the clouds was absolutely beautiful. Alas I was required to cross that tropical lagoon each day to work on Home Island – I felt very lucky to be able to experience this extraordinary place.

West Island is the home of Government workers, Australian Federal Police, Airport staff, Bureau of Meteorology staff, Nursing staff and tourist operations – accommodation, diving instructors and a restaurant.

Cocos is an island paradise that is extremely isolated...

Home Island is populated predominantly by Cocos Malay people who are mostly descendents of the Clunies Ross Dynasty brought over from Malaysia, Indonesia and Java to work a coconut plantation, harvesting palm oil and copra. Inhabitants have a strong faith and the call to prayers is audible five times a day. All signage is in both English and Indonesian. One doctor, two nurses and several health care workers staff the busy clinic on Home Island with time also spent on West Island.

Whilst on Cocos I presented a workshop on self-care, which was very well received, and pamper packs were also distributed – all were very appreciative. Staff were made aware of the services that Bush Support Services can provide to support them.

Cocos is an island paradise that is extremely isolated, with planes in and out of the island three times a week and limited shopping facilities. It provides an idyllic lifestyle for those into diving, fishing and kite surfing. The main challenges are its isolation and expectations on nursing staff who both live and work in very small communities.

Christmas Island

I flew out to Christmas Island from Cocos and spent a couple of days at the Christmas Island Hospital. The first day at the hospital, I was met by a staff member who informed me that a refugee boat had overturned. I had the privilege of being able to sit in on an emergency planning meeting which was very well planned and strategic.



Photo: Therese Forbes.

Staff were amazingly multi-skilled and talented... and left me with the greatest admiration of the work they do.

Staff were amazingly multi-skilled and talented. I was able to speak with a few people as they grabbed a quick cup of coffee and a five-minute break. Many staff that day worked in excess of 12 hours in order to meet the demand and left me with the greatest admiration of the work they do.

Whilst on Christmas Island, I presented a workshop to staff which was well attended and again handed out pamper packs. It was such an

experience to witness the dedication and skill of the staff in responding to this emergency and to be able to promote our services to support and sustain this work.

Christmas Island is a whole other world. The animal and birdlife has a prehistoric feel and the coastline surrounding the island is rugged and beautiful. The multi-cultural population of 2,072 residents who live in a number of settlement areas on the northern tip of the island are mostly Chinese Australian and it has a buzzing and vibrant atmosphere with multiple restaurants and tourist activities including boating, fishing and snorkeling.

**Therese Forbes
Psychologist
CRANApus Bush Support Services ●**

a stitch in time!

When Bush support Services (BSS) introduced the Cosy Blanket Project in late 2009 – the first of their Stress-Buster Projects – they could never have guessed what a run away success it would be!

Four years and tens of thousands of knitted squares later, the project – rebadged as “Knit a Square for a Mate in Need” – continues to gain momentum.

The first completed blanket, from Alison Wilkinson on Thursday Island, was received at the BSS offices in early 2010.

BSS supply the wool, needles and instructions and off the volunteer knitters go. Over the years, boxes and boxes of knitted squares continue to arrive at the Alice Springs, Adelaide and Cairns offices to be made up into woollen blankets of every colour. Local volunteers sew the squares together.



Knitting is a great way to relax and this project helps others in need.

Among the recipients of the blankets have been remote Aboriginal Communities in Central Australia, community groups working with the homeless and victims of the Brisbane, Lockyer Valley and Roma flooding in 2011.

Recent recipients of blankets have been refugees for women and children in NSW and Tasmania.

The project, originally planned to be short term, is now in its fourth year and continues to receive support from our members and those working in remote and isolated settings.

Knitting is a great way to relax and this project helps others in need. Knitting has also, once again, become very trendy! If you would like to be a part of this project contact Bush Support Services and they will supply you with everything you need to get started! ●



BSS Local Port Lincoln knitters Anne Southam, Jenny Ash, Barb Davies, Margaret Dixon and Shonny Story with the blanket they made as part of the Bush Support Services Cosy Blanket Project.

Photo: Port Lincoln Times.

**BATHURST
WOMEN
& CHILDREN'S
REFUGE**

t: 02 6332 5708
f: 02 6334 3620
e: info@bwr.com.au

PO Box 554, Bathurst,
NSW 2795

ABN 51 326 110 595 015

6/8/12

Dear Colleen and Staff,

Thank you for the wonderful donation of the hand knitted blankets. They were well received by the clients of the refuge. They were a heartfelt gesture noticed by the clients. We have a young woman who had her first child this month at the refuge so her blanket is being used as a cot blankets and the colours are so vibrant. It is wonderful to have support from services.

Your donation is gratefully appreciated by all the staff and clients.

I have attached a photo of 2 of our workers, Maureen Connor and Yasmin Dowling, with the donated blankets that you may use for any promotional material.

Kind Regards,

Sandra Doueihi
Child Support Worker
Bathurst Women and Children's Refuge
PO Box 554 Bathurst 2795

Bush Support Services 1800 805 391 Toll Free Support Line



"Eating, Living and Working in the Bush"

A collection of recipes submitted by remote health practitioners of Australia

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

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

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

We are looking for variety.

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

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

Updates regarding the competition will be regularly featured in the CRANApus Weekly eUpdate and also on the website: www.bss.crana.org.au

How to be involved

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

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

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



Australian Government
Department of Health and Ageing

Email or send your recipes to:

CRANApus Bush Support Services
PO Box 7410 Cairns, QLD 4870
bssadmin@crana.org.au

Closing date for entries is 30 September 2013

Bush Support Services is the support division of CRANApus, which provides advocacy, education and support for the remote and rural health professionals nationwide. Funded by the Commonwealth Department of Health and Ageing BSS provides 24-hour 7-days a week support and counseling for all remote and rural health workers and their families. The BSS TOLL FREE Confidential Support Line 1800 805 391 is staffed by experienced psychologists with remote and rural experience. Callers may remain anonymous if they wish.

BUSH SUPPORT SERVICES



1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and their families


staffed by registered psychologists with remote and cross-cultural experience

available from anywhere in Australia

Resources also available

SELF-CARE BOOKS • SELF-CARE WORKSHOPS

Phone: 07 4047 6404 Email: bss@crana.org.au Web: www.bss.crana.org.au



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

Elissa Rowe RN

RAHC has opportunities for rewarding placements and great experiences in remote Indigenous communities. With short term paid placements available, why not apply today and find out how you can be part of the effort?

**Visit the new RAHC website
today to learn more.**

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